

Annual Report to the Council of Australian Governments 2012–13

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 Fourth Annual Report for the National Framework for Protecting Australia's Children 2009–2020 (the National Framework) and outlines our continued progress towards its high-level outcome: that Australia's children and young people are safe and well. Significantly, it also tracks early progress over the first year of the National Framework's Second Action Plan 2012–2015 (Second Action Plan). The Second Action Plan was endorsed by Australia's Community and Disability Services Ministers in August 2012. It marks an important milestone in the life of the National Framework and a new phase of implementation.

This Fourth Annual Report describes the achievements in the first year of the Second Action Plan and highlights how the Australian and state and territory governments and the community sector—through the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children—are working together to continue the momentum for change established under the First Action Plan 2009–2012.

While the Second Action Plan is still in the early stages of implementation, there have already been some significant achievements. This Annual Report provides the opportunity to continue sharing the story of progress, while also acknowledging the hard work that lies ahead to ensure that the goal of the National Framework is achieved.

Contributions to this report have been provided by the Australian and state and territory governments, the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children and the Australian Institute of Health and Welfare. For the first time, the data provided show progress against the full list of National Framework performance indicators outlined in the Second Action Plan.

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Executive Summary

Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020 (the National Framework) grew out of a significant and historic agreement by all Australian governments and the community sector to work together in a structured way to improve the lives and opportunities of children and families and ensure that there is a 'substantial and sustained reduction in child abuse and neglect in Australia over time'.

The National Framework emphasises the importance of early intervention and prevention in achieving the best outcomes for all children, especially children at risk. The Framework stresses the need for universal supports and services and includes strategies for breaking down the barriers faced by some families in accessing them. Secondary prevention interventions are also vital for families who need additional, targeted assistance.

Introduction to the National Framework and review of progress

Chapter one of this report outlines the history of the National Framework: why and how it began, and how it is being implemented. That chapter also includes some of the principal achievements of the National Framework so far, particularly focusing on the past year, 2012–13.

The National Framework, endorsed on 30 April 2009 by the Council of Australian Governments (COAG), is being implemented through a series of three-year action plans. The First Action Plan 2009–12 (First Action Plan) has now been completed, marking an important milestone in the life of the Framework. Implementation of the Second Action Plan 2012–2015 (Second Action Plan) is well underway.

The Chair of the Standing Council on Community and Disability Services (SCCDS) is required to report annually to COAG on progress under the National Framework through the implementation of its three-year action plans. This Annual Report for 2012–13 covers activities undertaken in the fourth year of the National Framework, with a key focus on the National Priorities and actions in the first year of the Second Action Plan.

The report tells a story of consolidation: how National Priorities from the First Action Plan are being embedded and delivered through the Second Action Plan and what progress is being made to explore opportunities for joint work in new areas to keep Australia's children safe and well. These directions, 'embedding, delivering and exploring', form the basis for the structure of the Second Action Plan.

The Second Action Plan has an ambitious target, with 69 actions under 20 National Priorities to be implemented by 2015. Significantly, it also recognises that, in order to make protecting children everyone's business and achieve the National Framework's target of a substantial and sustained reduction in child abuse and neglect, all levels of government and the broader community sector must continue to work together to strengthen families, deliver effective early intervention and prevention and collaborate through joining up service delivery across child protection and broader service systems.

To achieve this, the Second Action Plan includes specific action to ensure linkages with other major reforms and broader social reform agenda that impact on Australia's children and families, such as:

- Closing the Gap on Indigenous disadvantage
- Early childhood development strategies and frameworks

- Domestic and family violence initiatives, including the *National Plan to Reduce Violence against Women and their Children 2010–2020*
- National Partnership Agreements and programs targeting housing and homelessness
- Disability reform
- Mental health strategies and initiatives.

Opportunities for further joint work in new areas (including early childhood, education, domestic and family violence, disability, health and mental health) will emerge, strengthening the focus of these agenda on keeping Australia’s children safe and well.

Data collection and reporting

Chapter two focuses on measuring progress under the National Framework. Improving and harmonising data collection continues to be a critical focus. Considerable effort is being invested to ensure that there will be meaningful evidence to monitor our progress and guide our actions through to 2020.

During the first year of the Second Action Plan, 2012–13, the Australian Institute of Health and Welfare (AIHW) and states and territories developed and tested the Child Protection National Minimum Data Set (CP NMDS) as a priority. The CP NMDS will replace the existing aggregate-level collection and aims to deliver a person-level national database for child protection, covering as many of the statutory child protection processes as possible. It has required considerable investment by states and territories.

Implemented on 1 July 2013, the CP NMDS will provide an annual data source for approximately one-third of the current set of National Framework performance indicators. It also includes data on some measures for the National Standards for Out-of-Home Care. States and territories will provide 2012–13 CP NMDS data in late 2013, and a full set of this data will be reported on in 2014.

The Second Action Plan includes an improved set of National Framework performance indicators. This is the first time that reporting against these new National Framework indicators has occurred. These indicators will ensure that progress can be monitored over the life of the National Framework and reported at a national level.

There are 31 performance indicators under the Second Action Plan, building and improving on the initial set of indicators identified in the National Framework (AIHW 2013d). Some of these indicators are reportable, and the data sources for some are still being developed. A table showing the status of these indicators against each supporting outcome is at Appendix B.

Due to the implementation timeframes of the CP NMDS, national 2012–13 child protection data were not available for inclusion in this report. In view of this, 2011–12 child protection data are used in this report to measure progress against the relevant National Framework performance indicators (around one-third of the total set of indicators).

Eight of the 31 indicators measure progress against the high-level outcome of the National Framework, that Australia’s children and young people are safe and well; Chapter two details the findings against them. The remaining indicators measure the National Framework’s Supporting Outcomes.

Tracking progress against the Supporting Outcomes

Chapters three to eight detail the work being done across all jurisdictions and in the community sector to progress priorities under the National Framework and Second Action Plan. This work is mapped against each of the National Framework’s six Supporting Outcomes, namely:

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.

Appendix A summarises progress against each of the National Priorities in the Second Action Plan and provides short status updates against each of the individual actions.

Highlighting our achievements

The first year of the Second Action Plan has been a productive one. Key achievements include the development of stronger partnerships with community sectors such as domestic and family violence and mental health, as well as continued work to improve outcomes for Indigenous children. The partnership approach under the National Framework has continued to strengthen through close collaboration with the community and academic sectors, through the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children (the Coalition), to implement the Second Action Plan. A brief summary of some of these highlights is set out below, including national achievements, Australian and state and territory government initiatives and Coalition contributions.

National Achievements

Responding to the needs of children exposed to domestic and family violence

The National Centre of Excellence (NCE) to Reduce Violence against Women and their Children is a key deliverable under the National Plan to Reduce Violence against Women and their Children 2010–2022. The NCE was registered as an independent company limited by guarantee with the Australian Securities and Investments Commission on 12 February 2013. A leading expert on the subject of violence against women, Emeritus Professor Anne Edwards, was announced as the initial NCE Chair. The NCE's first priority is developing a national research agenda to improve policy and service delivery in preventing and responding to violence against women and their children across Australia.

National Research Agenda

The inaugural National Research Agenda for child protection was agreed by Australia's Community and Disability Services Ministers following extensive consultation with all stakeholders to agree on the research priorities. This marks another important step in prioritising research attention to issues relating to child safety. Two broad priority research categories were selected: Promoting Safe Communities and Protecting Indigenous Children. Three projects were selected from a strong field and funded to deliver research outcomes across the three years of the Second Action Plan. All three projects have commenced and will be completed by 2015.

Workforce research

Following Ministers' endorsement, the National Analysis of Workforce Trends in Statutory Child Protection report (McArthur & Thomson 2012) was publicly released on 12 December 2012. The report was produced by the Institute of Child Protection Studies at the Australian Catholic University (ACU). Findings from the report are informing future work under the Sector Development National Priority under the Second Action Plan.

Collaborative cross-border approaches to child safety and wellbeing

Significant progress has been made in developing collaborative approaches to child safety and wellbeing where children and families move between jurisdictions. Focusing on the central desert region of Central Australia, three jurisdictions (Western Australia, South Australia and the Northern Territory) have been

examining child protection arrangements from various perspectives in the context of existing protocols and operating procedures for the last 12 months.

All three jurisdictions have achieved a greater awareness and knowledge of their respective legal, operational and practice issues. They are using this information to inform practical solutions and a joined-up approach to improve outcomes for children in the child protection system who cross state and territory borders.

Meeting the health needs of children and young people in the child protection system

As part of the Second Action Plan, Australia's Community and Disability Services Ministers have agreed to give early priority to better addressing the health needs of children and young people in the child protection system, including in out-of-home care. This work has been prioritised in response to wide acknowledgement that children and young people in the child protection system are likely to have poorer physical, mental and developmental health than their peers.

The Australian Government, New South Wales and Victoria are leading work to undertake a comprehensive analysis of current opportunities, supports and services to ensure ongoing, substantive health assessments and interventions using effective mechanisms to track health histories.

Engaging Indigenous Community Leaders

Indigenous workforce participation in child protection and family support was identified as a priority consideration at the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) workshops in May 2013. The Secretariat of National Aboriginal and Islander Child Care (SNAICC), the Australian Government, Queensland and New South Wales worked in partnership to deliver the workshop, which included representation from a number of community sector organisations supporting the interests of Aboriginal and Torres Strait Islander children in out-of-home care. Outcomes from the workshop are currently being developed.

Building Capacity Building Bridges Project (BCBB)

The BCBB project has continued to deliver child and family-sensitive practice training in 12 Communities for Children sites across Australia, partnering with these sites to promote child and family-sensitive and collaborative practice in adult-focused services. More than 1000 practitioners from over 250 organisations have attended workshops.

An evaluation report on this project, released in May 2013, indicates that the training has been successful in enhancing knowledge development that supports child and family-sensitive practice across service sectors. Another positive outcome highlighted in the evaluation report was that opportunities were created through the project to bring service sectors together to reflect on what is working and what more needs to happen to better support vulnerable families and children. BCBB will continue until 30 June 2014.

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

CAARS was adapted in 2012 and trialled in 13 new Family Mental Health Support Services across Australia. Providers have valued the flexibility in the use of CAARS tools and have developed different and creative ways to trial them in their practice or organisation.

Child and Family Centres (CFC)

The National Partnership Agreement on Indigenous Early Childhood Development provides Australian Government funding of \$292.62 million to establish 38 CFCs across Australia by June 2014. The centres are being implemented in partnership with states and territories and deliver integrated services, including early learning, child care, family/parent support programs and health and wellbeing services. Construction is complete at 18 sites, with the remaining 20 centres scheduled to be completed before June 2014.

Australian Government Achievements Supporting the National Framework

National Children's Commissioner

Legislation commenced in 2012 and, following a selection process, Ms Megan Mitchell was appointed as the first National Children's Commissioner in February 2013 for a period of five years. She took up the role in March 2013.

Child Aware Approaches

The Child Aware Approaches grant round held in 2012 was an early investment in the Second Action Plan of the National Framework, to help build and promote the evidence base about the intersections between risk factors for child abuse and neglect and to help practitioners adopt or enhance practice responses. The grant round also supported outcomes from the National Mental Health Reform and the *National Plan to Reduce Violence against Women and their Children 2010–2022*. Forty-three community sector organisations across a range of sectors received grants.

Promising practices and innovative resources were showcased at the inaugural national Child Aware Approaches Conference, sponsored by the Australian Government and hosted by Families Australia in Melbourne in April 2013. Planning is underway for the second Child Aware Approaches Conference, 31 March to 1 April 2014. The theme for 2014 is *Sharing, Building and Recognising Child Aware Innovation*.

Responding to Sexual Abuse

Under the Second Action Plan, the Australian Government, together with state and territory governments and the community sector, has committed to:

- develop and trial programs to prevent sexual abuse and keep children safe, including specific programs for remote Indigenous Communities
- review support strategies to assist children, young people and adults who have experienced complex trauma to engage with the service system
- share best practice in therapeutic and trauma-informed approaches
- explore ways to respond nationally to the sexualisation of children.

As part of this work, the Australian Government is funding a number of programs to prevent child sexual abuse and support survivors, including:

- Bravehearts' delivery of the *Ditto's Keep Safe Adventure Show* education program in Far North Queensland
- National Child Protection Week, funded through the National Association for the Prevention of Child Abuse and Neglect (NAPCAN)
- the Taking the First Steps program, conducted by Heartfelt House.

The Australian Institute of Family Studies is also undertaking a research project on Prevention and Early Intervention in Child Sexual Abuse, to inform future preventative approaches to child sexual abuse. Further information on each of these initiatives is provided in Chapter eight.

As noted in the 2011–12 National Framework Annual Report, the Royal Commission into Institutional Responses to Child Sexual Abuse is continuing to inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse and related matters. The Royal Commission is investigating where institutions and systems have failed and what is best practice in responding to child sexual abuse. The findings of the Royal Commission will provide an important opportunity to learn from the past and to continue to strengthen protections for children and support for survivors of abuse.

To ensure that people have access to appropriate support services, 28 organisations have been funded to provide community-based support services to people affected by the Royal Commission. These organisations deliver free services such as counselling, support and case management to individuals and their family members. The Government is also providing legal and financial assistance for witnesses and has established a free legal advisory service for people who are considering engaging with the Royal Commission. These services complement the existing support provided by the Royal Commission.

Family Mental Health Support Services (FMHSS)

FMHSSs provide early intervention support services to assist vulnerable children and young people who are at risk of, or affected by, mental illness, and their families. Families and children who may have come to the attention of the child protection system but who are not receiving structured intervention, and young people leaving out-of-home care, receive priority access to services. The focus of the services provided is on early interventions specifically for children and young people, information and referral for families requiring short-term assistance and community outreach, mental health promotion and community development activities.

In 2012–13, there were 52 operational FMHSS sites that assisted over 68 400 participants through a combination of individual and community-based support.

National Disability Insurance Scheme (NDIS)

The NDIS, introduced by the Australian Government in partnership with states and territories, is a new way of providing individualised support for eligible people with permanent and significant disability and their families and carers. The supports available under the scheme will vary from person to person but may include therapies, home and vehicle modifications, assistive devices and equipment, assistance with household tasks, personal care and transport, and assistance for family and carers.

Improvements in the support for people with disability will also lead to improved quality of life for their carers and other family members. Importantly, the NDIS will ultimately move away from the current system's crisis model, where families only receive support if they are unable to continue in their caring role and there are no other options, instead working with families before they reach crisis point.

The NDIS will also provide support through planners and Local Area Coordinators who will work with people with disability, their families and carers to consider their immediate and future goals and how these might best be achieved, and will also help them to achieve these goals by building new networks and accessing support and services in their community. Local Area Coordinators may also work with children and young people with disability and their families and carers to access supports from systems such as the education, health, child protection and family support systems.

A number of NDIS trial sites commenced from July 2013. The South Australian and Tasmanian trial sites will have a particular focus on children and young people. The evaluation of the NDIS trial in these sites will provide an opportunity to measure outcomes for children and young people with disability receiving supports under the new scheme.

Family Support Program

The Family Support Program supports the Australian Government's commitment to the National Framework by complementing state and territory services through early intervention and prevention support for children and families at risk. The Family Support Program ensures that services are available to support the wellbeing and nurturing of children and families, to enable them to manage life's transitions, to ensure that children are protected and to contribute to building stronger, more resilient communities.

Over the last 12 months, the Australian Government has consulted with Family Support Program providers, state and territory governments and the community to strengthen the delivery of children and family services.

Communities for Children

Communities for Children services ensure that children have the best start in life by focusing on prevention and early intervention approaches that bring about positive family functioning, safety and child development outcomes especially for children and families in disadvantaged communities. Communities for Children Facilitating Partner and Communities for Children Direct services received \$85 million for 2012–13.

Communities for Children – Indigenous Parenting Services

Indigenous Parenting Services provide prevention and early intervention activities to Aboriginal and Torres Strait Islander children, families and communities. They support Indigenous families and children through transitions to child care, preschool and primary school and help Indigenous parents address social, cultural, personal, historical, financial and health factors that can present barriers to effective parenting. Communities for Children – Indigenous Parenting Services received almost \$30 million for 2012–13.

States and Territories

The following paragraphs provide a very brief summary of some of the intensive work being done in states and territories.

Australian Capital Territory

The Australian Capital Territory's (ACT) new central intake service to the Child, Youth and Family Services Program is called the Child, Youth and Family Gateway and is for children, young people and families who are looking for services and supports but are not sure where to go. The Gateway provides links to programs and services that can support people to have the best chance to stay on track in their lives.

The ACT has been developing an Out-of-Home Care Five Year Strategy which will focus on providing long-term planning for the development of an out-of-home care sector that is better able to respond to the increasing complexities of children and young people who are entering the care system. The ACT survey of foster carers and kinship carers will inform its development.

The Working with Vulnerable People background checking scheme was established in November 2012 under the *Working with Vulnerable People (Background Checking) Act 2011*. The scheme establishes mandatory minimum checking standards that apply to all people working across activities involving children or vulnerable people.

The ACT Prevention of Violence against Women and Children Implementation Plan Phase One 2011–2014 was released in August 2012. It outlines actions to be undertaken in the first three years which focus on building strong foundations for the work that lies ahead over the life of the *ACT Prevention of Violence against Women and Children Strategy 2010–17 Our Responsibility: Ending Violence against Women and Children* and the *National Plan to Reduce Violence against Women and their Children 2010–2022*. Our Responsibility is a joint initiative of the Community Services and the Justice and Community Safety Directorates and is the first of its kind in the ACT.

New South Wales

The New South Wales (NSW), Australian and Victorian Governments engaged ACIL Allen Consulting Group to examine best practice in, and develop options for improving, health assessments and interventions for children and young people in the child protection system.

In July 2012, Family and Community Services (FACS) established the Office of the Senior Practitioner in the Community Services division to drive reforms that put the best interests of children and young people at the centre of everything we do. The Office will enable us to draw on the experiences, lessons and inspiration of our local operations staff and on international best practice. It will also help to ensure that fair, transparent and independent review of our practice and decisions feeds back into ongoing improvement.

In December 2012, Community Services launched the Care and Protection Practice Framework. The Framework aims to achieve consistency and direction by providing a united frame of reference to help all child protection practitioners to get the basics right. The Framework outlines the values and principles that underpin our approach to working with children and families. It also answers questions that are fundamental to informing practice, such as 'What do we seek to do each day, with each family?' and 'How do we go about achieving this?'

A new Working with Children Check (WWCC) in NSW commenced in June 2013. The new check will provide either a clearance or a bar. For the first time, a person's full criminal record will be able to be considered. The new check will also allow for continuous monitoring of new NSW criminal and disciplinary records.

Northern Territory

The Northern Territory (NT) Government has implemented a remote community services program known as Community Child Safety and Wellbeing Teams (CCSWT). Senior practitioners, located in a small number of communities across the NT, develop a comprehensive understanding of the service provider networks in their communities and forge productive relationships across government and the community sector.

To strengthen and develop the NT's regional and remote Indigenous workforce, the Department of Children and Families (DCF) has developed an integrated framework of Vocational Education and Training (VET) and Higher Education (HE) qualification pathways, non-accredited courses and skill sets designed to grow the capacity of the professional and para-professional child protection workforce within the Northern Territory. In 2012–13, DCF sponsored 24 places in the Certificate III in Community Services Work. This qualification is contextualised to the NT to grow the capability of the child protection workforce and develop staff skills to deliver statutory child protection through a casework model within a community services risk management framework.

Queensland

On 1 July 2012, the Queensland Government established the Queensland Child Protection Commission of Inquiry to comprehensively investigate the child protection system in Queensland and to make recommendations that are affordable and deliverable and provide effective and efficient outcomes. Reforms include ensuring that Queensland's child protection system achieves the best possible outcomes for children and families; strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children at all stages of the child protection system; legislative reforms; and improvements to oversight, monitoring and complaints mechanisms of the child protection system will be considered.

The Commission of Inquiry provided its final report to Government on 1 July 2013,. On 16 December 2013, the Queensland Government accepted all the recommendations, with six recommendations accepted in-principle. Implementation of reforms have now commenced.

South Australia

In South Australia (SA), a number of reforms have been advanced under the government's Every Chance for Every Child strategic priority area. Statewide community consultations have informed the proposed Child Development and Wellbeing legislative reform. This will support the creation of a more effective and

connected approach to supporting children's care and development across local, state and community organisations.

The Department for Education and Child Development (DECD) reform agenda, Brighter Futures, includes a focus on providing services where they are most needed and on strengthening supports for children and their families. A new Office for Child Safety has been created to lead child safety policy, practice and standards across government.

During 2012–13, Families SA commenced Redesign of its child protection services, including the implementation of a new practice model across all its business. Redesign will guide the development of practice focused on strengthening families and supporting them to develop their skills and capacity to provide safe and nurturing environments for their children.

Tasmania

Children and Youth Services (CYS) in Tasmania has implemented new Models of Care across their key service areas of Child Health and Parenting, Child Protection, Family Violence Counselling and Support, Out-of-Home Care and Youth Justice. The new reforms provide an integrated and holistic model of operation for services, support improved outcomes and ensure connections between the various elements of the children and youth service system. The Models are child and youth centred and family focused, with key reforms in early intervention and prevention, enhanced support and access to services for vulnerable families and improved collaborative practices to better address the needs of vulnerable clients.

Victoria

Victoria has been undertaking a number of key reforms to improve outcomes for vulnerable children. Services Connect is a new, integrated model for human services, designed to connect people with the right support, to address the whole range of a person's or family's needs and to help people build their capabilities to improve their lives.

Victoria's vulnerable children: our shared responsibility strategy was released in May 2013 and is a 10-year whole-of-government plan for preventing abuse and neglect, acting earlier when children are vulnerable and improving outcomes for children in state care.

In November 2012, the Minister for Community Services launched *Protecting children, changing lives: a new way of working*, which provides a child protection operating model to improve staff retention, professionalise the workforce and achieve better outcomes for vulnerable children, young people and families.

The 2011–12 Victorian State Budget provided funding of \$12.8 million over four years for the Health and Education Assessments Initiative for children in out-of-home care. This initiative, co-led by Victoria, provides additional resources to enhance and facilitate more effective implementation of health and education assessments for children in out-of-home care.

Victoria is also supporting further research to compare mandatory reporting schemes across Australia and has recently contracted the University of Queensland to undertake analysis of mandatory reporting laws across Australia as a means of strengthening the evidence base underpinning the practices of mandatory reporting.

Western Australia

The Department for Child Protection and Family Support (CPFS) has fully implemented Signs of Safety as its child protection framework. This is an approach that emphasises putting families in the centre of assessment, planning and responsibility for the safety of their children, as well as working collaboratively with families even if children have to be removed.

Western Australia (WA) held its second international conference, the Signs of Safety Gathering, in November 2012, hosting visitors from around Australia and presenters from The Netherlands, Japan, New Zealand and Canada, 18 months after their first Gathering.

WA's outcome measures confirm the story of improving child protection practice. Over the last five years, child protection notifications have doubled, and the number of investigations has tripled, as a rigorous focus on risk has been maintained. Despite this, the rate of growth in bringing children into care has reduced to 5 per cent, substantially less than half the rate five years previously. These results have been achieved using Signs of Safety, which sets out a clear framework for working intensively with families to keep children safe at home, with the active support of extended family and community networks, as well as professional services.

The Signs of Safety approach to child protection will continue to be informed through a three-year research program between CPFS and the Australian Centre for Child Protection (ACCP) based at the University of South Australia.

Community Sector Organisations and Others

The Coalition

The Coalition has made a strong contribution to the implementation of the Second Action Plan and is leading a number of actions to strengthen the engagement of the broader community and business sector in protecting children. The Coalition is a network of over 120 organisations and academic institutions—organisations providing services to children, young people and families on the ground across Australia, and many key advocates and researchers in the areas of child protection and children's wellbeing. The Coalition is working with its members and with the Australian, state and territory governments to embed a child-aware approach in local communities and across community sector organisations and services supporting children and their families who are experiencing vulnerability, by providing support and innovative solutions.

Following the momentum of the Child Aware Approaches grant round in early 2012, Families Australia hosted a highly successful Child Aware Approaches Conference in Melbourne in April 2013. The conference was sponsored by the Australian Government and brought together over 300 participants from the community, government and research sectors. The Australian Government is supporting Families Australia, as Secretariat for the Coalition, to host additional national Child Aware Approaches Conferences in 2014 and 2015.

The Coalition, including SNAICC and with support from the Healing Foundation, also convened the 'Knowledge Circle: Wellbeing and Safety of Children and Young People in Aboriginal and Torres Strait Islander Communities' in Cairns on 7 June 2013. The purpose of this event was to engage leaders in Indigenous communities on ways to improve the safety and wellbeing of children. The opening of a national dialogue with Aboriginal and Torres Strait Islander community leaders has helped to foster the conditions necessary for the Australian and state and territory governments to better assist Aboriginal and Torres Strait Islander communities to drive their own development, with a particular focus on the wellbeing of Aboriginal and Torres Strait Islander children.

Families Australia has also provided invaluable secretariat support services to the Coalition membership, and a number of leading members have undertaken active advisory roles in a wide range of areas and working groups, including the development of an Evaluation Plan for the National Framework, reviewing key performance indicators for the Second Action Plan and supporting the establishment of the first National Children's Commissioner.

Case studies

Case studies have been included throughout this report, to illustrate the practical, local actions and solutions that are delivering real change to children and families needing more intensive support. These case studies highlight early intervention and prevention initiatives and strategies for ensuring a well-functioning and responsive workforce. They also showcase the good work and the collaboration that is happening on the ground.

List of shortened forms

Acronyms have been spelled out when they first appear. Exceptions have been made for titles and for states and territories which choose to use the state or territory name in full from time to time. A List of Shortened Forms appears towards the end of this Annual Report.

Chapter one: The National Framework

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

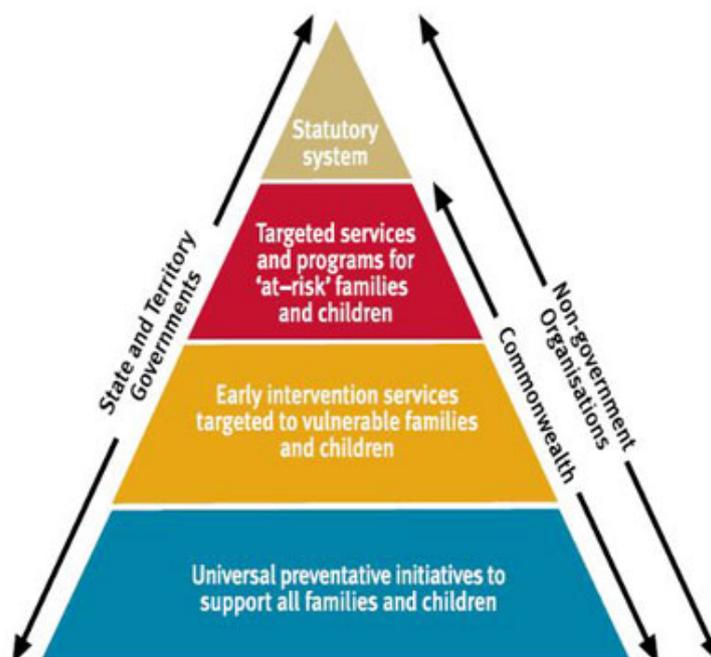
Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020 (the National Framework) is Australia's first long-term plan to promote and enhance the safety and wellbeing of Australia's children.

When COAG endorsed the National Framework in April 2009, its members committed to an ambitious new approach to protecting Australia's children, working collaboratively with the community sector.

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

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

Figure 1: A system for protecting children



This model has at its base the importance of having national (or universal) support systems available to all families as prevention and early intervention responses to keep children safe and well. Health and education are particularly important universal support systems in identifying, preventing and tackling abuse and neglect.

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

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

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

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

Why was the National Framework needed?

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

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

Working together

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

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

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

The First Action Plan 2009–2012 (First Action Plan) was endorsed by the Community and Disability Services Ministers’ Conference (CDSMC)—now known as SCCDS—on 11 September 2009.

Who oversees the National Framework?

As a joint effort between all jurisdictions, the community sector and the community, the National Framework is appropriately being implemented not only through the normal Commonwealth-state committees but also through linked government and community sector coordination processes. This allows for direct input by the community sector into the design and implementation of this ambitious strategy.

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

SCCDS in turn is supported by:

- the SCCDS Advisory Committee (SCCDSAC), which is composed of Chief Executive Officers (CEO) from the Australian and state and territory Community and Disability Services Departments
- the Children, Youth, Community Services, Policy and Research Working Group (CYCSPRWG), a sub-committee of SCCDSAC, which is made up of the senior Australian, state and territory government officials with direct responsibility for implementing government services and programs.

The National Framework Implementation Working Group (NFIWG) is the tripartite committee involving senior Australian, state and territory government officers, together with leading members of the Coalition.

Figure 2: Partnership arrangement

Australian Children and Families	Families have the primary responsibility for raising their children, giving them loving care and ensuring they access services they need to succeed in life				Working together to improve the safety and wellbeing of Australia’s children
Ministerial Involvement	COAG Relevant Ministerial Councils		SCCDS Ministerial Forum		
National Framework Oversight	SCCDSAC Standing Council on Community and Disability Services Advisory Council	CYCSPRWG Children, Youth, Community Services, Policy and Research Working Group	National Framework Implementation Working Group	Other Working Groups	
Community Engagement	National Priorities	Major Reviews	Ongoing Initiatives for Children and Families	Community Initiatives	
	Including specific workshops, structured consultative forums and issues-based forums				

Purpose of this report

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

This Report of 2012–13 will focus on reporting activities and achievements in the first year of the Second Action Plan and developments on priorities that are to be progressed in the remaining two years of the Second Action Plan.

The Second Action Plan

Implementation of the First Action Plan has been completed, and SCCDS endorsed the Second Action Plan 2012–2015 (Second Action Plan) on 17 August 2012. The Second Action Plan will build on the firm foundation established by the First Action Plan and will focus on working together with other areas of government and the community sector to implement the 20 priorities.

These priorities build on the First Action Plan, embedding the National Priorities that were the focus between 2009 and 2012 and continuing to deliver on them, as well as exploring new priorities that will extend through the Second Action Plan and beyond.

There is a strong emphasis on the need for local partnerships to deliver local solutions, recognising that a 'one size fits all' approach does not work across Australia's diverse communities and that Australia's Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) families and communities need strategies that are sensitive to their needs and circumstances. The needs of these groups will be considered across all action areas.

There are three key areas of focus within the Second Action Plan:

1. Embedding National Priorities from the First Action Plan. The Second Action Plan embeds and builds on achievements from the First Action Plan, for example, by supporting the establishment of the National Children's Commissioner, further improving the evidence base and undertaking research in priority areas.
2. Delivering on National Priorities in the Second Action Plan. The Second Action Plan will build on, and strengthen delivery of, six significant National Priorities from the First Action Plan, including Closing the Gap, National Standards for Out-of-Home Care, Joined-up Service Delivery and Responding to Sexual Abuse.
3. Exploring new priorities for the Second Action Plan and beyond. The Second Action Plan will explore opportunities for joint work in new areas (including early childhood, disability, health and mental health). There will be further opportunities to integrate the National Framework with a number of significant national social reform agenda, and this will broaden and strengthen the focus on child safety and wellbeing.

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

The following table maps these priorities against the six Supporting Outcomes that have been developed to help focus efforts and actions under the National Framework in order to reach its high-level outcome that *'Australia's children and young people are safe and well'*.

Table 1: Supporting Outcomes and corresponding National Priorities

Outcome	National Priorities
1. Children live in safe and supportive families and communities	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	Sharing Information Seeing Early Warning Signs and Taking Early Action Joining Up Service Delivery
3. Risk factors for child abuse and neglect are addressed	Building Workforce Capacity and Expertise Domestic and Family Violence Health and Mental Health Disability
4. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing	Enhancing the Evidence Base Filling 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	Closing the Gap
6. Child sexual abuse and exploitation is prevented and survivors receive adequate support	Working with Children Checks Responding to Sexual Abuse

Achievements against these six overarching outcomes are reported in Chapters three to eight. Each outcome includes a number of actions and indicators developed to measure progress.

There are 23 indicators to report against the six outcomes and eight indicators to report on the high-level outcome. The high-level and outcome-related indicators are set out in Appendix B and include nine indicators which were not reportable for this Annual Report, as data are still being developed.

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

Funding

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

The Australian Government, state and territory governments and the community sector, through the Coalition, are working together to implement the actions and National Priorities identified in the Second Action Plan.

The initial Australian Government funding commitment to support the objectives of the National Framework was \$63.0 million over four years. In 2012, \$5.7 million was committed to fund the Child Aware Approaches grant round as an early investment in the Second Action Plan.

Conclusion

This report provides an ideal opportunity to take stock and consider what the key achievements have been in the first year of the Second Action Plan. These achievements, highlighted in the Executive Summary of this report, are the result of significant collaboration between the Australian, state and territory governments and the Coalition and are discussed in greater detail in Chapters three to eight.

An overarching Evaluation Plan, covering the full period of the National Framework—2009 to 2020—is being developed in consultation with states, territories and community sector organisations. This plan will focus on evaluating the effectiveness of the tripartite arrangements of the National Framework as well as on progress towards achieving the National Framework’s high-level Supporting Outcomes.

Building on and solidifying the strong partnerships and achievements of the First Action Plan, the Second Action Plan goes on to further the goal of achieving a substantial and sustained reduction in child abuse and neglect in Australia over time.

Chapter two: The Second Three-Year Action Plan, 2012-2015-Measuring Progress

Measuring Progress

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

Some of the indicators used in this report measure whether Australia's children and young people are safe and well. Others, reported in Chapters three to eight, measure the National Framework's Supporting Outcomes. The indicators in these Chapters may appear similar, but they are intended to measure different outcomes. A full list of the indicators for the National Framework and Supporting Outcomes is contained in Appendix B.

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

There are eight high-level indicators to measure progress towards the National Framework's high-level outcome. These are:

- Substantiated child protection cases
- Children in out-of-home care
- Teenage births
- Infants born of low birth weight
- Child homicide
- Early childhood development
- Child social and emotional wellbeing
- Family economic situation.

Information in the following pages brings together these indicators to paint a picture of the safety and wellbeing of our children. Much of this information is publicly available, and existing reports are acknowledged throughout this publication. This 2012–13 Annual Report of the National Framework brings the data together for a comprehensive view of progress.

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

Child protection substantiations

Indicator 0.1: Rate of children aged 0–17 years who were the subject of child protection substantiation

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

Child protection substantiations capture cases that have been reported to the state and territory departments responsible for child protection and found to have substance. A substantiation of a notification is the conclusion (following an investigation) that a child has been, is being, or is likely to be, abused, neglected or otherwise harmed.

The rate of children who were the subject of substantiations remained steady in 2009–10 and 2010–11 (6.1 per 1000 children). In 2011–12, 37 781 children were the subject of a substantiation of a notification, increasing the rate to 7.4 per 1000 children. Although a real change in the incidence of abuse and neglect may contribute to the observed increase, enhanced public awareness and changes to policy, practice and legislation in jurisdictions are also thought to be contributing factors.

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

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

Table 2: Children aged 0–17 years subject to substantiation of a notification, by Indigenous status, 2009–10 to 2011–12

Indigenous status^(a)	No of children 2009–10	No of children 2010–11	No of children 2011–12
Indigenous	8334	8231	10058
Non-Indigenous	22335	22144	26183
All children	31295	31527	37781
Indigenous status^(a)	Rate per 1000 children 2009–10	Rate per 1000 children 2010–11	Rate per 1000 children 2011–12
Indigenous	35.3	34.6	41.9
Non-Indigenous	4.6	4.5	5.4
All children	6.1	6.1	7.4
Rate ratio ^(b)	7.7	7.6	7.8

(a) 'All children' includes children whose Indigenous status was unknown.

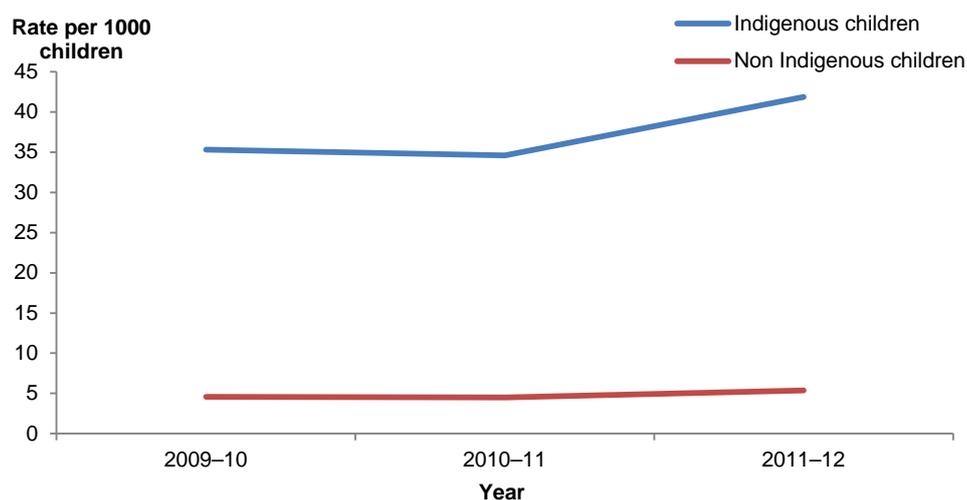
(b) Rate ratios are calculated by dividing the unrounded rate of Aboriginal and Torres Strait Islander children who were the subject of substantiations by the unrounded rate of non-Indigenous children who were the subject of substantiations. The resulting number is a measure of how many Aboriginal and Torres Strait Islander children were the subject of substantiation for every one non-Indigenous child who was the subject of substantiation.

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

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

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

Figure 3: Children aged 0–17 years subject to substantiation of a notification, by Indigenous status, 2009–10 to 2011–12



Notes

1. This figure reports the number of children subject to substantiation of a notification, not the number of substantiations.
2. 'Non-Indigenous' excludes children whose Indigenous status was unknown.

Source: Table 2.

Out-of-home care

Indicator 0.2: Rate of children aged 0–17 years who are in 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). Although out-of-home care may be beneficial for children who are unsafe living with their families of origin, it is generally viewed as an intervention of last resort, and there is a preference for children to be reunited with their birth parents wherever possible (Bromfield & Osborn 2007; Bromfield et al. 2007).

At 30 June 2012, there were 39 621 children in out-of-home care—a rate of 7.7 per 1000 children. The rate of children in out-of-home care increased gradually between 2010 and 2012—from 7.0 to 7.7 per 1000 children.

Table 3: Children aged 0–17 years in out-of-home care at 30 June, 2010 to 2012

Indigenous status ^(a)	No of children 2010	No of children 2011	No of children 2012
Indigenous	11 468	12 358	13 299
Non-Indigenous	24 279	24 929	26 127
All children	35 895	37 648	39 621
Indigenous status ^(a)	Rate per 1000 children 2010	Rate per 1000 children 2011	Rate per 1000 children 2012
Indigenous	48.4	51.7	55.1
Non-Indigenous	5.0	5.1	5.4
All children	7.0	7.3	7.7
Rate ratio ^(b)	9.7	10.1	10.3

(a) 'All children' includes children whose Indigenous status was unknown.

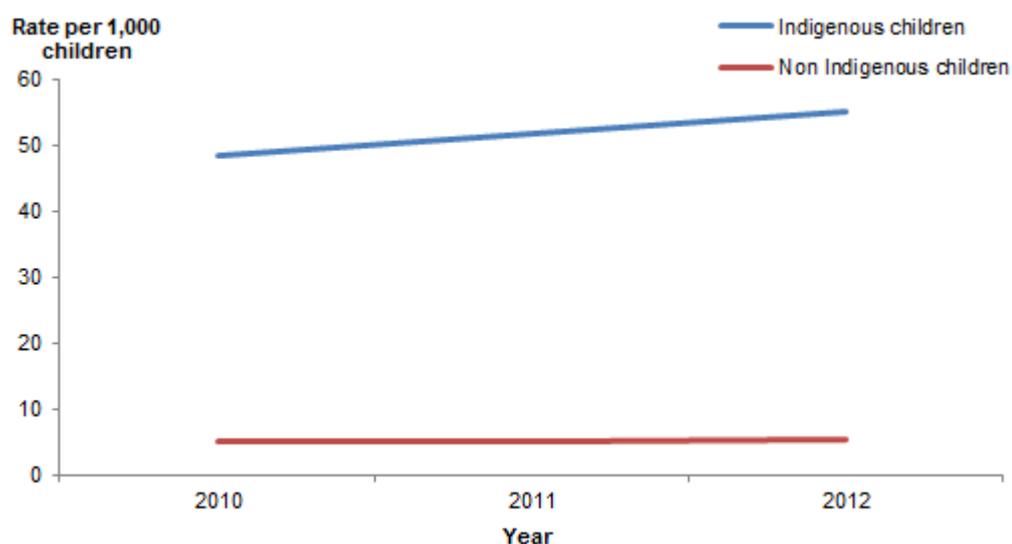
(b) Rate ratios are calculated by dividing the unrounded rate of Aboriginal and Torres Strait Islander children who were in out-of-home care by the unrounded rate of non-Indigenous children who were in out-of-home care. The resulting number is a measure of how many Aboriginal and Torres Strait Islander children were in out-of-home care for every one non-Indigenous child who was in out-of-home care.

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

Aboriginal and Torres Strait Islander children are over-represented in out-of-home care. The effects of out-of-home care on children can vary, depending on the individual child and his or her circumstances. For Indigenous children, there is a particular concern that out-of-home care may result in loss of contact with their family of origin, their community and their culture. This concern is based on an acknowledgement of the damaging impact of past practices of cultural assimilation and forced removal of Aboriginal and Torres Strait Islander children from their families, resulting in mutual grief and trauma and the loss of important cultural links and cultural knowledge (HREOC 1997).

At 30 June 2012, Indigenous children were 10 times as likely as non-Indigenous children to be in out-of-home care (a rate of 55.1 compared to 5.4 per 1000 children respectively). This pattern has remained consistent since 2010.

Figure 4: Children in out-of-home care at 30 June, by Indigenous status, 2010 to 2012 (number per 1000 children)



Source: Table 3.

There are different kinds of out-of-home care, including foster care (living with a family), residential care (living in a staffed house with other children) and kinship care (living with a relative). At 30 June 2012, the vast majority of children in out-of-home care were placed in home-based care, including foster care (44 per cent) and relative/kinship care (47 per cent).

Table 4: Children in out-of-home care at 30 June, 2010 to 2012

Type of placement	20210 Number	2010 Per cent	2011 Number	2011 Per cent	2012 Number	2012 Per cent
Home-based care						
Foster care	16551	46.1	16805	44.6	17274	43.6
Relatives/kin	16336	45.5	17276	45.9	18515	46.7
Other home-based care	762	2.1	1005	2.7	961	2.4
<i>Total home-based care</i>	<i>33649</i>	<i>93.7</i>	<i>35086</i>	<i>93.2</i>	<i>36750</i>	<i>92.8</i>
Other care						
Residential care	1832	5.1	1999	5.3	2042	5.2
Independent living	156	0.4	167	0.4	175	0.4
Family group homes	107	0.3	249	0.7	272	0.7
Other	151	0.4	147	0.4	382	1.0
<i>Total other care</i>	<i>2246</i>	<i>6.3</i>	<i>2562</i>	<i>6.8</i>	<i>2871</i>	<i>7.2</i>
Total	35895	100.0	37648	100.0	39621	100.0

Notes

1. Multiple placement types for each child can occur throughout the year; however, it is the placement type at 30 June that is reported.
2. 2011 data do not match previously published totals due to retrospective updates.
3. Percentages in tables may not add to 100 due to rounding.

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

Teenage births

Indicator 0.3: Age-specific birth rate for women aged 15–19 years

Teenage motherhood is 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. They are also more likely to be socioeconomically disadvantaged and to have lower levels of education, and are less likely to attend antenatal classes, than older mothers (AIHW 2012a).

In 2010, there were almost 11 300 infants born to teenage mothers in Australia—a rate of 15.5 live births per 1000 females aged 15 to 19 years. Teenage mothers represented 4 per cent of all women who gave birth in Australia (Li et al. 2012). The teenage birth rate declined from the mid-1990s (22 per 1000) to 2003, when the rate stabilised around 16–17 per 1000 (AIHW 2011a).

Table 5: Live births to teenage mothers aged 15–19 years, 2006 to 2010

Rate per 1000 females	2006	2007	2008	2009	2010
Indigenous mothers	79.6	75.5	77.5	72.2	74.2
Non-Indigenous mothers	14.7	14.3	14.2	13.6	12.9
Total birth rate	17.3	16.8	16.8	16.1	15.5
Total number of births	11 903	11 810	12 063	11 692	11 293

Source: AIHW National Perinatal Data Collection, data sourced from AIHW 2013b.

Low birth weight

Indicator 0.4: Proportion of live born infants of low birth weight

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

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

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

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

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

Table 6: Live birth babies, by birth weight and Indigenous status, 2010

Birth weight (g)	Indigenous mothers Number	Indigenous mothers Per cent	All mothers Number	All mothers Per cent
Less than 2500	1385	12.0	18522	6.2
<i>Less than 1500</i>	265	2.3	3120	1.0
1500–2499	1120	9.7	15402	5.2
2500 and over	10126	88.0	278835	93.8
Total	11511	100.0	297357	100.0

Notes

1. '2500 and over' includes birth weight not stated (which accounted for less than 0.1% of all live births).
2. Percentages in tables may not add to 100 due to rounding.

Source: AIHW National Perinatal Data Collection, data sourced from Li et al. 2012.

Child homicide**Indicator 0.5: Assault (homicide) death rate for children aged 0–17 years**

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. Interpersonal violence, including domestic violence and child abuse, is often associated with parental drug and alcohol misuse and mental health problems (AIHW 2008).

Over the two-year period from 2008–09 to 2009–10, there were 49 deaths due to homicide among children aged 0 to 17 years, a rate of 0.5 per 100 000 children. Homicides among this age group represented 9 per cent of all homicides in that period. Rates of homicide were similar among boys and girls (0.6 and 0.4 per 100 000 children, or 30 and 19 deaths respectively). Among 0–17 year olds, the rate of homicide was highest among infants under 1 year (2.0 per 100 000 infants or 12 deaths).

Table 7: Assault (homicide deaths) among children aged 0–17 years, 2008–09 to 2009–10

Age (years)	Boys Number	Girls Number	All children Number	Boys Rate per 100,000 children	Girls Rate per 100,000 children	All children Rate per 100,000 children
Under 1	7	5	12	2.3	1.8	2.0
1–9	11	8	19	0.4	0.3	0.4
10–14	5	3	8	0.4	0.2	0.3
15–17	7	3	10	0.8	0.4	0.6
Total	30	19	49	0.6	0.4	0.5

Notes

1. Data are aggregated for a two-year period due to the small number of homicide deaths.
2. To protect privacy, disaggregation by Indigenous status is not available for total homicide victims aged 0 to 17 due to small cell sizes.

Source: AIHW analysis of Australian Institute of Criminology (AIC) National Homicide Monitoring Program data from Chan and Payne 2013.

Early childhood development

Indicator 0.6: Proportion of children who are developmentally vulnerable on one or more domains of the Australian Early Development Index (AEDI)

There is clear evidence that children's early development has a profound impact on their 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 AEDI is a population measure of children's development, based on the scores from a teacher-completed checklist in their first year of formal schooling (the preparatory year prior to Year 1). It is measured across the following five domains:

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

The AEDI is collected every three years, with two collections completed to date (2009 and 2012).

The majority of Australian children are doing well, with around three-quarters of children on track across all domains of the AEDI in 2012. However, 22 per cent of children were developmentally vulnerable on one or more domains, and 11 per cent were vulnerable on two or more domains, accounting for around 59 900 and 29 500 children, respectively. Similar results were found in 2009 (24 and 12 per cent respectively). These children are considered to be at particularly high risk developmentally.

In 2012, Indigenous children were more than twice as likely as non-Indigenous children to be developmentally vulnerable on one or more domains (43 per cent compared with 21 per cent), and two or more domains (26 per cent compared with 10 per cent).

Table 8: Children developmentally vulnerable on one or more AEDI domains, 2009 and 2012

	Developmentally vulnerable on one or more domains Per cent 2009	Developmentally vulnerable on one or more domains Per cent 2012	Developmentally vulnerable on two or more domains Per cent 2009	Developmentally vulnerable on two or more domains Per cent 2012
Indigenous children	47.4	43.2	29.6	26.0
Non-Indigenous children	22.4	20.9	11.0	10.0
All children	23.6	22.0	11.8	10.8

Sources: Centre for Community Child Health (CCCH) and Telethon Institute for Child Health Research (TICHR) 2009; DEEWR 2013.

Family economic situation

Indicator 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

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

In 2011–12, 16 per cent of households with dependent children aged 0 to 14 years (an estimated 302 000 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, with government pensions and allowances contributing at least half the household income for 49 per cent of one-parent families, compared to 8 per cent of couple families. Similar patterns were found in 2009–10.

The estimated proportion of one-parent families with government pensions and allowances contributing at least half the household income declined from 60 per cent in 2009–10 to 49 per cent in 2011–12.

Table 9: Contribution of government pensions and allowances to gross household income among families with dependent children aged 0–14 years^(a), 2009–10 and 2011–12

	2009–10 Per cent of one parent family households	2011–12 Per cent of one parent family households	2009–10 Per cent of couple family households	2011–12 Per cent of couple family households	2009–10 Per cent of all households	2011–12 Per cent of all households
Nil or less than 1%	4.3	6.2	35.4	41.6	28.3	33.9
1% to less than 20%	15.3	23.2	44.1	37.2	38.8	34.9
20% to less than 50%	20.5	21.3	12.5	13.1	14.8	15.2
50% to less than 90%	25.4	23.9	3.4	3.5	7.9	7.5
90% and over	34.3	24.9	4.1	4.4	9.7	8.2
<i>At least 50%</i>	<i>59.7</i>	<i>48.8</i>	<i>7.5</i>	<i>7.9</i>	<i>17.6</i>	<i>15.7</i>
Total	100.0	100.0	100.0	100.0	100.0	100.0
Estimated number of households in population	2009–10	2011–12	2009–10	2011–12	2009–10	2011–12
	344 000	344 000	1 439 000	1 495 000	1 856 000	1 925 000

(a) Includes all children aged 0 to 14 years. Dependent full-time students aged 15 to 24 years are excluded.

(b) Includes multiple family households.

Notes

1. Percentages in tables may not add to 100 due to rounding.
2. Data on Indigenous status are not available from the Australian Bureau of Statistics (ABS) 2009–10 or 2011–12 Surveys of Income and Housing.

Sources: AIHW analysis of ABS 2011 (unpublished data) and ABS 2013a (unpublished data).

Chapter three: Outcome 1-Children live in safe and supportive families and communities

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

Overview

Under the Second Action Plan, a number of National Priorities have been identified against Outcome 1 to provide a wide range of effective support services for children, families and carers. These are:

- Advocating Nationally for Children and Young People
 - This supports the establishment of the National Children’s Commissioner and education initiatives to improve awareness of children’s rights amongst the broader community.
- Early Childhood
 - This explores opportunities to provide quality early childhood experiences for vulnerable and at-risk children, with an emphasis on identifying opportunities to link with the National Partnerships on Early Childhood Education and Indigenous Early Childhood Development and the National Quality Framework for Early Childhood Education and Care.
- Education
 - This focuses on improving educational outcomes for children and young people in care, particularly looking for opportunities to link with the National Partnership Agreement on Low Socio-Economic Status School Communities, the National Partnership Agreement on Empowering Local Schools and the National Partnership Agreement for More Support for Students with Disabilities.
- Community and Business
 - This encourages greater community and business engagement in the protection and wellbeing of children, including supporting the community to better tackle issues critical to the safety and wellbeing of Australia’s children, such as domestic and family violence and sexual abuse.

The actions taken by each jurisdiction under these National Priorities, together with other supporting actions, are described in detail below. This chapter concludes with a report on performance against the two indicators used to measure progress towards Outcome 1, namely:

- Family functioning
- Perceived safety.

Australian, state and territory government activities

Australian Government

Advocating Nationally for Children and Young People

In February 2013, Ms Megan Mitchell was announced as Australia's first-ever National Children's Commissioner and dedicated advocate for children and young people at the national level. Ms Mitchell was appointed for a period of five years and commenced her term in March 2013.

The National Children's Commissioner will promote public discussion and awareness of issues affecting children, conduct research and education programs and consult directly with children and representative organisations.

The National Children's Commissioner will also examine relevant Commonwealth legislation, policies and programs that relate to children's rights, wellbeing and development, as well as national or cross-jurisdictional matters that would benefit from national leadership.

As stipulated under the *Australian Human Rights Commission Amendment (National Children's Commissioner) Act 2012*, the National Children's Commissioner is required to submit annual reports to Parliament on the exercise and enjoyment of human rights by children in Australia.

In June 2013, the National Children's Commissioner launched the Big Banter listening tour. The Big Banter will see the National Children's Commissioner travel to all Australian states and territories to listen to, and learn directly from, children and young people themselves and their advocates. Feedback from the Big Banter will help the National Children's Commissioner understand what is important to children and young people and help identify priorities for her role.

Early Childhood

In April 2013, the Australian Government released the AEDI for 2012. Methodology and planning for identifying communities where children are at risk are underway. Results from the 2012 AEDI will help inform this work. The identification of communities where children are at risk will enable more targeted supports to be put into place, to improve child wellbeing and development.

Through the National Partnership Agreement on Indigenous Early Childhood Development, the Australian Government is providing \$292.62 million for the establishment of 38 CFCs across Australia by June 2014. These are being implemented in partnership with state and territory governments. All centres are scheduled to be completed and operating before June 2014.

Education

AIHW recommended in its report, *Development of an Ongoing Educational Outcomes National Data Collection on the Educational Outcomes of Children in Child Protection Services* (AIHW 2012d), that national reporting on the educational outcomes of children in care can best be achieved with the implementation of a national education module for linkage with the CP NMDS.

Creating a national linked dataset on the educational activity and outcomes of children while in child protection services would allow ongoing and longitudinal monitoring of their academic progress, to better inform policy, practice and planning of activities to support these children.

AIHW is now developing a national education module for linkage with the CP NMDS.

The Australian Child Wellbeing Project (formerly known as the Middle Years Project), *Are the Kids Alright? Understanding the Wellbeing of Australian Children in their Middle Years*, is being led by a research team at the Social Policy Research Centre at the University of New South Wales and the School of Social Policy Studies at Flinders University, South Australia. This project aims to be the first major nationally representative and internationally comparable study of wellbeing among children in their middle years (8–14 year olds).

This study will produce the evidence base to support the design of effective policies and services to promote:

- general child wellbeing, especially among children experiencing disadvantage
- equal opportunities and outcomes for disadvantaged children.

The key difference between this study and others is its focus on children’s conceptualisations of wellbeing and their perceptions of their own wellbeing.

Special focus will be given to disadvantaged children in six groups, to account for differences in understanding children. These groups are: Indigenous young people; CALD young people; young people with disability; young people in rural and regional areas; economically disadvantaged young people; and young people in out-of-home care.

One of the aims of this study is to fill the knowledge gap on the crucial middle years of childhood, when children transit from primary to secondary school and into adolescence. The results of the study are being released in five phased reports. The Phase One report was released publicly in September 2013 and is available at the website for the [Australian Wellbeing Project](#).

The aim of the Phase One report is to feed into survey design that forms the next stage of the research and also to explore, in an open-ended way, the dimensions of wellbeing seen as important by children from the six marginalised groups as well as children in the mainstream.

Community and Business

An Indigenous community leaders’ workshop was held in Cairns on 7 June 2013. The purpose of the workshop was to identify a range of practical actions to support the wellbeing and safety of children and young people in Aboriginal and Torres Strait Islander communities from an Indigenous perspective. The workshop was grounded on the concept that Aboriginal and Torres Strait Islander leaders and communities know best the challenges they face and have key insights into how preventative supports can be provided effectively. The workshop reinforces the Government’s commitment to engaging with Aboriginal and Torres Strait Islander leaders and people of influence regarding the care and wellbeing of Aboriginal and Torres Strait Islander children.

A national workshop engaging community leaders from CALD communities will be held in late 2013 to explore opportunities to work more closely with new and emerging communities to enhance their understanding of, and build support for, protecting children and young people. The workshop will provide an opportunity to identify and share key issues and challenges for children from CALD backgrounds who are at risk of entering, or coming into contact with, the child protection system and to discuss research being undertaken in this area.

In 2012–13, the Australian Government funded the Centre for Refugee Research at the University of New South Wales to translate a series of three booklets—*The Rights of Children in Australia*; *Human Rights in Australia*; and *Women’s Rights in Australia*—into eight community languages. These booklets are part of a training package to assist newly arrived refugees to understand how human rights conventions are applied

in Australia and what they mean to family life. Once completed, these booklets will be available at websites of the [Centre for Refugee Research](#) and the [Australian Multicultural Education Services](#).

The Coalition is working closely with the non-government, community and research sectors to encourage greater community awareness, support and action to ensure that protecting Australia's children is truly everyone's business. On behalf of the Coalition, Families Australia and the ACCP are planning to collaborate with a range of community organisations, academics and local communities across the country to deliver additional Child Aware initiatives. Through these initiatives, organisations, academics and local communities and businesses will be asked to think, act and promote Child Aware. The Coalition envisages that new Child Aware projects will enable local communities and organisations to tap into and actively promote child wellbeing and safety, building on and reinforcing the groundswell of interest in Child Aware initiatives generated through the Child Aware Approaches funding round and conference discussed in Chapter four.

As part of the Child Aware Approaches initiatives, the Coalition is taking the lead in exploring opportunities to recognise and promote outstanding work in child protection, early intervention and targeted services.

The Coalition is also exploring opportunities to engage business and the corporate sector in the protection and wellbeing of children, aiming to involve business in the development and implementation of Child Aware Local Communities and Child Aware Organisations.

The Australian Government continues to support NAPCAN to deliver National Child Protection Week, in order to increase awareness and understanding of the importance of primary prevention in dealing with the challenges of child abuse and neglect in Australia.

As part of National Child Protection Weeks in September 2013 and 2014, NAPCAN will present 'Play Your Part Awards for Outstanding Prevention Initiative' to recipients across Australia to recognise individuals, communities and organisations who have played their part in creating safer communities for children and young people. These awards build an honour roll to showcase exemplary and successful initiatives that contribute to preventing child abuse and neglect.

The Australian Government is also developing a Communication Plan for the Second Action Plan, in consultation with states, territories and the Coalition. The Communication Plan will provide stakeholders with a consistent and coordinated communication approach to promote the goals, actions and key messages of the National Framework and the Second Action Plan more broadly across the community. The community and business sectors are key target groups in the Communication Plan.

In addition to this work, a national approach to media engagement will be developed under the *National Plan to Reduce Violence against Women and their Children 2010–2022*. The purpose of this work is to achieve appropriate reporting of child abuse and neglect and to promote positive messaging around child safety and wellbeing.

Australian Capital Territory

Community and Business

The ACT Government is committed to encouraging diversity and meeting the needs of all cultures within the community. Through ACT CFCs, it facilitates culture-specific groups, with the aim of assisting multicultural families (with children in the birth to 5 years age group) to settle into the community. Families are provided with information and access to a variety of support services as well as support in nurturing their child's development through play. For example, the Gungahlin CFC delivers parenting groups for the Mon and Karen Burmese communities and the Atfaal playgroup for Muslim families. The

West Belconnen CFC delivers parenting groups for the South Sudanese community, and the Tuggeranong CFC delivers multicultural playgroups.

As part of the ACT Child, Youth and Family Services Program, CALD services are provided for people with a migrant or refugee background. The services aim to strengthen family and social relationships, address intergenerational conflict and promote engagement with mainstream services. Service providers use outreach models, including case management, therapeutic services and group programs. They also build strong partnerships with related community services and promote and improve culturally competent practice across the service system.

Other Supporting Actions

The ACT Government is committed to strengthening the capacity of families to support children, which is part of its strategic focus on early intervention and prevention services. For example, the ACT Government delivers a range of therapeutic, counselling, case management, child health and parenting services through the Gungahlin, Belconnen and Tuggeranong CFCs. Such services reduce the entry into the statutory/tertiary system. Many of these programs are delivered in partnerships between government and the community sector. These services included:

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

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

In April 2013, the Tuggeranong CFC, in partnership with Care and Protection Services, Marymead CFC and the Education and Training Directorate, commenced a pilot of Parent Child Interaction Therapy (PCIT). PCIT is an evidence-based treatment for children aged 3 to 7 years who demonstrate serious behaviour problems. The program has an emphasis on improving the quality of the parent–child relationship and changing parent–child interactions. PCIT has proven to be beneficial for children who have experienced abuse, who are demonstrating anxious behaviours or who have disruptive or externalising problem behaviours.

New South Wales

Education

The NSW Department of Education and Communities supports young people in out-of-home care through personalised learning and support, with an emphasis on the quality of the learning experience and the relationships and connectedness forged with students and their carers. Learning and support considerations include literacy and numeracy, communication, social and emotional supports, health care needs and behaviour support.

To support schools, families and students to resolve attendance issues, the Department of Education and Communities continues to provide 110 Home School Liaison Officers and 26 Aboriginal Student Liaison Officers.

The Department of Education and Communities is currently coordinating an interagency early intervention trial in two locations, to support families where school attendance issues may be emerging. The trial aims to provide appropriate support to families to prevent school attendance issues from becoming chronic.

Community and Business

The NSW Government continues to explore innovative ways to engage business in the protection and wellbeing of children. In an Australian first, FACS signed agreements for two social benefit bonds in the area of out-of-home care. Social benefit bonds provide a new source of funding by partnering with social investors.

The Newpin Social Benefit Bond, which commenced on 1 July 2013, raised \$7 million in private capital for UnitingCare Burnside's Newpin program. Newpin aims to build positive parent-child relationships to support the return of children from out-of-home care to their families or to prevent them from entering care. The bond is currently funding four existing Newpin Centres in Western Sydney. The program is expected to be rolled out to a further six locations during the life of the seven-year bond.

The Benevolent Society (TBS) Social Benefit Bond is a \$10 million bond over a five-year period. The bond is funding TBS's Resilient Families program, which works with vulnerable families in Central and South West Sydney to address risk issues and to prevent children from entering care. Resilient Families is an intensive support service based on the Homebuilders program, which has been proven to achieve positive results for most at-risk families. Referrals under the TBS Social Benefit Bond commenced on 8 October 2013.

The NSW Government continues to assist and strengthen families and communities to ensure that children are safe and supported.

Community Builders continues to strengthen communities across NSW and connect disadvantaged members with their broader community. It does this by providing prevention services and projects that build community capacity and enhance participation, cohesion and social inclusion.

In 2012-13, Community Builders Renewable funded services allocated over \$41 million to 394 services across the state. Outcomes data shows the following results:

- 91% of participants reported increased community skills
- 90% reported increased participation/capacity to participate
- 83% reported increased use of other services.

In 2012-13, Community Builders Fixed Term funded 120 fixed-term projects (lasting from one to three years) to a total of \$8.6 million. Outcomes data shows the following results:

- 93% of participants reported increased community skills
- 87% reported increased participation/capacity to participate
- 89% reported increased connections.

Families NSW is a multi-agency prevention and early intervention strategy that supports families expecting a child or with children up to 8 years of age. Families NSW is jointly implemented by partner agencies FACS, the Ministry of Health and the NSW Department of Education and Communities, together with local government and community organisations. In 2012-13, FACS funded 358 supported playgroup locations, 100 family worker projects, 65 community capacity-building projects, 65 partnerships and networks projects, eight volunteer home visiting projects and 42 parenting program projects.

FACS continued to invest in the Positive Parenting Program (Triple P) during 2012-13. Triple P is one of the most extensively evaluated, strongly supported and widely implemented parenting interventions in the world. Triple P provides a platform for parents and children to build effective community support networks and provides the flexibility to deliver results across the continuum of FACS Community Services (FACS(CS)) clients.

FACS Ageing, Disability and Home Care (ADHC) Statewide Behaviour Intervention Service, in partnership with the Children's Hospital Westmead and School-link, rolled out a series of Triple P Stepping Stones Group Parent Training sessions across the state. ADHC staff have been partnered with Department of Education and Communities staff to deliver this specialised parent training course. This project has included a research component which delivered positive outcomes for parents and children with disability and behavioural difficulties. The program has been expanded in the current phase to a wider variety of schools beyond Schools for Specific Purposes (SSP). SSPs provide a specialised educational setting for students requiring intensive levels of support. To date, 17 schools have been involved.

Sustaining NSW Families is an intensive home visiting program provided by NSW Health which commences, ideally, during the antenatal stage and continues until a child reaches 2 years of age. The program is for those families who are significantly affected by social and economic disadvantage and where psychosocial risks may impact on their capacity to parent well. The program has a strong focus on developing a positive parent and child relationship, which in turn supports parents to meet the physical, social and emotional needs of their infants. The nursing staff who provide the direct service to these families are being supported through a partnership with Tresillian Family Care.

During 2012–13, FACS provided information sessions about the role of Community Services (CS), the NSW Child Protection system, and parenting and discipline practices in Australia, to communities from Iraq, Iran, Afghanistan, Africa, Sri Lanka, China, Burma, Nepal, Fiji and India.

The Community Learning Circles at Metro West and Metro Central Regions provide an opportunity for local leaders from FACS(CS) and emerging new CALD communities to meet regularly to build relations in order to maximise positive outcomes for children and young people from new communities.

Information sessions on child protection reporting and services have been provided to settlement services providers who work with recently arrived migrant and refugee communities. These sessions have been provided recently in the Hunter and Southern NSW regions.

Northern Territory

Early Childhood

In the Northern Territory, the Families as First Teachers (FaFT) program provides place-based early childhood and parenting support programs in 21 large remote centres and 24 smaller communities through a mobile model. The services provide joined-up approaches, along with health and child protection services, from birth and work to implement transition to preschool programs with remote Indigenous families. The Department of Education has reviewed the early childhood programs to increase the effectiveness of these strategies. This was done through the current Universal Access Implementation plan, the FaFT transition to preschool and the principal survey and evaluation 2012. An integrated approach for vulnerable children is being developed in partnership with DCF.

Education

The Department of Education continues with its campaign to improve school attendance through its Every Child Every Day strategy and the implementation of the Australian Government's School Enrolment and Attendance Measure, with the expectation that student performance will increase commensurately with improved attendance. The department undertakes its own important initiatives and works closely with community sector organisations such as the Young Men's Christian Association (YMCA) (Youth Diversion) in the placement of children in care in appropriate schooling and post-school options. These initiatives include the Malak Reengagement Centre and school-based engagement programs that provide an additional layer of wellbeing support to improve educational and life outcomes for young people.

The Northern Territory's 2012 results against the AEDI show progress against indicators of school readiness compared to 2009. Underpinning this achievement has been the establishment of child and family service centres that bring together local education and health providers in remote towns across the Northern Territory. The expansion of the FaFT program to 21 large, very remote communities, with mobile preschool services to 24 smaller communities, is increasing access to quality early years programs for more children and families.

The Department of Education provides a range of specialist support staff who assist schools with early identification. This includes specialists in early childhood, autism, hearing, speech and vision, school psychologists, school counsellors and behaviour advisers.

The Department of Education actively supports the National Safe Schools Framework, in particular through the [Safe Schools NT](#) website and through supporting schools in the implementation of School Wide Positive Behaviour Support. Specialist advisers in the behaviour field assist schools and teachers to provide support to students at risk in mainstream school settings as well as through the Positive Learning Centre programs located across the Northern Territory.

Community and Business

DCF funded Melaleuca Refugee Centre to continue to provide programs, including Families in Cultural Transition (FICT) and Tips and Information for Parenting Skills (TIPS), for newly arrived cultural groups.

The Northern Territory Government's Youth Street Outreach Service (YSOS) works with young people on the streets of Alice Springs late at night to ensure that they have a safe place to which to return, should they require it. YSOS also provides a day service that follows up with families or carers to ensure that they are supported and that appropriate referrals are made if required. In the last year, YSOS has supported whole-of-government initiatives such as Operation Marathon and AFL weekends. YSOS has strong working relationships with all the patrolling services in Alice Springs.

Strong partnerships between the Aboriginal Family Support Services (Congress Target Family Support Service, Tangentyere Ketyeye Program and the Congress and Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) IFS service) and DCF have been developed over the past 12 months, with these services operating at capacity and achieving positive outcomes for children and families. These relationships have been developed and enhanced through the role of the DCF Community Based Child Protection Worker, which aims to support the referrals made by the agency and act as a conduit where joint case management occurs.

Other Supporting Actions

Changes to the *Care and Protection of Children Act 2007* announced in June 2013 will strengthen the legal representation of children in the system, to ensure that their voice is heard, and a Charter of Rights for children entering into out-of-home care will be finalised in 2013.

Queensland

Early Childhood

The Queensland AEDI Community Action Grants will provide funding for organisations to respond to local needs identified by AEDI data in communities with a higher proportion of developmentally vulnerable children than the Queensland average. Funding will prioritise activities which raise awareness of issues relevant to early childhood development, engaging with community members to deliver solutions and enhancing community capacity to support early childhood development.

The Queensland Government's Department of Education, Training and Employment (DETE) undertook data modelling to assist with the development of initiatives to increase kindergarten participation by Aboriginal and Torres Strait Islander children and children from CALD backgrounds. Targeted, place-based initiatives are now being implemented.

DETE has a number of initiatives underway to address kindergarten participation challenges for children and families with diverse needs. Initiatives include:

- creating additional kindergarten places
- reducing out-of-pocket expenses through 'per child' subsidies
- the Embedding Aboriginal and Torres Strait Islander Perspectives in Early Childhood cultural competence support and guidance program
- the Transition to Kindergarten Program, supporting kindergarten awareness through playgroups
- the Pre-kindergarten Grants and the Transport Assistance Grants Programs
- a direct marketing campaign
- access to interpreter services and to specialised support
- equipment and resources for children with disabilities
- workforce initiatives
- leveraging integrated services, such as the Early Years Centres (EYC) and CFCs, to increase access to, and participation in, kindergarten.

Because of the recent commencement of many of these initiatives, the associated reviews, analyses and evaluations have not yet begun. Public discussion papers were provided in 2012 to inform targeted stakeholders of the development of these initiatives.

An evaluation of the EYC initiative was completed in late 2012 and found evidence of improved social, behavioural and developmental outcomes for children. Parents reported that they had achieved key goals for themselves and their children, particularly in relation to confidence, socialisation, and educational and behavioural development. The evaluation further identified that families and staff particularly value the universal services, such as playgroups and maternal and child health services, because they are welcoming and non-stigmatising for families and an effective means for staff to identify and support families with greater needs.

Community and Business

The Queensland Government, through the Department of Communities, Child Safety and Disability Services (DCCSDS), promotes resources developed by the Ethnic Communities Council of Queensland (ECCQ) for practitioners and parents. The ECCQ developed the resources through its Learning Together project, which engaged local families from CALD backgrounds to discuss what successful resettlement and parenting in Australia look like.

The Queensland Government Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA) is developing a new cultural diversity policy to remove barriers and direct government action to better enable people from different cultural backgrounds to participate successfully in our economy and society.

DCCSDS plays an ongoing role in educating media about the relevant legislation and protocols concerning the need to protect the identity of children within the child protection system. DCCSDS follows these same protocols when providing media responses and, where appropriate, reiterates the department's commitment to preventative and support services to strengthen families. DCCSDS worked with journalists during Child Protection Week 2012 and Foster and Kinship Carer Week 2013 to ensure appropriate reporting in features related to these promotional weeks.

The Queensland Government's Supporting Families Alliances Strategy 2011 aims to ensure that the existing local family support service capacity is utilised as effectively as possible. This strategy supports broader reforms to the secondary service system, including services developing a shared responsibility to identify and respond to the needs of families in a more timely and coordinated manner. The overarching aim is to have alliances of service providers in target locations, whose key focus is on establishing or strengthening connections between local services that are involved in supporting vulnerable families, including community and government providers.

To achieve this aim, DCCSDS has worked to build more collaborative relationships between local providers of family and children's support services, including between community sector and government service providers. Family Support Alliances are specifically identified, along with relevant government departments, to develop a collaborative case management approach for families with complex needs that includes a single case plan and a lead professional.

During 2012–2013, six Queensland Government regions have worked to establish Supporting Families Alliances in locations where Referral for Active Intervention Services are delivering intensive family support to vulnerable families at risk of entering the child protection system. Alliances are operating or are being established in 13 locations across the state.

DETE is developing material to provide useful information to staff working in education and care services about identifying possible cases of abuse or neglect that could be reported to child safety or policy.

DCCSDS helps to increase community awareness of issues affecting the safety and wellbeing of children through its funding of Queensland Child Protection Week (QCPW). This is held in the first week of September each year. Further details are provided under *Joining up Service Delivery*, discussed in Chapter Four.

QCPW Awards are presented to acknowledge the efforts and commitment of Queenslanders who make a significant contribution to the prevention of child harm and neglect. The Awards are presented to individuals or groups in eight categories: Professional (non-government), Professional (government), Volunteer, Regional Program, Education Initiative, Youth Participation, Media and Communications and Community Initiative. The Awards are promoted through the departmental website and networks.

South Australia

Advocating Nationally for Children and Young People

South Australia has committed to establishing a Commissioner for Children and Young People, as part of a broader legislative package. The role is intended to provide advocacy for children across a range of issues, including schooling, child care, housing and social inclusion. The Commissioner will promote awareness of the rights, views and interests of all children.

Early Childhood

As part of its responsibility to report to government on the wellbeing of South Australian children and young people, the Council for the Care of Children has reviewed its framework for monitoring the wellbeing of children. The framework encompasses five domains of the lives of children and young people:

- health and development (enjoying good physical and emotional health and living healthy lives)
- safety and protection (being cared for and nurtured and protected from harm and neglect)
- their enjoyment of life and achievement (getting the most out of life and developing skills for life, according to their capabilities)

- contributions to family and community life (being actively involved with their peers, families, culture, community and society, according to their capabilities)
- preparation for adult life (gaining knowledge and skills to participate as adults and not being prevented by economic disadvantage from achieving in life).

New indicators for the AEDI have been incorporated for assessing young children’s early development and the capacity of communities to support the wellbeing of their youngest members.

Children’s Centres for Early Childhood Development and Parenting support children (0–8) and their families to achieve the best possible learning, health and wellbeing outcomes in a universal setting, with targeted responses where additional support is required. The Centres are operational in more than 30 locations.

Family Service Coordinators in Children’s Centres are providing targeted services within a universal setting. They strengthen access to early intervention services for families, to prevent the need for involvement with the statutory child protection system. This focus has also contributed to more Supported Family Contact Playgroups, which provide the opportunity for parents of young children who have been removed from their care to strengthen their parenting during family contact, in order to facilitate safe reunification. Circle of Security parenting programs have also been extended.

Winning back control

This case study demonstrates the role of supported playgroups as a ‘soft entry point’ in generating access to other services and providing social networks that can assist families with making lifestyle changes.

Jane (not her real name) has been attending Good Beginnings’ supported playgroup, Play2Learn, for a few years, but she started to attend more regularly after having her children removed by child protection. When she first started attending the group, the mother of five had limited social skills and very poor parenting skills. Play2Learn is an open access program, with no registration or referral criteria. However, the location and activities presented are targeted to assist those who are most vulnerable.

The removal of her children was a trigger for Jane to seek to address her own lifestyle. With the support of Good Beginnings and other mothers in the group, Jane began to take steps to regain control of her situation. Through Good Beginnings, she found help from other, more intensive services, such as counselling and case management. Jane started to build a network of new friends but also a network of support. Jane has slowly become more independent and begun to show more confidence in her own judgement. Over the two years of her participation, Jane has changed her life and her social circle, and she has stopped drinking and using drugs.

The role of the group was to provide an environment that facilitated helpful relationships and conditioned more positive behaviours for Jane. It also gave her access to peers who were able to reinforce successful maintenance of new behaviours.

As a result of the changes Jane has made, her children have been returned to her care. Good Beginnings staff have also noted changes in the children: the children who would not sit long enough to look at a book are two of the keenest readers at story time. Their social skills have significantly increased; they are polite and keen to learn. They know how to behave positively in the group. This has helped them transition to preschool well and will also help them be more settled in school. Recently, Jane was observed holding the children’s hands in the school car park, encouraging safety and keeping them close. This is a significant difference to the mother Good Beginnings started to work with two years ago, and the trajectory for these children towards achieving positive social and economic outcomes is much improved as a result of the group.

Education

DECD (Families SA) is collaborating directly with schools and alternative program providers to improve outcomes for children and young people in care. Families SA School Retention provides a specific service for young people at risk of disengagement from education. The integrated case management approach involves allocated school retention officers as integral members of the care teams as well as advocacy for young people in managing their difficulties with mainstream education. A Youth Engagement and Inclusion Team provides flexible schooling options and transition programs to children and young people, including those in care.

A School Counsellors Network across metropolitan Adelaide has been established to provide mental health education and training that aims to increase the understanding of mental health needs and ways to support young people within the education system.

Community and Business

DECD (Families SA) has developed a Cultural Competency Education package for field staff, to provide foundational and professional development modules. A framework is being developed to ensure that the child protection workforce is culturally competent in working with culturally diverse communities, both newly emerging and more established. Engagement with newly emerging communities and their support services is supported through six key access points. Consultative mechanisms and educational components are included for child protection workers.

Women's and Children's Health Network – Child and Adolescent Mental Health Services (CAMHS) are providing support for school counsellors at Intensive English Language Centres schools to assist newly arrived families to connect with CAMHS when they have concerns for their child's mental wellbeing. CAMHS provides consultation and support regarding the mental health of children who are newly arrived to Australia, through the Intensive English Language Centres Mental Health Liaison Hub Groups in each region.

Incredible Years Groups are being provided for newly arrived and CALD participants. This program has a strong emphasis on providing children and young people with a safe and loving environment in which they can reach their potential.

Disability Services, Child and Youth Services (CYS) has commenced a monthly, community-based group program for Vietnamese mothers of children with Autism Spectrum Disorders (ASD). This aims to reduce common barriers to accessing services, such as isolation, cultural perceptions of disability, and lack of awareness of services available and ways to access them. The group sessions have a strong focus on increasing families' understanding of ASD and increasing the sense of connection to others and to local support networks. Increasing family access to information and strategies to help children with ASD learn new skills means that families are more able to support their children's participation in meaningful everyday activities.

A South Australian whole-of-government Human Services Partnership Forum has been established to strengthen community engagement and to develop the community sector's capacity to support the growing needs of the community. This brings together all the Human Service Not-for-profit Peak organisations and state government representatives.

The Child Safe Environments *Reporting Child Abuse and Neglect: Guidelines for Mandated Notifiers and Information for Organisations* has been updated and widely distributed to increase community awareness of issues affecting the safety and wellbeing of children.

Connecting Families to Work (CFW) is building on two successful pilot programs: South Australia's Building Family Opportunities Program and the Australian Government Family Centred Employment Project. CFW aims to break the cycle of long-term family joblessness by developing individualised and holistic solutions for families and coordinating connection with services to enhance their social and economic participation. CFW outcomes include: sustained workforce participation; improved educational attainment; better health and wellbeing; and improved systemic public sector responses to disadvantage.

Tasmania

Advocating Nationally for Children and Young People

Work is being undertaken throughout 2013 to clarify the expectations of the role, function and powers of the Tasmanian Children's Commissioner within a broader context of advocacy requirements for Tasmanian children and youth. As part of this review, the roles of, and linkages between, the Tasmanian and National Children's Commissioners will be explored. The review will also include an assessment of whether the education of the community on children's rights sits within this role.

Early Childhood

CYS collects a range of outcome data as part of the Kids Come First Project, to identify the particular strengths and needs of children and young people in local communities throughout Tasmania. Drawn from over 20 sources into one central warehouse, it is a valuable resource for government agencies and the community about young Tasmanians. Organised around 30 outcome areas and 115 specific indicators, it compiles information down to the suburb level, by age, gender and Aboriginal status as well as over time. This information allows a community profile to be developed for all communities, highlighting specific communities where children are at particular risk.

Some of the data sources included in this outcomes framework include:

- Child Protection Services (CPS)
- Child Health and Parenting Service (CHaPS)
- Youth Justice Services
- The AEDI
- Acute Health Services
- Tasmania Police
- Department of Education
- ABS

CYS will seek access to unit record AEDI data for the purposes of identifying vulnerable cohorts through data linkage as capacity becomes available.

Under the CHaPS new Model of Care (see below), the enhanced service will give more time to particularly vulnerable families to support their engagement with early childhood services. CHaPS has been proactive in engaging hard-to-reach families through a variety of settings, including attendance of child and family health nurses at playgroups and other early childhood settings. This allows the nurse to foster relationships with vulnerable families and undertake opportunistic health and development assessments of children.

Education

The Department of Education (DoE) and the Department of Health and Human Services (DHHS) recently revised a Partnering Agreement that aims to improve the educational outcomes of children in care. The Agreement was developed in response to the research that revealed that children in care do not achieve at school as well as their peers. A joint departmental committee is overseeing its implementation.

The Partnering Agreement includes:

- the requirement for all children under care and protection orders to have a Personalised Learning Plan (PLP)
- a protocol for sharing DoE PLPs and DHHS case and care plans
- agreement to upgrade databases to enable more effective sharing of information between the two agencies.

There has been extensive work undertaken to build strong partnerships between schools and CHaPS. This includes recent work where CHaPS has actively engaged in the Launching into Learning (LiL) initiative. This has involved two-way referral between CHaPS and LiL, with teachers encouraging parents to take their child for the routine assessments when there are concerns for a child, and child and family health nurses encouraging families to engage in the LiL initiative.

Community and Business

CHaPS is a community-based population and primary health care service which is built around the ecological view of the child and recognises that the child's health and wellbeing is dependent upon influencing those caring for the child and the community in which they live.

CHaPS is currently implementing a new Model of Care which will continue to provide universal services for all families but will invest more resources and effort in overcoming barriers and difficulties faced by the most vulnerable. This is supported by placement of child health nurses within settings, such as CFCs, which actively seek to engage vulnerable families.

CYS continues to maintain an up-to-date internet site which is available to the general public. This internet site provides information for mandatory reporters and the general community on how to report child abuse and neglect.

Vulnerable Tasmanian families are referred to Gateway services for assessment and referral to family support services. Under the Gateway model, community sector service providers have formed partnerships to deliver Integrated Family Support Services. In July 2012, Tasmania developed the Family Support Operational Framework. This was developed as an agreed approach of the Tasmanian Government and Family Support Services providers in addressing the needs of vulnerable and at-risk children, young people and their families. The framework will assist services to work within an integrated and coordinated system and tailor their services to achieve quality outcomes for families and children in need.

Community awareness of issues affecting the safety and wellbeing of children has been increased through foster carer recruitment campaigns and up-to-date information provided on the DHHS website.

DHHS Innovation Awards 2013 will celebrate innovative practices and projects developed by staff and teams across health and community services, including contracted community sector organisations. The awards are open to all staff, whether they are involved in direct service delivery or work in policy, administration or business and logistical support.

A diverse range of Tasmanian businesses have agreed to sponsor the DHHS Innovation Awards 2013. The awards are across health and human services, but this annual event will provide some long-term capacity to increase awareness of the protection and wellbeing of children.

Advocating Nationally for Children and Young People

The Victorian Commission for Children and Young People was established on 1 March 2013, replacing the Office of the Child Safety Commissioner. The Commission is independent of government and reports directly to Parliament. The focus of the Commission is on the promotion of continuous improvement and innovation in policies and practices relating to child protection and the safety and wellbeing of vulnerable children and young people. The Commission currently comprises a Principal Commissioner and a Commissioner for Aboriginal Children and Young People, in view of the focus on improving outcomes for vulnerable Aboriginal children in Victoria.

Victorian Government services, such as child protection and Child FIRST, provide community education sessions at a local level, to support the community, on ways to respond where there are concerns for a child's safety and wellbeing.

Early Childhood

An additional four Cradle to Kinder/Aboriginal Cradle to Kinder programs (ante and postnatal support programs for young, vulnerable, pregnant women and their families, providing support until the child reaches 4 years of age) will be implemented across Victoria in early 2014 in high needs areas.

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

All child and family services alliances undertake catchment planning at a Child FIRST catchment level in a three-year cycle, with annual reviews to plan, target priorities and use service resources more effectively to enhance the family service system responses to vulnerable children and their families. Actions targeting vulnerable young children aged up to 5 years continue to be a central focus of these plans and actions.

The Access to Early Learning model implemented by the Victorian Government is designed to support children, families and early childhood education and care services to address identified barriers to access to education, through assisting families to locate, enrol and engage in an early childhood education and care program.

The Early Childhood Development program will continue across eight Child FIRST catchments. The role of the Early Childhood Development coordinators is to strengthen the linkages across family services and early years services.

Education

The Out-of-Home Care Education Commitment, better known as the Partnering Agreement, was released in August 2011 and published jointly between the Victorian Departments of Education and Early Childhood Development and Human Services (DHS), the Catholic Education Commission of Victoria and Independent Schools Victoria. The Partnering Agreement:

- builds on the learnings from the 2003 Partnering Agreement between DHS and Education and Early Childhood Development
- is a cross-sectoral agreement which gives a strong message that the business of improving educational outcomes for children and young people in out-of-home care is a shared responsibility

- gives us shared objectives, common language and consistent processes across the sectors
- clearly spells out what is required by case managers from Child Protection and Community Service Organisations; government; Catholic and independent schools; and regional and central office staff
- outlines our shared responsibility to improve, track and monitor the educational engagement and achievement of this vulnerable group
- reflects current legislation and policies of both departments as well as current views on the impact of trauma on children's capacity to engage in education
- outlines strategies to support the educational issues and social needs of children and young people in out-of-home care during the years they attend school
- includes a commitment to allocate a learning mentor for every child or young person in out-of-home care enrolled in a school; the role of the learning mentor is to advocate for a child or young person in the context of their education setting and support their learning and wellbeing
- provides guidance about key areas in which support for children and young people in out-of-home care is required, including school enrolment, transition planning, attendance and engagement, achievement, case planning and school retention
- has a stronger focus on transitions from preschool to school and from primary to secondary school in recognition of this difficult period and the need for additional support and planning at this time.

As part of the development of the revised Partnering Agreement, the Education Support Guarantee was developed for children and young people in out-of-home care. The Partnering Agreement has a range of new commitments, including:

- the allocation of a teacher or staff member as a learning mentor to each child or young person in out-of-home care enrolled in a school
- the prioritisation of referrals for children and young people in out-of-home care to education-related health and wellbeing services, to ensure that these services are highly accessible and responsive to the needs of this group
- the provision of educational needs assessment for every student who has resided in out-of-home care for a period of three months or longer, to identify her or his individual learning needs and to inform the Individual Education Plan
- priority status for post-round applications to the Program for Students with Disabilities for children and young people in out-of-home care enrolled at a government school.

The education component of the statewide health and education assessments project is targeted specifically to young people in residential care as a highly vulnerable group within the overall out-of-home care population, with more complex education (and health) related needs. The first assessments and associated follow-up treatment undertaken through this initiative occurred in December 2012. Extension of this approach to children in foster care and kinship care is subject to the evaluation of this initial rollout with young people in residential care.

Early Start Kindergarten enables eligible 3-year-old children to access a kindergarten program, delivered by a qualified early childhood teacher, for up to 15 hours per week in the two years before school. Children are eligible if they are 3 years of age, Aboriginal or Torres Strait Islander or have been known to child protection.

The 2012–13 Victorian State Budget provided \$8 million over four years to continue the Access to Early Learning sites in the Grampians, Eastern, Western and Southern regions and to continue to fund Early Start Kinder.

Community and Business

The Victorian DHS Aboriginal Strategic Framework establishes a shared leadership approach between the department and the Aboriginal community in Victoria. Six statewide Aboriginal organisations are signatories to the framework and, along with representatives of the department's four Aboriginal advisory groups, meet four times a year with the department's Board to monitor progress towards improved outcomes and identify and respond to emerging issues.

This strategy recognises the reality that many vulnerable children do not benefit from universal and community resources as much as others and emphasises the need to change the way we engage with these children and families. Schools, health services, early childhood services and other services need to foster safe, inclusive environments to enable the identification of family or child vulnerabilities and the provision of positive interventions.

As part of Child Protection week, Victoria holds two statewide award ceremonies to encourage greater engagement in, and awareness of, the protection and wellbeing of children. These are the Protecting Children Awards, to recognise outstanding practice by child protection practitioners, and the Robin Clark Memorial Award, to acknowledge exceptional service provision and leadership that significantly improves the lives of vulnerable children, young people and families in Victoria.

Western Australia

Early Childhood

The Department of Education collected AEDI data in approximately 99 per cent of Western Australian pre-primary children, and this is available at the [Australian Early Development Census](#) website. A Local Champions program will begin shortly, with grants provided to selected organisations throughout the state to work directly with a targeted region to promote activities to improve outcomes for children.

Five CFCs are being established in primary school sites at Halls Creek, Fitzroy Crossing, Kununurra and Roebourne and in the Middle Swan/North Metropolitan Education Region. The facilities will predominantly focus on Aboriginal families with children from birth to 8 years of age and will offer licensed child care facilities, health, early learning and family support services. The Halls Creek, Fitzroy and Kununurra centres are operational, and the remaining two are under construction.

As part of a priority state government initiative, 16 Child and Parent Centres are being established on public school sites. This is an across-government and community sector strategy to support hard-to-reach families, with children from birth to 8 years of age, to engage in early childhood activities and access health, early learning and family support in a more integrated manner. As part of the implementation process, CPFS has provided advice so that:

- consideration is given to the development of appropriate responses to child protection concerns
- the Centres connect with the CPFS Networks which provide secondary family support to vulnerable and at-risk children, young people and families.

Education

The Department of Education is revising the Student Information Database to provide live information regarding:

- data about children in care enrolled at each school
- documented education plans for students in care
- a review date for documented education plans.

CPFS develops a Documented Education Plan for every child in care enrolled in preschool, public school or private school, identifying strategies to improve their education outcomes.

The Department of Education is introducing measures in response to the Blaxell Inquiry into child sexual abuse at St Andrew's Country High School Hostel in Katanning. These include:

- working with the Country High Schools Hostel Authority to develop a comprehensive, child-focused complaints system
- increased training about child abuse for Authority Board members and staff.

The Department of Education has undertaken a review of the existing child abuse prevention curriculum and is developing protective behaviours resources and training options for teachers.

Through Operation Reset in Kalumburu, a joint operation between the WA Police and CPFS to address child protection issues in the community, protective behaviours programs were conducted with the local children.

Community and Business

The Department of Local Government and Communities (DLGC) is developing Parenting WA Guides for CALD families based on the South Australian multicultural Parent Easy Guides.

The Department of Health, Department of Education and the Mental Health Commission collaborate in the provision of Integrated Services Centres at two Perth primary schools with a high number of children from refugee families. The services include two Social Workers providing culturally appropriate and holistic psychological and social support and child health nurses who monitor the health and development of young children in these families.

The Western Australia Police (WA Police) developed policy and reporting mechanisms related to Honour Based Violence to assist in the identification and understanding of emerging trends and resource allocation.

The WA Police and CPFS continued to work collaboratively on a number of operations, including Operation Deagon Goldfields and Operation Reset in the Kalumburu community. These operations involved working with Indigenous community leaders and members to improve and implement measures to identify children at risk of abuse and to respond to incidents of child abuse.

As part of Operation Deagon, information sessions were conducted with refugees at the Leonora Alternative Place of Detention (LAPOD) about Australian law, customs and support services with respect to child protection.

During Operation Deagon, a media contingent from the West Australian Newspaper and The ABC 7.30 Report WA travelled to the Goldfields, producing a story about child protection issues in that region.

Through partnerships with government and community sector organisations, CPFS presented information on child protection issues and services to newly arrived communities in districts with a high CALD population. CPFS also assisted in the implementation of an African Learning Circle, involving a community sector organisation engaging with the African community to discuss and resolve social and settlement issues, including child wellbeing issues.

Lead agencies involved in providing interagency mandatory reporting of child sexual abuse prepared an educational video featuring prominent Aboriginal Leaders. The video addresses a number of myths around sexual abuse of children and underage sexual behaviour and will be launched in late 2013.

CPFS revised its Aboriginal Services Framework, which has a strong focus on the ATSCPP and the role of Aboriginal Practice Leaders in providing support and guidance to all district staff in decisions to place, and ongoing planning for, Aboriginal children in care.

CPFS has also established Aboriginal Practice Networks with the aim of engaging leaders from the Aboriginal community and Aboriginal organisations to work together to build support networks for protecting children and young people.

Save the Children Australia was provided with funding for the Kununurra Night Youth Patrol Project, which is a prevention and intervention strategy to support children and young people who are present on the streets at night, to be in the care of a responsible adult. Save the Children Australia is undertaking the project in collaboration with the Indigenous community, in particular the Miriuwung Gajerrong people and partners of the Community Response for Our Children (CROC).

CPFS is building a framework for structured, regular and ongoing communication and engagement with Aboriginal organisations and communities, in order to work more collaboratively to enhance safety for children and young people. This includes organisations such as Native Title representative groups and Aboriginal medical and youth services organisations. Forums will also be held both at the state level with Peak bodies and at the District level with locally based organisations.

An evaluation following 12 months' operation of the Armadale Family Support Network (FSN) found early indications of positive outcomes for families receiving the service. FSNs are an alliance of community sector agencies and the CPFS, providing a common entry point to services and delivering earlier, targeted support to families.

Parkerville Children and Youth Care, in partnership with CPFS, is establishing a second FSN in the Mid West region, with operations commencing in November 2013. CPFS will provide a Senior Child Protection Worker for the provision of information, consultation and advice to the Network. A third FSN in Mirrabooka is also being established and should commence operations in 2014.

CPFS is working with the Community Sector Roundtable (CSR) to support the implementation of FSNs across WA. The CSR is an advisory body that reports directly to the CPFS's Director General. It fosters positive and effective working relationships between the department and the community sector and provides advice on policy and practice with regard to funding arrangements in relation to child protection, children and young people in care and individual and family support services.

CFCs and Child and Parent Centres operated by community sector organisations are procured through TendersWA. These organisations work in partnership with the schooling sector and government to strengthen community engagement in programs and services to enhance the developmental outcomes of the children.

Other Supporting Actions

A second phase of a statewide advertising campaign designed for Aboriginal people and communities, to raise awareness about alcohol use during pregnancy, was undertaken in September to coincide with International Fetal Alcohol Spectrum Disorders Awareness Day. The campaign is part of the Strong Spirit Strong Future: Promoting Healthy Women and Pregnancies Project. The campaign, consisting of television and radio advertisements, promotes a clear message that the safest thing to do when pregnant, planning a

pregnancy or breastfeeding is not to drink alcohol. The campaign also highlights that partners, family and community all have a role in supporting women to have a healthy pregnancy.

The Project consists of prevention campaigns, culturally secure resources and workforce development. An evaluation is being undertaken.

CPFS is developing policy about supporting victims of family and domestic violence in the workplace.

Measuring progress

Family functioning

Indicator 1.1: Proportion of families who report 'good', 'very good' or 'excellent' family cohesion

Family functioning relates to a family's ability to interact, communicate, make decisions, solve problems and maintain relationships with each other. Benefits for young people living in strong and stable families include having positive role models for building relationships, the ability to cope with change and stressful life events, and higher self-esteem (Geggie, DeFrain & 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 specific components of family functioning, such as 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 (LSAC) measured family cohesion among families of two cohorts of children, one aged 6 to 7 (birth cohort) and the other aged 10 to 11 (kinder cohort), in 2010–11 (Wave 4).

In 2010–11, family cohesion was reported to be 'good', 'very good' or 'excellent' in the vast majority of families of both cohorts of children—91 per cent for the birth cohort and 90 per cent for the kinder cohort families. The remainder of families reported 'fair' or 'poor' family cohesion. A higher proportion of couple families reported high levels of family cohesion. Among couple families, 93 per cent of the birth cohort and 91 per cent of the kinder cohort families reported 'good' to 'excellent' family cohesion, compared with 83 and 81 per cent of one-parent families respectively.

Table 10: Families with children reporting good, very good or excellent family cohesion, 2010–11

Child cohort	One parent families Per cent	One parent families 95% CI	Couple families Per cent	Couple families 95% CI	All families Per cent	All families 95% CI
Birth (6–7 years)	82.8	78.8–86.2	92.5	91.4–93.5	91.0	89.9–91.9
Kinder (10–11 years)	81.4	77.6–84.7	91.4	90.3–92.4	89.6	88.4–90.7

Note: Due to the cohort-based study design and small sample sizes for Indigenous people in the LSAC, estimates for Indigenous families were not considered sufficiently reliable for reporting.

Source: LSAC Wave 4 (2010–11) data sourced from AIHW 2013c.

Perceived safety

Indicator 1.2: Proportion of households with children aged 0–14 years where their neighbourhood is perceived as safe

Parental perception of neighbourhood safety affects children's activities and can have a significant impact on children's health, development and wellbeing. Low levels of perceived neighbourhood safety may be contributing to the decline in children's independent mobility over time. Increasing restrictions on outdoor activities, particularly unsupervised activities, could lead to negative effects on mental, social and physical

development, a more sedentary lifestyle and poorer health outcomes overall (AIHW 2012a; Zubrick et al. 2010).

Perceptions of safety when alone at home often relate to perceptions of crime and social problems in the neighbourhood, previous experience as a victim of crime and the level of trust in the local community (ABS 2010).

In 2010, among adult respondents (aged 18 and over) who lived in households with children aged 0 to 14, the majority (85 per cent) reported feeling 'safe' or 'very safe' at home alone during both the day and at night. These were similar findings to those reported in 2006 (86 per cent) (AIHW 2012a). Respondents were more likely to feel safe or very safe at home during the day (94 per cent) than at night (86 per cent). About three-fifths of respondents (59 per cent) reported feeling safe or very safe walking alone in their local area at night.

Table 11: Households with children aged 0–14 where neighbourhood is perceived as safe or very safe, 2010

Feels safe or very safe	Per cent
At home alone	
During day and at night	85.4
During day	94.4
At night	85.5
Walking alone in local area at night	59.5

Note: Data on Indigenous status are not available from the ABS 2010 General Social Survey.

Source: ABS 2010 General Social Survey data sourced from AIHW 2012a.

Chapter four: Outcome 2-Children and families access adequate support to promote safety and intervene early

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

Overview

National Priorities identified under the Second Action Plan against Supporting Outcome 2 aim to ensure that vulnerable families are able to access the range of services they may need to work with them and support them during and following a difficult period. These National Priorities are:

- Sharing Information
 - This explores and improves information sharing protocols across all levels of government.
- Seeing the Early Warning Signs of Child Abuse and Neglect and Taking Early Action
 - This focuses on testing the applicability of CAARS in different settings, including 13 FMHSSs across Australia.
- Joining Up Service Delivery
 - This emphasises 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.

The actions taken by each jurisdiction under these National Priorities, including other associated supporting actions, are described in detail below. At the end of the chapter, there is a discussion of performance against the three indicators which measure progress towards Outcome 2, namely:

- Family support service use
- Early childhood education
- Antenatal care.

Australian, state and territory government activities

Australian Government

Sharing Information

The Information Sharing Protocol has been expanded. The purpose of the Protocol is to outline procedures on how the Australian Government and child protection agencies can share information in order to provide more responsive care and protection services to children. Three Australian Government agencies within the Department of Human Services—Centrelink, Medicare and the Child Support Agency, as well as all state and territory child protection agencies, are currently parties to the Protocol. Since the introduction of the Information Sharing Protocol in 2009, there have been more than 47 000 individual requests for information from state and territory child protection agencies to Centrelink, Medicare Australia and the Child Support Agency. There is additional work underway that includes exploring the inclusion of relevant information held by the Department of Immigration and Citizenship in information sharing in the future.

The Attorney-General's Department is also examining how collaboration can be improved between the family law system and child protection systems. At state and territory level, protocols have been developed to ensure that the protection of children and support of families is given priority in many departments and agencies where information sharing can potentially improve outcomes.

Seeing Early Warning Signs and Taking Early Action

The CAARS tool was a key achievement under the First Action Plan 2009–12 of the National Framework. The tool was successfully trialled in four sites in 2012—Elizabeth (SA), Lismore (NSW), Gippsland (Victoria) and Kwinana (WA)—to improve the identification and referral of vulnerable children and families.

A formative evaluation was conducted throughout the CAARS trial by the Social Policy Research Centre at the University of New South Wales, and the evaluation report was released in early 2013.

Building on the pilot, CAARS was adapted in 2012 and trialled in 13 new FMHSSs across Australia. Providers have valued the flexibility in the use of CAARS tools and have developed different and creative ways to trial them in their practices or organisations.

Joining Up Service Delivery

As part of the Stronger Futures in the Northern Territory package, \$73.5 million is being provided over 10 years to increase the number of Communities for Children sites from four to 19, with a focus on remote communities. Five communities—Ngukurr, Galiwinku, Wadeye, Ntaria and Santa Teresa—will implement the Stronger Communities for Children (SCfC) program from July 2013. Another five communities—Gunbalanya, Maningrida, Utopia, Engawala and Lajamanu—will be established as SCfC communities from July 2014. A further five communities will be selected to implement the program from July 2017.

Facilitating Partners have been selected for the first five sites, and service delivery will commence from January 2014. An external Alice Springs-based organisation, Ninti One, will work closely with local Aboriginal organisations to design and deliver services to ensure that communities have a say in the delivery of services.

In 2011–12, the Australian Government invested \$5.7 million in the Child Aware Approaches funding round, which focused on holistic prevention and early intervention strategies to promote better understanding of the relationship between risk factors for child abuse and neglect. The funding round supported 43 community sector organisations across Australia to deliver practical resources and information for practitioners working with vulnerable children and families. Organisations receiving funding included those providing services in the areas of mental health, substance abuse, disability, prisons, women's safety and support for families and their children.

The Australian Government also invested \$200 000 for the inaugural national Child Aware Approaches Conference, held at the Melbourne Exhibition Centre on 11–12 April 2013. The conference showcased good practice and innovation in implementing a child-aware approach and putting the child at the centre when working with vulnerable families.

Child Aware Approaches: an innovative conference

The conference brought together over 300 experts from government, community and research sectors to share innovative practices and resources and to contribute to the national campaign to make the wellbeing and safety of Australia's children everyone's business and a shared responsibility. Complimentary registrations were given to six rural and remote practitioners, to maximise the engagement of the broader community.

The aim of the conference was to ensure that there was an opportunity to advance thinking, showcase promising and innovative practice and help to chart directions in four key areas:

- promoting child and family wellbeing and safety
- responding to risk factors—family violence, mental health and substance misuse
- integrating service delivery to families and children, including place-based solutions
- embedding child awareness in everyone's business.

The conference contributed to the Second Three-Year Action Plan 2012–2015 under the National Framework for Protecting Australia's Children 2009–2020, to the Roadmap for National Mental Health Reform and to the National Plan to Reduce Violence against Women and their Children 2010–2022. It brought together professionals across multiple sectors (family violence, mental health, alcohol and other drugs, child and family support and child protection) in lively discussion about strategies and practices found useful for supporting children and their families.

Inaugural Children's Commissioner Megan Mitchell delivered the conference oration, 'Walking the Talk: towards authentic child voice', as her first public address.

Keynote speakers included: Professor Alan Hayes AM, Director, Australian Institute of Family Studies; Professor Marie Connolly, School of Social Work, University of Melbourne; Maree Walk, Chief Executive, Community Services, NSW FACS; Adjunct Associate Professor Geoff Woolcock, Senior Research Fellow, Wesley Mission, Brisbane; Professor Fiona Arney, Director, ACCP, University of South Australia; and Professor Muriel Bamblett AM, CEO, Victorian Aboriginal Child Care Agency.

Delegates' feedback was very positive. Ninety per cent of survey respondents agreed or strongly agreed that the keynote speakers were engaging and covered interesting and thought-provoking topics; 93 per cent either agreed or strongly agreed that they would be able to use the conference information and resources in their work; 92 per cent stated that the conference provided information and ideas that would benefit their organisation; and 95 per cent would be interested in future conferences of this nature.

Outcomes from the conference are available on the [Families Australia](#) website. Following the two-day conference, the conference website became host to a library of Child Aware resources, including video, audio and paper presentations from the conference and electronic copies of resource materials and posters. The resource section of the website will continue to play an important role as a place where future conference presentations and promising practice information can be accessed to assist both practitioners and policy makers in their work. The Child Aware website will host future iterations of Child Aware research and resources to promote continuing interest in innovative and practical solutions, located within local communities.

The inaugural Child Aware Approaches Conference provided an impetus for more extensive engagement between the National Framework policy initiatives and those who offer support to children, young people and their families, in particular those children, young people and families experiencing vulnerability.

In 2012–13, the Australian Government invested a further \$1.57 million in new Child Aware initiatives to strengthen prevention and early intervention strategies for protecting children under the Second Action Plan. These initiatives will:

- be progressed through a partnership approach, to ensure that local communities and community organisations are actively engaged and supported to develop local solutions to better protect children and help them flourish
- deliver two more national Child Aware Approaches Conferences in 2014 and 2015, building on the success of the inaugural conference
- develop an interactive web platform to capture and showcase positive and innovative ways of working with Indigenous children and families.

Australian Capital Territory

Joining Up Service Delivery

The Strengthening Families Project was instigated in recognition of the poor outcomes experienced by a group of individuals and families in the ACT against a range of indicators, which in turn can trigger or perpetuate cycles of disadvantage.

Stage 1: *Listening to Families* was about understanding the experiences of families currently accessing multiple services to inform future policy and service delivery in the ACT. This work was undertaken through an innovative co-design approach with families, government and community service providers. Based on the findings from stage 1, a new service approach was designed for prototyping in stage 2.

Stage 2: *Improving Services With Families* has co-produced the new service response with ten families. The project aims to ensure that the right supports are put in place, avoid service duplication and build capacity within families for self-management where possible. Tailored service offers were developed in conjunction with families on the basis of what is Desirable, Possible, and Sustainable.

Lead Workers were authorised to work with, and on behalf of, the whole family, to ensure accountability of service responses and to work with Government Directorates to identify and address service system barriers. Lead workers and families worked together to map the services providing support in order to determine how coordination of supports could best be achieved. The project also prototyped a Family Information Profile to support consumer-driven information sharing across the service system. The Family Information Profile will allow information sharing to be choice based and consumer controlled where possible.

Lead Workers have identified a range of positive outcomes for families, including: less domestic violence; less non-attendance at school; less damage to property; renewed engagement with services; an increase in the dignity, confidence and self-respect of families; and a shift to a future focus.

Other Supporting Actions

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

The ACT has embedded the Child, Youth and Family Services Program, which provides an integrated suite of programs, including a central intake service, network coordination, case management, youth engagement and group and therapeutic services for vulnerable children, young people and their families. The new central intake service is called the Child, Youth and Family Gateway and is for children, young

people and families who are looking for services and supports but are not sure where to go. The Gateway provides links to programs and services that can support people to have the best chance to stay on track in their lives.

In the ACT, the Gungahlin, Tuggeranong and West Belconnen CFCs work with local children and families to determine the services needed and the best way these services can be provided to enable children to reach their potential and to strengthen families. These programs and services focus on working with children in the early years of life, as well as with their families and communities, to promote lifelong growth, development, health and wellbeing. Government and community agencies work in partnership with CFC staff to deliver universal and targeted services to the local community. Services may be delivered in different outreach settings, such as the family home, the child's school or a community setting.

In 2012–13, Care and Protection Services case workers and prenatal case workers were based at the CFCs as an initiative to increase outreach activities and engagement with vulnerable families.

The Parents as Teachers program (PAT) continued to be delivered across the three CFCs in 2012–13. This program is a key initiative in prevention and early intervention responses for vulnerable children and their families. PAT is a sustained home visiting and group program that can begin in the prenatal period and continue until the child turns three. The program gives parents the knowledge and skills to handle complex parenting situations, and the relationship between parent and adviser allows for targeted interventions based on areas of concern.

An evaluation of the PAT program was conducted during the year by the University of Canberra. As part of the evaluation, the researchers interviewed families, shadowed staff on family visits and collated information from exit surveys. The evaluation highlighted a range of positive responses, reflecting the value that families place on the program.

The Cool Little Kids program is an early intervention program targeted to the parents of 3 to 6-year-old children who are at a high risk of developing anxiety problems in the future. Research has shown that the two biggest risk factors for the development of anxiety are shyness (or behavioural inhibition) at a young age and having a parent who is anxious or depressed. This program aims to educate parents about how best to parent their anxious child. The program includes topics such as the nature of anxiety, principles of managing anxious children, helping a child overcome her or his anxiety and realistic thinking.

The program is delivered across all three CFCs, often in conjunction with local community sector agencies and schools. Client feedback regarding the program has been overwhelmingly positive.

The Cool Kids program is delivered by Gungahlin and West Belconnen CFCs and is designed to teach children practical ways to better manage anxiety. The program focuses on learning skills to deal with situations when the child feels anxious and to build resilience. The program is targeted to children between the ages of 7 and 12 years.

The Children's Behaviour and Emotional Wellbeing Clinic is an early intervention initiative that is held at each of the CFCs. The clinic provides parents with access to professional staff to discuss concerns they have about their children. Staff are able to provide information on child development, behaviour and emotional wellbeing and make referrals to appropriate supports.

In February 2013, the Parenting Skills for Dads program commenced, co-facilitated by all three CFCs. Delivered in partnership with Marymead, this program aims to support fathers by helping them to build stronger relationships with their children. It also provides fathers with the opportunity to share their experiences.

The Growing Healthy Families Program is delivered at each of the three CFCs and uses a community development approach that focuses on parents' strengths, health, education, parenting and family support. It also offers advocacy, linking families to existing services and community development activities. A number of partnerships are maintained with the Aboriginal and Torres Strait Islander community and service providers, including the ACT Koori Preschools, Gugan Gulwan Youth Aboriginal Corporation, Belconnen Community Services, Relationships Australia, the Australian National University, the University of Canberra, the Lions Club, Uniting Care Kippax and the Education and Training Directorate.

In 2012–13, more than 100 Aboriginal and Torres Strait Islander families were assisted and engaged by the Growing Healthy Families Program across the ACT through case management and community development activities and events.

An important aspect of the Growing Healthy Families Program is the delivery of targeted cultural programs. The programs have been delivered to address the specified needs of Aboriginal and Torres Strait Islander women and children, often in partnership with other local agencies and businesses, including Uniting Care Kippax, Bandu Catering, Communities@Work, schools and SmartStart. Aboriginal and Torres Strait Islander families are also able to take part in cultural excursions.

New South Wales

Joining Up Service Delivery

NSW continues to build on family strengths and provide early help to promote safety and improve outcomes for children and young people and their families.

The FACS Brighter Futures program has capacity to support more than 3000 families each year and targets vulnerable children and families with complex needs and at high risk of entering the statutory child protection system. The program began to be delivered wholly by 16 community agencies from January 2012. This change signalled a greater role for the community sector as a key partner in child protection and early intervention. During 2012–13, FACS(CS) provided more than \$59 million in funding to 16 community sector Lead Agencies to deliver Brighter Futures. Services include the provision of case management, structured home visits, group parenting programs and quality children's services.

Strengthening Families is a placement prevention program delivered by FACS(CS). The program is designed for families with children under 9 years of age (or unborn) where there is a risk of significant harm involving specific issues relating to parenting capacity, but it would be safe for the child to remain in the home if those issues were addressed. The program builds on existing family strengths through structured home visiting, parenting programs and casework focused on parent vulnerabilities. This is combined with practical support such as quality child care, to improve the long-term safety of the child. During 2012–13, 1253 families in Strengthening Families received services at any point during the year. In 2012–13, 180 families exited the program after meeting their case plan goals.

IFS and Intensive Family Preservation (IFP) services target families in crisis whose children and young people (aged 0 to 15 years) are at risk of removal and placement in out-of-home care. Families receive intensive, flexible and individually tailored support to reduce the risk of harm to the child or young person and prevent placement in out-of-home care. IFS and IFP increased the number of services provided by community sector organisations to vulnerable children, young people and their families. In 2012–13, a total of 437 families with 1267 children aged 0 to 15 entered the IFS/IFP programs.

FACS contracted the Association of Children's Welfare Agencies (ACWA) – Centre for Community Welfare Training (CCWT) to develop and host an online learning 'community' to share and develop child-focused practice for FACS staff as well as for relevant government and community sector partners. The site will provide self-paced child protection e-learning modules which will include topic overviews, guided

demonstrations and quizzes to support staff learning. Participants will be encouraged to share knowledge, ask questions and receive feedback on the e-learning materials as well as on best practice in child protection.

An interagency educational neglect working group has been established and is developing an online resource about educational neglect. The purpose of the resource is to assist workers from all NSW human services (including FACS, the education sector and government and community sector agencies) to understand more about educational neglect, why it is of concern, what to do if they become aware of a situation of educational neglect and how they may play a role in early intervention or in an interagency response to educational neglect.

FACS(CS) is establishing Child Protection Adolescent Response Teams (CPART) across the whole of NSW. CPARTs involve caseworkers providing child protection case management to adolescents aged 12 to 17 years (and their families) who are not in out-of-home care but are reported to be at risk of significant harm or where serious concerns exist for their safety.

Child, Youth and Family Support (CYFS) delivers targeted short-term services and support to children, young people and families at low to medium risk. The aim is to prevent problems from escalating and so reduce demand for more intensive services. There are approximately 300 CYFS services across NSW, offering a range of services for the target group. On average, families will receive approximately three months of services and support. However, service provision can be extended where necessary. FACS provided approximately \$51.5 million during 2012–13 for the program, and an estimated 55 000 clients received a CYFS service in 2012–13.

Getting It Together Program (GIT) is an early intervention program that assists vulnerable young people from 12 to 25 years of age with alcohol and/or drug problems. Vulnerable young people receive services and support to assist their transition to, or resumption of, self-sufficient living, free of dependence on alcohol and/or drugs. FACS funds community sector organisations to provide case management services such as assessment and case planning (including referral), casework and brokerage to address the income, health, social support, educational, employment, training and accommodation needs of these young people. In 2012–13, FACS provided approximately \$2.1 million for GIT services. Approximately 1722 individual young persons received a GIT service in 2012–13.

Getting on Track in Time (Got It!) is a school-based mental health early intervention pilot program, funded under Keep Them Safe until June 2014. The program aims to reduce the frequency and prevent the development of severe behaviour problems, such as conduct disorder in children at selected schools from Kindergarten to Grade 2. It also aims to improve schools' capacity to respond to children with conduct disorders. Three specialist Got It! teams are operational and working effectively in partnership with local Department of Education and Communities representatives in Dubbo, Newcastle and Mt Druitt. A two-year independent evaluation of the program is presently midway.

Youth on Track is a model for early intervention support designed to coordinate services to 10 to 17-year-old offenders before they become entrenched in the criminal justice system. Youth on Track provides the police and education system with an avenue to refer young people, who are known to be at high risk of offending, to support without requiring a mandate. It is a voluntary program provided by UnitingCare Burnside. The intervention responds to factors in a young person's life that influence his or her risk of offending. As of 1 July 2013, Youth on Track has been implemented in three Police Local Area Commands: Blacktown, Mid North Coast and Newcastle City. Approximately 100 young people will be supported in the first 18 months in each site.

The Department of Attorney General and Justice (DAGJ) (Juvenile Justice) provides the Intensive Supervision Program (ISP) which supports young people who offend repeatedly and/or have committed serious offences, and their families. ISP aims to improve parenting practices, enhance engagement with schools, reduce substance use, promote positive peer and social activities, increase supportive family relationships and upskill caregivers to seek community resources that will enhance their child's positive social behaviour. ISP fosters a coordinated community approach to strengthening families by developing positive interagency links with school teachers, principals and NSW Police. In 2012–13, 45 (88 per cent) of the 51 families enrolled successfully completed the ISP. During the year, 15 (79 per cent) of the 19 Aboriginal families enrolled completed the program.

An internal review of outcomes for the families indicated that 96 per cent of caregivers had the parenting skills necessary to handle future problems, 96 per cent had improved family relations and 90 per cent had an improved network of supports.

Northern Territory

Joining up Service Delivery

In the Northern Territory, Integrated CFCs, funded by the Australian Government through the National Partnership Agreement on Indigenous Early Childhood Development, are being established in five sites (four remote, one urban) by the Department of Education. The purpose of these centres is to bring together a range of early learning, health, child care, and parenting and family support services to improve the overall development and wellbeing of children and provide support for their families.

All CCSWT practitioners develop a comprehensive understanding of the service provider networks in their communities and forge productive relationships across government and the community sector. A key component of CCSWT is the convening of local multi-agency forums to deal with the cases of individual children and families of concern, subject to family consent. The CCSWTs provide a community-based, interagency contact point for the early identification of, and intervention with, children at risk where a community capacity response is required to ensure the safety and wellbeing of children in the community.

In the Northern Territory, DCF child protection workers are able to refer parents, where cases of neglect have been substantiated, to the Child Protection Measure of Income Management (CPMIM). Families are then eligible to access the IFS services funded by the Australian Government.

Queensland

Seeing Early Warning Signs and Taking Early Action

The Australian Government Department of Social Services (DSS—formerly FaHCSIA) has funded TBS to deliver FMHSS through their mental health services based at the EYC. FMHSS provides early intervention support services to assist vulnerable children and young people, and their families, who are at risk of, or affected by, mental illness. The focus of these services is on early interventions specifically for children and young people; information and referral for families requiring short-term assistance; and community outreach, mental health promotion and community development activities.

Joining up Service Delivery

The Queensland Government, through DCCSDS, continues to implement the Helping Out Families (HOF) initiative in three pilot sites in South East Queensland: Logan, Beenleigh and the Gold Coast. HOF provides intensive support to families with complex needs who are at risk of entering into the child safety statutory system in Queensland. The HOF initiative is being evaluated in four phases over 2010–2013:

- Phase 1 (2010) established baseline data to capture the volume of Child Safety intakes and functioning of the service system in the pilot sites before HOF commenced.

- Phases 2 and 3 (2011–2012) focused on the initial establishment and implementation of the HOF initiative and outcomes for families at a midway stage of pilot implementation.
- Phase 4 (2013) of the HOF Final Outcomes Evaluation Report will incorporate key findings on: a longitudinal reporting study of families engaged with HOF; service system integration; client satisfaction and family outcomes; reductions in entry to the statutory system; and cost-effectiveness of the HOF initiative.

A preliminary cost-effectiveness analysis of the HOF initiative, commissioned by the Queensland Child Protection Commission of Inquiry, concluded that the initiative would deliver better outcomes and result in lower costs, as assisting families earlier avoids more costly interventions for child abuse and neglect. The Queensland Government has accepted this in principle. The final HOF Cross-Phase Evaluation Report will summarise key findings on the implementation and outcomes of the HOF pilot from 2010 to 2013. Lessons learnt from the HOF initiative will inform a plan for expanding and improving family and parenting support, including integrated and intensive family intervention services, across Queensland.

QCPW is held annually from the first Sunday in September to raise the profile of all issues connected with child protection, including child abuse prevention, treatment, research, education, service provision and support for children, young people and families. The recurring theme for QCPW is ‘Protecting children is everybody’s business—play your part’.

QCPW is coordinated by the Child Protection Committee under the auspice of Act for Kids. The Child Protection Committee comprises representatives from a range of government and community sector organisations concerned with child protection issues. QCPW also receives corporate sponsorship from KFC, Channel 7 and the *Courier Mail*. In 2012–2013, the Queensland Government, through DCCSDS, allocated funding of \$106 972 per annum over three years to Act for Kids for Child Protection Week and the delivery of events and activities to promote child protection in Queensland.

In 2012–2013, activities funded for QCPW included:

- a centralised launch and awards ceremony to celebrate the achievements of individuals and agencies involved in child protection
- a recognition and remembrance ceremony to acknowledge people who have experienced abuse in institutions, foster care and detention
- an event for children and young people to acknowledge a significant adult in their life
- regional and activity grants to support organisations to host events across the state to raise awareness of child abuse and child abuse prevention and to promote the theme of QCPW.

DCCSDS funds a number of Domestic and Family Violence Resource Services across Queensland that work closely with a broad range of other service providers to deliver informed, joined-up and holistic responses to domestic and family violence at a local level. This may include mental health and drug and alcohol services.

A number of Queensland mental health services have been working collaboratively with the National Children of Parents with a Mental Illness (COPMI) initiative to develop and promote COPMI resources and evidence-based, family-focused brief interventions to families and service providers. Initiatives include the Family Focus Intervention DVD, complementary clinical intervention program (an e-learning resource) and the Let’s Talk intervention. International research and assessment by local clinicians involved in the implementation have demonstrated that these initiatives are effective in: reducing symptom relapse in the parent; improving compliance with treatment; reducing or eliminating substance abuse; increasing pro-social behaviour in children; enhancing interagency collaboration; and improving family access to support services.

The Queensland Government is a signatory to the Information Sharing Protocol between the Australian Government and child protection agencies.

South Australia

Sharing Information

South Australia's *Information Sharing Guidelines (ISG) for Promoting the Safety and Wellbeing of Children, Young People and their Families* enable the sharing of information across all levels of government. In March 2013, Cabinet approved the expansion of the scope of the Guidelines to encompass all government and relevant non-government organisations working with all vulnerable population groups. This enables the Guidelines to be used as a mechanism to provide more integrated support for children, young people and vulnerable adults who are at risk of harm. The administration of the Guidelines has shifted from the Office of the Guardian of Children and Young People to Ombudsman SA. Government agencies have provided training for staff in the use of the Guidelines.

Joining up Service Delivery

The Aboriginal Vulnerable Infants Support Service (VISS) provides a culturally appropriate, comprehensive model of service delivery. It provides additional services for highly vulnerable infants and parents of Aboriginal and Torres Strait Islander descent who are experiencing adversity. The program aims to improve health outcomes by intervening early where childhood developmental, health or safety issues are identified. The service is delivered from three metropolitan regions and supports families for up to two years, using an early intervention wraparound service. A multidisciplinary team provides infant health checks, support services, child development support, social work and therapy services. In February 2013, a new program (Strong Start) was added to the Northern region, providing an additional Aboriginal worker to support antenatal first-time mothers. Evaluation of the model is indicating that: more culturally supportive services are being provided for Aboriginal families; health checks are being undertaken for infants; and clients are feeling well supported, with a heightened ability to know how to access other support services. Over 120 infants and their families have been supported through this service across the metropolitan area. The Drug and Alcohol Services SA (DASSA) Standard Assessment Form has been revised to identify those clients who have parenting responsibilities and who have had contact with family support agencies and services. This has been extended to include clients involved with non-pharmaceutical treatment. DASSA plans to include this data in its client information systems.

The Department for Communities and Social Inclusion (DCSI) Housing SA has implemented a new regionalised Specialist Homelessness Services (SHS) and Domestic and Aboriginal Family Violence service system which aims to improve:

- consistency in the spread and quality of Homelessness Services across geographical regions
- equity of access to services for high-risk population groups in many regional areas
- integration among Homelessness Services and mainstream services.

Resource allocation has been linked to the available service and demographic evidence base, and a network of regional services has been developed to provide a consistent, core set of service elements. These include: intake and assessment; early intervention and waitlist support; in-centre and outreach support; supported accommodation; post-crisis support; homeless children's support; brokerage funds; and supportive housing packages. There are SHSs for adults, families and children, young people and women experiencing domestic violence as well as a Domestic Violence and Aboriginal Family Violence, Youth and Generic 'gateways', and Aboriginal-specific services.

Families SA is trialling a multidisciplinary approach to child protection in four offices. It is working to improve the skills of child protection workers regarding responses to cases involving drug and alcohol

issues in families, while at the same time improving client access to specialised drug and alcohol services. The approach utilises team configurations that re-focus work more specifically on family preservation and reunification efforts. It includes the secondment and co-location of three drug and alcohol clinicians from DASSA and the provision of training for Families SA in the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and the associated brief intervention. Drug and alcohol clinicians are undertaking a vital educative role, providing formal workplace learning to child protection teams and on-the-job education through consultation and co-working. An important outcome has been a decrease in reliance on the use of drug screening as an indicator of parental compliance. Access to the administrative data and records systems, known as CME, enables clinicians to clarify current and historical information, reducing misinformation and misinterpretation and thereby enhancing the strength of child protection assessments of parental capacity. Drug and alcohol clinicians are also being effectively utilised to divert parents from the child protection system. For example, they are linking with families who are the subject of an unborn child protection notification, enabling early identification of drug and alcohol issues and early planning to address concerns.

The Northern Intervention Project (NIP) is part of a partnership between child protection and domestic violence services. Its purpose is to strengthen service responses to women and children to enhance their safety and wellbeing. This involves stimulating and supporting integrated practice to support women and children and ensure perpetrator accountability. The project uses a collaborative action learning approach, involving staff and managers from both services, utilising an external facilitator. The project has enabled the trialling of new ways of working together, the participation in cross-agency critical reflection and the reviewing of procedures to support this work.

Tasmania

Sharing Information

Improving mechanisms for sharing information remains a key priority for the Tasmanian Government. Work is continuing to improve data linkage between agencies by developing a whole-of-government business intelligence data warehouse for children and young people. This initiative will involve the development of whole-of-government business intelligence from a data warehouse drawing on information from multiple data systems.

In addition, there will be a focus on improved access to, and management of, data about children and young people and ways organisations use and respond to the data.

The Facilitating the Sharing of Information for Common Clients Project is overseen by the Interdepartmental Committee on Children, Young People and Their Families. This project seeks to explore the practicalities of working within the current legislative framework for the purposes of case management and/or service coordination and possible legislative solutions to better facilitate the sharing of information about common clients with relevant providers (government and community sector).

This project is in the planning stages. An Information Sharing Issues Identification Reference Group has been brought together with members from the Departments of Education, Health and Human Services, Police and Emergency Management, and Premier and Cabinet. The Reference Group is developing a survey of agencies to ascertain current information sharing practices and protocols.

Joining Up Service Delivery

The new Model of Care within CHaPS was implemented in March 2013 and offers an enhanced child health service for vulnerable families who may experience barriers in accessing health care. This service offers short-term intensive individual and group care for families who require more support. In addition, services

such as cu@home (which is a home visiting program for teenage parents) are able to offer prolonged support for vulnerable teenage parents from the antenatal period through to their child's second birthday.

The CFC project is an interagency collaboration. The model of service delivery for Tasmania's CFCs is intended to be an integrated service model. This means a service focus that brings together a range of services, usually under one roof, where practitioners work collaboratively to deliver services and to support children, families and communities.

The guiding principles for community engagement with Tasmania's CFCs are as follows:

- Connecting with those hardest to reach—inclusiveness
- Changing the ways government and the community work together—reaching out
- Listening, understanding and acting on experiences different from our own—mutual respect
- Open and accountable practices and processes—integrity
- Incorporating diverse values and interests—affirming diversity
- Working together to add value—adding value.

These guiding principles have been reflected throughout the process of establishing CFCs in 12 communities in Tasmania, from the early community forums and initial setting up of Local Enabling Groups in each CFC community. An important first step was the appointment in each community of a Community Inclusion Worker.

The focus of the services provided at CFCs is principally on birth to age 5. Overall, the service mix of a CFC is based on local needs as identified by the community, and these will differ according to each community. Services are provided in partnership between government and community sector organisations.

Other Supporting Actions

During 2013, the Quality Improvement and Workforce Development (QIWD) Unit has brokered the services of an external facilitator to deliver two training packages to CYS staff across Tasmania. The first package focused on the challenges of assessing risk, with a component delivered to the program managers and Team Leaders who have supervisory responsibilities for frontline staff. The goal of this training was to increase the skills and knowledge of staff to enable them to more accurately assess and address the presence of risk for children where there are child protection concerns, with particular attention focusing on children 5 years and younger.

The second package focused on complex trauma and attachment theory and the connection to assessing levels of risk for children. Material covered during this second forum included exploring the definitions, origins and understandings of complex trauma and exploring specific developmental impacts of complex trauma on children. Both secure and insecure attachment styles were reviewed, to assist staff to accurately assess attachment processes between children and parents/caregivers, focusing on the impact on children of disrupted attachment processes. Connections to assessing risk, particularly cumulative harm, were also a focus of the package.

A mandatory reporting package of training (half day delivery) was developed by the QIWD team for use across operational areas and agencies (government and community sector). The package has been disseminated across the three operational areas in Tasmania (the North, North-West and South) with the intention that senior staff members, such as Team Leaders and Senior Child Protection Workers, will have a role in delivery over the long term.

The QIWD team submitted key changes to Child Protection and Community Youth Justice recruitment, induction and 'on boarding' processes, which were endorsed by the CYS Senior Management Group in late 2011. The following improved changes were progressively implemented in 2012–13:

- Recruitment now focuses on personal attributes rather than knowledge of workplace activity/governance.
- The induction process is a shared responsibility with the QIWD unit and senior/experienced child protection/youth justice workers.
- Induction is delivered face to face/one on one, with all efforts of the Beginning Practice program to begin in the same week the recruit takes up his or her appointment.
- The Beginning Practice program is delivered by the QIWD unit over a four-week period and includes five full days of training.
- The recruited employee does not carry a case load for the first four weeks unless it is agreed that she or he has suitable and relevant knowledge and experience.
- Induction training is aligned with Probation Reporting.
- Post-probation, new Child Protection/Youth Justice workers will be required to complete approximately 15 training opportunities over a period of 36 months, reviewing and renewing their Personal Development Agreements (PDA) with their supervisor to specify training requirements for each PDA period. This training is seen as important to the core work undertaken by staff and necessary areas for knowledge and skills to 'grow'.
- New Child Protection/Youth Justice Workers are encouraged to contact QIWD members for support and/or assistance through the induction and 'on boarding' process.

Comprehensive training in the Family Partnership Model for CHaPS staff and other CYS staff from within Child Protection, Youth Justice and Family Violence has commenced. This is being delivered in conjunction with the Department of Education and CFCs. The Family Partnership Model is focused on family-centred practice, which helps to develop the core skills required to establish and facilitate relationships with parents, to help them deal with the problems facing them and identify their strengths.

CAMHS is developing training packages for CYS, specifically in the area of infant mental health and perinatal maternal mental health, which will be available to staff during late August and mid-September 2013. Circle of Security training is also being provided to support staff to work with parents to understand the concepts and application of attachment theory to parenting. CYS staff from across all service areas will be offered the opportunity to attend this training.

Bridges Out of Poverty training is being provided to all CHaPS staff and stakeholders to assist in the enhanced model of practice around children in the primary and secondary level of intervention. Bridges Out of Poverty creates accurate mental models of poverty, middle class and wealth. It is a new lens through which workers can view themselves, their clients and the community. It promotes frontline staff skills in order to improve relationships and outcomes. It creates a better understanding of how poverty is relevant as a complicating factor where caregivers abuse children.

In partnership with the QIWD, the Family Violence Counselling and Support Service (FVCSS) has developed a draft Specialist Assessment Guide (SAG) for Child Protection practitioners working with the non-offending caregiver and her or his children within a family violence context. Family violence is recognised as a form of child maltreatment within Tasmania, and the development of the SAG provides Child Protection Workers with a tool for developing insightful and evidence-based practices in engaging offenders and the non-offending caregiver in child protection matters.

A Memorandum of Understanding (MOU) has been established between CYS and Alcohol and Drug Services (ADS) to develop approaches and support responses to alcohol and drug issues. This MOU will be reaffirmed across both areas in the near future.

ADS has funded a community sector organisation to provide a new Family Support Service in the North and North West Regions for families dealing with alcohol and drug issues along with other complex issues, including family violence.

Victoria

Joining Up Service Delivery

The Victoria's Vulnerable Children Strategy is designed to drive the broad-based change required across government/s and in the community generally over the next decade. This strategy emphasises that the circumstances of vulnerable children are a shared responsibility. It represents a shared commitment across Victorian Government departments, including the DHS, Education and Early Childhood Development, Health Justice, Premier and Cabinet and Victoria Police. Implementation of the strategy is overseen by the Children's Services Coordination Board.

The strategic goals are:

- Prevent abuse and neglect
- Act earlier when children are vulnerable
- Improve outcomes for children in statutory care.

The Victorian Government will work to ensure that universal, secondary and tertiary services are more inclusive, respond early, work more effectively together and intervene in a way that will make a difference to children.

Additionally, the service areas in scope for improved 'family sensitive practice' include mental health, alcohol and drug services, disability, family violence, homelessness and health. Earlier engagement of vulnerable parents, attention to both risk and protective factors, and improved practice by adult service providers will impact positively upon notification and substantiation rates and ultimately upon the admission rate to out-of-home care.

The Child FIRST catchment plans include ongoing actions that support better collaboration across services such as Mental Health, Family Violence and Drug and Alcohol.

Joint service responses are supported through initiatives such as the development of training that supports the implementation of a new practice guide to assist family violence and family services practitioners to assess the safety and needs of children and young people affected by family violence.

Families where a Parent has a Mental Illness (FaPMI) is a service development strategy that encourages family-focused practice through workforce training and networking, to ensure timely identification and appropriate referrals to support services in order to reduce possible negative impacts of parental mental illness and alcohol and drug use on the family.

Other Supporting Activities

Since early 2012, Victoria has been developing and testing a new, integrated model for human services, known as Services Connect. The aim of the Services Connect reforms is to break down the siloed, program-focused structure of the current human services system and instead build services around the particular needs of individuals and families who require support. The model introduces one key worker to help

people navigate the services they need, one plan instead of multiple, disconnected plans and one consolidated record for each individual or family.

Services Connect will assist vulnerable children and families by taking a holistic view of their needs, identifying and addressing issues as they emerge and before they reach crisis point, and working with families to develop solutions that are focused on durable outcomes.

The model is currently being trialled within the DHS-delivered services (disability, child protection and housing) in three sites, with plans to expand to two more sites in 2013–14. Over time, the aim is to expand the model and work with the community sector to develop genuinely integrated human services in Victoria.

Western Australia

Sharing Information

CPFS and WA Police are finalising a Strategic Bilateral MOU between the two agencies, providing an overarching framework to support their collaborative approach to child protection. A Schedule, developed on operational matters between CPFS, WA Police and domestic violence services, will formalise the Family and Domestic Violence Response Team (FDVRT) partnership, including information sharing arrangements through signatories to this Schedule. The Schedule will be an addendum to the Strategic Bilateral MOU between WA Police and CPFS.

The Department of Education and CPFS included information sharing protocols in their MOU.

Joining Up Service Delivery

Key child protection stakeholders developed and piloted a two-day workshop promoting interagency coordinated responses to child abuse incidents in the Mid West Gascoyne region. The workshop focused on improving interagency collaboration and response standards in a more sustainable way, including information sharing, risk management, joint planning and child-centred responses. There are plans to deliver the program in West Kimberley, East Kimberley and the Pilbara later in 2013.

Posters about 'Sex and the Law' were produced by a partnership with the Laverton Strong Women's Group, Operation Deagon, Minara Resources and the Goldfields Esperance Development Commission. The poster's key message, 'If you have sex with a child under 16 years of age you break the law', was delivered in both written text and as a recording by a local female Aboriginal elder. The posters were distributed throughout Laverton, Mt Margaret Remote Aboriginal Community, Mulga Queen Remote Aboriginal Community and Cosmo Newberry Remote Aboriginal Community.

As part of Operation Reset Kalumburu, WA Police are meeting with both the adult and child mental health agencies in the East Kimberley on a monthly basis to discuss current trends within the community and develop initiatives to assist with child safety. Training opportunities are being developed about child sexual abuse, drug use and suicide intervention.

CPFS is working closely with the Drug and Alcohol Office and local community drug services to improve collaboration between the child protection and alcohol and other drug sectors. This includes the revision of outdated MOUs, sharing of learning and development opportunities (including about child protection issues) and discussing ideas to promote referrals, better information sharing and joint work with mutual clients.

CPFS is developing guidelines for multi-agency case management to support interagency responses to high-risk cases of family and domestic violence. The outcomes of the first six-monthly evaluations,

reporting on the operations of the FDVRTs, are due for release from September 2013. The FDVRTs provide an enhanced response to family and domestic violence through the inclusion of specialist services from dedicated community sector organisations.

CPFS contributed to the DSS evaluation of the CPMIM in Western Australia, providing data and client files. The evaluation also undertook interviews with a range of clients who had agreed to provide feedback, CPFS staff in CPMIM sites, staff from DHS and money management services. Child Protection Income Management and Voluntary Income Management have been implemented in a gradual rollout to the metropolitan area, Peel and the Kimberley region. In April 2013, the two Child Protection measures and the Vulnerable measure were introduced into the remote region of Laverton Shire and the Ngaanyatjarra Lands. It is expected that the evaluation report will be released in 2013.

The Department of Education has undertaken a review of its existing child abuse prevention curriculum and is developing behaviour training resources and delivery options for teachers.

Other Supporting Actions

People applying for a grant from the Hardship Utilities Grant Scheme (HUGS), to pay for their utility accounts and maintain connection to essential services, can now apply directly to most utilities, as an alternative to meeting with a financial counsellor. This Second Entry Point has relieved demand on financial counselling services and was implemented after a successful 12-month trial.

The My Way project is available in four regions across Western Australia: Cockburn/Kwinana, the Hills, Lower South-West and Goldfields. This project provides a more self-directed approach to accessing disability services from both government and community sector agencies.

Staying connected with family

Sophie is a single mum whose 7-year-old daughter, Mandy (names changed) had been in foster care on a two-year Care and Protection Order. She had entered care because of Sophie's use of illegal drugs and their homelessness. During those two years, Sophie's life had changed; she had now held a steady, full-time job for 15 months and had stable housing. When the department sought an 18-year Court Order, Sophie contacted the Family Inclusion Network (FIN) seeking support and advocacy. The only contact she normally had with the department was to verify her fortnightly contact with Mandy. Sophie had also just received confirmation that she was pregnant.

At Sophie's request, FIN approached her case manager to gather more information. From all accounts, contact between Sophie and Mandy was positive, and Mandy enjoyed seeing her mum; this seemed to be a positive sign that contact could be progressed further, with a view towards possible reunification.

The department noted that Sophie had not been proactive in seeking any changes; she did not communicate with the department except to confirm contact. FIN noted that Sophie had been through rehabilitation and maintained a drug-free life, had gained stable employment and housing and so showed signs of being proactive in improving her own situation.

As Mandy had a significant attachment to the foster carers, the department decided that the best option for Mandy was still an 18-year placement. Sophie was understandably upset and despondent. It was at this time that her pregnancy became known to the department. This was a challenging time for Sophie, and her FIN worker tried to keep her connected and engaged, focusing on the future of the baby while continuing to advocate for her with the department. A series of meetings led to improved and constructive discussions.

Sophie began counselling and joined a local community centre. Due to the significant life changes that she had made, the potential risk for the new baby was low, but concerns remained about Sophie's distress at potentially losing Mandy to long-term care and the impact on Sophie's emotional wellbeing. FIN's view was that Sophie needed to retain some hope about remaining significant in Mandy's life. Sophie said that if she could work towards increasing her contact to an overnight weekend once a month, this would help her remain positive. At this time, the decision was made that the baby would be going home to Sophie's care with no order in place. FIN asked the case manager to assess the possibility of overnight stays, given that Mandy was reported to be positive and happy about the regular visits with her mum. A number of assessments indicated that the relationship between Sophie and Mandy was strong and positive, and this influenced the gradual change from supervised to unsupervised contact over a two-month period.

Over these few months, Mandy became involved in some of the preparation for the baby. Sophie managed the early care of baby Louise with ease. Mandy's unsupervised day visits continued, and the carers began to provide transport to enable the contact to occur on the weekend. When Louise was 10 weeks old, Mandy had her first overnight stay. FIN continued to provide support over a three month period, and another agency was engaged to assist Mandy in developing further social networks.

Measuring progress

Family support service use

Indicator 2.1: Number of children aged 0–17 years seeking assistance through treatment and support services

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.

The number of children who commence IFS services is a proxy indicator of the support families are receiving to allow children to live safely at home. IFS services are funded by state and territory departments responsible for child protection and offer early intervention when child protection concerns are identified. These services work intensively with families to help create a safe home environment for their children and avoid the need for out-of-home care. IFS services also help reunite families after a child has been removed (AIHW 2013a).

Data on IFS services were available for 6 jurisdictions (excludes Tasmania and the Australian Capital Territory). In 2011–12, 19 742 children commenced IFS, that is, they met with the IFS service provider for the first time. Almost half (47 per cent) of the children commencing services were aged less than 5 years. Children aged 15 to 17 years were least likely to be commencing services (5 per cent).

In 2011–12, among the 19 025 children commencing IFS services for whom Indigenous status was known, 24 per cent were Indigenous.

Table 12: Children commencing Intensive Family Support services^(a), 2011–12

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

(a) Excludes Tasmania and the Australian Capital Territory.

(b) Total includes 676 children whose age was unknown. This includes all 584 children commencing services in South Australia, as SA was not able to disaggregate data by age or Indigenous status.

(c) Percentages exclude children of unknown age. Percentages in tables may not add to 100 due to rounding.

Source: AIHW Child Protection Data Collections.

The Australian Government also funds the Family Support Program, which aims to improve family functioning, safety and child wellbeing and development. Early intervention and prevention services are provided through Communities for Children Services, Family and Relationship Services, Specialist Services and Community Playgroups, as well as more intensive assistance in targeted locations where there are multiple indicators of disadvantage (FaHCSIA (now DSS) 2012a). These services may be provided to child and adult clients, and the data include clients assisted at any point during the year, rather than only those commencing a service. As such, these data capture a much broader scope of clients and services than the IFS services described above.

In 2011–12, 873 597 clients were assisted through Family and Children’s Services (FaHCSIA (now DSS) 2012b). On completion of the service intervention, 87 per cent of clients reported an immediate increase in knowledge and skills related to family functioning, parenting, family safety or children’s development. Three to six months after the intervention, 85 per cent of clients reported a lasting difference in improving child wellbeing and development, family functioning or family safety (FaHCSIA (now DSS) 2012a).

Early childhood education

Indicator 2.2: Attendance rate of children aged 4–5 years at preschool programs

Studies have repeatedly demonstrated that children who attend early education programs or interventions show better performance and progress in their early school years in almost all intellectual, cognitive and school domains and in many socialisation domains (AIHW 2011a).

Participation in high-quality early childhood education programs may be particularly beneficial for children from disadvantaged backgrounds. These children—who may experience low family incomes, lone parenting, young maternal age, low parental education and overcrowded households—have been shown to be at risk of attaining poorer cognitive, language and other school outcomes. Targeted early education interventions have been shown to be effective in overcoming the effects of many of these disadvantages, and they have the potential to close the gap in academic achievement among disadvantaged populations (AIHW 2011a).

Children commence full-time schooling in the preparatory year prior to Year 1 (this may be known by varying titles across states and territories, including kindergarten, prep, pre-primary, reception or transition). Preschool programs are aimed at children in the year before they commence the preparatory year.

Estimates from the ABS National Early Childhood Education and Care Collection for 2012 indicate that 86 per cent of children aged 4 to 5 years attended a preschool program for at least one hour in the reference week in the year before full-time schooling (around 259 000 children). Attendance rates were higher among non-Indigenous children than Indigenous children (an estimated 86 per cent and 76 per cent respectively).

Table 13: Children attending a preschool program in the year before full-time schooling, 2012

	Per cent
Indigenous children	76.0
Non-Indigenous children	86.0
All children	86.1

Notes

1. A small number of children aged 5 attend a preschool program in the year before full-time schooling. In calculating the percentages, the numerator therefore includes children aged 4 and 5 and the denominator includes children aged 4 only.
2. The denominator for this table is the ABS June 2012 Estimated Resident Population based on the 2006 Census.
3. In 2012, data for Queensland (and therefore Australia totals) include counts of episodes of preschool enrolment rather than unique child counts. Children attending an early education program with more than one episode of preschool enrolment are therefore counted more than once in these data.

Source: ABS 2012 National Early Childhood Education and Care Collection data sourced from AIHW 2013b.

Antenatal care

Indicator 2.3: Proportion of women who had at least five antenatal visits during pregnancy

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

The National Indigenous Reform Agreement sets a benchmark of at least five antenatal visits during pregnancy. Data on the number of antenatal visits during pregnancy were available for Queensland, South Australia, Tasmania, Australian Capital Territory and the Northern Territory. During 2010, nine in ten women who gave birth had at least five antenatal visits (90 per cent), and almost all had at least one antenatal visit (96 per cent). Only 0.2 per cent had no antenatal visits during pregnancy. Similar patterns were found in 2008 and 2009 (Laws, Li & Sullivan 2010; Li et al. 2011).

Among women who gave birth at 32 weeks or more gestation, thus excluding very preterm births, 96 per cent had at least one antenatal visit, and 91 per cent had five or more (Li et al. 2012).

Aboriginal or Torres Strait Islander mothers had fewer antenatal visits than non-Indigenous mothers. Among mothers who gave birth at 32 weeks or more, 78 per cent of Indigenous mothers had five or more visits, compared with 92 per cent of non-Indigenous mothers (Li et al. 2012).

Table 14: Women who gave birth, by number of antenatal visits during pregnancy, 2010

Number of antenatal visits	Number of women	Per cent
None	231	0.2
At least 1	89780	96.1
1	798	0.9
2–4	4543	4.9
5 or more	84439	90.4
Not stated	3377	3.6
Total	93388	100.0

Notes

1. In 2010, data on the number of antenatal visits during pregnancy were only available for Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory.
2. Percentages in tables may not add to 100 due to rounding.

Source: AIHW National Perinatal Data Collection, data sourced from Li et al. 2012.

Chapter five: Outcome 3-Risk factors for child abuse and neglect are addressed

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

Overview

The focus of National Priorities under the Second Action Plan against Outcome 3 is on building and strengthening communities and addressing economic and social disadvantage, which are important elements in an overall approach to ensuring the safety and wellbeing of children and young people. These National Priorities are:

- Building Workforce Capacity and Expertise
 - This explores options to broaden child and family-sensitive practice through increased access to training.
- Domestic and Family Violence
 - This aims to strengthen families so children and young people grow up in a safe household free from domestic and family violence.
- Health and Mental Health
 - This looks for opportunities to better meet the health and mental health needs of vulnerable and at-risk women, children and young people.
- Disability
 - This identifies opportunities to link with the rollout of the NDIS and the National Disability Strategy.

The actions taken by each jurisdiction under these National Priorities, including other associated supporting actions, are described in detail below. At the end of the chapter, there is a discussion of performance against the three indicators which measure progress towards Outcome 3. These are:

- Parental substance use
- Parental mental health
- Homelessness.

Australian, state and territory government activities

Australian Government

Building Workforce Capacity and Expertise

The BCBB project aims to: enhance the knowledge and skills of practitioners in child and family-focused and adult-focused services to support parents to meet the needs of children in their care (building capacity); and strengthen collaboration between adult-focused and child and family-focused services to improve the way that families with multiple needs experience the service system (building bridges). BCBB is run by ACCP at the University of South Australia.

BCBB is delivering child and family-sensitive practice training in adult services and is currently being trialled in 12 sites across Australia. An evaluation report on this project, released in May 2013, indicates that the training has been successful in enhancing knowledge development that supports child and family-sensitive practice across service sectors in the 12 communities and in creating opportunities to bring service sectors together to reflect on what is working and what more needs to happen so that vulnerable families and children are better supported.

BCBB will continue until 30 June 2014, and part of its activities will involve the development of e-learning resources and other relevant products and publications to sustain the child and family-sensitive practice message that underpins the aims of the project.

BCBB is being progressed under the National Framework and is also a deliverable under the National Plan to Reduce Violence against Women and their Children. There is, therefore, an inherent opportunity to explore links with domestic and family violence services as part of this work.

Child Aware initiatives build on the lessons learned from the BCBB project, by putting the child at the centre of policies, programs and service delivery, particularly in adult-focused services.

Domestic and Family Violence

The NCE is a key deliverable under the National Plan to Reduce Violence against Women and their Children 2010–2022.

The NCE was registered as an independent company limited by guarantee with the Australian Securities and Investments Commission on 12 February 2013. A leading expert in violence against women, Emeritus Professor Anne Edwards, was announced as the initial NCE Chair. It is located in Sydney.

The NCE's first priority is developing a national research agenda to improve policy and service delivery in preventing and responding to violence against women and their children across Australia.

Joint work is being progressed under the National Framework and National Plan to Reduce Violence against Women and their Children to address the causes of violence and minimise its impact on children. Current joint work includes the NCE, Child Aware initiatives and the BCBB project. Community and Disability Services Ministers have agreed to progress joint work and identify future opportunities through a standing item on the SCCDS agenda.

Health and Mental Health

In November 2012, Community and Disability Services Ministers agreed to give priority to better addressing the health needs of children and young people in the child protection system.

DSS contracted ACIL Allen Consulting in April 2013 to undertake a comprehensive analysis of the range of health assessments and interventions for children and young people in the child protection system and develop feasible and cost-effective options for ensuring ongoing substantive health assessments and interventions, including effective mechanisms to track health histories. An Expert Reference Group (ERG), comprising child protection and health representatives, was established to progress this work. The Australian Government is co-leading this project with New South Wales and Victoria, and outcomes will be considered by Ministers later in 2013.

The first part of a staged implementation of the Medicare Healthy Kids Check commenced in early 2013. The Australian Medicare Local Alliance has been contracted to undertake this project. Subject to the outcomes of the first phase of implementation over 2013, it is anticipated that the expanded Medicare Healthy Kids Check will be rolled out nationally in 2014.

Disability

As part of the Second Action Plan, the interface between the disability, child protection and family support service systems will be considered through the NDIS launch sites.

A number of NDIS trial sites have commenced from July 2013. The South Australian and Tasmanian trial sites will have a particular focus on children and young people. The evaluation of the NDIS trial in these sites will provide an opportunity to measure outcomes for children and young people with disability receiving supports under the new scheme.

There will be an opportunity to engage with the roll out of the NDIS to ensure that the wellbeing of children with disability, particularly in the child protection system, is considered.

Australian Capital Territory

Building Workforce Capacity and Expertise

The ACT Learning and Community Engagement Service delivers a regular program of core training to educate care and protection staff, mandated reporters and other providers of adult and children's services about risk factors and the impacts of child abuse and neglect.

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

Health and Mental Health

In the ACT, a Health Passport project is being developed to track the health histories of children and young people in out-of-home care. A Health Passport will be a record of a child or young person's health activity that can travel with that person across her or his life. The aims of the project are to allow for the tracking of health histories and to improve the access of children and young people to their health records.

Other Supporting Actions

The ACT Prevention of Violence against Women and Children Implementation Plan Phase One 2011–2014 was released in August 2012. It outlines actions to be undertaken in the first three years which focus on building strong foundations for the work that lies ahead over the life of the ACT *Prevention of Violence against Women and Children Strategy 2010–17 Our Responsibility: Ending Violence against Women and Children (Our Responsibility)* and the *National Plan to Reduce Violence against Women and their Children 2010–2022 (National Plan)*. Our Responsibility is a joint initiative of the Community Services and the Justice and Community Safety Directorates and is the first of its kind in the ACT. The long-term goals of Our Responsibility are consistent with the goals of the National Plan.

The ACT Government also amended the *Crimes (Child Sex Offenders) Act 2005*. The amendments created new offences of sexual intercourse and acts of indecency with a young person under special care and brought important definitions for sexual offences into line with other jurisdictions. The legislation strengthens provisions for victims and certain witnesses who give evidence in sexual and violent offences. Victims who wish to read a victim impact statement aloud, either in court or in certain cases by audio-visual link, will be given a right to do so.

The ACT Government provided seed funding for the development of a primary prevention anti-violence respectful relationships program, Respect, Communicate, Choose, targeted to 8–12 year olds, to build young people's knowledge and skills to support them to develop relationships based on respect, equality and safety. The funding enabled the Young Women's Christian Association (YWCA) of Canberra to develop

a program manual for educators and trainers and an information resource booklet about respectful relationships, targeted to 8–12 year olds.

The ACT Government provided funding to support the initial rollout of the Breaking the Silence Program to ACT schools. The program works to inspire principals to strengthen the culture of respect in their schools that is age-appropriate for their students. It engages all parts of the school community.

The ACT Stay at Home Program supports women and children to transfer a public housing lease to their own tenancy following domestic violence. The program is underpinned by the Domestic Violence Policy Manual, which outlines the commitments and principles that inform the work of Housing ACT, including security upgrades on houses, transfers and prioritising applications for women and children escaping domestic violence.

New South Wales

Domestic and Family Violence

The NSW Government continues to support families exposed to domestic violence.

Staying Home Leaving Violence (SHLV) is a homelessness prevention initiative funded by FACS that aims to reduce risk to children experiencing domestic and family violence. The program is run across 23 locations in NSW. Women and children are supported to stay safely in their own homes while the offenders are removed, resulting in reduced likelihood of displacement and disruption to children's educational, personal and social development. Positive results include sustained accommodation, sustained employment and education and improved safety.

The Integrated Domestic and Family Violence Services Program (IDFVSP) aims to improve outcomes for those affected by domestic and family violence, including children, by improving multi-agency service integration, raising the profile of violence as a priority and increasing efforts made by partner agencies in assisting affected clients. The services operate as a partnership between FACS, NSW Health, NSW Police and the auspice agency. All projects were designed locally to meet local need. Up until 2012–13, the program was run in six locations across NSW. From 2013–14, four additional preserved services will be transferred into the IDFVSP. These projects play an important early intervention role and partner with Brighter Futures and other initiatives to prevent further escalation of violence and mandated child protection responses.

FACS Clinical Issues Unit (CIU) delivers services, training and resources to improve the capacity of community services frontline workers to assess and manage cases where drug and alcohol misuse, mental illness or domestic violence creates a risk to the safety and/or wellbeing of children and young people. In 2012–13, the CIU undertook 3606 consultations and 142 training, information and/or consultation events. Of these consultations, 24 per cent included domestic violence as a clinical issue. Training offered by CIU includes Engaging with Men who use Violence in the Home and safety planning in the context of domestic violence.

The NSW Government Health Domestic Violence Routine Screening program occurs in four targeted services where the incidence, prevalence or impact of domestic violence is high: antenatal, mental health, drug and alcohol and early childhood health services. The program is targeted to all women attending antenatal and early childhood health services and women aged 16 years and over attending mental health and drug and alcohol services.

The NSW Domestic and Family Violence Funding Program, announced in October 2012, is providing \$9.8 million over three years for domestic and family violence prevention measures. Strategic investments totalling \$4.2 million are currently under contract. These include:

- A men's telephone counselling and referral service
- A sector training and development strategy with Technical and Further Education (TAFE) NSW
- A pilot to reduce breaches of Apprehended Domestic Violence Orders in partnership with Legal Aid NSW
- A network to strengthen Men's Behaviour Change Programs.

The Domestic and Family Violence Funding Program is also funding three prevention studies:

- Men and Boys' Violence Prevention will determine the effectiveness of current primary prevention and early intervention initiatives to engage men and boys.
- Targeting At-Risk Groups and Communities will review the effectiveness of current interventions that target groups and communities known to be at higher risk of experiencing domestic and family violence or facing barriers in accessing existing services.
- Domestic and Family Violence: Child-Centred Responses will identify what services children who are affected by domestic and family violence need, what is being done to support them, what models of service delivery are most effective, and what are the gaps. The study will focus on children aged 0 to 8.

A new domestic violence justice strategy will make victims safer, hold perpetrators accountable and prevent domestic violence from recurring. The NSW Domestic Violence Justice Strategy 2013–17 commits all justice agencies and victim support services to work together to provide an effective and integrated response to domestic violence. The strategy is led by DAGJ and includes NSW Police, Legal Aid, FACS, the NSW Judicial Commission and the Office of the Chief Magistrate.

Minimum standards for domestic violence behaviour change programs have also been introduced in NSW. The standards require government and community sector providers of domestic violence behaviour change programs to adopt best practice approaches, in order to ensure that the programs are safe and effective in changing the behaviour of perpetrators of domestic violence. The standards that apply relate to: offender accountability; the training, supervision and qualifications of facilitators; sound program design; interagency collaboration; and cultural competency. While there is room for variation in the methods and approaches adopted by program providers, the minimum standards set benchmarks that apply to all programs. Introduction of the standards has been led by DAGJ.

Corrective Services NSW (CSNSW) is currently involved in providing programs aimed at preventing domestic violence, including:

- Out of the Dark, a strengths-based program available to female offenders who have experienced family violence. The program is designed to help participants identify issues around domestic and family violence, learn ways of preventing engagement in future family violence and avoid unhealthy relationships.
- Domestic Abuse Program (DAP), a group program aimed at male offenders and designed to help them stop physical and other abuse against their partners and to improve the safety of partners and children. This program has been evaluated by the University of New South Wales and also received national recognition at the Australian Crime and Violence Prevention Awards in October 2011, where CSNSW was presented with a National Certificate of Merit Honour.

NSW continues to support families who are homeless or who are at risk of homelessness, including those escaping domestic violence.

Start Safely continues to provide short or medium-term financial assistance for up to 24 months to assist women and men who are homeless, or at risk of homelessness, to escape domestic or family violence. The subsidy scheme is aimed at those who can demonstrate a capacity to afford the same private rental property at the end of the subsidy period.

SHSs provide a wide range of accommodation and support services to people who are homeless or at risk of homelessness, including families in crisis, women and children affected by domestic violence, young people and single adults. The SHS integrated approach focuses on case management, accommodation and specialist support, such as counselling, health and legal services and financial and employment assistance. In 2012–13, the Australian and NSW Governments jointly contributed \$134 million to SHS providers across NSW.

Going Home Staying Home (GHSH) is a reform initiative that aims to make specialist homelessness services easier for clients to access and to achieve a better balance between early intervention, crisis and post-crisis support. The reform will ensure that resources are allocated based on need. It will focus on the quality of services. The reform will be implemented from July 2014.

Disability

FACS continues to improve services and support for children with a disability and their families.

Through strengthening supports for children 0–8 years and their families, FACS ADHC aims to improve the way that services are provided for children with disability and their families. Growth funding of \$180 million over five years will expand the range, availability and quality of disability support for children with disability and their families. This means an additional 11 800 children, family and therapy places by 2016, which will be delivered through community sector organisations in partnership with mainstream services. The majority of children aged 0 to 8 will be supported in mainstream settings by the specialist system. One of the strategy's key outcomes is that children and their families are supported to tailor assistance and services to their life and natural settings, with a focus on early intervention and prevention across the lifespan, especially at diagnosis and key transition points.

In the 2012–13 financial year, more than 190 disability staff attended an ADHC training course on working with people with an intellectual disability in, or at risk of contact with, the justice system. Children in this population have a very high risk of experiencing abuse and neglect, with parents with a disability and/or a mental illness, and have a high risk of contact with the child protection system. Early intervention and prevention and working with children at risk of contact with the justice system are key aspects of the two-day training course.

ADHC's Statewide Behaviour Intervention Service and regional staff delivered a Play Therapy pilot for a range of children with behavioural difficulties, many of whom had experienced trauma associated with abuse and neglect. A research paper was published describing the positive results that were identified for the individual children.

The following case study illustrates some of the important mechanisms that are being implemented to support young people with disability to live safely and with a degree of independence.

Toby's struggle for a stable place in his community

Toby (not his real name) is 16 years old and has an intellectual disability. He has also been diagnosed with epilepsy and organic psychotic illness. His family cut ties with him because of his violent behaviour, and he has spent time in a juvenile detention centre and an adolescent mental health unit. Toby's mother has relinquished all care and signed over guardianship rights to the Public Guardian.

UnitingCare Disability's Extended Family Support has supported Toby since November 2012. Over the past few years, prior to any services coming on board, Toby had many admissions to adolescent mental health units as an inpatient for extended amounts of time. The instability in Toby's home life has meant that, at times, he did not comply with taking medications, and he had no access to his medication on occasions in juvenile detention. This had a negative effect on his treatment and ability to engage with services. Through Toby's commitment to working with Extended Family Support, and the trust built through their persistent engagement, he has taken responsibility for his medications and has accepted help with his anger management.

Toby is living alone in a flat but is unable to manage independently. Many different housing options, such as refuges, are being explored, but it is very difficult to find suitable accommodation because of his history of violent behaviour. UnitingCare Disability has successfully negotiated with ADHC New South Wales, and Toby now has a Supported Living Package which will provide funding and support to help him live in the community.

Toby was expelled from all past schools. However, with the support of respite care workers from the Extended Family Support Service, Toby has attended school during May and June 2013 for one hour each day, and the service is working with Toby and the school to increase this gradually.

Toby currently has a case manager with ADHC and with the adolescent mental health unit. He is complying with a community treatment order and receiving a fortnightly medication injection. His daily medications are also monitored by support staff to ensure compliance. He continues to engage well with the services involved.

The Extended Family Support Service is working with Toby to help him develop living skills and a routine in his daily activities. The workers have found out his interests and helped link him into activities such as football and joining a gym. They are working with Toby to set goals for his education, ongoing training and work options. Linking him to these activities also reduces boredom and the negative influences of peers on his behaviour.

The program offered to Toby by the Extended Family Support Service has been successful in improving Toby's behaviour because of the consistency in service provision, allowing him to feel a sense of connectedness and support from services. This relationship of trust has allowed Toby to access a wider range of support services and to set his own goals for living independently.

The high level of cross-sectoral collaboration has been a key factor. The services involved, including UnitingCare Disability, adolescent mental health and ADHC, have all worked collaboratively to ensure that Toby's needs are met. Toby's Justice Health worker has also been instrumental in supporting him through charges and court appearances and liaising with services involved.

Health and Mental Health

NSW continues to support families where parents or carers are experiencing mental health or drug and alcohol problems.

Keep them Safe – Whole Family Teams (KTS–WFT) aim to address the needs of whole families where parents or carers have mental health and/or drug and alcohol problems and there are child protection concerns. Four teams are being piloted until June 2014 in Lismore, Nowra, Newcastle and Gosford. Families are primarily referred to WFTs by CS and receive assertive, integrated specialist mental health, drug and alcohol and parenting interventions in home and community settings. Approximately 200 families were referred across the four pilot sites in 2012–13. An evaluation is underway and due for completion in June 2014.

SAFE START continues to provide all women with access to psychosocial assessment and depression screening as a component of routine antenatal and postnatal care. SAFE START aims to identify women, infants and their families who have psychosocial difficulties, including postnatal depression, and offers appropriate care and support.

Giving Children a SAFE START online training, developed for the Mental Health and Drug and Alcohol Workforce, is now available at the [Safe Start](#) website. The program builds on the existing online SFE/SAFE START Assessment and Screening Training, and both programs are free to access for health and partner agencies, for example, general practitioners, private service providers, community sector organisations and the tertiary education sector.

Northern Territory

Building Workforce Capacity and Expertise

DCF provides a professional learning environment that includes:

- face-to-face training delivered across the NT, preparing practitioners for practice and developing their skills
- the Learning Pathways Strategy (LPS), which supports career progression through a range of VET Qualifications
- a Leadership and Management Framework, which builds the capacity of managers through accredited and non-accredited learning interventions and which has a specific focus on the complex domain of practice leadership
- e-learning products which provide just-in-time resources to orientate staff into the department and build practice skills. Learning is supported by a professional supervision and mentoring framework.

The findings presented in the Martin and Healy (2010) report underpin the targeted recruitment strategy to identify, attract and retain skilled and qualified child protection workers. It also informs the DCF Workforce and Learning Strategy and the agency's workforce planning activities to build the capacity and capability of the Northern Territory community services workforce. The findings also contribute to the re-conceptualisation of jobs, including their design and the potential use of flexible work arrangements, to enable DCF to become an employer of choice offering attractive employment.

Domestic and Family Violence

The Northern Territory is a member of the NCE and contributed financially to its establishment. The NT's Office of Women's Policy continues to progress actions through the Select Council on Women's Issues (SCWI) National Working Group in relation to the NCE.

Health and Mental Health

A health assessment, covering medical, dental, educational and, where necessary, psychological issues, is completed for all Northern Territory children within three months of their entering out-of-home care. This assessment is used to identify any significant health needs, to provide baseline information for any future assessments and to develop a tailored care plan to meet the child's needs.

Disability

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

DCF and Department of Health utilise a shared client case management approach for clients in need of multi-agency service responses through the shared case management framework. The Multi Agency Assessment and Coordination Team has referral and coordination points to foster integrated service delivery for children and families with complex needs.

The reform of out-of-home care in the Northern Territory includes a review of existing service provision to children with disabilities in the care of the Chief Executive. This incorporates integrated casework services between government and community sector services from the commencement of placement through to transitioning from care.

Queensland

Building Workforce Capacity and Expertise

Queensland has a statewide network of Child Safety Training teams to increase not only the customised learning and development support to professional staff within child safety service centres, but also the response time to address identified needs. The redesign of entry level training for professional officers to the current Essential Child Safety Officer program allows for regional delivery and increased access for staff to this program. Child Safety Training teams have also increased their capability to provide Learning Circles to staff within individual child safety service centres as a result of regionalisation.

As agreed by SCCDSAC in March 2013, Queensland has completed a review of the 2010 report, *Who Works in Community Services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services* (Martin & Healy 2010). Key findings from this report have been summarised, with strategies for consideration included to assist SCCDSAC in their discussion of future actions to enhance workforce capacity and expertise.

The summary of key findings highlighted the impact of the following:

- demographic profiles of the four community services workforces
- composition of the workforce structure, including workers' employment preferences and employment status within the four sectors
- factors impacting on national drivers of recruitment and retention, including difficulties in filling vacancies
- implications of the key differences between the government and community sector workforce profiles.

The key issues identified in the Summary of the Workforce Profile Project are consistent with other workforce literature and child protection report findings, such as the *National Analysis of Workforce Trends in Statutory Child Protection* project (McArthur & Thomson, 2010). This highlights the fact that many of the challenges facing the sector are long standing and complex. The Summary Report also includes a list of

strategies for consideration to address the issues identified in the Workforce Profiles project (WPP) report. These strategies are divided into three categories: recruitment, upskilling and retention. These strategies align with actions being progressed under the Second Action Plan and are also intended to inform SCCDSAC discussions on any future actions to enhance the community services workforce.

Domestic and Family Violence

The Queensland Government, through DCCSDS, provides in-kind contributions to the NCE through the Queensland Centre for Domestic and Family Violence Research (CDFVR). The CDFVR is assisting the NCE to establish the research agenda.

Health and Mental Health

DCCSDS leads the Child Health Passport initiative, which enables a child's carer to meet the health needs of children and young people in their care. Queensland Health services may contribute to the Child Health Passport initiative through the provision of health information and health assessments. As at 30 June 2013, 96.3 per cent of children living away from home and subject to a child protection order had a Child Health Passport commenced or recommenced. This is an improved response from 30 June 2012, when 94.2 per cent of eligible children had a Child Health Passport commenced or recommenced.

Disability

DCCSDS has led consultations across Queensland Government agencies to contribute to the development of principles to guide the interface between the NDIS and mainstream services, including Child Safety, in preparation for the commencement of the NDIS in Queensland from July 2016.

DCCSDS continues to provide the Evolve Behaviour Support Services (EBSS) to children and young people in care who have a disability and severe psychological and behaviour support needs. EBSSs also provide specialist disability assessments for children with a disability entering the child protection system. The focus of EBSSs is to work with the child, carers, family, school and other support services to respond to the child's challenging behaviours. The Evaluation of EBSS 2012 found a significant improvement in the overall wellbeing of children and young people with a disability involved in the program.

The Evolve Early Intervention initiative supports children with a disability who are at risk of relinquishment to the child protection system. This service provides positive behaviour support, family support and education and training to carers, family, school and other services supporting the child to assist in responses to the child's challenging behaviours. The Evaluation of EBSS 2012 demonstrated that the program resulted in a reduction in challenging behaviours and in harm to self and others.

DCCSDS has developed an early identification assessment tool, in consultation with the Centre for Excellence in Behaviour Support (now known as the Centre for Clinical Innovation and Behaviour Support), to identify families of children with a disability who require additional support to continue to care for a child at home. It is anticipated that this assessment tool will be implemented as a trial in 2013–2014, with assistance from the University of Queensland to assess the validity and reliability of the tool. Supports will be provided to these families using a holistic and family-centred approach, as outlined in the Evolve Early Intervention Service manual.

South Australia

Building Workforce Capacity and Expertise

DECD (Families SA) is undertaking a major Service Redesign. As part of this, a new practice approach (Solution Based Casework) is being implemented. This approach involves an emphasis on working more collaboratively with families to seek solutions to problems and developing skills and competencies to assist them to provide safe and nurturing environments. Implementation is being supported through the

provision of training to all staff across the agency to ensure that the approach permeates all aspects of practice and policy making.

DASSA has worked with ACCP to develop a modified version of the national Child and Family Sensitive Practice for more extensive implementation across its services. This is currently a component of DASSA's Child and Family Sensitive Practice Service Development Plan. The Child and Family Sensitive Practice Service Development Plan incorporates staff training, credentialing and supervision, and data collection. It includes:

- explicit reference to Child and Family Sensitive Practice in DASSA's formal Model of Care
- preparation of a training plan for Family Sensitive Practice for clinical staff members and managers/supervisors
- establishment of a forum for formalising shared training between DASSA and Families SA, on an annual basis
- establishment of Child Safe and Friendly environments within relevant clinical areas
- advancing the collection of data on dependents of clients on the organisation's client information system.

This plan is currently being reviewed in the light of recommendations of a report commissioned from the National Centre for Education and Training on Addiction. This report explores prevention, early intervention resources and strategies for working with clients of drug and alcohol services who are parents/carers of children 8 years and under.

DECD (Families SA)'s Newly Emerging Communities Responsive Framework includes a program of training in cultural sensitivity for key locations, in addition to foundational and professional development education.

Domestic and Family Violence

The Family Safety Framework, led by the Office for Women, is being rolled out across South Australia. This framework provides a strategic and proactive way of addressing domestic violence in South Australia, centred around ensuring that families most at risk of violence are provided with services in a structured and systematic way, through agencies sharing information about high-risk families and taking responsibility for supporting these families to navigate the service system. Housing SA is currently in the process of training all service delivery staff to enable them to undertake a Common Risk Assessment, to identify customers who are at high risk of serious harm.

The Staying Home Staying Safe Program, administered through Victims Support Services, provides a tailored response to allow women to remain home safely. This program aims to reduce homelessness for women and children who have experienced domestic or family violence. It assists them to remain in their own homes, to enable continued connectedness with their communities, schools and support systems. It provides safety planning assistance, linkages with support services, home safety audits and tailored home security packages, including installation of locks, sensor lights and alarms.

Health and Mental Health

DECD (Families SA) Residential Care and The Second Story (TSS) Youth Health Service have developed a new service agreement to ensure that all young people living in residential care have a case management plan with TSS and receive a comprehensive adolescent health assessment. It includes referrals for annual health checks and related care and ensures that each young person is engaged with TSS upon his or her exit from residential care. It incorporates a robust evaluation process that is focused on key performance indicators. Information regarding health histories and status will be shared between the two agencies and held in the Families SA centralised client information system.

SA Health and DECD (Families SA) are collaborating to implement the National Clinical Assessment Framework across all health networks. Clinical tools and the Health Standards for Children and Young People under the Guardianship of the Minister have been reviewed to ensure that the key elements of the new clinical assessment framework are incorporated and that ongoing monitoring and review occurs regarding the child's health status.

Residential Care has developed strong interagency relationships to explore options to better meet the mental health needs of children and young people in their care. A service has been established for those with extremely complex needs. This provides a care team comprising senior clinical staff from CAMHS and the Women's and Children's Hospital (WCH). Consulting services and support are provided in addition to direct therapeutic interventions where appropriate. This will become part of a newly developed Therapeutic Residential Care (TRC) service area.

The *South Australian Suicide Prevention Strategy 2012–2016* prioritises access for children and young people in care to comprehensive and multidisciplinary mental health services. A Ministerial Suicide Prevention Advisory Committee was established in September 2012 and includes cross-government representation from DECD, DCSI and the SA Police, in addition to non-government, consumer and carer representatives. An annual inventory of all actions being implemented across SA in accordance with the strategy is being undertaken.

A Youth Mental Health model of care is being developed for young people aged 16 to 24 with emerging and established mental health disorders, to guide the provision of comprehensive, integrated and developmentally appropriate services. Young people under the Guardianship of the Minister (and post care) are identified as a key group, as are young people who are Aboriginal or Torres Strait Islander or from CALD backgrounds.

Disability

The Protocol for Collaboration between Families SA, Disability Services and Disability SA has been reviewed by practitioners and policy development areas within each organisation. The new Protocol provides improved clarity of roles and responsibilities to guide practice for children with disabilities in the out-of-home care system.

Tasmania

Building Workforce Capacity and Expertise

The development of a CYS-wide training continuum is underway and is being continually refined. The workforce development area of the QIWD team has been working closely with other community sector training organisations, such as Berry Street and Dr Dorothy Scott of Bracton Consulting Services, in order to offer joint training opportunities across the program areas as much as possible. This will capitalise on training and education from all areas to increase the knowledge and skills of staff in order to improve child and family-sensitive practice.

As part of this process, a strong working relationship has been fostered with the University of Tasmania (UTAS), in a concerted effort to look at methods of attracting new graduates to the CYS area. A specific degree which would lead into Professional Honours in CYS has been developed, with enrolments being sought to commence study in September 2013. It is anticipated that the units which make up the course would both attract existing staff who wish to upskill (as well as staff from the community sector) and also act as an avenue for greater recruitment opportunities for new graduates. The development of this course has been carefully considered, and the units that are being delivered and developed are closely aligned with the core competencies for CYS staff across the areas.

Signs of Safety training is a priority for CYS, with awareness training sessions being delivered during the first three months of 2013. CYS is formally adopting the framework, and resources are being made available to support a systematic and deliberate implementation. Signs of Safety actively promotes a framework of case practice that demands greater engagement with families where safety concerns exist, while providing families with greater opportunities to work with Child Protection practitioners and other community services to build demonstrable safety measures around children.

As part of the work undertaken with UTAS, a CYS survey of qualifications was undertaken in the first three months of 2013. While difficult to capture, the outcomes informed the work and areas of focus for QIWD and the University and led to discussions related to areas of the current training continuum where the University could assist in development and which, in the long term, it could formally accredit.

Significant investment has been directed towards the recruitment, induction and 'on boarding' of staff new to the Child Protection and Community Youth Justice system, with QIWD representatives involved in every aspect.

Domestic and Family Violence

In partnership with other lead government agencies in Tasmania, DHHS contributes fiscally to the NCE.

CYS (DHHS) is represented on the Department of Premier and Cabinet's (DPAC) Inter-Departmental Committee (IDC) for the National Plan to Reduce Violence against Women and their Children. DHHS is also represented on the broader community Consultative Committee which draws from both the government and community sectors and so works with both government and the community sector in progressing priority areas under the National Plan.

The recent establishment of the NCE is seen as an opportunity to provide states with a centralised repository for data and analysis of domestic/family violence research and to initiate research as directed and agreed upon by states.

In partnership with other lead government agencies, DHHS is a key partner in the whole-of-government response to addressing domestic/family violence in Tasmania, known as Safe at Home.

DHHS, in partnership with other programs and departments across the sector, has contributed to the Tasmanian Implementation Plan and *Taking Action: Tasmania's Primary Prevention Strategy to Reduce Violence Against Women and Children 2012–2022*.

Mapping of service provision to children and the continuum of care across access points into family violence services is also being undertaken.

The Children and Young Persons Program (CHYPP) of the FVCSS within DHHS is part of the Tasmanian Government's response to addressing family violence within the community and its impacts on children. CHYPP is a specialist therapeutic service for the amelioration and resolution of trauma due to impacts of domestic and family violence.

CHYPP has been a leader in the sharing of knowledge, skills and practices in working with children who have experienced trauma as a result of domestic and family violence.

Across the state, CHYPP has been instrumental in the establishment of children trauma networks, drawing peer practitioners together to share best practice and generating contemporary literature and research in relation to working with children who have experienced trauma and their families.

Health and Mental Health

The Hearts Project 2011–2015 is a multi-agency, multidisciplinary, collaborative effort to improve outcomes for, and support the health and wellbeing needs of, children in out-of-home care. This has been found to be a very useful strategy to improve communication and link services required for addressing the complex needs of these vulnerable children.

An out-of-home care clinic was set up in 2011 to undertake health and wellbeing screening assessments and follow-up for all children aged 0 to 14 years in Southern Tasmania. This is run by the Community Paediatric team, comprising a Community Paediatrician and a Community Paediatric registrar.

To date, the initial assessments for all children under state guardianship who do not already have a paediatrician have been completed. Annual follow-up of these children is now underway, and initial assessments for the children who have entered care in 2013 are being undertaken.

Assessments for young people in care (14–17 years) are being coordinated through the Youth Health services available in Hobart—Pulse and HEADSPACE. If there are significant concerns and an identified need for paediatrician input for complex medical and psychosocial reasons (for example, children in TRC), these young people will be seen in the out-of-home care clinic by the Community Paediatric team.

To improve access to the out-of-home care clinic, an outreach clinic at the Bridgewater CFC has commenced on a weekly basis. As this has been found to be useful for the local community, options for another outreach clinic in Huonville, commencing in 2014, are being explored.

The role of the Child Protection Liaison Officer has significantly enhanced the collaborative efforts between health services and child protection.

Data linkage work undertaken by the Performance and Evaluation Unit within CYS has enabled public hospitals' histories to be tracked for records of individual children on orders.

CYS is linking data from the Department of Education, Tasmanian Public Hospitals, Oral Health Services Tasmania and the Australian Childhood Immunisation Register relating to children under care and protection orders, as well as within CYS between CPS, Youth Justice Services, CHaPS and the FVCSS. Child protection workers are able to access this information through an 'Individual Profile Report', which summarises a child's involvement with each of these services, including a visual timeline of her or his involvement.

The CHaPSs currently undertake the Healthy Kids Check as part of their universal service for all families. However, CHaPS' services are not funded by Medicare. General practitioners within Tasmania who also undertake this check are reimbursed through the Medicare system.

The expanded version of the Healthy Kids Check is currently still being trialled within general practice.

The feasibility of undertaking functional brain mapping using Neurosequential Model of Therapeutics (NMT) assessments is being explored. Currently, these assessments are undertaken by the Community Paediatrician and the TRC teams for some children and young people in out-of-home care with severe and complex behavioural problems. These assessments are based on Dr Bruce Perry's work, with guidance and training from the Child Trauma Academy (USA). Dr Perry is a clinician and researcher in children's mental health and the neurosciences and an internationally recognised authority on children in crisis. The NMT Assessments are discussed with the school and other agencies looking after the individual children, and appropriate therapeutic interventions are recommended.

Monthly meetings have been planned to discuss complex behavioural problems in children in out-of-home care, with input from CAMHS, Paediatrics and Child Protection. These will commence from September 2013.

Disability

Disability and Community Services is working with the NDIS to transition young people with disability, aged between 15 and 24, to the NDIS. This has involved an identification process, followed by a request to gain permission to transfer contact details for the young people to the NDIS. Participation in the NDIS will facilitate long-term planning for lifetime support and will allow these young people to have increased control and choice over the specialist disability services they receive and how they are provided.

Victoria

Domestic and Family Violence

Victoria is a member of the NCE Board, along with government representatives from the Australian, New South Wales and South Australian Governments and three independent community members.

In 2012, the Victorian Government published a new practice guide to assist professionals to assess the needs of children and young people who have experienced family violence. The *Family Violence Risk Assessment and Risk Management Framework* has been distributed, and a statewide training program has been rolled out in 2013 targeting family violence, child protection and family services practitioners.

Health and Mental Health

The 2011–12 Victorian State Budget provided funding of \$12.8 million over four years for the Health and Education Assessments Initiative for children in out-of-home care. This initiative, co-led by the Victorian and NSW governments in consultation with the Australian Government, provides additional resources to enhance and facilitate more effective implementation of health and education assessments for children in out-of-home care. There are two different enhanced approaches currently being tested in two separate but concurrent projects:

- the Pathway to Good Health approach to comprehensive health care for vulnerable babies, children and young people in out-of-home care, currently being implemented only in the North and West metropolitan areas of Melbourne but involving children in all types of out-of-home care
- the statewide health and education assessments project for young people in residential care.

The Pathway to Good Health is a partnership project between the Department of Health and DHS. This pathway aims to utilise mainstream health providers to offer coordinated and holistic health care for children and young people in all types of out-of-home care, including foster care, kinship care and residential care. This project is implementing the *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*, released in March 2011. The project commenced in November 2012 and is being rolled out in the former North and West metropolitan region of Melbourne. Further rollout across the state is subject to the findings of the evaluation of this initial rollout.

The Department of Health has engaged key stakeholders and provided information and education about the project, in conjunction with two DHS-based coordinators. All children participating in this initiative, including those in foster care and kinship care, have access to the brokerage provided as part of the statewide initiative for children in residential care as described below.

The health component of the statewide health and education assessments project is targeted specifically to young people in residential care, a highly vulnerable group within the overall out-of-home care population and with more complex health (and education) related needs. The first assessments and

associated follow-up treatment undertaken through this initiative occurred in December 2012. Extension of this approach to children in foster care and kinship care is subject to the evaluation of this initial rollout with young people in residential care.

This initiative provides health assessment-related brokerage. The departmental coordinators manage the use of brokerage to fund necessary follow-up treatments arising from health assessments and any necessary assessments provided by private practitioners where equivalent, publicly funded assessments are unable to be accessed in a timely way.

Disability

Much work has been done with Child FIRST providers, DHS Disability Services and Child Protection to meet the support needs of parents with a disability. The focus has been on working more effectively with parents to prevent their children from coming to the attention of child protection and also encouraging child protection practitioners to communicate more effectively with parents with a disability, to understand their support needs. Information sheets about child protection are being rewritten in plain English, and training for child protection practitioners is planned for completion by the end of 2013.

The interface arrangements between DHS child protection services and the NDIS in the Barwon trial area have been documented and agreed. These reflect the principles and responsibilities agreed by all Australian governments, and their application will be monitored during the trial period.

DHS has developed a work plan to support a more integrated response across services. This included the development of the Operating Framework (a protocol to support collaborative practice) for all children with a disability involved and subject to child protection intervention.

The former Children, Youth and Families and Disability Services Interface Group developed a work plan to support a more integrated response across services. In 2012–13, the Operating Framework (a protocol to support client-centred practice and cross-program collaborative practice with a focus on children with a disability in out-of-home care) was implemented. In addition:

- Pre-service training and competency-based assessments of home-based carers across disability services and children, youth and family services were aligned.
- The Looking After Children planning framework was implemented across disability services-funded out-of-home care.

Western Australia

Building Workforce Capacity and Expertise

CPFS developed an implementation package—the Family and Domestic Violence Common Risk Assessment and Risk Management Framework (CRARMF)—to support agencies and organisations to implement the minimum standards for screening and the assessment, management and monitoring of risk. This package forms part of exploring actions to broaden child and family-sensitive practice through increased access to training.

Domestic and Family Violence

The first phase of the evaluation of CRARMF was conducted. A total of 245 people from a range of agencies and organisations responded to a survey about the extent to which CRARMF was implemented in their policy and procedures and its impact on service delivery and interagency collaboration across the sector. The findings of the evaluation will inform a further 12 months' planning about CRARMF implementation.

To support the development of an evidence base for policy and program development in Western Australia, CPFS convenes an across-government Data Working Group, comprising representatives from WA

Police, Department of the Attorney General, Department of Corrective Services, Legal Aid, Department of Health and the Women's Council for Domestic and Family Violence Services. The Data Working Group contributes data against the state's key performance indicators for family and domestic violence and looks at improving the capabilities of current data systems to capture this information for future state and national planning and reporting.

The Family and Domestic Violence Fatality Review was established by the Ombudsman and commenced operation on 1 July 2013. The Review provides a process for reviewing family and domestic violence-related deaths.

CPFS has worked in partnership with WA Police and domestic violence services to conduct research about the co-occurrence of domestic violence and Fly In Fly Out (FIFO) work patterns. The research sought to examine the incidence of family and domestic violence among families where one or both partners are involved in FIFO work and the challenges and/or opportunities of responding to domestic violence in this context.

In August 2012, CPFS released new family and domestic violence practice guidance for child protection workers. The practice guidance includes new policy, a background paper and procedures. It focuses on family and domestic violence screening and assessment, safety planning, perpetrator accountability and collaborative responses.

To support the introduction of practice guidance about engaging and responding to perpetrators of family and domestic violence, CPFS contracted No to Violence to develop the practice resource, *Perpetrator Accountability in Child Protection Practice: A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence*. Training to support implementation of the practice resource was delivered in five sites.

A family and domestic violence e-learning module was developed for CPFS staff. The e-learning module is compulsory for new staff enrolled in CPFS foundation training. A two-day, face-to-face training program about family and domestic violence and child protection responses was also developed.

FDVRTs were rolled out statewide in February 2013 and are operating in 17 regions across the state. FDVRT is a partnership between CPFS, WA Police and community sector domestic violence services to provide a coordinated response to families who have received a police call-out for domestic violence resulting in a Domestic Violence Incident Report. The FDVRT team members are co-located, jointly assess Domestic Violence Incident Reports and triage who is best placed to respond. For high-risk cases, the FDVRT coordinates multi-agency case management.

For high-risk cases of family and domestic violence, the FDVRT coordinates multi-agency case management through the inclusion of specialist services from dedicated community sector organisations. Guidelines to support these interagency responses are being developed.

CPFS and WA Police work in partnership to develop an interface between the respective agency databases, which will support the automatic population of WA Police Domestic Violence Incident Reports into the CPFS database.

A tripartite Schedule between CPFS, Department of Corrective Services and WA Police was developed to support information sharing and collaborative case management of serious domestic violence offenders.

Changes made to the Department of Corrective Services Victim Notification Register allowed CPFS and WA Police to register victims of domestic violence, irrespective of whether the victim elects to do so. This enables the registering agency to be notified in advance of the offender's release from prison.

Health and Mental Health

Consultation and liaison positions within CAMHS promote and support the ongoing relationship between CAMHS and CPFS in order to improve access to intervention services.

CAMHS and CPFS meet regularly to promote access to services for children and young people in out-of-home care.

CPFS, in collaboration with the Department of Health, continues to embed the Health Care Planning for Children in Care pathway into case practice so that children receive regular health and development checks, and health plans are developed. One of the pathway processes is an annual screening of children's psychosocial health. Children in care have a Child Health Passport that records their health history, including immunisations, and this is given to the child or young person when he or she leaves care. Both departments are also involved in establishing a key contact working group to respond to issues impacting on referrals for children in care—in particular, priority access to mental health services.

Locally based 'Children at Risk Committees' have commenced in the rural and remote towns of Leonora and Laverton. These committees are implementing a health and wellbeing assessment strategy for all children identified as 'at risk'.

Disability

CPFS is the lead agency for the Young People with Exceptionally Complex Needs (YPECN) program, which provides a coordinated interagency service delivery response to improve the outcomes for young people with exceptionally complex needs, particularly in relation to coordination and access to services. The department provides a full-time coordinator for the program, which is targeted to young people in their mid-teens approaching leaving care. Funding for the program is shared equally between CPFS, the Disability Services Commission and the Mental Health Commission.

CPFS and the Disability Services Commission have an MOU which aims to improve the development and delivery of services to children and parents with disability where there are child protection concerns.

Other Supporting Actions

CPFS worked with the Department of Housing and the WA Police in supporting and assisting families to make Liquor Restricted Premises applications, resulting in children being kept safe as family members and visitors are unable to consume alcohol on the premises.

Through Royalties for Regions, the Parent Support Service was expanded to include all CPFS's 17 districts across Western Australia. The Parent Support Service provides up to six months of home visiting casework support to hard-to-reach parents of school-aged children involved in antisocial behaviour, criminal activity or truancy. The service has refocused on older children, resulting in a significant increase in the number of responsible parenting agreements undertaken with these families. Another achievement was the expansion of the co-location of a Parent Support child protection worker with Youth Justice teams to most country regions, increasing the coordination and joint management of cases. Co-location of the two services was already established in the metropolitan area.

The state has signed a one-year transitional National Partnership Agreement on Homelessness (NPAH), following recent independent reports that CPFS's implementation of the NPAH programs has made a positive difference for the majority of people who use them.

CPFS developed and offered staff learning opportunities, including:

- the implementation of Advanced Signs of Safety training programs, focusing on developing Safety Plans and Pre-birth and Pre-hearing conferencing
- a Signs of Safety three-day Gathering involving 500 participants, showcasing best practice in child protection
- the development of seven new online learning programs, with topics including Aboriginal cultural appreciation, child protection, child development, foster care partnerships, children in care, cultural diversity and family and domestic violence
- the development of 14 new orientation and extension programs, with the support of partner agencies
- a series of 'Sanctuary' workshops, promoting a trauma-informed model of care
- the implementation of a traineeship for the Diploma of Child, Youth and Family Intervention, providing a pathway to the second year of a Bachelor's Degree in Social Work or Social Science.

A new early intervention support service for young offenders with a mental illness, introduced in the WA justice system in April 2013, provides clinical assessments and reports to the Perth Children's Court as well as personal plans for the children. Further community-based support, tailored to the child and his or her family, can be provided after the court process.

Measuring progress

Parental substance use

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 may arise as parents may ignore paying for household essentials such as food, clothes and bills in order to buy alcohol or drugs. Fluctuating mood swings due to intoxication or withdrawal often cause inconsistent parenting, and parents may become violent or abusive (Bromfield et al. 2010; Dawe et al. 2008).

Indicator 3.1: Proportion of parents with children aged 0–14 years who used any illicit drug within the last 12 months

Illicit drugs include illegal drugs (such as cannabis), pharmaceutical drugs (such as pain-killers, tranquillisers) when used for non-medical purposes (strictly an illicit behaviour), and other substances (such as inhalants) used inappropriately (AIHW 2011b).

The 2010 National Drug Strategy Household Survey (NDSHS) found that 13 per cent of parents with children aged 0 to 14 years had used illicit drugs in the previous 12 months. This is similar to results found in 2007 (12 per cent).

Similar results were found among adults without children; the proportion that had used illicit drugs in the previous 12 months was 15 per cent in 2007, and 16 per cent in 2010.

The 2010 NDSHS provides the most recent data available on this topic for Indigenous Australians. The most recent data from the ABS National Aboriginal and Torres Strait Islander Social Survey are for 2008.

The 2010 NDSHS found that substance use rates were higher among Aboriginal and Torres Strait Islander parents compared to their non-Indigenous counterparts. An estimated 26 per cent of Indigenous parents reported that they had used illicit drugs in the previous 12 months, compared to 13 per cent among non-Indigenous parents (AIHW analysis of NDSHS). These estimates should be treated with caution due to the small sample sizes for Indigenous people in the 2010 Survey.

Table 15: Illicit drug use in the past 12 months among parents with children aged 0–14 years, 2007 and 2010

	Adults with children ^(a) 2007	Adults with children ^(a) 2010	Adults without children ^(a) 2007	Adults without children ^(a) 2010
Used a licit substance for non-medical purposes	2.9	3.1	4.2	4.7
Used any illicit substance	10.2	11.1	11.8	13.1
Used any illicit substance or licit substance for non-medical purposes	12.4	13.1	14.5	16.0

(a) Adults are persons aged 18 years or more. 'Children' are dependent children aged 0 to 14 years.

Source: AIHW analysis of NDSHS, previously published by FaHCSIA (now DSS) 2013.

Indicator 3.2: Proportion of parents with children aged 0–14 years who drank alcohol at risky levels

The 2010 NDSHS reports alcohol consumption using the 2009 National Health and Medical Research Council (NHMRC) guidelines, which include definitions of 'lifetime risk' and 'single occasion risk' (AIHW 2011b):

- *Guideline 1: Reducing the risk of alcohol-related harm over a lifetime*
For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
- *Guideline 2: Reducing the risk of injury on a single occasion of drinking*
For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

The 2010 NDSHS found that an estimated one-fifth (20 per cent) of parents with dependent children aged 0 to 14 drank at levels risky for lifetime harm. An estimated 15 per cent drank at levels risky for single-occasion harm at least weekly, and almost one-third (30 per cent) did so at least monthly (AIHW 2012a).

The 2010 NDSHS provides the most recent data available on this topic for Indigenous Australians. Published data from earlier surveys, such as the 2007 NDSHS and the 2008 ABS National Aboriginal and Torres Strait Islander Social Survey, are based on the 2001 NHMRC guidelines and therefore are not comparable with the 2010 NDSHS.

In 2010, risky alcohol consumption was found to be higher among Aboriginal and Torres Strait Islander parents, compared to their non-Indigenous counterparts. An estimated 33 per cent of Indigenous parents drank at risky levels for lifetime harm, compared to 20 per cent among non-Indigenous parents. Similarly, among Indigenous parents, 28 per cent drank at risky levels for single-occasion harm at least weekly, and 49 per cent did so at least monthly, compared with 15 and 30 per cent respectively among non-Indigenous parents (AIHW analysis of NDSHS). These estimates should be treated with caution due to the small sample sizes for Indigenous people in the 2010 Survey.

Parental mental health

Indicator 3.3: Proportion of parents with children aged 0–14 years who have a mental health problem

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 2012a).

The Household, Income and Labour Dynamics in Australia (HILDA) Survey measures mental health using the SF-36, a 36-item survey that measures eight domains of subjective health. Scale scores for each of the

eight health domains can be summarised to produce a single measure of mental health: the Mental Health Component Summary (MCS) Score. An analysis of population averages suggests that an MCS score of less than 41 is indicative of a poor level of mental health.

In 2011, among parents with children aged 0 to 14 years, it is estimated that one-sixth (16 per cent) of parents had MCS scores of less than 41, indicating poor mental health—a similar proportion to that reported in 2006 (18 per cent). Lone parents were more than twice as likely as parents in couple families to have an MCS score of less than 41 in 2011 (34 and 14 per cent respectively).

Table 16: Parents with co-resident children aged 0–14 with a Mental Health Component Summary score of less than 41, by family type, 2006 and 2011

Year	One parent families Per cent	One parent families 95% CI	Couple families Per cent	Couple families 95% CI	All families Per cent	All families 95% CI
2006	31.0	24.0–38.1	16.8	14.9–18.7	18.3	16.6–20.0
2011	33.6	25.6–41.7	14.1	12.1–16.1	16.1	14.2–18.1

Note: For the reported years, estimated percentages for Indigenous parents had relative standard errors above 25% and so are not considered sufficiently reliable.

Source: AIHW analysis of HILDA Survey, Waves 6 (2006) and 11 (2011), unpublished data.

Homelessness

Indicator 3.4: Rate of children aged 0–17 years who receive assistance through homelessness services (accompanied and unaccompanied)

Homelessness has a detrimental effect on children’s health and wellbeing, which can persist beyond the period of homelessness. The causes of homelessness are complex and may include economic factors such as poverty, unemployment and increased housing costs. An unstable home environment caused by domestic violence, child abuse and neglect, family conflict, mental illness and drug and alcohol problems may also lead to homelessness (AIHW 2012a).

SHSs deliver support to people who are homeless or at risk of homelessness. In 2011–12, almost one-third (29 per cent) of all clients assisted by these services were children aged 0 to 17 years—over 67 000 children, representing a rate of 13 per 1000 children. Most of these children (58 per cent) were under 10 years of age.

Aboriginal and Torres Strait Islander children were over-represented in homelessness services; the rate for Indigenous children was nine times the rate for non-Indigenous children (73 and 8 per 1000 children respectively).

Around one-sixth (16 per cent) of children presented alone to homelessness services, while the majority presented in a group as part of a ‘person with children’ (69 per cent) or a ‘couple with children’ (12 per cent). Over one-third (39 per cent) of children assisted by homelessness services had experienced domestic or family violence (AIHW 2012b).

The national SHS data collection was implemented on 1 July 2011 (replacing the previous Supported Accommodation Assistance Program (SAAP) national data collection). For this reason, trend data are not yet available.

Table 17: Children aged 0–17 years assisted by specialist homelessness services, 2011–12

Age group (years)	Indigenous children Number	Non-Indigenous children Number	All children Number
0–4	6668	13168	22580
5–9	4502	9714	16276
10–14	3394	8247	13475
15–17	2928	9925	14945
Total 0–17	17492	41053	67277
	Indigenous children Rate per 1000 children	Non-Indigenous children Rate per 1000 children	All children Rate per 1000 children
0–4	92.8	9.4	15.4
5–9	69.8	7.3	11.7
10–14	52.1	6.3	9.8
15–17	75.4	12.0	17.3
Total 0–17	72.8	8.4	13.2

Notes

1. 'All children' includes 8732 children whose Indigenous status was unknown (13.0% of all children).
2. Data are weighted to adjust for non-sampling error (details provided in AIHW 2012b). Categories may not add to Total due to rounding.

Source: AIHW Specialist Homelessness Services data collection, previously published in FaHCSIA 2013.

Chapter six: Outcome 4-Children who have been abused or neglected receive the support and care they need for their safety and wellbeing

Children and young people who have been abused (or are at risk of abuse) receive timely, high-quality child protection and other support services to secure their safety and promote their long-term wellbeing.

Overview

The National Priorities under the Section Action Plan against Outcome 4 are underpinned by a recognition that children and young people who have experienced abuse and neglect need high-quality child protection services that are evidence based, child-focused and address children's developmental needs. These National Priorities are:

- Enhancing the Evidence Base
 - This aims to improve data collections relating to children's health, development and wellbeing.
- Filling Research Gaps
 - This supports research focused on issues relevant to protecting children from abuse and neglect.
- National Standards for Out-of-Home Care
 - This identifies opportunities to improve outcomes for children and young people in out-of-home care.
- Transitioning to Independence
 - This provides 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
 - This addresses 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
 - This strengthens support for the education, professional development and retention of the child protection workforce, including enabling the Indigenous workforce to be more actively involved in the Tertiary child protection system.

The actions taken by each jurisdiction under these National Priorities, including other associated supporting actions, are described in detail below. There are five indicators to measure progress towards Outcome 4, and they will be discussed at the end of this chapter:

- Child protection substantiations
- Placement stability
- Literacy and numeracy
- Leaving care plans
- Cross-sector clients.

Australian, state and territory government activities

Australian Government

Enhancing the Evidence Base

The Australian Government is funding AIHW to work with states and territories to implement the CP NMDS. This is a unit record database and will replace the aggregate-level collection currently used to provide data under the National Framework. The CP NMDS was implemented on 1 July 2013, and the first year of data from this collection will be reported in 2014.

Filling Research Gaps

The Aboriginal and Torres Strait Islander Promising Practice Profiles were published by the Australian Institute of Family Studies on the Child Family Community Australia website on 18 March 2013. The Profiles describe some of the promising approaches used by Australian service delivery agencies in their efforts to help Aboriginal and Torres Strait Islander families and communities to protect their children.

The Profiles will be further developed through an online, interactive resource that will showcase proactive, positive and innovative approaches for working with Aboriginal and Torres Strait Islander families and children. The online resource will provide practitioners, community leaders, researchers, community sector organisations and governments with access to promising practice profiles, case studies and other resources to guide their work with Aboriginal and Torres Strait Islander families and children.

The inaugural National Research Agenda was developed in consultation with researchers and community sector organisations working with children and families, to identify research opportunities and priorities and expand the evidence base around issues in Australia relevant to protecting children from abuse and neglect. The following five research priorities emerged from these consultations:

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

SCCDS agreed at its October 2011 meeting to provide \$600 000 over three years to fund projects under the National Research Agenda. Following a competitive selection process in 2012–13, three projects were selected at a total cost of \$527 132. The successful projects were:

- Understanding the conditions necessary to create a child safe and child friendly community—Social Policy Research Centre
- Intercultural dialogue: Building relationships, building communities—ACU
- Exploring outcomes for Aboriginal and Torres Strait Islander children through IFS services—SNAICC.

These projects will be progressively completed over the next financial year, and the results will be used to inform future policy and service delivery in the child protection sector.

National Standards for Out-of-Home Care

The National Standards for Out-of-Home Care (the National Standards) commenced operation on 1 July 2011. The purpose of the National Standards is to drive improvements in the quality of out-of-home care across Australia, so that children and young people in care have the same opportunities as other children and young people to achieve their potential.

The Australian Government has been working with state and territory governments to develop a set of measures to report on the impact of the National Standards in driving these improvements. A full list of the measures for the National Standards is contained in Appendix C.

Ministers agreed to a progressive timeframe through to 2015 for reporting on these measures, with further improvement and development for reporting beyond 2015 to be considered in the future. Seven of the 22 measures are reported against in this report.

Additional measures are being introduced progressively, including eight measures that will be reported on in the 2015 National Report on the views of children and young people in out-of-home care. This National Report aims to enrich administrative data by adding qualitative and quantitative information about children and young people's experiences of the out-of-home care system.

The CP NMDS also includes data on some measures for the National Standards for Out-of-Home Care.

Standard 3 of the National Standards requires that Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people. The over-representation of Indigenous children in out-of-home care is an issue of concern and is being addressed collaboratively. The ATSI CPP workshop on 20 May 2013 is one way the Australian Government, state and territory governments, the community sector and the community are working together to improve the options for Aboriginal and Torres Strait Islander children in out-of-home care and to ensure the continuation of their cultural and community connections.

The workshop provided a valuable opportunity to discuss barriers and explore opportunities to enhance the application and nationally consistent reporting of the ATSI CPP (the Principle). The workshop identified many areas for improvement, with practical actions including collaborative effort to:

- raise awareness and develop resources to support child protection workers, Magistrates and others in the judicial systems about the purpose of the Principle
- ensure that child protection concepts and the decision making process are articulated in language and with cultural sensitivity that is readily understood by Aboriginal and Torres Strait Islander families
- ensure that Aboriginal and Torres Strait Islander people entering the child protection system retain their Aboriginal or Torres Strait Islander identities and that cultural care plans are developed in consultation with the children and their families and communities
- review barriers for recruiting Aboriginal and Torres Strait Islander carers
- explore ways to measure and record the number and rate of children diverted from out-of-home care and able to stay with their families, not just those who enter care.

The workshop acknowledged that the Principle and its implementation will be part of broader work to reduce the number of Aboriginal and Torres Strait Islander children in the child protection system.

Transitioning to Independence

The Second Action Plan acknowledges the importance of supporting young people transitioning from out-of-home care to achieve secure social and economic independence and to build successful lives.

Reforms to the Transition to Independent Living Allowance (TILA), agreed in the 2013–14 Budget, come into effect 1 January 2014. TILA is a \$1500 Australian Government payment to young people leaving care, to meet some of the costs of moving to independent living. DSS and state and territory governments are working together to embed TILA into state and territory leaving care processes.

State and territory governments are delivering services to ensure that there are appropriate housing options and support for young people leaving out-of-home care.

Improving Support for Carers

Australia's child protection system relies upon people who volunteer to act as out-of-home carers. In order to provide high-quality care for these vulnerable children and improve life outcomes, out-of-home carers need assistance and support. The Second Action Plan contains several actions designed to improve support for carers.

The Australian Government, in partnership with state and territory governments, is investigating the barriers and opportunities for developing and implementing professional foster care in Australia. A final report will outline the key challenges within out-of-home care systems that professionalisation of foster care seeks to address and investigate policy options for a national professional foster care model.

The Australian Government has commenced initial work on mapping state and territory carer recruitment policies to improve opportunities, remove barriers and enable working families to become carers.

Sector Development

As a first step in progressing work on the development of a para-professional workforce, the Australian and NSW Governments will develop a paper to scope relevant issues, building on the findings of the *Who Works in Community Services* (Martin & Healy 2010) WPP and the *National Analysis of Workforce Trends in Statutory Child Protection* project (McArthur & Thomson 2012).

The Australian Government will also coordinate information gathering from jurisdictions and the community sector on initiatives planned or already underway to strengthen pathways for Aboriginal and Torres Strait Islander workers and build professional and cultural expertise in remote service provision.

Mandatory reporting schemes are critical to keeping children safe in the community. The Australian Government has provided funding to Victoria for research on mandatory reporting schemes across Australia, to identify elements that enhance their success. The Victorian Government has contracted the Queensland University of Technology (QUT) to undertake the research.

Following Ministers' endorsement, the *National Analysis of Workforce Trends in Statutory Child Protection* report (McArthur & Thomson 2012) was publicly released on 12 December 2012. The report was produced by the Institute of Child Protection Studies at the ACU. Findings from the report are informing future work under the Sector Development national priority under the Second Action Plan.

Australian Capital Territory

National Standards for Out-of-Home Care

The ACT has been developing an Out-of-Home Care Five Year Strategy. The Strategy will focus on providing long-term planning for the development of an out-of-home care sector that is better able to respond to the increasing complexities of children and young people who are entering the care system.

Transitioning to Independence

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

The ACT has established targeted youth housing and homelessness programs and services. A priority target group is young people leaving care.

The Youth Housing Program assists young people to sustain a long-term tenancy and to engage with education, employment and the community. The program specifically targets young people aged 16 to 25 who are transitioning from the Youth Community Justice System, Care and Protection or Homelessness Services.

The Youth Housing and Homelessness Services support young people across early intervention, crisis and stabilisation. The services engage young people at risk of homelessness because of family conflict and divert them from entering crisis accommodation. The young people are supported to remain in the family home or reside with natural supports as a sustainable alternative. Some young people who enter crisis accommodation are also supported to access longer-term accommodation, including private rental, social housing or transitional accommodation. The services are:

- Housing Support Service
- Crisis Mediation Service
- Emergency Accommodation Network
- Friendly Landlord Service
- Youth Identified Accommodation and Support Program
- Mentoring, Life Skills and Social Enterprise Service
- Parent Accommodation Support Program.

Housing ACT employs two youth housing managers and a team leader to engage with young people at risk. The youth housing managers work with the young people from their initial contact with Housing ACT through the application and allocation process and on to tenancy management.

Improving Support for Carers

The ACT surveyed foster carers and kinship carers throughout July and August 2013. The findings from the survey will help to develop the Out-of-Home Care Five Year Strategy. The survey will also help the department to understand the current profile of carers, including identifying who our carers are, what supports they need and whether they are receiving enough or the right training.

The ACT has commenced work to develop a national carer survey by contacting other jurisdictions to determine whether they currently issue a survey to foster carers. This information is being compiled to inform the development of the national carer survey.

The ACT has established the Kinship Care Support Team to provide support to kinship carers to achieve outcomes in the best interests of children and young people. The team also works with the Australian Childhood Foundation to assess and train carers and to provide a therapeutic program for children or carers within their home environment. The ACT has also engaged the Australian Childhood Foundation to provide therapeutic support for kinship carers. The program is called 'Side By Side'.

New South Wales

National Standards for Out-of-Home Care

NSW is undertaking a large-scale representative longitudinal study—Pathways of Care—that will follow children and young people aged 0 to 17 years entering out-of-home care on Children's Court orders for the first time. The aim of the study is to provide a robust evidence base to inform the out-of-home care service system to improve the outcomes for children and young people in out-of-home care. The study will collect detailed information about the characteristics and circumstances of children and young people on entry to care, the experiences of children and young people in out-of-home care and their life course development (socio-emotional wellbeing, cognitive/learning and physical health), to distil the factors that influence their outcomes.

FACS is implementing Practice First in CS. Practice First is a model for child protection service delivery developed within, and for, NSW. Practice First is a model in three parts: principles to unite, inspire and guide the work; structures to support decision making; and systems for intervention. Practice First emphasises the importance of relationship-based practice, a strong appreciation of context and a culture that shares decision making and supports family work. The model has been trialled at Bathurst and Mudgee Community Services Centres since March 2012 and at an additional 15 sites since December 2012. A further seven sites commenced in November 2013. Professor Eileen Munro from the London School of Economics has recently completed a review of Practice First, including its implementation and the initial impact it has had on the reasoning processes and behaviour of workers, service outputs and family outcomes to date.

A report has now been received from Professor Munro which has provided FACS with key insights about aspects of the model and its implementation that are essential to any early success and those that are critical to provide ongoing support to sites.

NSW Health and FACS(CS) continue to ensure that children and young people entering statutory out-of-home care receive the health screening, assessments and services they require, as is consistent with the National Standards.

NSW Health has procured the Nous Group to undertake a formative evaluation of the NSW health assessment, intervention and review process for children and young people in out-of-home care. The evaluation report is scheduled to be completed by October 2013.

Children and young people in statutory out-of-home care who attend a government, Catholic or independent school will have an individual education plan developed within 30 school days of the school being notified that the child or young person is in statutory out-of-home care. Their education plan is reviewed annually.

Out-of-home care coordinators from the Department of Education and Communities work with other education staff to build the capacity of teachers and schools in supporting children and young people in out-of-home care to enhance their educational outcomes.

The NSW Government is investing \$24.5 million to purchase up to 50 new properties in NSW. Half of these will be for vulnerable young people who need stability and support to transition towards independence. The other half will be for women and children escaping domestic and family violence. These properties will be located close to employment and education opportunities, services and transport. The properties will be managed by two new specialist not-for-profit housing companies working closely with the Peak homelessness bodies.

The Private Rental Subsidy for Young People (Northern Region Trial) continues to provide short or medium-term financial assistance and support services to assist young people aged 16 to 25 years in Newcastle and the Hunter. The subsidy targets young people who are eligible for social housing and are leaving out-of-home care or juvenile justice or experiencing domestic and family violence. The trial will conclude in 2013–14, and an independent evaluation will be finalised in late 2014.

Improving Support for Carers

Connecting Carers NSW continues to receive funding from FACS to provide free information, training and support to foster, relative and kinship carers across NSW. This includes a 24-hour carer support line service and training for carers on various topics relating to children's development, health and wellbeing, self-care and aspects of engaging with the care system. Connecting Carers NSW also hosts or facilitates carer conferences and events, family camps and support groups.

Supports and resources for Aboriginal carers in NSW continue to be provided through specialist Aboriginal organisations funded by FACS. This includes the Aboriginal Child, Family and Community Care State Secretariat (NSW) (AbSec) and the Aboriginal State-wide Foster Carer Support Service. These organisations support Aboriginal kinship carers and non-Aboriginal carers caring for Aboriginal children by providing:

- a foster care advice line
- carer support groups
- network opportunities
- regional and state seminars
- training and a quarterly newsletter
- representation at local, regional and state levels
- a register of Aboriginal foster and kinship carers
- advice to agencies about recruitment of Aboriginal foster carers
- an annual Aboriginal foster care conference.

A new Code of Conduct for authorised foster, relative and kinship carers was introduced by FACS in early 2013. The new Code supports the development of a positive relationship between a carer, a child or young person and the designated agency which supervises the placement. This Code recognises that the safety and welfare of children and young people in out-of-home care are best served by promoting the strength and closeness of these relationships.

The NSW Reparative Parenting Program (RPP) for carers was recently evaluated. The group program was developed by health and community services clinicians. The program aims to educate carers about the impact of trauma and attachment disruptions on the children in their care, to allow carers to reflect on their own reactions and stresses and to find strategies to better manage the children and sustain their connection to them. Evaluation findings revealed that:

- Carer stress reduced significantly during the course of the groups.
- Placement breakdown during the program was very low.
- Many carers reported significant increases in confidence in managing disruptive and aggressive outbursts, which are significantly correlated with placement breakdown.

A training process was developed to support practitioners in delivering the RPP. A total of 56 clinicians from NSW Health, FACS(CS) and community sector organisations were trained in the program and subsequently ran groups together in 17 areas in eight Local Health Networks. The RPP appears to be a cost-effective and client-friendly way of decreasing stress in carers and improving knowledge and skills.

Transitioning to Independence

New Leaving Care Planner

Youth Care United Protestant Association (UPA), Alstonville NSW

Preparing to leave care can be stressful, and many 17 year olds feel confused and nervous about what a FACS Leaving Care Plan (LCP) involves. UPA Alstonville consulted young people themselves, as well as staff and carers who help them to complete the plan, and identified a gap in the resource guide for staff and carers. We developed something totally new and tangible for young people themselves. As well as financial advice, we wanted it to contain other information and to be skills based. It targets young people from the age of 15, giving them several years of preparation time, and it is in three sections or modules—to be given to 15, 16 and 17 year olds as soon as the young person reaches each age.

Helpful information is imparted through checklists, self-assessments to measure progress, setting up appointments and attending skill and knowledge building days. As a working document, it enables the workers, carers and young people to compare over the years what skills and information they have learned. It is strengths based and builds skills and knowledge in ways that are exciting and enjoyable. The overall look of the LCP books has been redesigned to include graffiti-styled writing and pictures which are more appealing to the young people using them.

At 15 years, topics covered are:

- Living and Social Skills
- Self-Care Skills
- Relationship and Sex Education, including an appointment at SHAIDS, a Sexual Health Service, where they receive information on STIs, STDs, safe sex and contraception and a client number allowing them to return at any time for help and advice; they also receive information and support on bisexual, gay, lesbian and transgender issues at the AIDS Council of NSW (ACON)
- Drug and Alcohol Information
- Personal Safety
- Food and Nutrition, including a book containing recipes and with plenty of writing space for additional recipes and notes
- Employment Options, including how to apply for a tax file number and how to write a résumé
- ADHC Referral
- a Useful Numbers List, including Centrelink, health and legal services and Emergency numbers.

At 16 years:

- Centrelink and Youth Allowance
- Financial Independence, including a Budgeting and Savings Plan. To facilitate budgeting, savings and financial independence, we help them to set up a bank account and apply for the youth allowance. To a young person, a fortnightly payment of \$215 may seem to be a lot of money, so we support development of a savings plan where \$100 per fortnight is deposited into a second savings account in the young person's name but with a co-signatory (usually a caseworker or long-term carer). The young person has the remaining \$115 to spend. On reaching 18 years, they should have saved enough to make a large purchase, such as a car. In the four years of this scheme, only one young person has refused to participate
- Enrolling to Vote
- Getting Around—Travel and Transport, including information on how to apply for a driving test as well as 10 free driving lessons to help them pass their driving test
- Passport Application—applications are explained in case the young person intends to travel overseas with his or her carer/s
- Refreshers—Section 15 Checklists and Self-Assessments.

At 17 years:

- Leaving Care Preparation Timeline
- FACS After Care Plan
- Original Documents—including a checklist of all necessary documentation the young person needs to take possession of when leaving care and assistance to ensure that any documents not currently in our or the young person's possession are obtained and provided before the young person turns 18 years
- Housing, which places an emphasis on assisting them to apply for a 'T-number' at the Department of Housing; this is meant to help circumvent the already long waiting lists and will provide more choice if and when a place does become available
- Home Essentials—designed to give young people an idea of what they need to set up their own homes and an allocation of \$300 for buying essential items just prior to their 18th birthdays
- Future Plans
- Driving—P1 and P2
- Buying A Car
- Access to Personal File
- Access to Savings
- Legal Advice
- How to Vote
- Refreshers—Sections 15 and 16 Checklists and Self-Assessments

In addition, successful interactive programs run during the school holidays include:

- cooking days, where young people learn essential hygiene, safe food handling, safe kitchen procedures, team work, food presentation, table setting and table etiquette and are also taught to assess how to manage their food budget and to determine whether any money is left to buy additional items to enhance meals
- information days on drugs and alcohol and sex education
- Health and Hygiene
- Transport and Services, where the 17 year olds in the course take part in an 'Amazing Race' scenario challenging them to find their way to different service providers, using public transport and devising strategies to get to the destination

- a 'Job Skills' course, run over two days. The first day sees young people learn to write a résumé, find a job advertisement, write a cover page addressing essential criteria, apply for the job, learn appropriate telephone etiquette and appropriate self-grooming, research a company and put relevant information into a portfolio. Each young person is given \$50 to purchase an interview outfit and, with their completed portfolios in hand, they then travel to an interview location and discuss potential interview questions. Each person attends a mock job interview. On completion, participants receive constructive feedback. Within two weeks of the Job Skills Days course, two attendees found full-time employment. Participants said they 'felt better prepared' to find a job on their own and had 'more confidence' when knowing how to prepare, how to behave and what to say during an interview.

Mentoring and monitoring

We have engaged a mentor to work with our young people and for those old enough to have an LCP.

We monitor the progress of young people, working through their planner during the young person's and his or her carer's regular visits with the caseworker. We also identify additional supports and needs, which are discussed and endorsed during the biannual case conferences.

This process of consultation and communication has enabled Youth Care UPA to continue to refine the LCP to ensure that young people are receiving current, informative and useful information and skills relevant to them.

Other agency involvement

Around eight other agencies, both local and out of area, are currently trialling or using the LCP, and feedback is positive. Agencies, Carers and Caseworkers can be creative in using the LCP to deliver the information and can ensure that it is being utilised in the most appropriate way for each young person.

Sector Development

The NSW and Australian Governments convened an inter-jurisdictional Reference Group to explore the development of a para-professional workforce. Initial work has included an environmental scan of the child protection workforce to examine the extent to which para-professionals are currently utilised. The outcomes of this work will be shared across jurisdictions once finalised.

NSW is currently developing a 10-year Aboriginal Out-of-Home Care Capacity Building Plan, in consultation with key stakeholders.

The NSW Government is committed to transferring the majority of out-of-home care places to the community sector over a 10-year period from 2012. Ensuring sustainable growth and promoting a strong and flexible community sector is key to ensuring the needs of children and young people are adequately met. One way in which CS is supporting a seamless transfer is by improving its performance monitoring and contractual arrangements with funded service providers.

Northern Territory

Filling the Research Gaps

DCF has provided NT research expertise into the development of the Terms of Reference for 2012 projects undertaken under the National Research Agenda and will contribute to the evaluation of submitted proposals. In so doing, it has stressed the need to consider testing research in relation to indigeneity and remoteness within larger research projects related to child protection.

National Standards for Out-of-Home Care

In the Northern Territory, the ATSI CPP is enshrined in legislation. An Aboriginal Child Placement Practice guide has been developed for child protection workers, inclusive of finding family models of practice and the use of interpreters, recognising that, for many families, English is their last language. Work continues in DCF to improve consistent national data reporting of the ATSI CPP.

The proposed amendments to the *Northern Territory Care and Protection of Children Act 2007* will address permanency planning and long-term stability of care for children and young people. In the Northern Territory, the introduction of a complexity assessment tool has helped to identify the needs of a child and is utilised in the matching of children in placements. As part of the out-of-home care reforms, a central placement unit will be set up to ensure a quality and consistent approach to all matching of children and young people in out-of-home care placements.

The Northern Territory out-of-home care reform includes the development of care standards, inclusive of residential and foster and kinship care arrangements. Further, a Charter of Rights for Children in Care is being progressed. These have been built upon the National Standards for Out-of-Home Care and will enable the Northern Territory to meet its commitments to deliver full reporting on the standards in 2015.

Transitioning to Independence

DCF funds the CREATE Foundation NT to deliver the CREATE Your Future Workshop, which is a life skills training program for young people transitioning from care. Funds are also provided to Anglicare NT to deliver the 'Moving on' After Care and Brokerage Service to young people who have left care and those who are leaving care. Young people aged between 16 and 24 years are able to access the service, which provides information, assessment, referral, advocacy, support and case management.

DCF also has a partnership with the Department of Education, more effectively to engage and support children in care to obtain and sustain educational outcomes.

The Northern Territory's out-of-home care reform project includes the scoping of services required for young people transitioning from care and moving into independence.

Improving Support for Carers

The out-of-home care reform project includes a carer recruitment and support function that will address impediments and increase opportunities for working families to become carers by providing ongoing support. DCF's carer induction and training package will be ready for implementation from October 2013. Culturally supportive training methodologies are being developed to equip staff to be able to support and train carers appropriately.

Sector Development

DCF has implemented the LPS, which is an integrated framework of VET and HE qualification pathways, non-accredited courses and skill sets designed to grow the capacity of the professional and para-professional child protection workforce within the Northern Territory. The LPS focuses on developing our regional and remote Indigenous workforce, strengthening the professional stream and creating an agile workforce across the human and community services sector.

The LPS offers DCF staff learning and career pathways from the administrative (para-professional) stream to the professional stream through the vocational education system rather than the traditional HE pathway. This allows staff to earn as they learn and balance their social and cultural obligations.

In designing and implementing the LPS, a thorough consultative process was undertaken with key stakeholders, including relevant unions, staffing groups, industry skills councils and industry associations. Griffith University undertook an independent evaluation of the Vocational Graduate Certificate (VGC) in terms of its utility and viability as a preparatory qualification for child protection workers with a Diploma of Child, Youth and Family Intervention to transition to the professional stream. The Griffith study concluded that the VGC is a suitable and appropriate qualification for preparation as a professional officer.

While the design of the LPS is scaffolded so that staff can progress to higher level positions through successful completion of training, it is important to note that the LPS is not a linear pathway but one that has been designed to meet individual learning and career aspirations. An important component in the development of the LPS was the articulation of pathways between VET and HE providers that recognise and award credit for prior learning for VET and HE qualifications. For example, graduates with a Diploma of Child, Youth and Family Intervention have gained credits towards a Bachelor of Social Work. This recognises that staff may choose to follow a different training and development path to the VGC and offers staff the opportunity to follow their aspirations. This enhances the ability of our workforce to move easily across the community and human services sectors.

The LPS is supported by accredited Language, Literacy and Numeracy (LLN) training at critical junctions (for example, from Cert III to Cert IV and Diploma to VGC) to ensure that staff are properly equipped with the skills to successfully undertake and complete the course. Providing staff with this additional support reduces attrition rates, enriches learning and builds lifelong literacy skills. DCF is building collaborative relationships across the training sector with registered training organisations partnering in the delivery of qualifications and LLN accreditations. For example, Charles Darwin University (CDU) is partnering with BCA National Training Group to provide LLN support to DCF Diploma students.

The VGC is a child protection, postgraduate qualification, underpinned by on-the-job pedagogy, which prepares staff for frontline professional work. Delivery is culturally responsive, utilising inquiry-based learning with a focus on discussion, life, cultural experience and practice application.

The LPS responds to the DCF Workforce and Learning Strategy, which sets targets for the employment and capacity building of Aboriginal Territorians. It is an integrated framework of VET and HE qualification pathways which focus on developing our Indigenous workforce. Through the LPS, DCF is developing the regional and remote workforce and is in the process of developing a cultural learning framework to support the development of culturally responsive service provision.

DCF developed two self-paced learning tools providing information about universal mandatory reporting requirements under the *Care and Protection of Children Act 2007* and the *Domestic and Family Violence Act 2007*. These are currently available online for all Northern Territory Government staff, to inform their involvement with the community. In addition, NAPCAN NT provides training about the NT's mandatory reporting requirements under the *Care and Protection of Children Act 2007* and the *Domestic and Family Violence Act 2007* to a range of frontline staff in government and community sector services.

The reform of the residential care services in the community sector will include service standards and specifications benchmarked against the National Out-of-Home Care Standards for children requiring residential placements. A joint training and development approach between the community sector and DCF has been established. The Charter of Rights currently under development will be embedded in all service agreements and contracts.

Queensland

National Standards for Out-of-Home Care

Queensland currently implements the ATSI CPP to inform placement and improve outcomes for Aboriginal and Torres Strait Islander children and young people in care. The authority for the ATSI CPP is contained within Section 83 of the *Child Protection Act 1999*. When an Aboriginal or Torres Strait Islander child is placed with a carer who is not an Aboriginal or Torres Strait Islander person, Child Safety staff must, in addition to required case planning and review procedures, regularly review the child's placement in partnership with family and the Recognised Entity. They must also continue to attempt to locate a placement that complies with the hierarchy of placements outlined in the ATSI CPP.

Queensland continues to participate actively in national initiatives to address the issues impacting on the implementation of the ATSI CPP. In May 2013, Queensland co-led a national workshop on the ATSI CPP, in collaboration with the Australian Government and NSW, to enhance the application and nationally consistent reporting of the ATSI CPP. Key discussions from the workshop aligned with ongoing work within Queensland, including the need for a clear shared understanding of the intent of the ATSI CPP, which is to keep Aboriginal and Torres Strait Islander children safely within their families and communities and to reduce the number of Indigenous children in the child protection system.

In June 2012, the Queensland Government, through DCCSDS, commenced a statewide project to identify (where appropriate) persons suitable to be a child's long-term guardian where the child is in the long-term guardianship of the Chief Executive. The primary objective of the project is to enhance permanency outcomes for children subject to child protection orders. It seeks to encourage applications for orders granting long-term guardianship to the Chief Executive to be varied to grant long-term guardianship to a family member or another suitable person where possible. Since 31 March 2012, the number of children subject to long-term guardianship orders in favour of another suitable person has increased by 2.4 per cent.

Transitioning to Independence

In 2012, the Queensland Government made an election commitment to reform the transition from care program to enhance the support of young people approaching 18 years of age and to extend this support to young people up to 21 years of age.

The NPAH-funded Transition and Post Care Program – Disability provided transition and post-care support to young people aged 15 to 25 years. This program employs Transition Officers who work with young people in care, aged 15 to 17 years, to plan and prepare for their transition from care. They continue to provide support to young adults aged 18 to 25 years, after they have left care, to achieve safe and stable placements. Within this program there are 13 Transition Officers 'in government' and three in the non-government sector. In 2012–2013, this service provided support to over 335 young people leaving care or who have left care and are living in adult specialist disability support services.

The Youth Housing and Reintegration Service and After Care Services, also funded through the COAG NPAH, have been extended until 30 June 2014. The Queensland Government continues to provide the Youth Housing and Reintegration Service at six sites. This service offers case management and brokerage to assist young people aged 12 to 21 years, who are homeless or at risk of homelessness, to develop or improve their capacity to live independently and to access and maintain safe and stable long-term accommodation.

The After Care Service (statewide) is funded under the NPAH to provide brokerage up to \$3000 per annum for young people aged 17 to 21 years, who are exiting or have exited care and are homeless or at risk of

homelessness, to develop their capacity to live independently and to access safe and stable long-term accommodation.

Improving Support for Carers

Queensland participated in a panel to select a consultant to develop options for a professional carer model that can be considered for implementation nationally and to address issues such as compliance with employment awards and legislation. While there is no professional carer model in Queensland, a model of Intensive Foster Care has been funded to support children with a complex level of support needs. Delivery of the program is outsourced to the community sector. Community sector Intensive Foster Care service providers are funded at a higher rate than foster and kinship care service providers. This enables them to provide greater support and further ongoing advanced training to carers.

Key components of the program are: intensive case management, including coordination of a wide range of services to meet the child's needs; ongoing support, training and mentoring for carers; practical support (such as youth work or mentoring support); and after-hours, on-call support. The support delivered to carers differs, depending upon the service provider, funding levels, geographic location, access to other services, the strengths and needs of the children placed and the strengths and needs of carers.

Queensland encourages working people to become carers. Placement matching is undertaken at the time of placement to ensure that the carer is able to care, taking their working arrangements into consideration. Placement processes also ensure that there is no impact on the provision of care for the child, based on the child's assessed needs.

In 2012–2013, the Queensland Government conducted an awareness raising and engagement campaign for Grandparents Day (celebrated throughout November 2012). Through the campaign, over 69 000 resources were distributed across Queensland.

The Queensland Government also invested in UnitingCare to provide the Time for Grandparents program, providing respite to grandparents and grandchildren. This included free therapeutic overnight support and respite camps for over 189 grandparents and grandchildren and 646 respite activities for grandchildren. A statewide telephone number has been established to enable grandparents to receive information, advice and referrals. More than 14 132 calls were taken during 2012–2013, including 3297 calls regarding the Time for Grandparents program.

Sector Development

DCCS has an agreement with four TAFE institutes, delivering training in eight locations across the state, to provide Child Safety Support Officers with fee-free access to study for a Certificate IV in Child Youth and Family Intervention (Child Protection) and a Diploma in Child Youth and Family Intervention.

In Queensland, mandated reporting responsibilities of various professionals are identified in a number of Acts rather than being consolidated into one piece of child protection legislation. Five groups of professionals are mandatorily required to report to Child Safety Services concerns about significant harm to a child. These include:

- employees of Child Safety Services and departmental care services or licensed care services (section 148, *Child Protection Act 1999*)
- doctors and registered nurses (section 191, *Public Health Act 2005*)
- the Commissioner for Children, Young People and Child Guardian (section 25(2)(a), *Commission for Children, Young People and Child Guardian Act 2000*)
- family court personnel and counsellors (section 67ZA, *Family Law Act 1975 (Commonwealth)*).

The *Education (General Provisions) Act 2006* requires state and non-state schooling staff to make a report to police when a staff member 'becomes aware, or reasonably suspects, in the course of their employment at the school' that any of the following have been sexually abused:

- a student under 18 years attending the school
- a pre-preparatory age child registered in a pre-preparatory learning program at the school
- a person with a disability who is being provided with special education at the school and is not enrolled in the preparatory year at the school.

The Queensland Government's Child Protection Guide was developed in 2011 to assist professional reporters to identify the most appropriate referral pathway for children and families where they have identified child protection concerns. The Guide was trialled in 2012 as part of the HOF initiative. Training and support in the use of the Guide was provided as part of the trial.

The DETE Indigenous Remote Area Strategy will build on the TAFE delivery strategies under the Early Childhood Education and Care Workforce Action Plan 2010–2013. The Plan provides managed strategies to deliver training and skilling for existing workers in the children's services sector to meet legislative qualification requirements. Training is in Certificate III in Children's Services, Diploma of Children's Services (Early Childhood Education and Care) and Advanced Diploma of Children's Services. In 2012–2013, the Tropical North Queensland Institute of TAFE delivered training under this strategy to 100 participants.

DETE also has an agreement with Act for Kids under the Strategic Investment Fund (end date of January 2014) for training in Certificate III in Community Services. This initiative will provide 25 people with training and assessment services to skill existing and future workers operating Safe Houses established in four remote Indigenous communities in Cape York. Participants will be trained to meet the specialised job requirements for the smooth running of the Safe Houses.

South Australia

Enhancing the Evidence Base

SA Health–Women's and Children's Health Network (Child Protection) has undertaken a clinical analysis of the provision of forensic interviews with children under 12 from the Anangu Pitjantjatjara Yankunytjatjara (APY) lands. A unique model for this work has been developed. This differs from the mainstream model for children who are not from the APY Lands in that a longer period of time is spent with the child, aiming to build rapport and establish a relationship. There is more emphasis on the child in the context of his or her community/environment and the need to take account of cultural factors. The type and style of questions posed is different, with greater emphasis on nonverbal communication, a different approach to understanding of past/present tense, and proactive use of interpreters.

National Standards for Out-of-Home Care

The South Australian 2012–13 State Budget provided a further \$17.6 million over four years to strengthen support for children in need of out-of-home care.

DECD (Families SA) has progressed a range of initiatives pertaining to the placement of children under an Other Person Guardianship (OPG) order in 2012–2013. An OPG Advisory Panel (the Panel) has been established to review all referrals for OPG and all completed assessments. The role of the Panel is to enhance the quality of decision making and accountability in relation to complex and contentious applications for OPG and to increase the transparency and objectivity of OPG applications. The decision making process is enhanced through the inclusion of expert multidisciplinary representation on the Panel, which includes representation from the Child and Family Welfare Association SA (CAFWA-SA) and Aboriginal Family Support Services (AFSS), a Principal Psychologist and Principal Social Workers.

A pilot program has commenced, where couples who are approved adoptive parents have been assessed for long-term foster care and will potentially be assessed for OPG following a child being placed with them for two years. This has increased the number of couples potentially able to provide children with long-term care.

DCSI'S Australian Service Excellence Standards (ASES) are internationally accredited standards for community services. These have been mapped against the National Standards for Out-of-Home Care, and there is considerable overlap and potential for mutual recognition.

Transitioning to Independence

DCSI is developing *Young and Resilient: A Framework for Supporting Young People in Situations of Vulnerability*. This framework is centred upon principles of engagement that emphasise the need for tailored responses to the individual needs of young people, including those in care or experiencing accommodation challenges.

Families SA, Housing SA and Disability SA have engaged in consultation with field staff to update the Operational Protocol concerning Housing Assistance for Young People exiting Guardianship of the Minister. Regular interagency meetings will be held to plan services for joint clients and to ensure that service gaps, barriers or other systemic issues are identified and resolved.

Improving Support for Carers

The commencement of the Specialist Family Preservation Foster Care service is complementing Families SA reunification services by providing a pool of highly skilled foster carers and respite carers. While the primary aim of Specialist Family Preservation Foster Care is reunification of children and young people with their birth families, the formation of attachment with the respite foster carers will provide long-term care options in situations where family reunification efforts fail or reunification is deemed not to be in the best interests of the child or young person. The service prioritises placement of children and young people who are unable to be placed in kinship care and are on short-term orders.

Sector Development

Partnership in Practice Forums commenced in South Australia in May 2012. The Forums are a joint initiative between DECD and CAFWA-SA, the Peak body representing not-for-profit community organisations in South Australia. The series of forums, bringing together executives from the DECD, advocacy groups and community organisations providing family support and out-of-home care services, has assisted the out-of-home care sector to jointly plan the development and delivery of out-of-home care services in South Australia.

Tasmania

Enhancing the Evidence Base

CYS has entered into an MOU with the Department of Education to receive a range of educational information about students under custody or guardianship orders. This information includes data on the disability status of children, which is used to populate each child's Individual Profile Report. This report is made accessible to Child Protection staff.

The Kids Come First Project enables the comparison of Aboriginal and non-Aboriginal children and young people throughout Tasmania across a range of outcomes. This data is collected on an ongoing basis and has been used to inform a range of Aboriginal-specific programs and services.

In Tasmania, considerable resources have been dedicated to support the provision of unit record data to populate the CP NMDS. Tasmania has participated in all NMDS developmental work and will be the first

participating jurisdiction to submit unit record data to inform both the *Child Protection Australia* report and the *Report on Government Services* for 2013.

National Standards for Out-of-Home Care

A project team has been recruited which will explore options for expanding the range of placement options, including the potential outsourcing of out-of-home care service provision. Evidence-based decisions will guide the reforms, to ensure that quality and stability of care for all children are paramount in future decisions.

Tasmania is committed to working with relevant national bodies with regard to identification of benchmarks for the National Out-of-Home Care Standards. However, it is unlikely that Tasmania will be able to deliver on full reporting against all standards by 2015.

Work to scope options to manage more effectively the transfer of children and young people in child protection who relocate to a different state or territory will be progressed in 2013–14.

Transitioning to Independence

A new program, the Whitelion Youth Mentor program, will start in late 2013 and will provide young people who are preparing to leave out-of-home care with a mentor, should they want one. Whitelion is being funded to deliver this program and, once fully operational, it should be able to offer the opportunity of a mentor to all young people aged 15 and above who are preparing to leave out-of-home care. It will provide individual support to young care leavers in the program. This individual support is intended to encourage young people to remain engaged (or to re-engage) with their education and to plan for their future. Mentors will provide a stable, positive influence in the lives of young care leavers and will individually tailor their support to best help young people in the program to achieve their goals and successfully live independently when they leave care, for as long as the young person wishes or until age 25. Whitelion's program includes direct linkages into training and employment opportunities for their clients where appropriate.

CYS is participating in the implementation of the TILA reforms.

The Targeted Youth Support Service (TYSS) has been recently reviewed and was found to be providing a valuable service for vulnerable youth aged 11 to 15 in need of support with their education, accommodation and other practical living challenges, as well as providing therapeutic and emotional support where appropriate. As a result of the positive findings of this review, the TYSS program has been funded to continue operation across the state.

There is a dedicated Child Protection Worker in Southern Tasmania facilitating the Moving On program, in partnership with a community sector organisation, Kennerley Children's Home, which assists a cohort of young people leaving care.

Housing Connect is the name for Tasmania's new social housing and homelessness service system, which provides improved housing options and supports for young people leaving care. Housing Connect provides immediate assistance, assessment and intake in a single 'front door' service. Housing Connect also provides support to young people to prevent homelessness or if they become homeless. Housing Connect works with young people and their carers to provide a range of appropriate housing options.

Improving Support for Carers

An Out of Home Care Operations and Carer Support Unit has been established in CYS Operations and will manage carer recruitment campaigns. This will include the development of innovative strategies to provide

a range of supports that may make fostering a more attractive option for working families and further assist kinship carers.

Sector Development

Work is in progress on the mandatory training requirements and workforce development continuum for the entire CYS portfolio. A continuum of training across the CYS program areas has been developed, with greater collaboration across the areas with respect to joint training opportunities. A policy has been developed to streamline and capture all workforce and professional development activities taking place across CYS.

Focus areas include the following:

- Support is being provided for the professional development of Child and Family Health Nurses and to enhance the work all CYS staff undertake with clients.
- Delivery of education and training is underway, using an integrated approach to increase training opportunities and improve CYS staff's accessibility to professional development.
- QIWD has supported CYS staff in the North West to have access to the Berry Street Neurosequential Model case-based training series by Dr Bruce Perry.
- CYS has recently contracted an external facilitator to provide intensive training in the area of risk assessment, with special consideration for the 0–5 age group. Additional workshops are scheduled for CYS staff: firstly, on models of supervision in the context of the workforce, with specific reference to embedding more robust, reflective practice opportunities within the supervisory relationship; and secondly, assistance in shifting the culture across CYS from one of defensiveness to one of appreciative inquiry.
- CYS has re-established professional development relationships with Tasmania Police in the area of interviewing vulnerable witnesses, with training planned bi-monthly until the end of 2013. Work across the CHaPS/CPS and CAMHS regarding perinatal mental health is also occurring.

The QIWD team is a statewide team with staff members (Trainers, Senior Quality and Practice Advisors, CNE and Clinical Nurse Quality) across the areas. For this reason, geographical distance does not have an impact on staff training opportunities. In fact, often where there has been ample opportunity to plan, relevant service areas have been able to cover for each other in order to allow staff time out of the office to attend professional development.

QIWD team members often travel as required in order to maximise staff opportunities relating to induction training as well as activities undertaken with respect to quality appraisal processes.

Online education and e-learning is increasingly available, and information is promoted and distributed to staff via Community Express/Intranet or email.

Development of an online education directory is currently occurring within the CHaPS.

The Tasmanian Government's Partnership Agreement between DHHS, DPAC and the Community Sector Tasmania 2012–2015 provides a conceptual framework including incentives for closer collaboration between the funded sector and the state government. The recent agreement formalises a focus on consultative processes between community sector organisations and government, towards shared policies and planning to achieve better outcomes for the Tasmanian population.

A project team has been recruited to explore options to expand the range of placement options for children in out-of-home care. This will include exploring the potential for outsourcing out-of-home care to the community sector.

It is intended to develop opportunities to share information about what works for statutory child protection workers and the family support workforce, with the introduction of the Signs of Safety framework. Following training conducted in this area in 2011–12, one region (North) has started case sharing and mapping processes, which has been a valuable learning opportunity for all staff.

Victoria

National Standards for Out-of-Home Care

The ATSI CPP is enshrined in Victorian legislation and establishes a sound foundation to guide the placement of Aboriginal children in out-of-home care. Victoria is committed to exploring mechanisms to improve a child's connection to culture and genealogy and ways it can strengthen practices that seek to identify children as Aboriginal or Torres Strait Islander, should they enter the child protection system.

Victoria attended a workshop in May 2013, focused on ways to enhance the application and nationally consistent reporting of the ATSI CPP. A full report on the findings and actions arising from the workshop will be received by Ministers later in 2013 for further consideration.

As a result of the Protecting Victoria's Vulnerable Children Inquiry, an action research project (the Stability Planning and Permanent Care project) is being undertaken to identify barriers to timely resolution of stability and permanency and develop strategies to overcome those barriers.

Transitioning to Independence

In Victoria, a care and transition plan is developed for young people from the age of 15 in out-of-home care. This plan is based on the seven domains in the Looking After Children framework and is designed to identify the strategies and actions required to build the young person's independent living skills, including:

- social skills to help the young person negotiate with peers and other adults in the community
- budgeting and managing money
- managing family and other relationships
- living with people and resolving conflict
- cooking, housekeeping and self-care
- understanding the rights and responsibilities of an adult.

The Victorian *Children Youth and Families Act 2005* (section 16) establishes a requirement for young people under the age of 21 who were subject to custody or guardianship orders on their sixteenth birthday to be provided with services to support them to make the transition to independent living. These services include:

- the provision of information about available resources and services
- financial assistance
- assistance in obtaining accommodation or setting up a residence
- assistance with education and training
- assistance with finding employment
- assistance in obtaining legal advice
- assistance in gaining access to health and community services
- counselling and support.

A range of services are funded to meet the needs of young people transitioning from care:

- Springboard provides an intensive education and employment support service for young people leaving care, including intensive one-on-one support to young people who are disengaged from education,

training or employment. Springboard is provided by community-based organisations that have specialist skills supporting young people with education, training and/or employment. The model of service delivery includes

- assessment, planning and service provision that is holistic, flexible, individually tailored and responsive to the young people's needs, choices and circumstances
 - a flexible outreach approach designed to assist young people to successfully engage, or re-engage, in education, training and employment so as to prepare them for long-term sustainable employment
 - strong links with the department, residential out-of-home care providers, post-care support information and referral services and other relevant services
 - a culturally competent service that is responsive to the needs of Aboriginal young people and those from diverse cultural backgrounds.
- Zero tuition fees for accredited training (Department of Education and Early Childhood Development) provides free tuition for accredited training courses from Certificate 1 to Diploma level for young Victorians who are currently subject to custody or guardianship orders and living in out-of-home care, and those who have left care up to 22 years of age. Young people will need to meet the Victorian Training Guarantee eligibility criteria in addition to current or previous custody or guardianship orders. Non-tuition fees that are charged by training providers will still need to be paid.
 - Leaving Care Help Line (phone 1300 532 846) connects young people to their nearest post-care support program or assists with immediate issues including crisis accommodation.
 - Post-Care Support Information and Referral Services assists care leavers aged 16 to 21 years who require support in transitioning to independence. Young people receive support from a case worker as well as access to brokerage money for items such as accommodation, recreation, education and health.
 - Leaving Care Mentoring Program aims to provide young people transitioning from care with the opportunities to interact with adults in community settings and to promote personal relationships that militate against social isolation by the continuation of the friendship after the young person has left care.
 - Transitioning from Out-of-home care offers support—provided by Aboriginal Community Controlled Organisations—for Aboriginal young people who are either transitioning from care, including kinship care, or who are living independently in the community and require support.
 - Young People Leaving Care Housing and Support Initiative is a housing program that provides support for young people transitioning from out-of-home care who are at risk of homelessness, with nomination rights to a limited number of transitional housing places. The target group is young people on custody or guardianship orders in out-of-home care at risk of homelessness on cessation of their orders.

Young people leaving care are also able to access a range of supported housing options in Victoria. The Victorian homelessness system is organised under what is called The Opening Doors Framework. Opening Doors aims to provide an integrated and coordinated response by having a limited number of designated access points into the homelessness system. The purpose of these access points is to assess needs, prioritise and connect people to the services and resources they need.

All Victorian post-care support services assist young people to address housing needs as part of their support response.

Improving Support for Carers

Victoria has been exploring the option of a professional model of foster care. The basis of the model is to be able to recruit carers with requisite expertise, such as specialist skills and qualifications, and retain them as foster carers with a reimbursement commensurate with full-time employment. As part of work under the Second Action Plan, the Australian and state and territory governments have worked together to

explore the barriers and opportunities for developing and implementing professional models of foster care in Australia.

The Victorian Government is committed to investigating options for professional foster care and will continue to work with the Australian Government and the other states and territories to ensure that the development of a professional model of foster care is given the timely attention it requires.

The recently completed Child and Family Services Outcome Survey was a survey of nearly 1000 primary carers of children in Child Protection, Placement and Family Services. About 400 of the participants provided out-of-home care (kinship, foster, residential and permanent care). The primary focus of the survey was on the child's wellbeing, health and education outcomes, but carers were also asked about their service experiences.

Sector Development

DHS Victoria, with funding from the Australian Government, contracted QUT to undertake research to compare mandatory reporting schemes across Australia and report on the efficacy of schemes in protecting children.

This project aims to undertake further analysis of mandatory reporting laws within and across all states and territories of Australia as a means of strengthening the evidence base underpinning the practices of mandatory reporting. The research will commence in September 2013 and be carried out in three integrated stages:

- Stage 1 (6 weeks)—This stage will compare the mandatory reporting legislation in all Australian states and territories. Legislation will be accessed online, and a legal analysis will disclose differences in reporting duties within and across states over a 10-year period (2003–2012).
- Stage 2 (3 months)—Administrative data will be accessed from the last 10 years (2003–2012) from each state and territory child protection department to generate aggregate data concerning each type of abuse (physical, sexual, emotional) and neglect and will include
 - the number of reports made by each mandated reporter group and by other reporter groups who are not mandated to report
 - the outcomes of these reports (whether substantiated/unsubstantiated; dealt with by other means; screened out). These data will be used to describe the differences between reporting practice of different reporting groups for different types of child abuse and neglect across jurisdictions over time.
- Stage 3 (6 months)—Documentary analysis of Australian and overseas literature on legal and contextual factors affecting reporting of child abuse and neglect and existing theoretical critiques of reporting laws, using social science databases, will be undertaken in this stage.

The deliverables of the research will be a final report and presentation on the project to the Victorian DHS and DSS/NFIWG personnel.

Western Australia

National Standards for Out-of-Home Care

CPFS's revised Aboriginal Services Framework, released in December 2012, has a strong focus on the ATSI CPP, and Aboriginal Practice Leaders provide support and guidance to all District staff in identifying placements for Aboriginal children in care.

In October 2012, CPFS undertook an open tender procurement process to establish a panel of suitable service providers for the Specialised Fostering Program. The program provides therapeutic intervention for

children and young people in the care of the CEO with high to complex needs or who are part of a large sibling group. Implementation of the program commenced in February 2013, with 12 community sector service providers on the panel.

CPFS's Permanency Planning Policy, developed in 2012, seeks to address the issue of placement instability and 'drift' in care by placing emphasis on stability and permanency from the time the department becomes involved with a child and their family. The policy requires timely consideration to be given to whether children in the CEO's care can be reunified with their parent/s, or whether long-term out-of-home care needs to be put in place.

All children in care, aged 5 to 17 years, are encouraged to use the interactive online program Viewpoint during their care planning, to provide their views, wishes and experiences. This information assists CPFS to better understand and meet the individual children's needs and to improve the way the department supports children in care. Changes were made to Viewpoint, enabling questionnaires to be completed online via a Viewpoint hyperlink. This provides greater flexibility for children and young people's participation in their care planning. Viewpoint can also be completed offline via a Viewpoint laptop provided by the department.

CPFS has commenced delegating to not-for-profit organisations the case management of children in the CEO's care who are on permanent protection orders and in stable, long-term placements.

Healthcare planning for children in the CEO's care, including prioritised access to services, continues to be a focus area for child protection workers and health practitioners.

Transitioning to Independence

CPFS's planning and support for young people undertaking the transition from care to independence includes a three-phased model for leaving care for young people aged 15 to 25, development and expansion of leaving care resources and increased funding to provide leaving care and after-care support for care leavers. Initiatives include:

- partnerships with other government agencies, including the Department of Housing, to ensure that young people leaving care have access to priority housing support upon leaving care
- funding CREATE Foundation to trial 'leaving care kits' for young people in Western Australia
- providing flexible brokerage funding to community sector leaving care service providers to ensure that services are responsive to the needs of clients when they are transitioning from the care of the CEO; this includes support for engagement with education, training and employment
- waiving fees for attending State Training Providers (formally known as TAFE Colleges).

The Department of Education is completing a set of guidelines for principals and other school staff on supporting pregnant and parenting young people to continue their education.

CPFS will provide flexible brokerage funding to community sector leaving care service providers, to ensure that services are responsive to the needs of clients who are transitioning from the care of the CEO. This includes support for accommodation and other leaving care needs.

DLGC has developed a Youth Mentoring Reform Strategic Framework. The key deliverables of this Framework include identifying responses to meet the needs of young people in out-of-home care. Several of the Western Australian community sector youth mentoring agencies involved in the reform currently provide high-quality, well supported mentoring to young people in out-of-home care.

Improving Support for Carers

CPFS's Home for Life aims to provide long-term care options for those children who are unlikely to return to their homes. The program also contacts approved adoptive applicants to determine whether they would consider long-term fostering as an alternative to adoption.

DLGC's publication, *Grandfamilies*, provides information on services for grandparents caring for grandchildren.

Sector Development

CPFS has a Child Protection Workforce Model in place that:

- enables the appointment and retention of skilled people, who do not hold the required tertiary qualifications, to identified district-based child protection positions
- minimises the risk of employing people without qualifications in statutory child protection positions
- maintains the industrial integrity of the Graduate Welfare Officer specified calling
- ensures that all Social Work qualifications are assessed by the Australian Association for Social Workers (AASW), and psychologists are registered with the Australian Psychological Society (APS).

CPFS has formal learning pathways which include comprehensive induction, orientation and advanced learning for all staff, as well as supporting individual staff to qualify for specified calling positions, commencing with the Diploma of Child, Youth and Family Intervention.

The Department of Health has undertaken an evaluation of the implementation of mandatory reporting of child sexual abuse for doctors, nurses and midwives, to identify processes that support mandatory reporting and develop strategies to increase reporting. The evaluation has resulted in a number of initiatives being implemented, including a pilot child injury surveillance program, a pathway for non-accidental injuries in children under 2 years of age presenting to hospital emergency departments, and targeted medical and forensic assessment education and training in identifying and recognising child protection issues.

DLGC facilitated training in Certificate III in Early Childhood for Aboriginal staff working in the Aboriginal Early Years Best Start program.

CPFS's Aboriginal Learning and Development Strategy will be reviewed annually and updated using an evidence-based approach to identification of the vocational and training needs of Aboriginal staff.

The new Remote Services Framework will build upon work already undertaken and focus on increasing the cultural and professional expertise of staff working in remote communities.

WA Police have developed and implemented improved training for Specialist Child Interviewers based on leading international research, which indicates that the most accurate child testimony maximises the narrative in child interviews. It is accessed online, increasing its availability to regional and remote areas.

DLGC is working with the Department of Education to provide training and mentoring through the Rural Indigenous Professional Learning initiative to facilitate the introduction of the Early Years Learning Framework in care and education services and Best Start playgroups.

CPFS will work in partnership with Challenger TAFE to raise awareness about family and domestic violence among staff and students and build the capacity of the organisation to support people experiencing or perpetrating violence. Challenger TAFE provides a number of training programs for the resources industry.

Since 2007–08, CPFS has increased the number of out-of-home care placements it provides by 115 per cent. CPFS continues to explore opportunities for building the capacity of the community sector that provides out-of-home care, including the transfer of family group homes the department previously operated to the community sector and the expansion of community sector funded foster care services in regional WA.

CPFS has a People Development Framework in place to ensure that staff have access to appropriate learning and development opportunities. Within the ‘upskill’ stream of the Framework, a Festival of Learning and a Signs of Safety Gathering are held annually to showcase best practice and ‘what works’ within the department. The Festival of Learning is scheduled for November 2013 and the third Signs of Safety Gathering for November 2013.

Other Supporting Actions

CPFS further integrated its Signs of Safety Child Protection Practice Framework during the year. This followed a comprehensive review, covering the application of the principles and disciplines, into the CPFS’s child protection assessment, investigation and intervention work, as well as its case planning and reunification processes.

The increase in the rate of children coming into care in WA has been slowed significantly to less than 6 per cent through the use of the Signs of Safety approach to child protection.

A review of the *Children and Community Services Act 2004* was undertaken, including a review of the mandatory reporting of child sexual abuse provisions. The review examined the operation and effectiveness of the Act, and the Report of the Legislative Review of the *Children and Community Services Act 2004* was tabled in Parliament in November 2012.

Measuring progress

Child protection resubstantiations

Indicator 4.1: Rate of children aged 0–17 years who were the subject of a child protection resubstantiation in a given year

Resubstantiation rates are a broad indicator of the recurrence of abuse, neglect or harm to children. Resubstantiations capture cases that have been reported to the state and territory departments responsible for child protection. Note that cases of resubstantiation do not necessarily imply that child protection agencies have failed to protect children from repeated abuse, because 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.

Resubstantiation data capture children who were the subject of a substantiation in the previous financial year, who were subsequently the subject of a further substantiation within the following 3 or 12 months. The year reported relates to the year of the original substantiation.

Of all children who were the subject of a substantiation in 2010–11, 7 per cent had a subsequent substantiation within three months, and 17 per cent had a subsequent substantiation within 12 months. Similar patterns were found in 2008–09 and 2009–10.

Table 18: Children who were the subject of a resubstantiation within 3 and/or 12 months, 2008–09 to 2010–11

Subject of a resubstantiation within 3 months	2008–09	2009–10	2010–11
Number of children	2657	2197	2214
Proportion of children	7.2	6.4	6.7
Subject of a resubstantiation within 12 months	2008–09	2009–10	2010–11
Number of children	6403	5326	5691
Proportion of children	17.3	15.6	17.1

Notes

1. Children who were the subject of a resubstantiation are those who were the subject of a substantiation during the reference period (regardless of the date of notification), who were also the subject of at least one subsequent notification within the following 3 or 12 months, that was subsequently substantiated. The year reported relates to the year of the original substantiation. The proportion is of all children who were the subject of a substantiation in the year reported.
2. Disaggregation by Indigenous status was not available.

Source: AIHW Child Protection Data Collections.

Placement stability

Indicator 4.2: Proportion of children aged 0–17 years exiting out-of-home care during the year who had 1 or 2 placements

Children in planned, stable out-of-home care placements tend to have better learning and psychosocial outcomes than children experiencing instability. Several characteristics are associated with placement disruption, including children with health and behavioural problems, older children, birth families from socially and economically marginalised ethnic minorities and children in non-kin placements (NSW Department of Community Services 2007).

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. It is not desirable for a child to stay in an unsatisfactory or unsupportive placement. Also, older children are more likely to have multiple placements as they move towards independence and voluntarily seek alternate placements (SCRGSP 2013).

In 2011–12, nearly two-thirds (63 per cent) of children exiting out-of-home care had one or two placements during the time they were in care, and most (85 per cent) had four or fewer placements. The out-of-home care experience was less stable for the 15 per cent of children exiting care who had five or more placements; of this group, most were in care for two years or more. Comparisons between Indigenous and non-Indigenous children exiting out-of-home care showed very similar patterns.

Table 19: Children exiting out-of-home care in 2011–12^(a), by number of different placements and Indigenous status

All Children							
Number of different placements	1	2	1–2 subtotal	3	4	5+	Total
Length of time in out-of-home care							
1 month to < 6 months	17.4	5.3	22.7	1.6	0.5	0.2	24.8
6 months to < 1 year	6.7	4.4	11.1	1.9	0.7	0.4	14.1
1 year to < 2 years	5.2	4.5	9.6	2.8	1.8	1.6	16.0
2 years to < 5 years	5.0	4.8	9.8	3.8	3.1	5.4	22.1
5 years or more	5.5	4.4	9.9	2.9	2.4	7.8	23.0
Total children	39.7	23.4	63.1	13.1	8.5	15.4	100.0

Indigenous Children			1–2				
Number of different placements	1	2	subtotal	3	4	5+	Total
Length of time in out-of-home care							
1 month to < 6 months	17.2	5.9	23.1	2.2	0.5	0.3	26.0
6 months to < 1 year	4.7	5.1	9.8	1.6	0.9	0.3	12.6
1 year to < 2 years	4.8	4.9	9.6	3.5	2.4	2.1	17.7
2 years to < 5 years	5.3	3.8	9.1	5.1	3.3	6.1	23.5
5 years or more	4.1	3.8	7.9	2.8	2.2	7.2	20.1
Total children	36.1	23.5	59.6	15.2	9.2	16.0	100.0
Non-Indigenous Children^(c)			1–2				
Number of different placements	1	2	subtotal	3	4	5+	Total
Length of time in out-of-home care							
1 month to < 6 months	17.1	4.9	22.1	1.3	0.4	0.1	24.0
6 months to < 1 year	7.5	4.1	11.6	2.0	0.6	0.4	14.7
1 year to < 2 years	5.3	4.3	9.7	2.6	1.6	1.4	15.2
2 years to < 5 years	4.8	5.3	10.1	3.3	3.1	5.1	21.6
5 years or more	6.1	4.7	10.8	3.0	2.5	8.2	24.5
Total children	40.9	23.3	64.2	12.3	8.3	15.2	100.0

(a) Excludes WA.

(b) 'All children' includes children whose Indigenous status was unknown.

(c) 'Non-Indigenous children' excludes children whose Indigenous status was unknown.

Note: Percentages in tables may not add to subtotals or totals due to rounding.

Source: AIHW Child Protection Data Collections.

Literacy and numeracy

Indicator 4.5: Proportion of children on guardianship and custody orders achieving at or above the national minimum standards for literacy and numeracy

Children in the care of child protection services generally have low educational performance compared with their peers. This could be a reflection of the abuse or neglect they may have experienced, as well as the influence of their socioeconomic circumstances. Numerous studies have found that children in care perform more poorly at school than other children, showing poorer school grades, lower scores on standardised tests, developmental delays, higher rates of special education placement and being held back a grade, behavioural and disciplinary problems, and higher absenteeism, truancy and drop-out rates (AIHW 2007; Osborn & Bromfield 2007).

Some proxy data are available from an AIHW data linkage project which examined 2003–2006 state and territory test results, equated to national benchmarks for reading and numeracy (AIHW 2011c). In 2008, standardised national testing was introduced (the National Assessment Program – Literacy and Numeracy), which will allow more flexible analysis for future data linkage work in this field.

Between 2003 and 2006, the proportion of children on guardianship and custody orders achieving national numeracy benchmarks varied across years and grades but, overall, decreased by Year 7. There was more variation among the proportions achieving national reading benchmarks, with a general decrease in Year 5 before an improvement in Year 7. For example, in 2005 among Indigenous students on orders, reading benchmark achievement was 67 per cent for Grade 3 students, 37 per cent for Grade 5, and 55 per cent for Grade 7. A similar pattern was found among other students on orders (78, 61 and 72 per cent respectively).

Between 2003 and 2006, the proportion of Indigenous children on guardianship and custody orders achieving national reading and numeracy benchmarks was significantly lower than that of other children on orders. For example, in 2006 among Grade 3 students, 45 per cent of Indigenous students achieved the numeracy benchmark compared to 75 per cent of other students.

Table 20: Proportion of children on guardianship/custody orders achieving the national reading and numeracy benchmarks, by Indigenous status, 2003 to 2006

		Indigenous Australians Per cent	Indigenous Australians 95% CI	Indigenous Australians Sample size	Other Australians Per cent	Other Australians 95% CI	Other Australians Sample size
Reading Benchmark 2006	Grade 3*	70.2	61.3–78.2	121	83.1	78.8–86.8	360
	Grade 5*	47.0	38.9–55.3	151	63.6	58.8–68.1	428
	Grade 7*	43.5	34.9–52.4	131	67.9	63.3–72.3	424
Reading Benchmark 2005	Grade 3	67.2	57.9–75.7	116	78.7	73.9–82.9	338
	Grade 5*	36.8	28.4–45.9	125	61.0	56.0–65.9	385
	Grade 7*	55.0	46.0–63.8	129	72.2	67.6–76.5	403
Reading Benchmark 2004	Grade 3	83.2	75.2–89.4	119	86.0	82.2–89.3	387
	Grade 5*	50.0	40.4–59.6	112	66.6	61.5–71.4	365
	Grade 7	66.0	55.7–75.3	97	79.3	74.6–83.4	352
Reading Benchmark 2003	Grade 3*	63.0	53.1–72.1	108	78.8	74.2–83.0	354
	Grade 5	53.8	44.9–62.6	130	64.9	59.8–69.8	365
	Grade 7*	57.1	46.3–67.5	91	72.4	67.8–76.7	413
		Indigenous Australians Per cent	Indigenous Australians 95% CI	Indigenous Australians Sample size	Other Australians Per cent	Other Australians 95% CI	Other Australians Sample size
Numeracy Benchmark 2006	Grade 3*	45.3	36.5–54.3	128	75.0	70.2–79.4	364
	Grade 5*	45.0	36.9–53.3	151	64.0	59.3–68.5	433
	Grade 7*	27.3	19.9–35.7	132	53.9	49.0–58.8	421
Numeracy Benchmark 2005	Grade 3*	59.0	49.5–68.0	117	77.5	72.7–81.8	346
	Grade 5*	49.2	40.3–58.2	128	69.5	64.6–74.1	377
	Grade 7*	39.7	31.1–48.8	126	56.1	51.1–61.0	401
Numeracy Benchmark 2004	Grade 3*	58.9	49.7–67.6	124	75.4	70.8–79.6	386
	Grade 5*	46.2	36.9–55.6	117	70.3	65.4–74.9	377
	Grade 7*	35.8	26.2–46.3	95	52.9	47.5–58.2	346
Numeracy Benchmark 2003	Grade 3	62.8	53.2–71.7	113	75.7	70.9–80.0	362
	Grade 5*	45.9	37.2–54.7	133	70.8	65.9–75.3	380
	Grade 7*	29.8	20.8–40.1	94	58.2	53.3–63.0	416

- Notes
1. Includes all children in the study population who had the test score data required to calculate achievement of the national benchmarks (that is, sat test, exempt). Data only include children on guardianship/custody orders attending government schools in the five participating states (Victoria, Queensland, WA, SA and Tasmania).
 2. Asterisks indicate statistically significant differences between the proportions of Indigenous and non-Indigenous children achieving the national benchmark.
 3. 'Other Australians' includes children whose Indigenous status was unknown.

Source: AIHW 2011c.

Leaving care plans

Indicator 4.6: Proportion of children aged 15–17 years who have a leaving care plan

Historically, young people leaving out-of-home care and making the transition to independent living have been considered one of the most vulnerable and disadvantaged social groups. Research has also shown that these young people do not have the level of support (emotional, social and financial) available to most young people in their transition to adulthood, and that this transition occurs at an earlier age and in a more abrupt manner than it does for young people of the same age in the general population (Osborn & Bromfield 2007).

A leaving care plan (also called a transition from care plan) is developed in preparation for a young person's exit from out-of-home 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).

At 30 June 2012, an estimated 77 per cent of young people aged 15 years and over had a current and approved leaving care plan (based on data from Victoria, Queensland and Western Australia only).

Table 21: Young people aged 15 years and over who have a current and approved leaving care plan, at 30 June 2012

Indigenous status	Per cent
Indigenous	74.0
Non-Indigenous	78.1
All young people^(a)	77.0

(a) 'All young people' includes children whose Indigenous status was unknown.

Note: Reported numbers are based on data from Victoria, Queensland and Western Australia only. These data were provided for national reporting for the first time in 2012. Data only include children who are required by jurisdictional policy/legislation to have a current and approved leaving care plan.

Source: AIHW Child Protection Data Collections.

Cross-sector clients

Indicator 4.7: Proportion of child protection clients aged 0–17 years who enter juvenile corrective services or seek assistance from homelessness services

Research shows that there are relationships between homelessness, child abuse and neglect, and criminal activity among young people. For example, there is evidence that children who have been abused or neglected are more likely to be involved in crime and more likely to experience homelessness than those who have not (National Youth Commission 2008; Prichard & Payne 2005; Stewart, Dennison & Hurren 2005). However, information on the extent of multiple-sector involvement and the pathways of young people through these services is limited. Some proxy data from a recent linkage project are available to allow interim reporting on this indicator.

An AIHW data linkage project examined multiple-sector involvement among young people in three community sector data collections: SAAP (superseded by the SHS Collection in 2011), the Juvenile Justice National Minimum Data Set (JJ NMDS), and child protection notifications and substantiations in Victoria and Tasmania (AIHW 2012c).

This research found that young people involved in one of the homelessness, juvenile justice and child protection service systems were more likely than those in the general population to experience multiple-sector involvement. Around 1–2 per cent of the general population receives homelessness services each

year. However, almost 15 per cent of those under juvenile justice supervision received homelessness services in the year before their most recent supervision, and 8 per cent received services in the year after. Similarly, 6 per cent of those who were the subject of a child protection substantiation received homelessness services the year before their most recent substantiation, and 7 per cent in the year after. Around 1 per cent of Australians aged 16 to 17 are under juvenile justice supervision each year. However, more than 10 per cent of those who received homelessness support as an adult had a history of supervision (AIHW 2013c).

Although the findings should be interpreted with caution (as they are based on data for limited years and the child protection data are for only two states), the results highlight the possibilities for future data linkage work in these sectors.

Chapter seven: Outcome 5-Indigenous children are supported and safe in their families and communities

Indigenous children are supported and safe in strong, thriving families and communities to reduce the over-representation of Indigenous children in child protection systems. For those Indigenous children in child protection systems, culturally appropriate care and support is provided to enhance their wellbeing.

Overview

There is one national priority under the Second Action Plan against Outcome 5: Closing the Gap. It aims to ensure that Indigenous families and communities are in a position to provide their children with the safe and supportive environments they need to reach their full potential.

The actions taken by each jurisdiction under this national priority, including other associated supporting actions, are described in detail below.

There is one indicator, discussed further at the end of this chapter, to measure progress towards Outcome 5:

- Placement of Indigenous children.

Australian, state and territory government activities

Australian Government

Closing the Gap

Significant progress has been made on the Cross Border Project (the Project) by Western Australia, South Australia and the Northern Territory to develop practical solutions to tri-border practice issues with the assistance of the ACU.

Progress includes the establishment of a Cross Border Operational Group comprising senior operational managers from Western Australia, South Australia and the Northern Territory, to drive practical reforms in child protection cross-border practice. Work has also progressed on identifying strategies to enable cross-border recognition of carer assessments. There is a commitment from the three jurisdictions to develop practice-based 'minimum standards' for kinship care assessments across the three jurisdictions.

To enhance practitioners' understanding, the existing Interstate Protocols' Operational Procedures have been reviewed to include important information about child protection practice in the APY Lands. Practice issues have also been included in local child protection orientation programs.

Child protection officers' authorisation to exercise mandated child protection functions under each jurisdiction's legislation stops at the border. Reciprocal delegation arrangements across borders in

emergency situations will be explored, and consultations are expected to occur within and across the jurisdictions.

The Project has enhanced awareness and knowledge across the three jurisdictions of respective legal, operational and practice issues that will help towards reform and practice improvements and inform further joined-up approaches to cross-border child protection. There is also potential for this work to inform best practice in other cross-border areas.

The Australian Government has commenced analysis and scoping work to identify state and territory strategic directions and current or planned initiatives to build the capacity of Aboriginal and Torres Strait Islander organisations through partnerships with mainstream providers.

Capacity building of community sector Aboriginal and Torres Strait Islander organisations is a key element of the SCfC initiative. The Capacity Strengthening Unit (CSU) is working with Aboriginal and Torres Strait Organisations in the SCfC sites across the Northern Territory. A key component of the capacity initiative is to conduct a health check with each organisation that will lead into the development of a workplan to address organisation-identified gaps in areas such as governance, human resources, financial management, management systems and legal and regulatory compliance. Organisational profiles and the preparedness to have open and honest dialogue will be pivotal in building a sound working relationship with the organisations.

In addition to the health check, CSU will assist in the provision of resources and tools to enable the organisations to meet the objectives of their strategic plan and deliver high-quality services. A Quality Service Support Panel has also been established to work alongside the SCfC Facilitating Partner organisations to assist them in the development of a local community board structure, development of an integrated service plan and monitoring of, and support for, the Facilitating Partner organisation to contribute to the achievement of the SCfC aims and objectives.

Mapping work has commenced within the Australian Government to identify state and territory strategic directions and current or planned initiatives to encourage Aboriginal and Torres Strait Islander people to work in the child protection system.

Indigenous workforce participation in child protection and family support was identified as a priority consideration at the ATSICPP and Indigenous Leaders workshops.

Aboriginal employment targets are identified as part of the Stronger Futures in the Northern Territory Package. This includes specific targets for each of the elements under the Child, Youth, Family and Community Wellbeing Package (CYFCWP) Implementation Plan, including the SCfC program. As one strategy to support organisations to meet the targets for the CYFCWP, SCfC pre-employment training will be rolled out in SCfC communities from 2013–14. This training is intended to develop a pool of skilled local Aboriginal workers and increase the capacity of individuals to work across the various roles in the child and family sector.

Australian Capital Territory

Other Supporting Actions

In the ACT, the Gungahlin, Belconnen and Tuggeranong CFCs have engaged with the Aboriginal and Torres Strait Islander community to provide input into the development of programs. A wide range of community-building activities have been implemented, based on advice and input from Aboriginal and Torres Strait Islander children, parents and the community. The activities supported include:

- weekly women's group
- weekly kids' group
- Adult First Aid Program and swimming lessons
- professional development—Indigenous Triple P, Indigenous Mental Health First Aid, Core of Life, Murray Chapman Speaker Series
- cultural excursions and self-care workshops
- art and craft workshops for women's group and kids' group
- dance workshops for kids' group
- community celebrations and events
- mentoring, for example, by Raiders (Rugby League team)
- economic participation, engaging local Aboriginal people to facilitate workshops/groups.

Further, one child protection worker is currently co-located at all three CFCs, to focus on Aboriginal and Torres Strait Islander children, young people and families. This ensures that Aboriginal and Torres Strait Islander families who are coming to the attention of CPS can be serviced within the community.

The Aboriginal and Torres Strait Islander Services Unit (the Unit) continued to administer the Integrated Service Delivery for Aboriginal and Torres Strait Islander Families Program. This program involves a multidisciplinary team working with Aboriginal and Torres Strait Islander families to provide intensive support across multiple areas of need, including health, education, social and wellbeing services. The amount of time families engage with the program varies. Some families require short-term engagement (a few months), while other families require ongoing and sustained intervention.

The Unit has played a key role in assisting Care and Protection Services staff in the development and implementation of care plans, including cultural plans for Aboriginal and Torres Strait Islander children and young people in the care of the Director-General. The Unit also provided Cultural Plan training, and staff assisted in the delivery of two training sessions during the year.

The ACT has begun transition work to establish a stand-alone Office for Aboriginal and Torres Strait Islander Affairs in the Community Services Directorate. The change aims to drive better outcomes for some of our most disadvantaged Aboriginal and Torres Strait Islander families through a more coordinated and whole-of-government approach to the delivery of services.

Under the new arrangements, Aboriginal and Torres Strait Islander people will have more say in shaping the programs and services that assist them to participate in our community. A key feature of the way the new Office will operate is that it will work more closely with members of the Aboriginal and Torres Strait Islander Elected Body and other relevant community organisations, as well as individuals from the local Aboriginal and Torres Strait Islander community.

New South Wales

Other Supporting Actions

Protecting Aboriginal Children Together (PACT) is a model of consultation using selected Aboriginal organisations to work with Aboriginal communities and provide timely advice to FACS caseworkers to determine the most appropriate ways of keeping Aboriginal children and young people safe in accordance with the ATSI CPP. PACT is being trialled in two locations in NSW: Moree and Shellharbour. Shellharbour commenced operations in April 2012 and Moree in November 2012. Local Implementation Groups have been established with PACT services to support local implementation.

Care Circles are part of the NSW Government's commitment to improving the wellbeing of Aboriginal families through better meeting their needs in the Children's Court. The program aims to encourage more

culturally appropriate decision making and care plans for Aboriginal children and families. Compared to the usual court process, the culturally comfortable and supportive environment of Care Circles aims to make care proceedings less daunting and distressing for the families involved. Care Circles also provide opportunities for greater mutual understanding between Community Panel members, participating families, CS staff, Magistrates and other legal representatives. Care Circles continue to operate in Nowra, with the program also expanded to Lismore in late 2011.

The Aboriginal Child Youth and Family Strategy (ACYFS) is a FACS(CS) prevention and early intervention strategy designed to support Aboriginal families expecting a baby or with children aged up to 5 years, to assist these children to have the best start to life and skills for life and learning at school entry. ACYFS service delivery is flexible and targeted to the needs of local Aboriginal communities.

In 2012–13, FACS(CS) funded approximately 60 community sector services across NSW to deliver a suite of initiatives and services. These included the ACYFS parenting books (Growing Up Strong series), supported playgroups, family worker services, parenting programs, community capacity-building activities and partnership and network activities that aim to build capacity and connection in the service system.

Aboriginal Intensive Family Based Services (IFBS) provide time-limited, home-based, intensive support for Aboriginal families where children are at risk of entering care due to child protection concerns or are already in care with a restoration plan in place. FACS(CS) currently manages seven IFBS sites, at Bourke, Campbelltown, Casino, Dapto, Mt Druitt, Newcastle and Redfern. There are another four IFBS sites currently being piloted under Keep Them Safe, in Wagga Wagga, Wyong, Kempsey and Clarence Valley. Approximately 60 IFBS managers and caseworkers participated in intensive Homebuilders® training to build on their behavioural intervention, teaching and motivational interviewing skills.

The Aboriginal CFC Program is an initiative under the Indigenous Early Childhood Development National Partnership Agreement (IECDNP). Under the IECDNP, the Australian Government committed \$74 million from 2008–09 to 2013–14 to NSW to establish nine Aboriginal Child and Family Centres (ACFC). Progress on the establishment of the nine NSW Centres is on track, in line with the Australian Government/NSW Implementation Plan.

Key achievements for 2012–13 include commencement of construction in all locations (Mount Druitt, Minto, Ballina, Gunnedah, Nowra, Toronto, Lightning Ridge, Brewarrina and Doonside); practical completion and handover of Gunnedah (Winanga-Li) and Ballina ACFCs; and Winanga-Li (Gunnedah) opening ceremony—the first of the Centres to be officially opened. Interim services have continued to be delivered from temporary premises in all locations (except Gunnedah).

IECDNP Mental Health Drug and Alcohol Services (IECDNP MHDAS) provide prevention and early intervention mental health and drug and alcohol services for pregnant Aboriginal women and their families accessing selected existing Aboriginal Maternal and Infant Health Services (AMIHS) in NSW.

Eight specialist MHDASs are operational across NSW, providing prevention and early intervention services to Aboriginal pregnant women, their partners, families and communities. MHDASs are co-located, and being delivered in partnership, with AMIHS, which facilitates service continuity and ease of access for clients. Feedback at Aboriginal community focus groups identified that this one-stop shop approach was particularly valued by participants and, further, that the services provided were respectful of culture and delivered in a culturally safe environment.

There were over 45 AMIHS sites delivering services in more than 80 locations across NSW in 2012–13. These services are delivered through Local Health Districts (LHD) and by a number of Aboriginal Community Controlled Health Organisations (ACCHO). The program aims to:

- increase access to antenatal care before 14 weeks gestation
- reduce the mortality rate of Aboriginal infants each year
- reduce low birth weight and prematurity
- reduce the rate of smoking during pregnancy
- reduce alcohol and other substance use during pregnancy.

AMIHS clients are also referred to smoking cessation programs, mental health and drug and alcohol programs and early childhood services, including Building Strong Foundations for Aboriginal Children, Families and Communities.

Northern Territory

Closing the Gap

In the Northern Territory, DCF has taken the lead on improving practical, cross-border coordination activities to enhance child protection activity, with a primary focus on responding to the safety and wellbeing of children. This work has been undertaken in conjunction with Western Australia and South Australia.

DCF supports the Indigenous Employment Program (11 quarantined positions) and the National Indigenous Cadet program as entry pathways into a career in child protection. Through an MOU with CDU, DCF also provides fully funded undergraduate scholarships specifically attracting Indigenous students to professional child protection work. A cultural supervision framework is being developed to support Indigenous workers within child protection, positioning DCF as an employer of choice for Aboriginal Territorians.

Queensland

Closing the Gap

The *Child Protection Act 1999* provides that, if a child in care moves interstate, and a similar order could be made under the law of the other state or territory, a child protection order may be transferred to that state or territory. An order may also be transferred to Queensland. Queensland also has information sharing processes in place with other jurisdictions. The processes cover situations where information is received about a child who lives in another state or territory, or a family with whom the department has been working moves to another state or territory.

The Queensland Aboriginal and Torres Strait Islander Human Services Coalition (the Queensland Coalition) was established in 2008. It is a network of more than 100 Aboriginal and Torres Strait Islander community-controlled human service providers. The Queensland Coalition promotes reforms ensuring the delivery of comprehensive, effective and integrated human services to Indigenous people and has implemented a number of one-off projects, for example, capacity building to improve service delivery for Indigenous clients.

In 2012–2013, DCCSDS allocated \$376 229 in one-off funding to the Queensland Council of Social Service (QCOSS) to support the Queensland Coalition. The funding helps to provide targeted support to mainstream human service providers and Indigenous-managed organisations to improve outcomes for Aboriginal and Torres Strait Islander peoples. Queensland Coalition achievements for 2012–13 include:

- developing a guide to using a program logic approach for Indigenous organisations as part of promoting integrated service delivery
- supporting QCOSS Homelessness Community Action Planning Officers on Aboriginal and Torres Strait Islander engagement

- working with Uniting Care through their change management process to improve service delivery to Aboriginal and Torres Strait Islander people
- conducting Learning Together, Leading Together, an accredited training program and a community of practice in association with the Sunshine Coast Institute of TAFE to support and develop Aboriginal and Torres Strait Islander leadership.

DCCSDS continued the Indigenous Scholarship Program. This program provides Indigenous Child Safety Support Officers with a scholarship to undertake relevant studies and meet Child Safety Officer qualification requirements. One scholarship recipient is continuing with studies.

The Indigenous Cadetship program is a joint program with the Australian Government Department of Education for Indigenous tertiary students to receive study, book allowances and 60 days' paid work placement in their host department. The department has 12 active Cadetship recipients and another four recipients who have deferred their study.

DCCSDS funds Aboriginal and Torres Strait Islander Family Support Services (ATSIFSS) to provide intensive support to Indigenous families. The aim is to reduce the over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system. DCCSDS conducted a review of the ATSIFSS from February to June 2013, to assess the efficiency and effectiveness of the Family Support Program. The review was conducted in consultation with Indigenous service coordinators. The outcomes of the review will be used to further improve support for Indigenous children and their families.

Since July 2008, Cape York Welfare Reform (CYWR) has been operating under a tripartite agreement between the Australian and Queensland governments and the Cape York Institute for Policy and Leadership (CYI). CYWR currently operates in the Cape York communities of Aurukun, Coen, Hope Vale and Mossman Gorge and aims to restore social norms and reduce levels of welfare dependency, social dysfunction and economic exclusion in these communities. CYWR has been extended until the end of the 2014 calendar year.

The Family Responsibilities Commission (FRC) operates in the four CYWR communities to reinstate local Indigenous authority by employing Indigenous Elders and leaders as local commissioners who contribute to decision making. The FRC aims to establish positive social norms by attaching behavioural obligations to the receipt of welfare payments. CYWR also provides a number of self-help programs in the trial communities to contribute to the safety of children, including:

- It Takes a Village to Raise a Child (a component of the Social Responsibility Stream of the CYWR trial) has adapted the Triple P Parenting Programs for remote Cape York community conditions. This has been managed by the not-for-profit organisation Cape York Partnerships (CYP) since September 2010. The program is delivered by local Aboriginal and Torres Strait Islander staff, who provide a diverse range of family engagement activities under various initiatives, such as Strong Families and Baby College, which promote the benefits of positive parenting to ensure that Indigenous children get the best possible start in life.
- Strong Families is a structured program initiative for children and families who are either referred, or at risk of being referred, to the FRC, or for those families who volunteer to participate in the initiative. The principal focus of the initiative is to improve the potential for children in protection to return to safe and functional homes where parents are fulfilling their responsibilities. Participants are actively case managed by program staff, and the initiative includes intensive one-on-one support in the home, education in positive parenting techniques and integrated behaviour management. This provides parents with the framework to enable them to fulfil their parental responsibilities, including maintaining the safety of their children.

- Baby College (inspired by a project of the same name run by the Harlem Children’s Zone) builds on the existing capabilities of parents. It provides a ‘college’ enabling impending parents to socialise and prepare for the birth of their child with an emphasis on antenatal and postnatal health. Parents are also given the skills to lay the foundations for the positive early development of their children.
- The Ending Family Violence Program (EFVP), delivered by the FRC, is a culturally specific program designed for Indigenous offenders. The EFVP consists of 10 sessions, usually facilitated twice a week in sessions lasting two hours. It focuses on several key areas, including: identifying the nature of violence in families; the links between alcohol use and violence in families; awareness of the consequences of violence; identifying how violence can be prevented; and developing a relapse prevention and management plan to establish positive lifestyle choices. Clients of the program have advised that it provides useful practical guidance to reduce violent behaviours and negotiate challenging situations.

South Australia

Closing the Gap

CAMHS provides mental health support services to the APY Lands Communities, some of which are Lands-based. Workers meet with local communities, services and schools to develop partnerships and to build the capacity of services and communities to support children and young people.

Sexual Health Information, Networking and Education SA (SHine SA) is delivering two programs funded under the IECNPA Agreement. Both programs aim to improve health and wellbeing outcomes for Aboriginal young people and their communities by building the capacity of the community and workforce to develop culturally appropriate solutions and by promoting respectful relationships and improved sexual health literacy.

- The Investing in Aboriginal Youth program works with young Aboriginal people, communities and workers within health, education and the community sector within identified rural, remote and metropolitan Aboriginal communities. The program coordinates and provides training programs and projects to improve relationships and sexual health literacy among Aboriginal young people.
- The Aboriginal Focus Schools Program aims to increase the capacity of school principals, teachers, Aboriginal Community Education Officers and parents in Aboriginal communities to promote and improve the sexual health literacy and wellbeing of Aboriginal students in rural and remote areas. This includes the planning, implementation and evaluation of programs for teachers and Aboriginal Community Education Officers.

There are 17 priority schools, plus seven additional schools, successfully engaged in the Aboriginal Focus Schools Program, and 20 community groups are actively engaged in the Investing in Aboriginal Youth program.

DECD (Families SA) holds regular information nights to enable community engagement with local Aboriginal populations. These informal meetings are used to provide information regarding Families SA services and any upcoming employment opportunities and to encourage the local community to apply for positions. One region also has a more formalised community engagement group. In country areas across South Australia, informal networks are successfully utilised to encourage Indigenous people to work in child protection and family support.

Other Supporting Actions

DECD (Families SA) has developed a Residential Care Practice Guide—Working with Aboriginal and Torres Strait Islander children and young people. The purpose of this guide is to provide staff with comprehensive guidance in ways that will forge positive cultural connections and a sense of identity for Aboriginal children and young people in their care. This practice guide is supported by a Standard Operating Procedure which extends the professional development staff receive from their foundation training in Aboriginal Cultural Sensitivity and Respect.

Tasmania

Closing the Gap

CHaPS provides outreach services to Aboriginal organisations through the placement of a child and family health nurse within the Tasmanian Aboriginal Service and the South East Tasmanian Aboriginal Corporation.

Aboriginal families are also encouraged to access mainstream universal services and clinics. When appropriate, Aboriginal families may also be referred into secondary and tertiary mainstream services. This option is often utilised by those families identifying as Aboriginal but preferring to remain outside the Aboriginal-specific service system.

There are no specific strategic directions to encourage Aboriginal and Torres Strait Islander people to work in the Tasmanian child protection system. However, DHHS has some broader strategies, including scholarships for Aboriginal students, to encourage participation in a health or human services-related field. The scholarship aims to address the under-representation of Aboriginal people in health professions and other health and human services-related occupations. There are three scholarships awarded each year, with a total maximum value of \$5000 per year of study, up to a maximum value of \$15 000 for each scholarship.

Tasmania's Family Support Operational Framework recognises that further development of culturally specific services may contribute to a reduction in the over-representation of Aboriginal people in the child protection and out-of-home care service systems. The framework installs a requirement that services will seek to identify and refer clients identifying as Aboriginal or Torres Strait Islander to dedicated Indigenous support service providers for culturally sensitive service provision, or liaise with Indigenous organisations around appropriate care plans if no funded service is available or delivers service to the region. This requirement is operationalised via service Funding Agreements.

The employment of Aboriginal staff and strong Indigenous community engagement are key features of the implementation and ongoing operations at the Indigenous-focus CFCs at Bridgewater and Geeveston. The Bridgewater centre (Tagaria Lia) was officially opened in July 2012, and the Geeveston centre (Wayraparattee) was officially opened in August 2013, although services were offered to the community in temporary settings prior to the official building opening.

A new Model of Care for the Child Protection Service has identified key strategic directions for working with Aboriginal organisations and clients. This includes recommendations to build strong relationships with Aboriginal organisations and communities, culturally sensitive intervention by CPS, appropriate placement of Aboriginal children in out-of-home care and appropriate support for Aboriginal young people transitioning from the child protection system into adult life.

Victoria

Closing the Gap

DHS is working closely with the Victorian Aboriginal Child Care Agency (VACCA) on a project to explore the detailed operational and broader organisational capacity development requirements for implementing provisions in the Victorian legislation for authorising Aboriginal agencies to assume responsibility for Aboriginal children subject to protection orders.

Western Australia

Closing the Gap

DSS undertook a tri-border project with child protection agencies from Western Australia, South Australia and the Northern Territory, aimed at improving coordination and practice arrangements among the three states. A report outlining the outcomes of the project and proposed future actions is being finalised. A regional managers' group will continue to meet on a monthly basis to discuss and resolve cross-borders practice issues.

WA Police, CPFS and the NPY Women's Council share reported incidents of family and domestic violence (with and without children) that occur in remote areas.

The WA Police and CPFS worked collaboratively on Operation Deagon in the Goldfields and Operation Reset in the Kalumburu community, responding jointly to child protection concerns where criminal offences involving children may have occurred, as well as providing community education on a range of child protection issues. As these operations will conclude in late 2013, both agencies are involved in identifying and planning for the next region subject to a regional child protection operational response, to commence in 2014.

In many of the department's contracting arrangements made with Aboriginal organisations for the provision of local services, there is a clear expectation that strong links will be forged through partnerships with mainstream agencies.

CPFS developed and launched two key strategies aimed at encouraging Aboriginal people to work in child protection and family support. The Aboriginal Recruitment and Retention Strategy involves a holistic approach from recruitment through to employment, focusing not only on encouraging new people to join the department, but also on retaining and supporting current Aboriginal staff. In addition, CPFS's Aboriginal Learning and Development Strategy focuses on providing a supportive environment for building skills, capacity and career opportunities for Aboriginal staff within the department.

In June 2013, the state government provided new funding of more than \$31 million to continue critical services to improve the health and wellbeing of Aboriginal West Australians under the Closing the Gap program.

Other Supporting Actions

The Department of Health is implementing the WA Health Aboriginal Cultural Learning Framework 2012–2016. This Framework draws together three focus areas in which to prioritise activity: Aboriginal Workforce, Cultural Learning and Aboriginal Leadership.

Through the development of the Aboriginal Men's Health Strategy, the need for primary health assessments for young Aboriginal men was identified. To address this gap, Aboriginal Health, in partnership with the WA Football Commission (WAFC), trialled the delivery of health assessments for young men at the 2013 Nicky Winmar Cup Football Carnival.

A Brighter Future for Jez

Jez (not her real name) is a 37-year-old Aboriginal woman with a history of an abusive birth family and who was in a relationship where she suffered domestic violence. Understandably, Jez had depression and anxiety, was not attached to her new baby and had poor parenting skills, serious trust issues with authority and no positive support in the Aboriginal community. She was also using alcohol to excess.

Jez was referred to Brighter Futures by the Aboriginal Maternal Infant Strategy (AMIS) Midwife when her youngest child, the only one of four children still in her care, was 4 weeks old. Jez was given an Aboriginal case worker, and a supported referral was made with the AMIS midwife, who had Jez's trust. The case worker used her knowledge and understanding of the cultural issues around Aboriginal history and trauma to establish rapport in a respectful manner, ensuring that the client was comfortable in her own surroundings and ready to engage collaboratively in working for change.

The tools used for the Assessment were the North Carolina Family Assessment Scale (NCFAS) and the Family Self-Assessment (FSA). The FSA allowed Jez to identify what support she needed and to be actively involved in the processes of case planning.

The case worker identified Jez's strengths—how honest she is about her issues with trust, how well she is looking after the baby, how clean the home was for the baby, how beautiful the baby was, how she asked for and accepted support from the caseworker. The caseworker believed that Jez could not attach to her children because she had never been shown how. No-one had supported or guided Jez in ways to parent her children. The interventions were paced, as Jez had not come to terms with any grief, loss, historical trauma and experiences, and she was not able to process a lot of decisions relating to change.

Conflict with her local community could not be resolved, and Jez made the decision to move out of the area. The caseworker worked with the state Department of Housing to get priority housing for Jez and supported her practically in the move and through ongoing counselling with a psychologist to address her issues of grief, loss and trauma healing. Jez met other Aboriginal mothers in the new area and has started up her own playgroup in her back yard; she has undertaken a child care course at TAFE and has already completed 50 hours of work placement at an Aboriginal preschool. Her child now attends child care, and the caseworker reports significant growth in attachment between Jez and her child and improvement in the physical care of her child. Jez's oldest son now lives with her, and Jez remains alcohol free.

This practice story highlights the way Brighter Futures, along with Government partners, is committed to building and sustaining relationships that lead to positive changes for children, young people, families and communities, while ensuring that the child and young person is at the centre of service practice. It highlights the need to work respectfully, acknowledging the strengths of the family members and working with them to make their decisions work for them.

Measuring progress

Placement of Indigenous children

Indicator 5.2: Proportion of Indigenous children aged 0–17 years in out-of-home care placed with extended family or other Indigenous caregivers

The ATSI CPP states that the preferred order of placement for an Aboriginal and/or Torres Strait Islander child who has been removed from his or her birth family is with:

- the child's extended family
- the child's Indigenous community
- other Indigenous people.

Only if an appropriate placement cannot be found from the three groups can an Indigenous child be placed with a non-Indigenous carer. This principle has been endorsed by all states and territories in Australia. The ATSI CPP is an acknowledgement of the damaging impact of past practices of cultural assimilation and forced removal of Aboriginal and Torres Strait Islander children from their families, resulting in mutual grief and trauma and the loss of important cultural links and cultural knowledge (HREOC 1997).

At 30 June 2012, just over two-thirds (69 per cent) of Indigenous children in out-of-home care were placed with relatives/kin or other Indigenous caregivers. Placement with Indigenous relatives/kin was most common (38 per cent). Similar patterns were seen between 2010 and 2012.

Table 22: Indigenous children in out-of-home care at 30 June, by Indigenous status and relationship of carer, 2010 to 2012

Carer type	2010 Number	2010 Per cent	2011 Number	2011 Per cent	2012 Number	2012 Per cent
Indigenous relative/kin	4633	40.6	4803	39.0	5047	38.2
Other Indigenous caregiver	2001	17.5	2055	16.7	2169	16.4
Other relative/kin	1412	12.4	1657	13.5	1866	14.1
Total placed with extended family or other Indigenous caregiver	8046	70.5	8515	69.2	9082	68.8
Other caregiver	3370	29.5	3788	30.8	4122	31.2
Total	11416	100.0	12303	100.0	13204	100.0

Notes

1. This table does not include Indigenous children who were living independently or whose living arrangements were unknown.
2. Percentages in tables may not add to 100 due to rounding.
3. Family group homes and residential care are reported under 'other caregiver'.

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

Chapter eight: Outcome 6-Child sexual abuse and exploitation is prevented and survivors receive adequate support

Children are protected from all forms of sexual exploitation and abuse through targeted prevention strategies, and survivors are supported by the community, and through specific therapeutic and legal responses.

Overview

The National Priorities under the Second Action Plan against Outcome 6 are designed to increase awareness and prevention of child sexual abuse. These National Priorities are:

- Working with Children Checks
 - This aims to continue improving WWCCs across jurisdictions.
- Responding to Sexual Abuse
 - This explores 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.

The actions taken by each jurisdiction under these National Priorities, including other associated supporting actions, are described in detail below. At the end of this chapter is a discussion of the two indicators which measure progress to Outcome 6, namely:

- Sexual abuse substantiations
- Child sexual assault.

The last year has seen a growing focus on the impact of sexual abuse of children, through ongoing investigations in several jurisdictions and through the continuing work of the Royal Commission into Institutional Responses to Child Sexual Abuse, inquiring into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse and related matters.

Australian, state and territory government activities

Australian Government

Responding to Sexual Abuse

Childhood sexual abuse is associated with a range of negative outcomes, including mental health problems. The Australian Government funded Adult Survivors of Child Abuse (ASCA) to develop practice guidelines to better support the mental health needs of adult survivors of childhood trauma. The guidelines have been completed and are available online at the [ASCA](#) website.

The Australian Government is also funding a number of community organisations to help increase society's awareness of the impacts of childhood sexual abuse and find ways of preventing it. These include:

- Bravehearts, for *Ditto's Keep Safe Adventure Show*, a live 30-minute production, aimed at children from preschool to Grade 3, that teaches children strategies and skills to stay safe in a range of situations from sexual assault to bullying

- NAPCAN, for National Child Protection Week, an annual campaign developing multimedia, visual and text resources to increase awareness and understanding of the importance of primary prevention in dealing with the challenges of child abuse and neglect in Australia.

The Australian Government, through DSS, is undertaking research into the scope of current services available in Australia to support survivors of child sexual abuse, following the announcement of the Royal Commission into Institutional Responses to Child Sexual Abuse. This research will provide an important evidence base to ensure that support systems meet the needs of survivors, including those participating in, or impacted by, the Royal Commission process. The research is examining:

- current evidence on the therapeutic and support needs of survivors
- how support needs differ for groups such as Indigenous survivors, men, care leavers and CALD groups
- best-practice interventions and systems which ensure that survivors' needs are met most effectively.

The Australian Institute of Family Studies has been funded by the Australian Government to undertake a research project on *Prevention and Early Intervention in Child Sexual Abuse*, to inform future preventative approaches to child sexual abuse. An expert panel including academics, community service organisations, practitioners and Australian and state and territory government representatives has been established to inform the research. The final research paper will be completed in early 2014.

Responding to reports of the serious misuse of online social media in Indigenous communities, the Australian Communications and Media Authority's (ACMA) Cybersmart Program has developed and piloted a cybersafety education package for Indigenous Australians through a series of community workshops in Western Australia.

A key objective of the pilot has been to upskill community members, agency workers, students, teachers and police, using a train-the-trainer model. The training involved increasing participants' knowledge and capacity relating to online safety issues, reporting options for social networking sites and possible legal implications of online behaviour. Two further pilot workshops are planned for 2013–14.

Work is also currently underway to develop an Indigenous portal for ACMA's Cybersmart website, with a range of cybersafety content for Indigenous audiences. Cybersmart Networking, an online interactive program teaching safe social networking to school students, has also been customised for Indigenous audiences and will be piloted in WA and NSW schools through the remainder of 2013.

The Australian Government is developing an issues paper on the sexualisation of children. This paper will provide an overview of the origins of the sexualisation of children in the Australian context, discuss the range of views on this issue and look at domestic and international policy responses developed to address it. The paper aims to enhance understanding of community concerns about the sexualisation of children and how it is impacting on Australia's children and young people. A working group comprising academics and members of the Coalition has been established to assist with the development of the paper.

Understanding Trauma

ASCA, an organisation supporting traumatised abuse survivors, has developed and piloted a flexible, two-day training package for workers (1 day), volunteers (½ day) and managers (½ day) within community services. The training had elements common to all and particular to each group. Four pilots were completed, in Sydney, Perth, Hobart and Launceston, during February and March 2013. One hundred workers, 28 volunteers and 27 managers attended the training.

Unresolved complex trauma (repeated intentional extreme interpersonal trauma—abuse in all forms, neglect, domestic violence, parental mental illness, substance abuse) is very common in children, young people and families. Many staff are also affected. Yet most community services staff are not trauma informed. They receive no information or training on traumatic stress, its impacts and effective strategies for working with trauma survivors and families.

Trauma-informed services and organisations understand the vulnerabilities and/or triggers of trauma survivors and can make services and programs more supportive and effective. This minimises re-traumatisation for clients and vicarious traumatisation of staff, along with staff burnout. Trauma-informed practice promotes collaboration, partnership, cooperation and linkages between services.

Trauma-informed practice, a new paradigm, affects all aspects of service delivery and applies to all staff, paid and unpaid, from frontline, reception and administrative to senior management. ASCA's training appraised each attendee and service/organisation of five key principles of trauma-informed practice: safety, trustworthiness, choice, collaboration and empowerment. Their implementation into each service, practice and role was workshopped to optimise the process. The training also workshopped sensitivity to diversity: gender, ethnicity, age, indigeneity, socioeconomic status, sexual orientation.

Overseas studies have established that implementation of trauma-informed practice increases staff trauma awareness and sensitivity, changing service cultures to enhance safety and confidentiality. Trauma-informed, integrated services are cost-effective, with improved outcomes, including, for workers, enhanced skills, greater collaboration with consumers and greater client self-efficacy. Supervisors report more collaboration within and outside agencies, improved staff morale, fewer negative events and more effective services.

Before the workshops, only 50 per cent of workers had heard of trauma-informed practice; one-third had some prior knowledge; the rest were not sure. After training, almost 99 per cent of workers could clearly see the benefits of trauma-informed care. Over 90 per cent felt that the training had helped them to reflect on their work and their interactions with clients. Over 96 per cent were clear about the benefits of trauma-informed practice for staff and clients. Almost 92 per cent were clear about the principles of trauma-informed practice.

Before the training, only 58 per cent of managers had heard of trauma-informed care; 33 per cent had not; the rest were not sure. Those with and without prior knowledge of trauma-informed principles were evenly spread, at 45.8 per cent for each group; the rest were unsure. After training, 100 per cent of managers were clear about the benefits of introducing trauma-informed care; 100 per cent were clear about the importance of embedding trauma-informed principles across all aspects of service delivery; 77 per cent felt that the four-step process for introducing and monitoring trauma-informed practice in their service was helpful; 23 per cent were not sure.

Australian Capital Territory

Working with Children Checks

In the ACT, the Working with Vulnerable People background checking scheme was established in November 2012 under the *Working with Vulnerable People (Background Checking) Act 2011*. The scheme establishes mandatory minimum checking standards that apply to all people working across activities involving children or vulnerable people.

The Working with Vulnerable People Scheme commences operation in a staged approach, depending on the type of activity or services a person performs (both paid employment and voluntary). For the first year, the priority is on all employees and volunteers who provide regulated activities and services to children up to the age of 18 years. The ACT is working with its service providers to ensure that all relevant staff and volunteers are registered.

Other Supporting Actions

The ACT has specialist counselling services for children and young people who are abused and neglected. Specific sexual assault services are provided through funded agencies, such as the Canberra Rape Crisis Centre, the Thomas Wright Institute and the Child at Risk Health Unit (CARHU), which provide more generic services and individual therapists with expertise. All these services are readily accessible to residents of Canberra. The Canberra Rape Crisis Centre provides a free sexual assault counselling service for adult survivors. Counselling is provided in a range of delivery modes, including one-to-one consultation, telephone counselling and group sessions.

Outreach sessions are made available to individuals who have difficulties with access to transport or who require sessions outside business hours. The Canberra Rape Crisis Centre also has a dedicated men's service—Service Assisting Male Survivors of Sexual Assault. This service offers counselling and support to men over the age of 16 in the ACT and surrounding region, and their supporters, to recover from the effects and impacts of sexual assault or childhood sexual abuse.

The Canberra Men's Centre also provides counselling for men, their partners and their families, including counselling following sexual assault. This low-cost counselling service is provided through individual case management. Outreach support is available to eligible men who require ongoing support.

CARHU provides medical assessments, counselling and consultancy for children and their families where children have been sexually, physically or emotionally abused or neglected and/or have experienced domestic violence. In addition, the Women's Health Service can provide counselling and information for non-offending family members.

The Forensic and Medical Sexual Assault Care service at Canberra Hospital also provides forensic and medical sexual assault care to people who have been sexually assaulted. Services include:

- health assessment, screening and medical management of acute injury and sexually transmitted infections
- psychological support for the acute and ongoing needs of sexual assault survivors
- Forensic and Medical Sexual Assault Care, which works closely with the Canberra Rape Crisis Centre that provides a 24-hour on-call service
- Forensic and Medical Sexual Assault Care clinical staff, who conduct forensic medical examinations, maintain chain of custody procedures, prepare legal reports and present evidence in court in the role of the expert witness as required.

In June 2013, the ACT Government announced new funding to establish a Trauma Recovery Service for children in care as part of the 2013–14 ACT Budget. The service will be operational by 1 July 2014.

New South Wales

Working with Children Checks

A new WWCC was introduced in NSW from June 2013. This new check is more robust, provides better protection for children and is more efficient for both employers and workers. The new check also provides clearer results, in the form of either a clearance to work with children for five years or a bar against working with children. Adults convicted of sexual offences or serious violence offences against children and other adults, and determined to be a high risk, will be barred from working with children. For the first time, a person's full criminal record will be able to be considered. The new check will also allow for continuous monitoring of new NSW criminal and disciplinary records.

The NSW Joint Investigation Response Teams (JIRT) form an integral part of the joint investigation response for children and young people affected by sexual assault. JIRTs are made up of child protection caseworkers, police and health professionals who undertake joint investigations of child protection matters. JIRTs link the risk assessment and protective interventions of FACS(CS) with the criminal investigation conducted by police and the therapeutic services of NSW Health.

Seven full-time equivalent (FTE) specialist Aboriginal child sexual assault counselling positions have been established in priority locations in the Illawarra Shoalhaven LHD, South East Sydney LHD, Western Sydney LHD and Hunter New England LHD. These positions provide individual counselling and group work, as well as support groups and workshops (to raise awareness and training on child sexual assault, prevention, reparation or healing), in collaboration with other services and the Aboriginal communities.

NSW Health's New Street has currently expanded into a network of services at:

- New Street Sydney, based at North Parramatta—for referrals from LHDs in Sydney and a 'satellite' service in the Central Coast
- Rural New Street Hunter New England, based at Tamworth (2008) and Newcastle (2010)—for clients in the Hunter New England LHD
- Rural New Street Western, Dubbo (June 2011)—for Western and Far West LHDs with four outreach circuits to Bourke, Walgett, Lightning Ridge and Goodooga.

Each New Street service site has an FTE Aboriginal identified position, with a total of four FTE Aboriginal identified positions.

The Approved Counselling Scheme is administered by Victims Services, which is part of DAGJ. It offers up to 22 hours of free counselling to eligible victims of crime. In 2012–13, more than 1205 children, 16 years old and younger, and 97 young people aged 17, applied for counselling.

Trauma-informed practice training for frontline staff is being developed by DAGJ Victims Services in conjunction with FACS, CSNSW, the Education Centre against Violence (NSW Health) and the Mental Health Coordinating Council, to provide staff with skills to work sensitively with inmates who have experienced complex trauma.

Northern Territory

Working with Children Checks

The Northern Territory participated in inter-jurisdictional discussions on the ongoing operation and effectiveness of WWCCs. The NT has maintained in-principle support for implementation of the WWCC national exemptions project but flagged that the exemption-related amendments were tied to broader reform of the WWCC provisions in the NT, which was not yet underway. A targeted project in advance of the broader reform was proposed, designed to amend and streamline aspects of the *Care and Protection of Children Screening Regulations*, including introducing the nationally consistent exemption for certain people to work across state borders for up to 30 days. It is anticipated that the new regulations will be operational during 2013–14.

Responding to Sexual Abuse

The Mobile Outreach Service Plus (MOS+) provides counselling, professional development for community-based staff and community education in preventing, and responding to, trauma from child abuse and neglect, including sexual assault. Community education is effective for raising the awareness of the community of ways to prevent and respond to trauma from child abuse and neglect. MOS+ ensures cultural safety in the delivery of counselling through the cultural advice of the Aboriginal Therapeutic Resource Officer, who is partnered with a qualified counsellor.

In the Northern Territory, the Ruby Gaea Darwin Centre Against Rape provided an education program in Darwin High Schools, specifically targeting prevention of sexual violence and development of respectful relationships.

Queensland

Responding to Sexual Abuse

The Queensland Government's DCCSDS Sexual Abuse Specialist Support Team provides the following services:

- capacity building for Child Safety staff, with a focus on foundation training modules, training modules for practice leaders and conduct of Complex Case Clinics
- capacity building for service providers for clients of Child Safety, notably foster and kinship carers, including training modules and direct one-on-one assistance and support; and residential care providers, including training and forums, Complex Case Clinics and discussion and support in relation to individual children and young people
- involvement in stakeholder processes, including all partners working with children, young people and families who are clients of Child Safety
- the provision of case-specific advice and recommendations to staff of the department, key stakeholders and members of the public
- direct support to members of the public.

In 2012–2013, the Queensland Government through DCCSDS allocated \$2.941 million for the delivery of 10 sexual abuse counselling services across Queensland, to address the range of issues arising from sexual abuse. The services provide a mix of therapeutic and family-based supports and assessment and individual case plans that are responsive to the individual needs of children and young people living in out-of-home care, who have experienced sexual abuse or present with problem sexual behaviour, and their families or carers. The service also has some capacity to support carers and non-offending family members as well as children not requiring intervention. In one case, a service provider has been working with a mother concerning protective behaviours and, as a result, the child will soon be returning home on a permanent basis, approximately one year ahead of schedule.

Evolve Interagency Services (Evolve) is a collaborative partnership between DCCSDS, Queensland Health and DETE. In 2012–2013, DCCSDS (Child Safety) allocated \$26.722 million to Disability Services and Hospital and Health Services to deliver the Evolve program. Evolve provides therapeutic and behaviour support services for children and young people on interim and finalised child protection orders granting custody or guardianship to the Chief Executive who have severe and complex psychological and behavioural problems. The service is tailored to the level of need of children and young people and may include strategies to address the complex trauma experienced from past sexual abuse, to improve their emotional and mental health wellbeing. The Evolve Behaviour Support Services also delivers an Early Interventionservice for children with a disability who have complex behaviours and support needs, and are at risks of being relinquished for families by providing intensive family centred services in managing the complex needs of their child.

From 1 July 2012 to 31 March 2013, 930 children and young people with complex or severe needs, including those who have experienced trauma from past sexual abuse, accessed Evolve services. The Evolve program outcomes found a significant improvement in the overall wellbeing of these children and young people, including increased placement stability, educational engagement and community participation and decreased challenging behaviour.

The Queensland Government has also developed the Interagency *Guidelines for Responding to People Who Have Experienced Sexual Assault*, through an interagency group comprising representatives from key government and community sector agencies. The guidelines are intended to outline key principles and a best-practice framework when working with people who have experienced sexual assault, including children and young people who have been sexually abused.

DCCSDS established the TRC Program in 2009 to assist young people in care (aged 12 to 15 years at the time of referral) in dealing with relational, behavioural and emotional issues. TRC aims to decrease the risk of placement instability, support reconnection with family and their community, and develop the skills and behaviours required to successfully transition to less intensive forms of out-of-home care.

Therapeutic counselling and support to the young people in each TRC service is provided by Evolve Interagency Services. While an evaluation of the implementation of the TRC Program has been undertaken, an evaluation of the outcomes for the young people referred to the TRC services was delayed until such time as all four TRC services had been operational for a reasonable period. The last TRC service to begin operation has now been operating for over 12 months. Preliminary discussions have begun with Evolve Interagency Services on an outcome evaluation.

Queensland hosted the Second National TRC Workshop in Brisbane on 11–12 October 2012. It was attended by over 360 participants from across all jurisdictions. A key theme for the workshop was identifying best practice in TRC. Other themes were working with the education sector, the role of clinicians in residential care, responding to sexualised behaviours and transitions to other models of care or adulthood. It also included mechanisms for future evaluation and ongoing development of services. Feedback from both government and community sector participants was very positive.

Ministers have agreed that future directions in therapeutic responses to sexualised behaviours will be determined by CYCSPRWG later in 2013.

South Australia

Working with Children Checks

South Australia has participated in inter-jurisdictional discussions aimed at strengthening national consistency and effectiveness of WWCCs through the WWCC working group and the Exchange of Criminal History Information for People Working with Children project implementation committee.

The phasing in of criminal history assessment requirements for people working with or around children or their records in prescribed positions continued during 2012–13. During this period, information about establishing child-safe environments, including the requirement to conduct criminal history assessments, was provided to affected organisations and individuals in South Australia through a number of pathways, including information sessions, website information and the delivery of child-safe environments: reporting child abuse and neglect training. The phasing in of criminal history assessments for people working with children will be complete by the end of 2013.

Responding to Sexual Abuse

DECD (Families SA) Residential Care has developed a practice guide and training module for Residential Care to increase understanding and guide practice responses to sexualised behaviour in children and young people. Collaborative strategies, involving Residential Care, Families SA Psychological Services and multiple health agencies, are being used to maximise support for children and young people who have been sexually abused and/or demonstrate concerning sexualised behaviour.

Yarrow Place Rape and Sexual Assault Service provides an intensive therapeutic and mobile service to young people over 12 years of age, under the Guardianship of the Minister, who have complex care needs. The service has been established in response to the difficulty these young people experience engaging in mainstream therapeutic services. The aim of the therapeutic care team is to support the young person to increase a sense of safety and reduce the risks of sexual exploitation and absconding from care. The care model is a relationship-based approach whereby key people involved in the young person's life work as part of a therapeutic care team to support the young person. The young person is also a member of the therapeutic care team, and her or his views are essential to decision making.

DCSI, through the Family and Community Development Program, funds three programs which work with survivors of child sexual abuse. These programs include professional counselling and support for parents of children who have been sexually assaulted. Additional strategies include:

- information sessions for groups of non-offending parents and professionals
- network meetings for workers who are counselling and supporting children who have been sexually assaulted, and their parents.

SA Health Child Protection Service, through its Sexualised Behaviour Treatment Program, provides consultation and training to both government and community services, including health services and child protection services. Specialised training in relation to trauma and child abuse is also provided to government and community agencies, including hospital emergency departments and other health services, DECD and Victims of Crime Service.

Tasmania

Working with Children Checks

Through a COAG decision, Tasmania committed to the development of a nationally consistent approach to background checking and risk assessment for people intending to work with children. This includes the implementation of a national framework for inter-jurisdictional exchange of criminal history for people working with children.

Tasmania is in the process of making the legislative and administrative changes necessary to support participation in the national exchange of criminal history information for people working with children and is establishing a centralised screening unit. Tasmania will also extend background checking and risk assessment to people working with vulnerable people, with screening for working with children to be implemented first. A Bill facilitating this has been tabled and was passed in the House of Assembly on 14 November 2013.

Responding to Sexual Abuse

Medical management and forensic assessments for children and young people 0–17 years of age with suspected/alleged sexual abuse are managed by the paediatric sexual abuse care service in Southern Tasmania. The service comprises four paediatricians on a 24-hour roster, supported by experienced nursing staff. Referrals are accepted from general practitioners, Child Protection and police, via phone calls through the hospital switchboard for direct contact with the rostered paediatrician on call for the week.

Peer review meetings are held monthly with Paediatrics, Police and Child Protection to discuss cases, notifications and other related matters.

Tasmania has strengthened provisions under the *Criminal Code Act 1924* to protect young people by limiting the circumstances where honest and reasonable mistake as to a young person's age can be raised as a defence.

- Mistake as to age can no longer be raised in relation to a sexual offence against a young person who is under 13 years of age.
- For mistake as to age for a young person between 13 and 17 to be found honest and reasonable, the accused must have taken all reasonable steps to ascertain the actual age of the young person, and the mistake must not be one made as a result of self-induced intoxication of the accused.
- The mistake as to age provisions will still apply where there is a similarity in ages between the young person and the accused, but not in any case where the young person is under 13 years of age.
- For the crime of maintaining a sexual relationship with a young person, which requires proof of an unlawful sexual act against a young person on at least three occasions, up to two unlawful act/s committed outside Tasmania can be considered, provided those acts would constitute an unlawful sexual act in the state within which it was committed and also under Tasmanian law.

These amendments to the *Criminal Code Act 1924* came into effect on 8 October 2013.

Victoria

Working with Children Checks

Victoria is a representative on the recently reconvened WWCC working group.

Responding to Sexual Abuse

The 2012–13 State Budget allocated \$20 million over four years to establish three additional multidisciplinary centres (MDC). These centres co-locate police, sexual assault support and child protection to provide a rapid and coordinated intervention to sexual assault or child abuse. The three additional sites will commence from 2013–14 in Dandenong, La Trobe Valley and Ballarat. MDCs are currently operating in three locations (Frankston, Mildura and Geelong).

The 2012–13 State Budget allocated an addition \$7.3 million over four years to expand treatment places for children and young people (aged up to 15 years) displaying problem sexual behaviour or sexually abusive behaviour. An evaluation of this work has been undertaken and is currently being considered.

Western Australia

Working with Children Checks

A statutory review of the *Working with Children (Criminal Record Checking) Act 2004* was tabled in Parliament in September 2012. The Review's recommendations are currently being considered.

Responding to Sexual Abuse

Youth Axis is a new youth mental health program that outreaches to adolescents and youth with mental health problems, including psychosis and complex trauma, focusing on engagement and short-term intervention and assistance in transitioning to other services.

The Department of Education has developed culturally and linguistically appropriate workshops for Aboriginal and Torres Strait Islander Education Officers on child protection and protective behaviours.

Through Operation Reset Kalumburu, training was provided in relation to protective behaviours for children, mandatory reporting, Constable Care (Child Safety Foundation), mental health, first aid and drug/alcohol awareness.

DLGC hosted two seminars (one for practitioners and the other for parents) on the impact of sexualised media and advertising on the wellbeing of children and young people. The seminars included presentations by Professor Elizabeth Handsley from Flinders University and social commentator Ms Jane Caro.

Other Supporting Actions

DLGC held a number of seminars regarding cybersafety in Broome, Albany and Bunbury, with presentations by Mr Greg Gebhart from ACMA and Ms Kate Hadwen from Edith Cowan University.

The Department of the Attorney General will introduce the *Criminal Code Amendment (Child Sex Offences) Bill 2013 (WA)* to expand the application of Western Australia's criminal law to protect children from sexual predators both within and outside of WA and to ensure a consistent approach to state and Commonwealth legislation covering child sex tourism. The bill will also expand the definitions of electronic material with regard to protecting children from exposure to indecent matter.

Measuring progress

Sexual abuse substantiations

Indicator 6.1: Rate of children aged 0–17 years who were the subject of a child protection substantiation for sexual abuse

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 maintaining adult relationships, mental health problems including depression and anxiety, substance abuse, and violent and sexual offending later in life (AIHW 2012a).

Other types of abuse and neglect are generally viewed as a symptom of family dysfunction and parenting problems. Sexual abuse is different, with multiple types of potential perpetrators. These include adult family members of the child, adults in a position of power or authority over the child (such as a teacher or doctor), adults with no familial or authority relationship to the child, adolescent or child family members, and non-familial adolescent or child perpetrators (Price-Robertson, Bromfield & Vassallo 2010).

The data provided for this indicator only represent cases of sexual abuse reported to departments responsible for child protection. Instances of sexual abuse by family members other than parents/guardians and by non-family members are generally only included where there has been a finding of a failure to protect by the parent/guardian. When interpreting these data, it should be noted that, if a child was the subject of more than one type of abuse or neglect as part of the same notification, the abuse and/or neglect reported is the one considered by the child protection workers to cause the most harm to the child.

In 2011–12, 4801 children were the subject of substantiated sexual abuse, a rate of 0.9 per 1000 children. The rate of substantiated sexual abuse was five times higher for Indigenous children than non-Indigenous children (3.9 and 0.7 per 1000 respectively).

Table 23: Children aged 0–17 years who were the subject of a substantiation, by type of abuse or neglect and Indigenous status, 2011–12

	Indigenous children Number	Indigenous children Rate	Non-Indigenous children Number	Non-Indigenous children Rate	All children Number	All children Rate
Physical	1829	7.6	5845	1.2	7980	1.6
Sexual	935	3.9	3574	0.7	4801	0.9
Emotional	3303	13.7	10220	2.1	14024	2.8
Neglect	3990	16.6	6519	1.3	10936	2.1
Total	10058	41.9	26183	5.4	37781	7.4

(a) 'All children' includes children whose Indigenous status is unknown.

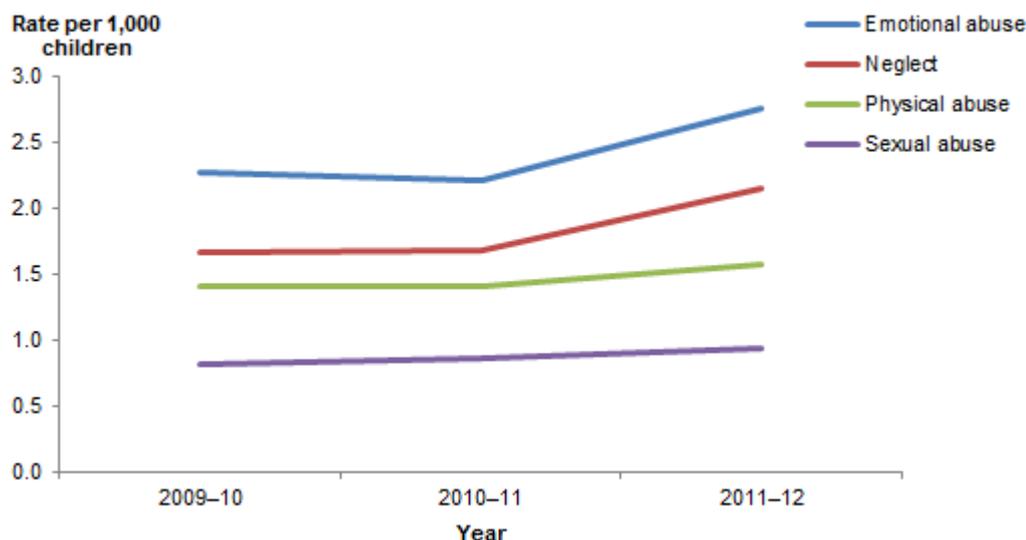
Notes

1. Finalised investigations, including substantiations, refer only to cases which were notified during the reporting year, not the total number of investigations finalised during the reporting year.
2. If a child was the subject of more than one type of abuse or neglect as part of the same notification, then the abuse and/or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiation during the year, then the type of abuse reported in this table is the type of abuse and/or neglect associated with the substantiation decision relating to the earliest notification during the year.
3. Totals include substantiations for which the abuse type was recorded as 'not stated/inadequately described'. As such, total may not equal the sum of categories.

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

In 2011–12, emotional abuse was the most common substantiation type for all children (a rate of 2.8 per 1000), followed by neglect (2.1 per 1000). This pattern has remained consistent since 2009–10.

Figure 5: Children in out-of-home care at 30 June 2010 to 2012 (number per 1000 children)



Sources: Table 23; AIHW Child Protection Data Collections.

Child sexual assault

Indicator 6.2: Rate of children aged 0–14 years who have been the victim of sexual assault

The ABS Recorded Crime – Victims collection captures data on children who were recorded by the police as victims of sexual assault (ABS 2013b). These offences may have been reported by a victim, witness or other person, or they may have been detected by police. 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.

In 2012, over 6700 children aged 0 to 14 years were reported as victims of sexual assault, a victimisation rate of 157 per 100 000 children.

The rate of reported sexual assault among girls was three times higher than the rate among boys—246 compared to 73 per 100 000 in 2012. Similarly, the rate among 10–14 year olds was three times higher than the rate among 0–9 year olds—304 compared to 87 per 100 000 in 2012. Consistent patterns occurred in 2010 and 2011.

In 2012, across all age groups, 10–14 year olds had the second-highest sexual assault rate (304 per 100 000), and 0–9 year olds had the fourth-highest rate (87). In comparison, 15–19 year olds had the highest rate (306) and 20–24 year olds had the third-highest rate (118) (ABS 2013b). Similar patterns were found in 2010 and 2011.

Data on the Indigenous status of sexual assault victims were available for four jurisdictions: New South Wales, Queensland, South Australia and the Northern Territory. In 2012, the rate of reported sexual assault for Indigenous children in these jurisdictions was more than twice the rate for non-Indigenous children (383 and 149 per 100 000 children respectively).

Table 24: Children who were recorded victims of sexual assault, 2010 to 2012

	2010 Number	2010 Rate per 100,000	2011 Number	2011 Rate per 100,000	2012 Number	2012 Rate per 100,000
Boys						
0–9 years	823	57.0	825	56.3	934	63.1
10–14 years	804	111.7	696	96.6	665	93.8
Total 0–14 years	1627	75.2	1521	69.6	1599	73.0
Girls						
0–9 years	1831	133.6	1769	127.3	1578	112.4
10–14 years	3707	542.1	3460	505.2	3535	524.7
Total 0–14 years	5538	269.6	5229	252.1	5113	246.1
All children^(a)						
0–9 years	2660	94.5	2599	91.0	2512	87.1
10–14 years	4514	321.6	4159	296.0	4204	304.1
Total 0–14 years	7174	170.1	6758	158.6	6716	157.4

(a) 'All children' includes victims whose sex was not specified. As such, the sum of 'Boys' and 'Girls' may not equal 'All children'.

Notes

1. These data capture sexual assault offences that have been recorded by police. These offences may have been reported by a victim, witness or other person, or they may have been detected by police. The statistics 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. Victims may be double-counted where multiple offences have occurred.
2. The age information collected about a victim relates to the age of the victim at the time he or she becomes known to police rather than the age that the person became a victim. For example, if a victim was sexually assaulted at age 14 years but did not report the offence until she or he was 18 years old, the victim's age would be recorded as 18 years. Therefore, it is not possible to derive an accurate count of victims at the age when they were victimised.
3. ABS advises caution in interpreting police statistics, as fluctuations in recorded crime may be a reflection of changes in community attitudes in reporting crime, changes in police procedures or changes in crime reporting systems, rather than a change in the incidence of criminal behaviour.

Source: AIHW analysis of ABS 2013b.

Appendix A: National Framework Section Action Plan 2012-2015-Status of National Priority Actions

National Priority	Action	Progress	Status
Advocating Nationally for Children and Young People	Supporting the establishment of the National Children's Commissioner and acknowledging the Commissioner's role as an advocate for children at the national level, in addition to State and Territory government Commissioners	Ms Megan Mitchell was announced as the first National Children's Commissioner on 25 February 2013 and commenced her five year term on 25 March 2013.	Completed
	Continuing to support education initiatives to improve awareness amongst the broader community of children's rights	The National Children's Commissioner launched the national Big Banter listening tour in June 2013, to understand what is important to children and young people across Australia and help to identify relevant priorities.	On track
Sharing Information	Continuing to explore and improve information sharing protocols across levels of government, including between State and Territory governments, the Australian Government Department of Human Services, the Department of Immigration and Citizenship and the Attorney-General's Department	The development of information sharing protocols continues to be monitored through the National Child Protection and Family Law Collaboration meetings between state and territory officers involved in the child protection and family law systems. These meetings facilitate discussions on initiatives underway to improve collaboration between these systems.	On track
Building Workforce Capacity and Expertise	Exploring options to broaden child and family sensitive practice through increased access to training	The BCBB program is currently delivering child and family-sensitive practice training in adult services. An evaluation report on this training is due at the end of 2013.	Completed
	Findings of the Community Service Workforce Profile Project final report have provided the foundations for proposed work to support Australia's statutory child protection workforce	The Community Services Workforce Profile project has been completed. Findings from the project will be used to scope options for future work under the Second Action Plan. <i>The National Analysis of Workforce Trends in Statutory Child Protection (McArthur & Thomson 2012)</i> was released on 12 December 2012 and is being considered as part of ongoing work to progress sector development under the Second Action Plan.	Completed
Working with Children Checks	Continuing to improve the effectiveness of Working with Children Checks across jurisdictions	National exemption arrangements have been finalised and are being implemented by states and territories. States and territories are also delivering consistent communication messages on exemption arrangements for people crossing state borders for work-related purposes. The Australian Government has commenced discussions on the identification and scope of further projects with states and territories.	On track

National Priority	Action	Progress	Status
Enhancing the Evidence Base	Improving the evidence base about Indigenous children, culturally and linguistically diverse children and children with disability, including disaggregating indicators by these statuses wherever possible	The CP NMDS was implemented on 1 July 2013, and initial data will be available in late 2013. The first complete data against the CP NMDS will be reported in 2014.	On track
	Continuing to embed the consistency and quality of data collections through improving the National Minimum Data Sets, and the collection of data about implementation of the National Standards for Out-of-Home Care	See comments above. Ministers agreed to a progressive timeframe through to 2015 for reporting on the measures of the National Standards for Out-of-Home Care. Seven of these measures are reported against in this Annual Report.	On track
Filling Research Gaps	Undertaking research in the priority areas of community awareness, including diverse communities and Indigenous children and young people	Successful projects under the National Research Agenda were announced in May 2013 and will be completed by April 2015. These projects are (a) SNAICC, Moving to Prevention—exploring outcomes for Aboriginal and Torres Strait Islander children through IFS services (b) Social Policy Research Centre, Making a community safe and supportive for its children—understanding the conditions necessary to create a child safe and child friendly community. (c) ACU, Refugee Communities—Intercultural dialogue: Building relationships, building communities.	Completed
	Sharing best practice through the Closing the Gap Clearinghouse and the Child Family Community Australia Information Exchange	The Aboriginal and Torres Strait Islander Promising Practice Profiles were published by the Australian Institute of Family Studies on the Child Family Community Australia website on 18 March 2013.	Completed
Seeing Early Warning Signs and Taking Early Action	Testing CAARS' applicability in different settings—including 13 Family Mental Health Support Services across Australia	CAARS was trialled in 13 FMHSs.	Completed
	Exploring options to further embed the tool in services	The Australian Research Alliance for Children & Youth (ARACY) is considering the recommendations of the CAARS taskforce on options for embedding the tool in services.	Completed
National Standards for Out-of-Home Care	Enhance the application and nationally consistent reporting of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)	A workshop on the ATSICPP was held in Sydney on 20 May 2013 to identify practical steps to enhance the application of the ATSICPP. SNAICC, the Australian Government and the	On track

National Priority	Action	Progress	Status
		Queensland and New South Wales Governments worked in partnership to deliver the workshop, which included representation from a number of community sector organisations supporting the interests of Aboriginal and Torres Strait Islander children and young people in out-of-home care. There are currently four indicators under the National Framework specific to the placement of Indigenous children. One of these is reported on in this Annual Report, and the other three are still being developed.	
	Develop minimum quality benchmarks for each of the out-of-home care standards and deliver full reporting on the standards in 2015	Measures for the Out-of-Home Care Standards are gradually being introduced. Seven measures are reported against in this Annual Report.	On track
	Conduct the first national survey of children and young people in care under the National Standards for Out-of-Home Care	A pilot was undertaken in late 2012 to test the process for delivering the National Report into the Views of Children and Young People in Out-of-Home Care, including a trial of a survey tool. The Australian, state and territory governments and the community sector are working together through a steering group to deliver the first National Report in 2015.	On track
	Improve stability of placements for children in out-of-home care, including through permanency planning	Actions under this initiative are reported on in this Annual Report.	On track
	Scope options to more effectively manage the transfer of children and young people in child protection who relocate to a different State or Territory	A project is currently being scoped to more effectively manage the transfer of children and young people in child protection who relocate to different states or territories. A focus of the project will be on the interface with the revision of the Protocol for the Transfer of Care and Protection Orders and Proceedings and Interstate Assistance.	On track
Transitioning to Independence	Integrate support for young people leaving care that is tailored to their individual need and builds on a lifespan approach, including the Transition to Independent Living Allowance and State and Territory leaving care packages for care leavers	The Australian Government is working closely with states and territories to embed TILA into their leaving care processes from January 2014. This action will be progressed through the SCCDS Strategic Agenda priority project on service integration for vulnerable young people.	On track
	Provide support and incentives that sustain engagement in school, and for young people	States and territories have reported on actions under this initiative	On track

National Priority	Action	Progress	Status
	leaving care, to help them overcome barriers to engaging in further education, employment and training	in this Annual Report.	
	Continue to implement practical mechanisms to ensure that there are appropriate housing options and supports for young people leaving care	Ongoing housing and support services continue to be delivered across states and territories, and these are reported on in Chapter six of this Annual Report. This action will be progressed through the SCCDS Strategic Agenda priority project on service integration for vulnerable young people.	On track
	Identify and disseminate information on best practice housing models for young people leaving care, including through a literature review of current best practice models	This action will be progressed through the SCCDS Strategic Agenda priority project on service integration for vulnerable young people.	On track
	Explore options for community mentoring programs for children and young people who are soon to be transitioning from out-of-home care to build enduring support bases and facilitate ongoing positive engagement in the community	Work on this action will be progressed in 2014.	On track
Joining up Service Delivery	Trial locally based strategies for working with households with complex needs with a cost benefit analysis to inform future service models	States and territories have implemented initiatives, which include Indigenous and CALD communities, under this action.	On track
	Develop local initiatives based on person-centred approaches through localised pilots of pooled funds	See comments above.	
	Develop and implement local place-based initiatives to support the safety and wellbeing of children in Indigenous communities in the Northern Territory	The rollout of the Child Health and Wellbeing package to the first five Communities for Children sites commenced from July 2013.	Completed
	Develop approaches and support responses through collaboration with Mental Health, Drug and Alcohol and Domestic and Family Violence Services in a way that focuses on eliminating violence and retaining a vulnerable child at risk within a strengthened family unit	Work on establishing collaborative mechanisms with other Ministerial Councils and working groups will begin later in 2013, commencing with the identification of intersecting Ministerial Councils, plans and frameworks. The BCBB program currently delivers child and family-sensitive practice training in adult services. Further opportunities to increase the focus of Mental Health, Drug and Alcohol and Domestic and	On track

National Priority	Action	Progress	Status
		Family Violence Services on supporting children at risk will be progressed later in 2013.	
	Identify and share best practice in Child Aware Approaches to promote a better understanding of the relationship between the risk factors for child abuse and neglect	<p>The inaugural Child Aware Approaches Conference was held on 11–12 April 2013. The conference proceedings were disseminated via the Families Australia website.</p> <p>The Child Aware Approaches website was developed, and is maintained, by Families Australia.</p> <p>The Australian Institute of Family Studies, Families Australia, the community sector and Australian, state and territory governments are working together to develop a Good Practice Guide to Child Aware Approaches and a set of child-aware principles, to be released in early 2014.</p>	Completed
	Coordinate service supports between the Australian Government Department of Human Services and statutory child protection agencies	States and territories have implemented initiatives under this action.	On track
Closing the Gap	Explore collaborative approaches to child safety and wellbeing where children and families move between jurisdictions, particularly in Western Australia, South Australia and the Northern Territory	Scoping work on the Cross Border Project has been completed, and significant progress has been made to implement options to improve collaborative approaches to protecting children across jurisdictions. This work includes establishing a Cross Border Operational Group, reviewing the Interstate Protocols' Operational Procedures, focusing on the APY Lands practice issues and progressing work to enable cross-border carer assessment recognition and to explore emergency reciprocal delegation arrangements.	On track
	Build the capacity of Aboriginal and Torres Strait Islander organisations through partnerships with mainstream providers	Analysis and scoping work has commenced to identify state and territory strategic directions and current or planned initiatives to build the capacity of Aboriginal and Torres Strait Islander organisations through partnerships with mainstream providers.	On track
	Work towards building a community development approach to child protection in remote Indigenous communities	In February 2013, DSS visited 10 communities in the Northern Territory to discuss potential sites for the SCfC program. Following these visits, the first five communities to implement the SCfC program from July 2013 were chosen. These are Ngukurr, Santa Teresa, Ntaria, Wadeye and Galiwinku. The next five communities to implement the SCfC program, currently scheduled from July	On track

National Priority	Action	Progress	Status
		2014, are Gunbalanya, Lajamanu, Maningrida, Utopia Homelands and Engawala.	
	Share strategies to encourage Indigenous people to work in child protection and family support	Mapping work has commenced to identify state and territory strategic directions and current or planned initiatives to encourage Aboriginal and Torres Strait Islander people to work in the child protection system.	On track
Improving Support for Carers	Investigate the barriers and opportunities for developing models of professional carers	<p>The Australian Government is working with state and territory governments to explore the barriers and opportunities for developing and implementing models of professional care.</p> <p>The Australian Government has engaged a consultant to progress this work, and a final report will be delivered in 2013.</p>	On track
	Improve opportunities and remove barriers to enable working families to become carers	The Australian Government has commenced initial work on mapping state and territory carer recruitment policies, including developing a template for jurisdictional responses. This work is expected to be completed later in 2013.	On track
	Develop a national carer survey to better understand carer demographics and their support needs	<p>States and territories have been contacted to determine current approaches to surveying carers, and this is now being documented.</p> <p>A project plan, including key milestones, timeframes and consultation methodology, will be developed in 2013–14.</p>	On track
	Expand training and support for grandparent and kinship carers, including Indigenous and culturally and linguistically diverse kinship carers	These initiatives are reported in this Annual Report at Chapter six.	On track
Responding to Sexual Abuse	Develop and trial programs to prevent sexual abuse and keep children safe, including specific programs for remote Indigenous communities, such as the cyber smart outreach program	<p>The Australian Government, through DSS and the Geraldton Indigenous Coordination Centre, has been working in Western Australia to support Indigenous communities to develop local responses to address cybersafety issues.</p> <p>DSS and ACMA are adapting existing mainstream cybersafety resources to better meet the needs of Indigenous communities.</p> <p>ACMA delivered 'train-the-trainer' presentations in June 2013 to three WA communities—Geraldton, Carnarvon and Meekatharra. The workshops were well attended, and feedback was strongly positive. Two further workshops are planned for 2013–14.</p>	On track

National Priority	Action	Progress	Status
		The Australian Institute of Family Studies and PricewaterhouseCoopers have been funded by the Australian Government to jointly research policy and program responses that would have the greatest impact on preventing child sexual assault. A research paper is expected to be completed in February 2014.	
	Review and support strategies to assist children, young people and adults who have experienced complex trauma to engage with the service system	Guidelines to better support the mental health needs of adult survivors of childhood trauma have been completed and are available online at the ASCA website. The Australian Institute of Family Studies has undertaken a desk top review to map support responses for adult survivors of child sexual abuse. This work will inform the process for selecting organisations for the Australian Government's funding of Royal Commission community-based support services, to be undertaken later in 2013.	Completed
	Share best practice in therapeutic and trauma-informed care across jurisdictions	A workshop was held in October 2012 to share best practice in TRC. The outcomes of this workshop are reported on in Chapter eight of this Annual Report.	Completed
	Explore ways to respond nationally to the sexualisation of children	The Australian Government is developing an issues paper that will inform the development of a national response to the sexualisation of children. A working group, which includes members of the Coalition, has been established to inform the development of this paper. The paper is expected to be completed in early 2014.	On track
Early Childhood	Identify communities where children are at risk through available data (including the Australian Early Development Index)	The AEDI results for 2012 were released in April 2013. Methodology and planning for identifying communities where children are at risk has commenced.	Completed
	Review the current supports that encourage hard-to-reach families to engage in early childhood (child care and preschool), including through place-based and joined up approaches	States and territories have implemented initiatives under this action.	On track
Education	Improve student performance, attendance and post-school outcomes for children and young people in care, including through exploring alternatives to suspension	Undertaking initial research to explore options to improve student performance, attendance and post-school outcomes for children and young people, including effective alternatives to suspension, will be progressed in 2013–14.	On track

National Priority	Action	Progress	Status
	Explore options for strengthening the role education plays in early identification and support of children at risk	States and territories have implemented initiatives under this action.	On track
Domestic and Family Violence	Identify priority areas to be progressed under the National Plan to Reduce Violence Against Women and their Children that work to address the causes of violence and minimise impact on children	Work to identify links between the National Plan to Reduce Violence against Women and their Children and the National Framework is being progressed. Current work includes the NCE, Child Aware initiatives and the BCBB project.	On track
	Work towards the development of a National Centre for Excellence to Reduce Violence against Women and their Children to coordinate and share research, data collection, analysis and review in the areas of sexual assault and domestic and family violence	The NCE has been established and was registered as an independent company limited by guarantee with the Australian Securities and Investments Commission on 12 February 2013.	Completed
Health and Mental Health	Review options for ensuring ongoing and substantive health assessments and interventions for children and young people in out-of-home care, including mechanisms to track health histories	A comprehensive analysis of options to improve the health outcomes of children and young people in out-of-home care has been undertaken. These options will be considered by Ministers. An ERG with expertise in paediatrics, primary health and child health policy and research has provided input.	On track
	Track outcomes for children in care using available data sets and explore the potential links with the work of the National Mental Health Commission	States and territories have implemented initiatives under this action.	On track
	Implement the expanded Medicare Healthy Kids Check	The first part of a staged implementation of the expanded Medicare Healthy Kids Check commenced early 2013. The Australian Medicare Local Alliance has been contracted to undertake this project. Subject to the outcomes of the first phase of implementation over 2013, it is anticipated that the expanded Medicare Healthy Kids Check will be rolled out nationally in 2014.	On track
	Explore options to better meet the mental health needs of children and young people in out-of-home care	States and territories have implemented initiatives under this action.	On track

National Priority	Action	Progress	Status
Disability	Explore the interface between disability, child protection, and primary service systems, including through the NDIS trial sites	<p>On 19 April 2013, all governments agreed to a set of Principles that will guide the NDIS interface with key mainstream service systems during the launch, including child protection and family support service systems.</p> <p>Two of the NDIS trial sites, which will commence from July 2013 (South Australia and Tasmania), have a particular focus on children and young people.</p>	On track
	Review the service response for children with disability in the out-of-home care system	Work on this action will be progressed in late 2014.	On track
	Explore evidence-based models of working with families where disability of the child or adult is impacting on the safety and wellbeing of children, including working with adult service providers	Work on this action will be progressed in late 2014.	On track
Sector Development	Explore the development of a para-professional workforce	Findings from the National Analysis of Workforce Trends in Statutory Child Protection report (McArthur & Thomson 2012) will inform work to explore the possible development of a para-professional workforce. States and territories are leading this work.	On track
	Explore competency frameworks and professional representation for workers	Initial planning work has commenced on this action.	On track
	Explore options to strengthen vocational and training pathways for Aboriginal and Torres Strait Islander workers	See comments above.	On track
	Explore options for building professional and cultural expertise in remote service provision	See comments above.	On track
	Research mandatory reporting schemes in each jurisdiction to identify elements that enhance their success	<p>This research has commenced with a literature review. It will also include focus groups and the collection of field data, to be completed in June 2014.</p> <p>States and territories will consider research findings relevant to their own mandatory reporting schemes when the above research is completed.</p>	On track
	Establishing a collaborative approach to industry development and identifying capabilities of high	Initial planning work has commenced on this action.	On track

National Priority	Action	Progress	Status
	performing non-government organisations		
	Explore options for building the capacity of non-government organisations that provide out-of-home care	See comments above.	On track
	Share information about what works for statutory child protection workers and the family support workforce	See comments above.	On track
Community and Business	Work with the non-government sector to strengthen community engagement and development of enduring social supports for families, children and young people in, or at risk of entry into, care	The Australian Government is working with state and territory government representatives and Families Australia to embed a Child Aware approach.	On track
	Explore options for developing stronger engagement of culturally and linguistically diverse communities and in particular, newly arrived cultural groups, to enhance their understanding of child wellbeing and available support systems	<p>Early planning for a national workshop engaging community leaders from CALD communities to explore options for working more closely with newly arrived cultural groups has commenced.</p> <p>The Australian Government funded the Centre for Refugee Research at the University of New South Wales to translate three booklets into eight community languages. These booklets are part of a training package to assist newly arrived refugees to understand how human rights conventions are applied in Australia and what they mean to family life.</p>	On track
	Increase community awareness of, and engagement with, issues affecting the safety and wellbeing of children, to help ensure that the wider community understands the importance of their role in reducing child abuse and neglect	<p>Initiatives under this action will be progressed through a partnership approach, to ensure that local communities and community organisations are actively engaged and supported to develop local solutions to better protect children and help them flourish.</p> <p>A Communication Plan for the Second Action Plan is being developed and will include a strategy to implement ongoing community engagement and awareness raising activities.</p>	On track
	Work with the media to foster appropriate reporting of child abuse and neglect in order to protect the interests of the child	<p>At the 3 May 2013 SCWI meeting, Ministers agreed for Victoria and the Australian Government to lead the development of media guides and national resources to be undertaken as part of the National Plan.</p> <p>Media will be a key stakeholder/target audience in the implementation of the Communication Plan for the Second Action</p>	Completed

National Priority	Action	Progress	Status
		Plan of the National Framework.	
	Highlight outstanding work in the field of child protection, early intervention and targeted services	<p>The Australian Government is supporting NAPCAN in the delivery of National Child Protection Weeks in 2013 and 2014. A key focus is on strengthening linkages with the Second Action Plan and the actions under the National Priority of Community and Business.</p> <p>The Communication Plan for the Second Action Plan, currently being developed, will consider leveraging opportunities to strengthen community awareness of, and engagement with, child safety and wellbeing.</p>	On track
	Engage community leaders, including leaders from Indigenous and culturally and linguistically diverse communities, to build support for protecting children and young people	<p>A workshop was held on 7 June 2013 with Indigenous community leaders to explore options to support vulnerable children and young people. Outcomes will be reported back to Ministers in late 2013.</p> <p>The Australian Government is progressing work to scope options and build on outcomes arising from workshops and conferences. Progress on Child Aware Communities and Child Aware Organisations is occurring in partnership with community sector organisations, including developing a good practice guide, web resource and principles.</p>	On track
	Explore options for engaging business in the protection and wellbeing of children	The role of business in Child Aware Approaches is being scoped.	On track

Appendix B: Status of National Framework indicators of change by supporting outcome

The National Framework indicators, as set out in the *Second Three-Year Action Plan 2012–2015*, are listed in Table 25. Further technical information on the operational definitions and data sources for these indicators is available from AIHW 2013d.

Table 25: Status of National Framework indicators, by supporting outcome

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

Domain	Indicator	Development status
Child protection substantiations	0.1: Rate of children aged 0–17 years who were the subject of child protection substantiation	Reportable
Out-of-home care	0.2: Rate of children aged 0–17 years who are in out-of-home care	Reportable
Teenage births	0.3: Age-specific birth rate for women aged 15–19 years	Reportable
Low birthweight	0.4: Proportion of live born infants of low birthweight	Reportable
Child homicide	0.5: Assault (homicide) death rate for children aged 0–17 years	Reportable
Early childhood development	0.6: Proportion of children who are developmentally vulnerable on one or more domains of the AEDI	Reportable
Child social and emotional wellbeing	0.7: Proportion of children aged 8–17 years scoring 'of concern' on the Strengths and Difficulties Questionnaire	Not reportable, pending implementation of ABS data source
Family economic situation	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	Reportable

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

Domain	Indicator	Development status
Family functioning	1.1: Proportion of families who report 'good', 'very good' or 'excellent' family cohesion	Reportable
Perceived safety	1.2: Proportion of households with children aged 0–14 years where their neighbourhood is perceived as safe	Reportable

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

Domain	Indicator	Development status
Family support service use	2.1: Number of children aged 0–17 years seeking assistance through treatment and support services	Reportable with proxy indicator
Early childhood education	2.2: Attendance rate of children aged 4–5 years at preschool programs	Reportable
Antenatal care	2.3: Proportion of women who had at least five antenatal visits during pregnancy	Reportable

Supporting outcome 3: Risk factors for abuse and neglect are addressed

Domain	Indicator	Development status
Parental substance use	3.1: Proportion of parents with children aged 0–14 years who used any illicit drug within the last 12 months	Reportable
	3.2: Proportion of parents with children aged 0–14 years who drank alcohol at risky levels	Reportable

Domain	Indicator	Development status
Parental mental health	3.3: Proportion of parents with children aged 0–14 years who have a mental health problem	Reportable
Homelessness	3.4: Rate of children aged 0–17 years who receive assistance through homelessness services (accompanied and unaccompanied)	Reportable
Domestic violence	3.5: Proportion of adults who experienced current partner violence and their children saw or heard the violence in the previous 12 months	Not reportable, pending release of results from ABS data source

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

Domain	Indicator	Development status
Child protection resubstantiations	4.1: Rate of children aged 0–17 years who were the subject of a child protection resubstantiation in a given year	Reportable
Placement stability	4.2: Proportion of children aged 0–17 years exiting out-of-home care during the year who had 1 or 2 placements	Reportable
Carer retention	4.3: Proportion of out-of-home carer households that were retained in a given year	Not reportable, development underway by AIHW
Rebuilding resilience of abuse survivors	4.4: Proportion of children aged 15–17 years leaving care and scoring 'of concern' on the Strengths and Difficulties Questionnaire	Not reportable, development required, no data source identified
Literacy and numeracy	4.5: Proportion of children on guardianship and custody orders achieving at or above the national minimum standards for literacy and numeracy	Not reportable, development underway by AIHW
Leaving care plans	4.6: Proportion of children aged 15–17 years who have a leaving care plan	Reportable
Cross-sector clients	4.7: Proportion of child protection clients aged 0–17 years who enter juvenile corrective services or seek assistance from homelessness services	Not reportable, development underway by AIHW

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

Domain	Indicator	Development status
Placement of Indigenous children	5.1: Indicator to be developed (Indigenous Child Placement Principle compliance indicator)	Not reportable, development underway by NFIWG
	5.2: Proportion of Indigenous children aged 0–17 years in out-of-home care placed with extended family or other Indigenous caregivers	Reportable
	5.3: Proportion of Indigenous children aged 0–17 years placed through Indigenous-specific out-of-home care agencies	Not reportable, development required following outcomes of indicator 5.1 development
Cultural support plans	5.4: Proportion of Indigenous children aged 0–17 years in care who have a cultural support plan	Not reportable, development underway by AIHW

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

Domain	Indicator	Development status
Sexual abuse substantiations	6.1: Proportion of children aged 0–17 years who were the subject of a child protection substantiation for sexual abuse	Reportable
Child sexual assault	6.2: Rate of children aged 0–14 years who have been the victim of sexual assault	Reportable

Source: AIHW 2013d.

Appendix C: National Standards for Out-of-Home Care

National Standards for Out-of-Home Care

The Australian Government, state and territory governments and the community sector are developing National Standards to ensure that children in need of out-of-home care are given consistent, best-practice care, no matter where they live.

The National Standards seek to drive improvements in the quality of care, so that children and young people in out-of-home care have the same opportunities as other children and young people to reach their potential in life, wherever they live in Australia.

The National Standards focus on those children and young people whose care arrangements have been ordered by the Children’s Court, where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive.

The overall aim of the National Standards is to deliver a more integrated response among all governments, but they do not change core governance arrangements. The states and territories retain responsibility for statutory child protection, while the Australian Government retains responsibility for providing income support payments.

Measuring and reporting on the National Standards

The aim of reporting on the National Standards for Out-of-Home Care is to provide, for the first time, a nationally comparable picture of the outcomes for children and young people in out-of-home care across Australia. To do this in a meaningful way, a set of robust and valid national measures is being developed that accurately reflects the achievement of outcomes and progress against the National Standards.

A schedule of national measurement and reporting arrangements for the National Standards for Out-of-Home Care was agreed by Community and Disability Services Ministers in April 2011. A full list of the 22 measures and reporting timeframe can be found on the [Department of Social Services](#) website.

Table 26: National Standards for Out-of-Home Care, and related measures

Standard	Measures (existing or for future development)
1. Children and young people will be provided with stability and security during their time in care.	1.1 The proportion of children and young people exiting out-of-home care during the year who had 1 or 2 placements, by length of time in continuous care preceding exit 1.2 The rate and number of children in out-of-home care who were the subject of child protection substantiation and the person believed responsible was living in the household providing out-of-home care 1.3 The proportion of children and young people in out-of-home care who report feeling safe in and secure in their current placement
2. Children and young people participate in decisions that have an impact on their lives.	2.1 The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to

3. Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.	3.1 The proportion of Indigenous children and young people in out-of-home care placed with the child's extended family, with the child's Indigenous community, or with other Indigenous people, by carer type <i>See also Measure 10.1 The proportion of Aboriginal and Torres Strait Islander children and young people who have a current cultural support plan</i>
4. Each child and young person has an individualised plan that details their health, education and other needs.	4.1 The proportion of children and young people who have a current documented case plan
5. Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.	5.1 The number and proportion of children and young people who have an initial health check of their physical, developmental, psychosocial and mental health needs within a specified period of entering out-of-home care
6. Children and young people in care access and participate in education and early childhood services to maximise their educational outcomes.	6.1 The proportion of children and young people achieving national reading and numeracy benchmarks 6.2 The number and proportion of 3 and 4 year old children who participate in quality early childhood education and child care services
7. Children and young people up to at least 18 years are supported to be engaged in appropriate education, training and/or employment.	7.1 The proportion of young people who complete Year 10 and the proportion who complete Year 12 or equivalent Vocational Education and Training
8. Children and young people in care are supported to participate in social and/or recreational activities of their choice, such as sporting, cultural or community activity.	8.1 The proportion of children and young people who report they may choose to do the same sorts of things (sporting, cultural or community activities) that children and young people their age who aren't in care do
9. Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.	9.1 The proportion of children and young people in out-of-home care who are placed with relatives and kin 9.2 The proportion of children and young people who report they have an existing connection with at least one family member which they expect to maintain 9.3 The proportion of children (as age-appropriate) and young people who report having contact with family members, by the reported frequency of contact, by their reported satisfaction with contact arrangements
10. Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.	10.1 The proportion of Aboriginal and Torres Strait Islander children and young people who have a current cultural support plan 10.2 The proportion of children (as age-appropriate) and young people who demonstrate having a sense of connection with the community in which they live
11. Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice.	11.1 The proportion of children and young people who are able to nominate at least one significant adult who cares about them and who they believe they will be able to depend upon throughout their childhood or young adulthood
12. Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.	12.1 The number of foster carer households with a placement at 30 June, by number of foster children placed, and number of foster carer households with a placement during the year 12.2 The number of foster carers at 30 June, and the number of new approvals of persons as foster carers and the number of persons who cease to be approved foster carers during the twelve months to 30 June 12.3 The proportion of foster carers and kinship carers (who had at least one placement during the year) who report feeling supported in their role and who feel their developmental needs relevant to their role are catered for
13. Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care.	13.1 The proportion of young people aged 15 years and over who have a current leaving care plan 13.2 The proportion of young people who, at the time of exit from out-of-home care, report they are receiving adequate assistance to prepare for adult life

2011–12 reporting

In 2011–12, seven of the above 22 measures were able to be reported: 1.1, 1.2, 3.1, 4.1, 9.1, 12.1 and 13.1.

Standard 1: Children and young people will be provided with stability and security during their time in care

Measure 1.1: The proportion of children and young people exiting out-of-home care during the year who had 1 or 2 placements, by length of time in continuous care preceding exit

In 2011–12, nearly two-thirds (63 per cent) of children exiting out-of-home care had one or two placements during the time they were in care, and most (85 per cent) had four or fewer placements. The out-of-home care experience was less stable for the 15 per cent of children exiting care who had five or more placements; of this group, most were in care for two years or more.

Comparisons between Indigenous and non-Indigenous children exiting out-of-home care showed very similar patterns.

Table 27: Children exiting out-of-home care in 2011–12^(a), by number of different placements and Indigenous status

All children^(b)							
Number of different placements	1	2	1–2 subtotal	3	4	5+	Total
Length of time in out-of-home care							
1 month to < 6 months	17.4	5.3	22.7	1.6	0.5	0.2	24.8
6 months to < 1 year	6.7	4.4	11.1	1.9	0.7	0.4	14.1
1 year to < 2 years	5.2	4.5	9.6	2.8	1.8	1.6	16.0
2 years to < 5 years	5.0	4.8	9.8	3.8	3.1	5.4	22.1
5 years or more	5.5	4.4	9.9	2.9	2.4	7.8	23.0
Total children	39.7	23.4	63.1	13.1	8.5	15.4	100.0
Indigenous children							
Number of different placements	1	2	1–2 subtotal	3	4	5+	Total
Length of time in out-of-home care							
1 month to < 6 months	17.2	5.9	23.1	2.2	0.5	0.3	26.0
6 months to < 1 year	4.7	5.1	9.8	1.6	0.9	0.3	12.6
1 year to < 2 years	4.8	4.9	9.6	3.5	2.4	2.1	17.7
2 years to < 5 years	5.3	3.8	9.1	5.1	3.3	6.1	23.5
5 years or more	4.1	3.8	7.9	2.8	2.2	7.2	20.1
Total children	36.1	23.5	59.6	15.2	9.2	16.0	100.0
Non-Indigenous children^(c)							
Number of different placements	1	2	1–2 subtotal	3	4	5+	Total
Length of time in out-of-home care							
1 month to < 6 months	17.1	4.9	22.1	1.3	0.4	0.1	24.0
6 months to < 1 year	7.5	4.1	11.6	2.0	0.6	0.4	14.7
1 year to < 2 years	5.3	4.3	9.7	2.6	1.6	1.4	15.2
2 years to < 5 years	4.8	5.3	10.1	3.3	3.1	5.1	21.6
5 years or more	6.1	4.7	10.8	3.0	2.5	8.2	24.5
Total children	40.9	23.3	64.2	12.3	8.3	15.2	100.0

(a) Excludes WA.

(b) 'All children' includes children whose Indigenous status was unknown.

(c) 'Non-Indigenous children' excludes children whose Indigenous status was unknown.

Note: Percentages in tables may not add to subtotals or totals due to rounding.

Source: AIHW Child Protection Data Collections.

Measure 1.2: The rate and number of children in out-of-home care who were the subject of child protection substantiation and the person believed responsible was living in the household providing out-of-home care

In 2011–12, there were 46 973 children in out-of-home care at some point during the year. Of these, 522 children (1.1 per cent) were the subject of a child protection substantiation during the year, and the person believed responsible was living in the household providing out-of-home care.

Table 28: Children in out-of-home care who were the subject of a child protection substantiation and the person believed responsible was living in the household, 2011–12

	2011–12
Number of children who were the subject of a child protection substantiation and the person believed responsible was living in the household	522
Number of children in at least one out-of-home care placement during 2011–12	46973
Per cent^(a)	1.1

(a) 'Per cent' is children in care who were the subject of a substantiation as a proportion of all children in care.

Notes

1. Excludes the Northern Territory, as they are unable to provide data for this measure.
2. Indigenous status data were not considered sufficiently reliable for reporting—25% of children included in the above table were recorded as having unknown Indigenous status.

Source: AIHW Child Protection Data Collections.

Standard 3: Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people

Measure 3.1: The proportion of Indigenous children and young people in out-of-home care placed with the child's extended family, with the child's Indigenous community, or with other Indigenous people, by carer type.

Of all Indigenous children in out-of-home care at 30 June 2012, just over two-thirds (69 per cent) were placed with the child's extended family, with the child's Indigenous community, or with other Indigenous people. Most were placed with Indigenous relatives or kin (38 per cent).

Table 29: Indigenous children in out-of-home care, by carer type, 2011–12

Carer type	Per cent
Indigenous relative/kin	38.2
Other Indigenous caregiver ^(a)	16.4
Other relative/kin	14.1
Total placed with extended family, Indigenous community, or other Indigenous people	68.8
Other caregiver	31.2
Total	100.0

(a) Includes Indigenous residential care.

Note: Percentages in tables may not add to 100 due to rounding.

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

Standard 4: Each child and young person has an individualised plan that details their health, education and other needs.

Measure 4.1: The proportion of children and young people who have a current documented case plan

A case plan is an individualised, dynamic, written plan or support agreement for children in care, outlining the goals of ongoing intervention and the outcomes and actions required to achieve these goals. It usually includes information on needs assessments, relative/kin contact arrangements and living arrangements.

At 30 June 2012, an estimated 90 per cent of children aged 0 to 17 years had a current documented and approved case plan (based on data from Queensland, Western Australia, Tasmania and the Australian Capital Territory only).

Table 30: Children aged 0–17 years who have a current documented and approved case plan, at 30 June 2012

Indigenous status	Per cent
Indigenous children	89.7
Non-Indigenous children	89.0
All children^(a)	89.2

(a) 'All children' includes children whose Indigenous status was unknown.

Note: Reported numbers are based on data from Queensland, Western Australia, Tasmania and the Australian Capital Territory only. These data were provided for national reporting for the first time in 2012. Data only include children who are required by jurisdictional policy/legislation to have a current documented and approved case plan.

Source: AIHW Child Protection Data Collections.

Standard 9: Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members

Measure 9.1: The proportion of children and young people in out-of-home care who are placed with relatives and kin

Of all children in out-of-home care at 30 June 2012, almost half (47 per cent) were placed with relatives/kin. Indigenous children were more likely to be placed with relatives/kin than non-Indigenous children (52 per cent compared to 45 per cent respectively).

Table 31: Children in out-of-home care placed with relatives/kin, at 30 June 2012

Indigenous status	Per cent
Indigenous children	51.5
Non-Indigenous children	44.5
All children^(a)	46.7

(a) 'All children' includes children whose Indigenous status was unknown.

Source: AIHW Child Protection Data Collections.

Standard 12: Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.

Measure 12.1 (part a): The number of foster carer households with a placement at 30 June, by number of foster children placed

At 30 June 2012, there were 8824 households with one or more foster care placements. Nearly half (49 per cent) of these households had one foster child placed with them, 46 per cent had between two and four foster children, and 4 per cent had five or more children.

Table 32: Foster carer households with a placement at 30 June 2012, by number of foster children placed

Number of children per household	Number of households	Per cent
1	4335	49.1
2	2468	28.0
3	1128	12.8
4	503	5.7
5–8	380	4.3
9 or more	8	0.1
Total^(a)	8824	100.0

(a) 'Total' includes households where the number of children placed at 30 June was unknown.

Notes

1. Percentages in tables may not add to 100 due to rounding.
2. Data on Indigenous status of foster carer household are not available for 2012.

Source: AIHW Child Protection Data Collections.

Measure 12.1 (part b): The number of foster carer households with a placement during the year

During 2011–12, there were 11 664 households that had one or more foster care placements at some point during the year.

Table 33: Foster carer households with a placement during 2011–12

	Number of households
Households with a placement during 2011–12	11 664

Note Data on Indigenous status of foster carer households are not available for 2011–12.

Source: AIHW Child Protection Data Collections.

Standard 13: Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care

Measure 13.1: The proportion of young people aged 15 years and over who have a current leaving care plan

As outlined previously under Indicator 4.6, a transition from care plan is developed in preparation for a young person's exit from out-of-home care into independent living. Under Standard 13, a transition from care plan is to include details of support to access affordable housing, health services, education and training, employment and income support, and is to be reviewed regularly.

At 30 June 2012, an estimated 77 per cent of young people aged 15 years and over had a current and approved leaving care plan (based on data from Victoria, Queensland and Western Australia only).

Table 34: Young people aged 15 years and over who have a current and approved leaving care plan, at 30 June 2012

Indigenous status	Per cent
Indigenous	74.0
Non-Indigenous	78.1
All young people^(a)	77.0

(a) 'All young people' includes children whose Indigenous status was unknown.

Note: Reported numbers are based on data from Victoria, Queensland and Western Australia only. These data were provided for national reporting for the first time in 2012. Data only include children who are required by jurisdictional policy/legislation to have a current and approved leaving care plan.

Source: AIHW Child Protection Data Collections.

List of Shortened Forms

AASW	Australian Association for Social Workers
ABS	Australian Bureau of Statistics
AbSec	Aboriginal Child, Family and Community Care State Secretariat
ACCHO	Aboriginal Community Controlled Health Organisation
ACCP	Australian Centre for Child Protection
ACFC	Aboriginal Child and Family Centre
ACMA	Australian Communications and Media Authority
ACON	AIDS Council of NSW
ACT	Australian Capital Territory
ACU	Australian Catholic University
ACWA	Association of Children's Welfare Agencies
ACYFS	Aboriginal Child Youth and Family Strategy
ADHC	Ageing, Disability and Home Care
ADS	Alcohol and Drug Services
AEDI	Australian Early Development Index
AFFS	Aboriginal Family Support Services
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
AMIHS	Aboriginal Maternal and Infant Health Service
AMIS	Aboriginal Maternal Infant Strategy
APS	Australian Psychological Society
APY	Anangu Pitjantjatjara Yankunytjatjara
ARACY	Australian Research Alliance for Children & Youth
ASCA	Adult Survivors of Child Abuse
ASD	Autism Spectrum Disorder
ASES	Australian Service Excellence Standards
ASSIST	Alcohol, Smoking and Substance Involvement Screening Test
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
ATSIFSS	Aboriginal and Torres Strait Islander Family Support Service
BCBB	Building Capacity Building Bridges
CAARS	Common Approach to Assessment, Referral and Support
CAFWA-SA	Child and Family Welfare Association SA
CALD	Culturally and linguistically diverse
CAMHS	Child and Adolescent Mental Health Service
CARHU	Child at Risk Health Unit
CCCH	Centre for Community Child Health
CCSWT	Community Child Safety and Wellbeing Team
CCWT	Centre for Community Welfare Training
CDFVR	Centre for Domestic and Family Violence Research
CDSMAC	Community and Disability Services Ministerial Advisory Council
CDU	Charles Darwin University
CEO	Chief Executive Officer
CFC	Child and Family Centre
CFW	Connecting Families to Work

CHaPS	Child Health and Parenting Service
CHYPP	Children and Young Persons Program
CIU	Clinical Issues Unit
CNE	Clinical Nurse Educator
COAG	Council of Australian Governments
COPMI	Children of Parents with a Mental Illness
CPART	Child Protection Adolescent Response Teams
CPFS	Child Protection and Family Support
CPMIM	Child Protection Measure of Income Management
CP NMDS	Child Protection National Minimum Data Set
CPS	Child Protection Services (ACT and Tasmania)
CRARMF	Common Risk Assessment and Risk Management Framework
CROC	Community Response for Our Children
CS	Community Services
CSNSW	Corrective Services NSW
CSR	Community Sector Roundtable
CSU	Capacity Strengthening Unit
CYCSRWG	Children, Youth, Community Services, Policy and Research Working Group
CYFCWP	Child, Youth, Family and Community Wellbeing Package
CYFS	Child, Youth and Family Support
CYI	Cape York Institute for Policy and Leadership
CYP	Cape York Partnerships
CYS	Child and Youth Services (South Australia)
CYS	Children and Youth Services (Tasmania)
CYWR	Cape York Welfare Reform
DAGJ	Department of Attorney General and Justice
DASSA	Drug and Alcohol Services South Australia
DATSIMA	Department of Aboriginal and Torres Strait Islander and Multicultural Affairs
DCCSDS	Department of Communities, Child Safety and Disability Services
DCF	Department of Children and Families
DCSI	Department for Communities and Social Inclusion
DECD	Department for Education and Child Development
DEEWR	Department of Education, Employment and Workplace Relations
DETE	Department of Education, Training and Employment
DHHS	Department of Health and Human Services
DHS	Department of Human Services (Victoria)
DLGC	Department of Local Government and Communities
DoE	Department of Education
DPAC	Department of Premier and Cabinet
DSS	Department of Social Services (formerly FaHCSIA)
EBSS	Evolve Behaviour Support Service
ECCQ	Ethnic Communities Council of Queensland
ECEC	Early Childhood Education and Care
EFVP	Ending Family Violence Program
ERG	Expert Reference Group
EYC	Early Years Centre
FACS	Family and Community Services
FACS(CS)	Family and Community Services (Community Services)
FaFT	Families as First Teachers

FaHCSIA	Families, Housing, Community Services and Indigenous Affairs
FaPMI	Families where a Parent has a Mental Illness
FDVRT	Family and Domestic Violence Response Team
FICT	Families in Cultural Transition
FIFO	Fly In Fly Out
FIN	Family Inclusion Network
FMHSS	Family Mental Health Support Service
FRC	Family Responsibilities Commission
FSA	Family Self-Assessment
FSN	Family Support Network
FTE	Full-time Equivalent
FVCS	Family Violence Counselling and Support Service
GHSH	Going Home Staying Home
GIT	Getting It Together
Got It!	Getting on Track in Time
HE	Higher Education
HILDA	Household, Income and Labour Dynamics in Australia
HOF	Helping Out Families
HUGS	Hardship Utilities Grant Scheme
IDC	Inter-Departmental Committee
IDFVSP	Integrated Domestic and Family Violence Services Program
IECDNP	Indigenous Early Childhood Development National Partnership
IFBS	Intensive Family Based Service
IFP	Intensive Family Preservation
IFS	Intensive Family Support
ISG	Information Sharing Guidelines for Promoting the Safety and Wellbeing of Children, Young People and their Families
ISP	Intensive Supervision Program
JIRT	Joint Investigation Response Team
KTS–WFT	Keep them Safe – Whole Family Teams
LAPOD	Leonora Alternative Place of Detention
LCP	Leaving Care Plan
LHD	Local Health District
LiL	Launching into Learning
LLN	Language, Literacy and Numeracy
LPS	Learning Pathways Strategy
LSAC	Longitudinal Study of Australian Children
MCS	Mental Health Component Summary
MDC	Multidisciplinary centre
MHDAS	Mental Health Drug and Alcohol Service
MOS+	Mobile Outreach Service Plus
MOU	Memorandum of Understanding
NAPCAN	National Association for the Prevention of Child Abuse and Neglect
NCE	National Centre of Excellence to Reduce Violence against Women and their Children
NCFAS	North Carolina Family Assessment Scale
NDIS	National Disability Insurance Scheme
NDSHS	National Drug Strategy Household Survey
NFIWG	National Framework Implementation Working Group
NHMRC	National Health and Medical Research Council

NIP	Northern Intervention Project
NMDS	National Minimum Data Set
NMT	Neurosequential Model of Therapeutics
NPAH	National Partnership Agreement on Homelessness
NPDI	National Perinatal Depression Initiative
NPY	Ngaanyatjarra Pitjantjatjara Yankunytjatjara
NSW	New South Wales
NT	Northern Territory
OPG	Other Person Guardianship
PACT	Protecting Aboriginal Children Together
PAT	Parents as Teachers
PCIT	Parent Child Interaction Therapy
PDA	Personal Development Agreement
PLP	Personalised Learning Plan
QCOSS	Queensland Council of Social Service
QCPW	Queensland Child Protection Week
QIWD	Quality Improvement and Workforce Development
QUT	Queensland University of Technology
RPP	Reparative Parenting Program
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SAG	Specialist Assessment Guide
SCCDS	Standing Council on Community and Disability Services
SCCDSAC	Standing Council on Community and Disability Services Advisory Council
ScfC	Stronger Communities for Children
SCWI	Select Council on Women's Issues
Shine SA	Sexual Health Information, Networking and Education SA
SHLV	Staying Home Leaving Violence
SHS	Specialist Homelessness Service
SNAICC	Secretariat of National Aboriginal and Islander Child Care
SSP	Schools for Specific Purposes
TAFE	Technical and Further Education
TBS	The Benevolent Society
TILA	Transition to Independent Living Allowance
TIPS	Tips and Information for Parenting Skills
TRC	Therapeutic Residential Care
TSS	The Second Story
TYSS	Targeted Youth Support Service
UPA	United Protestant Association
UTAS	University of Tasmania
VACCA	Victorian Aboriginal Child Care Agency
VET	Vocational Education and Training
VGC	Vocational Graduate Certificate
VISS	Vulnerable Infants Support Service
WA	Western Australia
WAFC	WA Football Commission
WCH	Women's and Children's Hospital
WFT	Whole Family Teams
WPP	Workforce Profiles project

WWCC	Working with Children Check
YMCA	Young Men's Christian Association
YPECN	Young People with Exceptionally Complex Needs
YSOS	Youth Street Outreach Service
YWCA	Young Women's Christian Association

References

ABS: See Australian Bureau of Statistics

AIHW: See Australian Institute of Health and Welfare

CCCH & TICHR: See Centre for Community Child Health and Telethon Institute for Child Health Research

DEEWR: See Australian Government Department of Education, Employment and Workplace Relations

FaHCSIA: See Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (now Department of Social Services)

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