

# Protecting children is Everyone's Business

National Framework for Protecting  
Australia's Children 2009–2020



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# Protecting children is Everyone's Business

National Framework for Protecting  
Australia's Children 2009–2020



# Foreword

It is with pleasure that I submit to the Council of Australian Governments and the Australian community this report detailing the progress that has been made on implementing the *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020* (the National Framework).

The National Framework is a long-term, national effort to put the safety, health and wellbeing of children and families at the centre of what we do. It represents an integrated approach to protecting children and drives new partnerships in achieving a common goal. Protecting children is a shared responsibility. As part of this national effort the Commonwealth and state and territory governments, together with non-government organisations—particularly through the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children (the Coalition), and State and Territory Children's Commissioners—are working towards better outcomes for Australia's children.

There are a large number of stakeholders working to protect Australia's children. The National Framework has provided a unique opportunity to engage the non-government sector as partners with the Commonwealth and state and territory governments in the development and implementation of a national reform agenda. The Coalition is a key partner in engaging the non-government sector.

This first annual report is an opportunity to consider the breadth and depth of actions taken by the many contributors to this effort and also to begin to document the areas of common endeavour that will bring child protection practices in every Australian state and territory closer to what we agree are best practice approaches.

The actions are inter-linked and connected to strategies, desired outcomes and broader social reform measures. The actions provide an integrated chain from prevention and early intervention, through to statutory child protection services. The 'public health model' approach that has been adopted focuses on early intervention and places priority on having universal supports available for all families, with more intensive services provided to those families that need additional assistance.

The report does not compare the activities of the states and territories. Actions undertaken by each are reported, but only a combined effort to raise the standards of performance of all of our areas of responsibility will impact the national statistics outlined in this report. Hence, our aim is to move all parties forward. To do this we are committed to sharing our experiences and learning from others, contributing to common frameworks where this is considered beneficial, and within our individual areas of responsibility using this information to prioritise the application of scarce resources.

State, territory and the Commonwealth governments will review and adjust their actions over time, and Community Services Ministers will consider new policy directions. Community Services Ministers have overall responsibility for monitoring the progress of actions and to ensure they are advanced.

It is early days in implementing the National Framework but it is important to focus on the desired results and to document the measures that will hold governments to account. The report is structured to reflect these goals, including the four key high-level indicators and the 28 indicators of change that have been nominated as useful signposts of progress. The report brings together the most current data available on these measures that cover child health, development, wellbeing and protection in Australia. Importantly, this year establishes an important baseline for future reporting and the indicators are presented in some detail to fulfil this role.

Contributions to this report were made by Commonwealth and state and territory governments, the Coalition and the Australian Institute of Health and Welfare. I thank the Community Services Ministers, other Ministers who have responsibility for implementing actions under the National Framework, respective administrations and the Coalition for their contributions and cooperation in compiling the information in this report and their continued commitment to the safety and wellbeing of Australia's children and young people and their families.

A handwritten signature in black ink, reading "Jennifer Rankine". The signature is written in a cursive style with a large, looping initial "J".

**The Hon. Jennifer Rankine MP**

Chair, Community and Disability Services Ministers' Conference, 2010  
Minister for Families and Communities, South Australia

December 2010

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# Executive summary

*Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020* (the National Framework) is the first long-term national approach to protect the safety and wellbeing of Australia's children. The National Framework emphasises early intervention and prevention. Priority is placed on having universal supports available to all families, supported by secondary prevention interventions for families that need additional assistance and tertiary child protection services as a last resort.

The high-level outcome for the National Framework is 'Australia's children and young people are safe and well'. To measure this outcome, a target has been set of 'a substantial and sustained reduction in child abuse and neglect in Australia over time'. The National Framework identifies six supporting outcomes to focus effort and actions, in order to achieve the high-level outcome. A number of strategies and actions (over 70 actions in total) underpin each of these supporting outcomes.

The National Framework is supported by three-year action plans that identify specific actions, responsibilities and timeframes for implementation. *Implementing the first three-year action plan* (the Action Plan) sets out critical projects to implement in 2009–12.

The Council of Australian Governments (COAG) directed the Community and Disability Services Ministers' Conference (CDSMC) to report annually on the National Framework for the first three years of implementation. This first annual report outlines what has been done in the first year of the National Framework from 1 July 2009 to 30 June 2010. This report also describes the indicators of change and the current available data relating to those indicators.

Under the National Framework new partnerships between all levels of government, non-profit organisations and businesses are being formed. As an example of this new cooperation, the report features case studies provided by the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children (the Coalition). These case studies are included under each outcome.

The Coalition comprises around 100 non-government organisations that advocate for and support children, young people and their families. It also undertakes leading research in the areas of child protection and children's wellbeing. Several of these organisations, in turn, represent many not-for-profit community and welfare organisations around Australia. The Coalition's continued involvement in the implementation of the National Framework has been a driving force for change in how governments engage with the non-government sector and deliver their core business.

## Major reforms across Australia

The National Framework recognises that governments across Australia are already making significant efforts and undertaking major reforms to protect children and support families. For example, many of the state and territory governments are reforming their child protection systems and related activities. The Commonwealth Government is also progressing major reforms in early childhood education and care, Closing the Gap and health and hospitals.

### *Commonwealth*

The Commonwealth Government is responsible for providing many universal supports and services to Australian families, such as the welfare and family assistance payment system, child care payments, medical benefits, employment services, family relationship services and the family law system, and broad-based child and parenting support services.

The Commonwealth Government also provides a range of targeted early intervention services such as intensive parenting services, supports for families with a child with disability, community mental health and allowances for young people leaving care to help with the transition to independent living.

The Commonwealth Government has recently reviewed and reformed a number of these supports and services to better meet the needs of disadvantaged communities and vulnerable families. These reforms interact with and complement actions taken under the National Framework.

In addition, the Commonwealth make significant contributions to areas of state and territory responsibility including schools, disability services, health and hospitals and housing. Commonwealth–State agreements in these areas have all recently been reformed.

### *Australian Capital Territory*

The Australian Capital Territory, through the Department of Disability, Housing and Community Services, continues to focus on early intervention and prevention through innovative programs. The Integrated Family Support Projects for children and families have a number of joint interagency strategies with Education and Health. IMPACT is a joint initiative between DHCS and ACT Health which identifies and works with clients where there are addiction issues coupled with identified risks to children. The G8 project has been a capacity building project between eight schools in a Canberra region, community services in that region and Care and Protection. These projects develop linkages with community services to reduce the need for statutory intervention with vulnerable children and families.

The introduction of a Child Protection Case Conferencing Pilot focuses on child protection, assessment, planning and support, and increases the participation of children and young people in decision making. The surveys of stakeholders, including families and agencies who have participated in the conferencing model since November 2009, have been overwhelmingly positive, particularly in engaging families and services and being clear about roles, responsibilities and actions. The *ACT Children's Plan (2004–2014)* and *ACT Young People's Plan (2009–2014)* cover a broad range of government activities for children and young people. The *ACT Charter of Rights for Children and Young People in Out of Home Care* has been implemented and will be evaluated later in 2010.

There is a review of funded Family and Youth Support Services provided in the ACT introducing outcome-based reporting. There has been a move from universal services to secondary, with the expansion of tertiary responses. As part of the review there will be a centralised intake service to assist with active referrals and consistency of information provided.

There has been legislative changes that acknowledge 'Declared Care Teams' that allow information sharing and ensure that children and young people are consulted and involved in decision making.

The ongoing work with the G8 project has been instrumental in the development of partnerships and memorandums of understanding with education, including Schools as Communities workers identified to work within the schools.

### *New South Wales*

*Keep Them Safe: A shared approach to child wellbeing* is the New South Wales Government's five-year plan (2009–14) to fundamentally change the way children and families are supported and protected. It aims to improve the safety, welfare and wellbeing of all children and young people in New South Wales. Key changes include raising the statutory threshold for reporting children and young people to the Child Protection Helpline to 'risk of significant harm', so that the Department of Human Services, Community Services can focus on children and young people most in need.

Where a concern does not meet the threshold for a statutory child protection intervention, Child Wellbeing Units have been established in the major government departments as an alternative pathway for assessment and support. The Keep Them Safe Support Line has been established to provide advice to mandatory reporters from agencies that do not have access to a Child Wellbeing Unit, primarily non-government agencies, and for private practitioners. Three Family Referral Services are being piloted to help assist children, young people and families who do not meet the statutory threshold, but would benefit from accessing specific services to address current problems, prevent escalation, and foster a protective and nurturing environment.

The Family Case Management project is trialling an integrated case management response to families who frequently come into contact with multiple government agencies. It aims to develop skills and capacity to expand service delivery, and improve coordination between government and non-government agencies.

A five-year plan is also being finalised to run from 2010–11 until 2015–16 to help the non-government sector expand their service delivery, change their culture and develop skills and capacity across the public and non-government sector workforce.

#### *Northern Territory*

The Northern Territory Government announced a public inquiry into the Northern Territory's Child Protection System. The inquiry will look at aspects of the child protection system, such as how well the current system works, how to meet the specific needs of territory children in remote and regional communities, workforce development and retention, improving support for foster parents, carers and families in the out of home care system and improving coordination between agencies involved in the care and protection of children.

The results of the Board of Inquiry into the Northern Territory Child Protection System, due to report in October 2010, will guide activities to be undertaken in 2010–11.

#### *Queensland*

Queensland is implementing the Helping Out Families Initiative to provide support to children and their families at an early stage to reduce the risk of children entering the child protection system. Where statutory child protection services are needed, there is streamlined entry into the system through regional intake within Child Safety Services. At the same time families can be referred to the Family Support Alliance, a non-government service provider, which coordinates and provides specialist family support services. In 2010–11, Helping Out Families will be piloted in three south-east Queensland locations with a budget of \$55 million over four years.

Support for Indigenous children is being strengthened by refocusing funding of Recognised Entities to include family support funding to deliver services through community-controlled organisations, including in-home and specialist services to Indigenous families. The aim of this reform is to prevent Indigenous children from entering the statutory child protection system by keeping them safe and well in their own homes.

#### *South Australia*

The South Australian Government's child protection reform program Keeping them Safe establishes a strong across-government approach to enhance child protection services and systems. Keeping them Safe encompasses support to children and families, effective and appropriate intervention, improving work practices and culture, building collaborative sector partnerships and improved accountability.

South Australia is implementing a number of strategies and programs designed to support early intervention and strengthen focus on high-risk families, such as:

- the *Information Sharing Guidelines for promoting the safety and wellbeing of children, young people and their families* to bring together all relevant government agencies and non-government organisations in the interests of early intervention and better coordination of services
- the enhancement of alternative pathways to support high-risk families through targeted early intervention programs, in partnership with non-government agencies
- the development of Children's Centres for Early Childhood Development and Parenting to deliver a mix of early childhood and parenting services based on best available international evidence.

South Australia's draft *Directions for Alternative Care 2010–2013* contains actions designed to address the immediate and future demand on the alternative care sector to build service capacity and improve outcomes for children and young people.

#### *Tasmania*

Tasmania has been reforming its child protection system since November 2006, when the release of the *Report on Child Protection Services in Tasmania* acted as a catalyst for change. This report detailed serious shortcomings in the child protection system in Tasmania and also provided a clear vision of a high functioning child protection system and recommendations for major system reform required to achieve this vision. These recommendations and direction are supported by research and are reflected in the National Framework.

Major reforms to date include the establishment of new Gateway Services in August 2009, which facilitate access to intensive family support services for vulnerable families and legislative changes to improve information sharing between child protection and other services to allow the reporting of pre-natal concerns to child protection services.

## Victoria

The Victorian Government's Every Child Every Chance reforms enshrine children's best interests as the basis of all decisions. Developed in close partnership with Victorian community service organisations, the focus is on putting children and young people first, and building an integrated service system that is more localised, better coordinated and more responsive to child and family needs.

Child and Family Information, Referral and Support Teams (Child FIRST), which operate across the whole of Victoria, are an example of the new approach to integrated service provision linking universal, secondary and tertiary child and family services within the community. Continued investment in Victoria's out of home care, family and early parenting services system will help address the complex challenges of providing this sort of care.

## Western Australia

Following the Ford Review in 2007, the Department for Child Protection in Western Australia completed its reform in 2009–10. The department continues to build organisational capacity, deliver marked improvements in critical child protection performance, embed reforms in practice and culture and work towards becoming a learning organisation. The majority of the 34 reform projects have been completed, with some due for completion by December 2010. Outcomes that have been achieved include:

- › streamlined processes in the Casework Practice Manual
- › strengthened interagency coordination and collaboration
- › implementation of the mandatory reporting of child sexual abuse from 1 January 2009
- › development of the Foster Care Partnership Policy to optimise opportunities for children in care
- › development of a five-year workforce plan that articulates future workforce demand requirements, attraction and retention strategies, role and position redesign and realignments against qualification and parity, and enhanced quality assurance systems
- › development of the *Secondary Family Support—State Plan 2012–13* to establish a state-wide network of high quality, integrated services that support children, individuals and families to address the risks and crises that they experience
- › improved capacity to meet current and future demands.

## National priorities

The first three-year action plan 2009–2012 was agreed in September 2009. It identifies 12 national priorities which require significant commitment and resources from all partners to deliver outcomes in the first three years of the National Framework. The 12 national priorities set the foundation for the work ahead as designated areas that require immediate action.

Over the first 12 months under the implementation plan, the Commonwealth and state and territory governments and non government sector have made considerable progress under most of the national priorities. Early achievements include delivering 51 new Indigenous Parenting Support Services, eight new Communities for Children Plus sites across Australia, introducing new processes for sharing information between Commonwealth agencies (Centrelink, Medicare Australia and the Child Support Agency) and state child protection agencies, and developing draft National Standards for Out of Home Care.

## Setting the baseline

The National Framework aims to ensure that Australia's children and young people are safe and well, and that a substantial and sustained reduction in child abuse and neglect is achieved. To measure progress in achieving this target, four broad indicators were identified. It is important to acknowledge that not all indicators relate to the 2009–10 year and that national trend data will be assembled in future years to monitor the success of the National Framework in achieving sustained reduction in child abuse and neglect. The four key indicators are:

## Indicator 1

### National trends in key aspects of children's health and development indicating their wellbeing. Trends in the indicators show that:

Mortality rates for infants under the age of one in Australia have decreased from 8.8 deaths per 1000 live births in 1986 to 4.7 in 2006.

In 2002 the average number of decayed, missing or filled teeth for 12-year-olds was 1.0. Since 1997 dental decay among six-year-olds has increased, while it has remained relatively stable among 12-year-olds.

The attendance rate of primary school children in 2007 (Year 5) ranged between 85 to 95 per cent.

These proportions represent the range of attendance across jurisdictions and sectors (government, catholic and independent schools). Some sectors in some states and territories have few Indigenous students thus the impact of low Indigenous attendance would likely, in turn, be small.

However, the Northern Territory had the lowest overall attendance rates (85 per cent for government schools, 89 per cent for Catholic schools and 91 per cent for independent schools). This is likely to be related to the high proportion of Indigenous Year 5 students in the Northern Territory (41 per cent compared with 1–7 per cent in the other states and territories).

The percentage of children in Year 5 who achieved the national minimum standard or above for reading and numeracy in 2008 was 91 per cent and 93 per cent respectively.

Indigenous students were less likely to have achieved the reading and numeracy minimum standards— 63 per cent and 69 per cent respectively (28 and 24 percentage points lower than for all students).

However, as Indigenous comprise only approximately 5 per cent of all children in this age group, they are unlikely to have a large impact on the overall proportions across Australia (as presented in this headline indicator).

Fewer 15- to 19-year-old women are giving birth. The rate decreased from 22 per 1000 females in the mid-1990s to 17 per 1000 in 2006.

In 2007, 22 per cent of children aged 2–12 years had a body mass index score above the internationally agreed cut-off points for 'overweight' and 'obese' for their age and sex.

In 2005–06 the average weekly disposable household income was \$347 for low-income families with children aged 0–12 years. Between 1996 and 2006 the average income of low-income households with children increased in real terms by 28 per cent.

There are fewer deaths from all injuries for children aged 0–14 years. The age-specific death rate decreased by almost 40 per cent between 1997 and 2006, from 10 per 100 000 children to six per 100 000 children.

In September 2008, 93 per cent of children on the Australian Childhood Immunisation Register were fully immunised at two years of age. These rates have been relatively stable since 2002. (The 90 per cent coverage target was met in 2000 for one-year-olds and in 2003 for two-year-olds).

## Indicator 2

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

Between 2003–04 and 2007–08 hospitalisations for community injuries involving children aged 0–2 years have remained fairly stable from 14.7 to 14 per 1000 children respectively.

Over the same period, hospitalisations for community assaults also remained stable at 0.3 per 1000 children.

## Indicator 3

### **Trends in substantiated child protection cases:**

In 2008–09, 6.9 per 1000 children aged 0–16 years were the subject of a substantiation of a child protection notification.<sup>1</sup> Between 2004–05 and 2008–09, the number decreased by 4 per cent, from 33 871 to 32 478. Between 2007–08 and 2008–09 the rate of children subject to a substantiation of a notification remained steady.

Higher rates of Aboriginal and Torres Strait Islander children are subject to substantiations of notifications than other children. In 2008–09 the rate of Indigenous children who were subject to substantiated child protection notifications was 37.7 per 1000 Indigenous children compared to 5.0 per 1000 for non-Indigenous children.

## Indicator 4

### **Trends in the number of children in out of home care:**

On 30 June 2009 there were 6.7 per 1000 children aged 0–17 years in out of home care. From 30 June 2005 to 30 June 2009 the number of children in out of home care in Australia rose by 44 per cent from 23 695 to 34 069 (from 4.9 to 6.7 per 1 000 children). In the past year the number of children in out of home care has increased by 9.3 per cent from 31 166 in 2008 to 34 069 in 2009 (from 6.2 to 6.7 per 1000 children).

Higher rates of Aboriginal and Torres Strait Islander children are in out of home care than other children. In 2009 the rate of Indigenous children in out of home care was 44.8 per 1000 Indigenous children compared 4.9 per 1000 for non-Indigenous children.

The four key indicators are supported by 28 indicators of change. These indicators are aligned to the six supporting outcomes and measure the achievement of the outcome. The results follow:

### **Indicators relating to supporting outcome 1: Children live in safe and supportive families and communities:**

During the 2005–06 and 2007–08 period there were 55 401 cases of hospitalisation for injury and poisoning for children aged 0–4 years. The rate of hospitalisation for injury and poisoning for Indigenous children was 20.3 per 1000, and for all other children the rate was 14.2 per 1000.

<sup>1</sup> A substantiation is a child protection notification which was investigated and it was concluded that there was reasonable cause to believe that the child had been, was being or was likely to be abused, neglected or otherwise harmed.

**Indicators relating to supporting outcome 2: Children and families access adequate support to promote safety and intervene early:**

Just over one in 20 live-born infants had a low birth weight (<2500 grams) (6.2 per cent). Only one in a hundred had a very low birth weight (<1500 grams).

In 2008–09, a total of 207 462 children (41.2 per 1000 children) were the subject of a child protection notification.

In 2008–09, 15 544 children aged 0–17 years began intensive family support services. Of these children, almost half (46 per cent) were aged 0–4 years.

In those states with available data, virtually all pregnant women who had a live birth used at least one antenatal service (98.1 per cent) and most had five or more antenatal visits (91.9 per cent).

In 2009, 23.4 per cent of Australian children, on average, were developmentally vulnerable on one or more Australian Early Development Index (AEDI) domains and 11.8 per cent of Australian children were developmentally vulnerable on two or more of the AEDI domains.

In 1998 (the latest data available), approximately 14 per cent of children aged 4–14 years were reported to have mental health problems.

**Indicators relating to supporting outcome 3: Risk factors for child abuse and neglect are addressed:**

In 2007–08, 76 900 accompanying children (15.5 per 1000) aged 0–17 years attended agencies funded under the Supported Accommodation Assistance Program (SAAP); 17 100 unaccompanied children aged 0–17 years (3.4 per 1000 children) attended agencies funded under the SAAP.

In 2007, the National Drug Strategy Household survey found that an estimated 12 per cent of parents with children aged 0–14 years used either an illicit substance (such as marijuana or ecstasy) or a licit substance for non-medical purposes (such as pain killers) in the previous 12 months.

In 2006, about 15 per cent of children aged 0–14 years lived in jobless families. Of these children, two-thirds (66.7 per cent) were living in one-parent families.

**Indicators relating to supporting outcome 4: Children who have been abused or neglected receive support and care they need for their safety and wellbeing:**

At 30 June 2009 there were over 34 000 children in out of home care. Of these, 32 011 (94.0 per cent) were in home-based care (47.1 per cent in foster care, 45.4 per cent in relative or kin care) and 6.0 per cent were in other types of care.

In 2008–09, those jurisdictions with available data (all states and territories except New South Wales and Queensland) reported that 1052 households started foster care and 903 households exited foster care.

In 2008–09, 53 863 child protection investigations were finalised across Australia. The time taken to complete investigations ranged from 28 days or less (32 per cent), 29–62 days (22 per cent), 63–90 days (11 per cent) and more than 90 days (36 per cent). (May not total 100 per cent due to rounding.)

**Indicators relating to supporting outcome 5: Indigenous children are supported and safe in their families and communities:**

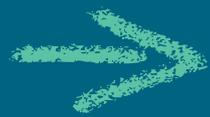
In 2008–09, 8135 (37.7 per 1000) Indigenous children aged 0–16 years were the subject of a substantiation of a notification, compared to 22 349 non-Indigenous children (5.0 per 1000). This means that Indigenous children were 7.5 times more likely than non-Indigenous children to be the subject of a substantiation.

At 30 June 2009, 44.8 per 1000 Indigenous children were in out of home care, compared to 4.9 per 1000 non-Indigenous children—meaning the national rate of Indigenous children in out of home care was 9.2 times the rate for non-Indigenous children .

At 30 June 2009 across Australia 73 per cent of Aboriginal and Torres Strait Islander children in out of home care were placed with relatives or kin, other Indigenous care givers or were in Indigenous residential care.

**Indicators relating to supporting outcome 6: Child sexual abuse and exploitation is prevented and survivors receive adequate support:**

In 2008–09, child sexual abuse was the least frequently substantiated type of child abuse or neglect. A total of 3735 children (0.7 per 1000 children) were the subject of a substantiation of a notification. The ratio was 2728 females (1.1 per 1000 children) to 1002 males (0.4 per 1000 children).



# Chapter one

Introduction



# Chapter one

## Introduction

This report is the first in a series of three annual reports to the Council of Australian Governments (COAG) and the general public on the *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020* (the National Framework). The National Framework is the first long-term national approach to ensuring the safety and wellbeing of Australia's children.

*A Picture of Australia's Children* (AIHW, 2009) reports that many Australian children are faring well, but that there is room for improvement, especially for Aboriginal and Torres Strait Islander children who are far more likely to experience disadvantage across a broad range of areas.

Death rates among children have fallen dramatically, and most children are physically active and meet minimum standards for reading and numeracy. But too many children and young people are victims of assault, are overweight or obese, are homeless or at risk of homelessness. The numbers of children subject to a notification of child abuse and neglect, under care and protection orders, or in out of home care are also rising nationally (AIHW, 2010a).

### National Framework for Protecting Australia's Children

COAG agreed to the National Framework on 30 April 2009. Through a series of three-year action plans, the National Framework identifies high-level and supporting outcomes, strategies to achieve them, actions to be undertaken and indicators of change that can monitor its success.

The Commonwealth Government led the development of the National Framework, working closely with state and territory governments, and in consultation with the non-government sector, especially the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children (the Coalition). The National Framework is an ambitious and long-term agenda for protecting Australia's children. It demonstrates a commitment from government and non-government organisations to work in partnership to achieve a common goal.

This annual report seeks to establish a baseline for reporting in future years. It reports on the four key high-level indicators to measure overall success and outlines the main actions taken under the 12 national priorities agreed by the Community and Disability Services Ministers' Conference (CDSMC). It also reports on 28 additional indicators that together will gauge progress in protecting Australia's children as well as actions taken under six additional supporting outcomes.

This report explains, in some detail, the quantitative indicators that will measure change over time. Some information on trends over time is already available and is reported where the data is available. However, in a number of areas it will take a considerable time before this data can measure the success, or otherwise, of actions taken. Of course, future reports will consider more trend information as it becomes available. An ongoing and significant challenge for the Performance and Data Working Group (PDWG) is to specify relevant and feasible indicators of change. This is an ongoing task and an important area to establish in the early phase of the implementation.

While setting up this framework and including measures of success is very important, we rely, in this early period of implementations on the Commonwealth, state and territory governments to take actions that are considered most beneficial. While each jurisdiction has responsibility for a multiplicity of actions across a diverse range of activities, it is the responsibility of CDSMC to monitor those actions to ensure they are moving forward.

This annual report also documents the actions taken against the strategies and outcomes within the National Framework. This catalogue of actions is a necessary starting point. In the longer term, progress will be measured by the key measures and indicators of change but these data systems will take time to mature and, at best, could be reported on annually.

The next two annual reports will build on this baseline by collecting and reporting on information that focuses on the effectiveness of actions taken. Stakeholders should turn their attention to an assessment of initiatives, either qualitatively or quantitatively framed. It will be far more challenging but necessary to establish what is working and what is not from the diverse range of actions that are taken. This will also take time to develop, as evaluation mechanisms are built into programs, but it is a direction that needs to be incorporated into the reporting.

This may, however, blur the distinction between annual reporting on the National Framework and the evaluation that is scheduled for 2012. However, it is anticipated that mechanisms put in place to improve annual reporting in this way will contribute to a more effective evaluation at that time.

A brief overview of the National Framework is presented in this chapter to provide the context for the material presented in the report. It includes the high-level outcome that is sought, the key measures identified to assess progress, the six supporting outcomes designed to assist in achieving the goal set, the national priorities that are an agreed national focus for both government and non-government sectors, and the indicators of change that will, together, provide a broad measure of progress. The governance structure is also included to show where responsibilities lie.

### High-level outcome

The actions and strategies that governments and others have agreed to take under the National Framework are all aimed to achieve the following high-level outcome:

*Australia's children and young people are safe and well*

To measure this outcome, governments and the non-government sector have set the following target:

*A substantial and sustained reduction in child abuse and neglect in Australia over time*

This report considers the progress made in the first year of the first action plan, titled *Implementing the first three-year action plan, 2009–2012* (the Action Plan).

### Setting the baseline

Four key measures have been identified to assess progress in achieving the high-level outcome. Over the life of the National Framework the following will be monitored:

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

### Six supporting outcomes

To achieve the higher level goals the National Framework sets out six supporting outcomes. These include strategies and actions that over time will contribute to the safety and wellbeing of Australia's children.

The outcomes are:

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

## National priorities

The Action Plan outlines the national priorities and the actions that have been adopted to achieve the six supporting outcomes. The national priorities are the major focus for the Commonwealth, state and territory governments and non-government sector in the first three years. They are:

- › joining up service delivery among the different jurisdictions
- › closing the gap for Indigenous children
- › seeing early warning signs (of abuse and neglect) and taking early action
- › improving support for carers
- › developing National Standards for Out of Home Care
- › building capacity and expertise
- › enhancing the evidence base
- › filling the research gaps
- › transitioning to independence
- › responding to sexual abuse
- › advocating nationally for children and young people
- › sharing information.

An explanation of these priorities and the progress made on each is included in Chapter 4.

## Indicators of change

Indicators of change have been aligned to each of the supporting outcomes. Table 1 in Appendix 7 lists the six supporting outcomes and each of the 28 indicators of change. It also includes the status of each indicator as some are still under development—these are outlined in each of the relevant chapters.

The Australian Institute of Health and Welfare (AIHW) is working with state and territory governments and non-government organisations, through the Performance and Data Working Group (PDWG), to review child protection data collections.<sup>2</sup> The PDWG is a sub-committee of the National Framework Implementation Working Group (NFIWG) and is responsible for making recommendations to NFIWG on information requirements and reporting of data for the National Framework; as well as the revised AIHW Child Protection Australia publication incorporating unit record data.

## Evaluation of the National Framework

The National Framework includes a planned evaluation at the end of the first three-year period in 2012.

## Governance structure

In early November 2007 an initial meeting of 22 representatives and academics from non-government organisations (NGO) was convened by Families Australia to create a group to advance the concept of a national framework. The gathering resolved to establish the the Coalition, with the aim of working with the Commonwealth, states and territories to develop the national child protection framework.

The Coalition has become a key partner in working with the non-government sector to drive the agenda for change and support the implementation of the National Framework, including the membership of the National Framework Implementation Working Group and supporting working groups.

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<sup>2</sup> Key differences between jurisdictions' data systems are summarised in *Child Protection Australia 2008–09*, Australian Institute of Health and Welfare, AIHW Child Welfare Series No. 47, cat. no. CWS 35. January 2010, Canberra.

COAG endorsed the National Framework and will oversee its implementation through the Community and Disability Services Ministers' Conference (CDSMC). The Community and Disability Services Ministers' Advisory Council (CDSMAC) supports CDSMC, and consists of senior officials from relevant departments.

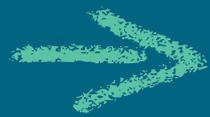
Representatives from the Commonwealth Government, all state and territory child protection agencies, and non-government representatives (through the Coalition) are included on the NFIWG. This group has a hands-on role in implementing the National Framework and consults with external stakeholders such as State and Territory Children's Commissioners, local governments and professional bodies about the practical aspects of implementing it. This group is supported by a PDWG that works on building the evidence base, developing key performance indicators and the simplified reporting system. It is also supported by the Information Sharing Working Group to work on the Sharing Information National Priority.

## Structure of the report

The structure of this annual report reflects the National Framework. The content of each chapter is as follows:

- Chapter 2 reports on the state and territory government reforms and the actions of the Commonwealth Government.
- Chapter 3 outlines the high-level indicators.
- Chapter 4 reports on the work in progress in delivering the national priorities.
- Chapters 5 to 10 provide the highlights of the actions taken to contribute to the six supporting outcomes in the National Framework and the findings against the indicators of change chosen to report on progress. Case study material on selected non-government programs and activities were provided by the Coalition and are included in an appropriate context in the report.
- Appendixes 1 to 6 report on the breadth of actions taken against each of the six outcomes in the National Framework by the Commonwealth, state and territory governments.





# Chapter two

Government reforms



## Chapter two

# Government reforms

Governments across Australia are working hard to protect children and support families— their reforms are an important part of the National Framework. The National Framework acknowledges that to be effective, these reforms need to be coordinated with Commonwealth Government programs, policies and payments. These national programs are supported by a multitude of smaller programs, legislative changes, strategies and actions in every state and territory of Australia.

### Commonwealth Government

In the past 12 months, a number of universal supports and services and early intervention services have been reformed as part of the Commonwealth Government's policy agenda. These reforms inform and complement actions taken under the National Framework.

The foundation of the Commonwealth Government's support for families and children is providing income and support payments. These payments provide both a broad social safety net and specifically support families in their parenting role. The Commonwealth Government has commenced or continued reform initiatives for a number of these payments.

Over the past 12 months the Commonwealth Government has reformed the welfare and family assistance payment system to foster responsibility and encourage people not to depend on welfare. The aim is to ensure that welfare payments are spent on the essential needs of the individual and their children.

On 25 November 2009 the Commonwealth Government announced that it would be introducing a new, non-discriminatory model of income management. This model will start from July 2010 and will initially cover the entire Northern Territory. Based on evaluations of the model in the Northern Territory, the Government will consider introducing the model in other disadvantaged communities across Australia.

In addition, Child Protection Income Management (CPIM) is operating in parts of Western Australia and also throughout the Northern Territory as part of new income management. CPIM is a tool for child protection agencies who can refer families at risk of neglect or where neglect is occurring to Centrelink to have their welfare payments managed.

The Government is also delivering Australia's first national Paid Parental Leave scheme from 1 January 2011. The scheme will provide eligible working parents with 18 weeks of parental leave pay at the federal minimum wage. It will give babies the best start in life and help more parents stay at home with their newborn babies in the critical early months.

In December 2009 the Government announced major reforms to its service delivery system designed to give Australians better access to government health, social and welfare services. One of the most significant aspects of this is the planned co-location of human services agency offices, including Centrelink, Medicare and the Child Support Agency. The Government has already announced 21 sites which will offer Centrelink and Medicare services side by side by the end of 2010.

The Commonwealth Government has also initiated and supported a number of reforms to support key services in the states and territories. These include health, housing, homelessness and education, which all directly help families raise children. The majority of these reforms are being progressed under the various intergovernmental agreements established by COAG. In April 2010 COAG, with the exception of Western Australia, agreed to establish a National Health and Hospitals Network. The Commonwealth Government will build on this with \$7.3 billion in investments in health services.

The Commonwealth Government also offers more targeted services for vulnerable individuals and families. The social inclusion agenda promotes a socially inclusive society in which all Australians feel valued and have the opportunity to participate fully in the life of our society. The Government has identified six early priorities under this agenda including:

- supporting children at greatest risk of long-term disadvantage by providing health, education and family relationships services
- helping jobless families with children by helping them find sustainable employment and giving their children a good start in life
- focusing on the locations of greatest disadvantage and fostering partnership with the community
- closing the gap for Indigenous Australians for life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes.

In implementing its social inclusion agenda, the Commonwealth Government is changing the way government policies and programs are designed, developed and coordinated. This is supported by new partnerships between all levels of government, businesses and third sector organisations (or non-profit sector), referred to as 'the national compact'.

In the past 12 months the Government has started or continued significant reforms in a number of children's policy areas and these are reported on under the relevant outcomes.

## State and territory governments

The following summaries are a very brief outline of the areas of reform in each of the states and territories.

### *Australian Capital Territory*

The ACT Department of Disability, Housing and Community Services focuses on early intervention and prevention through innovative policy development and programs such as:

- the integrated family support projects for Indigenous and non-Indigenous children and families which have been positive for families and have helped build effective relationships with support service providers; these have been provided through two existing Child and Family Centres and a further centre will be established in West Belconnen
- a number of joint strategies with the education and health departments, including IMPACT, Children of Parents with Mental Illness (COPMI), pre-birth alerts with the hospitals and the G8 project to develop links with community services to reduce the need for statutory intervention with vulnerable children and families
- a case conferencing model that was introduced to focus planning and support for child protection clients and improve the participation of children and young people in decision making
- the *ACT Children's Plan (2004–2014)* and *ACT Young People's Plan (2009–2014)* that covers a broad range of government activity for all children and young people
- the *ACT Charter of Rights for Children and Young People in Out of Home Care* has been implemented and will be evaluated in late 2010
- the early identification of at risk children, young people and families has been strengthened by using a differential response process and through a project focusing on the needs of vulnerable families
- accredited training for foster carers has commenced and training modules for kinship carers are being developed
- a project covering checks for working with vulnerable people has been finalised and a Bill is to be considered by the ACT Legislative Assembly in 2011
- children and young people entering and in out of home care are receiving regular health checks as part of care and protection services care plans.

The new West Belconnen Child and Family Centre will open in early 2011. The centre will provide early intervention and prevention services to local Aboriginal and Torres Strait Islander children, young people and families.

## *New South Wales*

*Keep Them Safe: a shared approach to child wellbeing* is the New South Wales Government's five-year plan (2009–14) to reform child protection in New South Wales. Its aim is that 'all children in New South Wales are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential'. The central vision of the plan is that child wellbeing and child protection is a collective or shared responsibility, not the sole responsibility of the Department of Human Services, Community Services. Therefore the plan has changed the way that child abuse and neglect concerns are reported and responded to in New South Wales.

This change is an important step towards integrating a system that is concerned both with child safety and the promotion of child wellbeing. Everyone—government, non-government, community, families and parents—must work together to support vulnerable children, young people and their families. On 24 January 2010 the main provisions of the *Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009* were proclaimed as amendments to the *Children and Young Persons (Care and Protection) Act 1998*, representing the start of the new child protection system and implementing the five-year plan.

Critical components of the new system include:

- Child Wellbeing Units are now operating in major departments (NSW Health, Education and Training, NSW Police and Human Services). In the first three months of operation all the units have supported their mandatory reporters in using the new online *Mandatory Reporter Guide* and in determining which matters to report to the Child Protection Helpline, and which require other assistance than a statutory child protection response.
- A Keep Them Safe Support Line provides advice to mandatory reporters in non-government agencies, in private practice and in government agencies without access to a Child Wellbeing Unit, with the new reporting threshold of risk of significant harm.
- Three Family Referral Services are being trialled in Mt Druitt, Dubbo and Newcastle to help reporters and agencies identify the most appropriate services for families where there is a child wellbeing concern. Once the trials have been evaluated, the services will be established state-wide.
- The Family Case Management project provides integrated case management for frequently encountered families. Stage one of this project is running in three regions: south-west Sydney, south-east NSW and western NSW.

Keep Them Safe will develop the capacity of the non-government sector to expand its role in service delivery. Strategies will be developed to promote a culture of shared responsibility amongst both government and non-government agencies.

Other reforms under Keep Them Safe that link to actions in the National Framework include:

- improved information and training to help carers prepare young people for leaving care
- strategies to improve support and training for carers, with a special emphasis on supporting Aboriginal and Torres Strait Islander carers
- health and developmental screening, assessments and intervention for all children and young people entering statutory out of home care
- strategies to support the professional development of child protection caseworkers
- enhanced investment in casework and support services focused on family restoration to increase the numbers of children and young people in out of home care who are successfully and safely restored to their families
- building capacity in both the Department of Human Services, Community Services and the non-government sector for improved recruitment, assessment and training of foster carers
- additional prevention and early intervention services
- an additional 25 Home School Liaison Officers and 15 Aboriginal Liaison Officers have been established in the Department of Education and Training to reduce the number of children at risk of poor educational outcomes because of habitual non-attendance

- the establishment and evaluation of four new mental health and drug and alcohol multidisciplinary teams in Health to address the needs of families where carers have mental health and/or drug and alcohol problems and parenting difficulties in the context of child protection concerns
- the signing of memorandum of understanding between the Department of Human Services, Community Services and the NSW Aboriginal, Child, Family and Community Care Secretariat (ABSEC) that recognises the need for ongoing collaboration to better protect Aboriginal children and help support their families
- the development of a specialist Aboriginal and Torres Strait Islander advice and support service for child protection that focuses on the need to work directly with families
- the establishment of four new Intensive Family Based Services to provide intensive, home-based programs for Aboriginal and Torres Strait Islander families whose children are at risk of entering care or those children currently in care who are to be restored to their families
- individual education plans for all children in government schools in statutory out of home care.

### *Northern Territory*

On 11 November 2009, the Northern Territory Government announced a public inquiry into the Northern Territory's Child Protection System. The Northern Territory Children's Commissioner, Dr Howard Bath, is co-chairing the inquiry with Professor Muriel Bamblett AM, Chief Executive Officer of the Victorian Aboriginal Child Care Agency, and Dr Rob Roseby, Deputy Director of Adolescent Health at the Royal Children's Hospital in Melbourne.

The inquiry's terms of reference are broad ranging and include examining:

- how the current system functions
- specific approaches for territory children in remote and regional communities
- workforce development and retention
- the out of home care system including support for foster parents, carers and families
- how agencies involved in the care and protection of children interact.

The Department of Health and Families has provided a submission to the Board of Inquiry, with over 15 contributions from individual staff, work units and divisions. The submission examines all areas of the child protection system, such as workforce retention and development, intake, statutory intervention, out of home care, legislation, the role of the non-government sector, the role of other government agencies, services in rural and remote locations and support for families, including services for Indigenous children and families. The submission contains 55 recommendations and canvasses four key themes of reform including the need for:

- coordinated planning and investment: making child protection everyone's business
- accessible integrated services that respond to need: better outcomes for children, young people and families
- strong and sustainable workforce systems
- quality care and protection services.

### *Queensland*

The Helping Out Families initiative, with an initial budget allocation of \$55 million, provides support and services to children and families at an early stage to reduce the risk of a child entering the child protection system. There are three key elements to the *Helping Out Families* initiative:

- a more effective model for the regional intake of children with child protection issues
- a method for referring children and families who need additional support to non-government services for intervention
- stronger non-government early intervention and family support in three pilot sites through the Family Support Alliance and a network of providers.

Under Helping Out Families, children and families are referred to the Department of Communities (Child Safety Services) through the Regional Intake Service. If the Regional Intake Service identifies that a family will benefit from the Helping Out Families initiative, a referral may be made to a non-government organisation (Family

Support Alliance) for the provision of family support services.

In 2010–11 Helping Out Families will be piloted in three south-east Queensland locations, assisting families in Logan and Beenleigh from October, and the Gold Coast early next year. The reforms will include:

- › Queensland Health to deliver a home-visiting program for all children aged under four years in the pilot sites
- › intensive family support services, in-home care and brokerage
- › more domestic and family violence prevention services
- › establishing the Family Support Alliance
- › streamlining referrals for vulnerable families.

The Helping Out Families budget includes \$55 million over four years, allocated to Child Safety Services and Community and Youth Justice Services, to pilot a new early intervention and prevention initiative in Logan, the Gold Coast and Beenleigh/Eagleby. In 2010–11 funding for this initiative includes:

- › \$4.8 million for intensive family support services, in-home care and brokerage
- › \$2.5 million to fund a health home-visiting program for all children aged from zero to three years in these locations
- › \$1.6 million for more domestic and family violence prevention services
- › \$0.85 million to set up a Family Support Alliance
- › \$0.2 million to streamline referrals for vulnerable families.

#### *South Australia*

South Australia continues to build on its Keeping Them Safe reform program to keep children safe in a sustained way and assure their wellbeing. Current responses and actions have been shaped in light of the impact of early reforms. Critical elements that align with actions under the National Framework centre around early intervention; a focus on the early years; approaches that consider the whole family and child context and joined up action across government. Partnerships that include the non-government sector have taken on new dimensions as part of the effort to build a flexible and responsive system.

The development of Children's Centres for Early Childhood Development and Parenting bring together care, education, health, and community development activities. Each Children's Centre is tailored to meet the needs of the local community. The possible service mix includes:

- › care and education from birth through to the early years of school
- › parenting networks and parent information and education
- › family support services
- › targeted services for vulnerable children and families
- › links to health services including immunisation, health checks and therapy services.

The Stronger Families Safer Children Program is providing targeted early intervention, family preservation and reunification services, delivered through seven non-government agencies. Specialised teams work with families and children at risk to reduce the likelihood of further harm and to prevent the placing of children in care. Where children have been placed in care intensive intervention is provided to support reunification.

The *Intervention Orders (Prevention of Abuse) Act 2009* provides for intervention to protect children from witnessing or being exposed to abuse in their homes. Following commencement of the Act, South Australia Police will have enhanced powers to take immediate action when individuals and families are threatened with violence.

State-wide implementation of the Connected Client Case Management System (C3MS) is supporting an integrated approach to the delivery of child protection and care services. Quality assurance processes will be further strengthened by the capture of data in C3MS.

New Care and Protection Assessment guidelines, developed in 2009, are being used in conjunction with the expanded use of structured decision-making to provide an enhanced focus on early assessment and decision-making for children at risk. Assessment processes have been strengthened through the implementation of a reunification structured decision-making assessment tool in mid-2010.

*Rapid Response: Whole of Government Services for Children and Young People under the Guardianship of the Minister*, is strengthening its focus on ensuring that outcomes are improved for children and young people under the guardianship of the Minister through receiving access to the services and supports available to those with strong family networks.

Directions for 2010–11 include a strong focus on the provision of evidence based alternative care services which respond to the diversity of needs of children and young people. The draft Directions for *Alternative Care in South Australia 2010–2013* proposes actions to continue to build service capacity to improve outcomes for children and young people. Strategies include:

- enhancing access to psychological services and Rapid Response services through an active case management process
- developing robust quality assurance mechanisms
- developing a transitioning and post-care service framework.

The South Australian Families and Communities portfolio budget includes \$137.7 million over four years, commencing in 2010–11, in increased resources for Families SA to support children requiring alternative care arrangements including home-based, residential and emergency care.

The Senior Officers Group for Care and Protection oversees across-government implementation and monitoring of Keeping Them Safe reforms and child protection initiatives aligned with the National Framework.

### *Tasmania*

Tasmania has been steadily reforming its child protection and family services system since November 2006, when the release of the *Report on Child Protection Services in Tasmania* identified serious shortcomings within the system. This report also provided a clear vision of a high-functioning child protection system and recommendations to achieve the major system reform required. These recommendations are supported by research and reflective of the objectives of the National Framework.

Processes and nominated liaison positions have been put in place to ensure a close and consistent working relationship between these family services and statutory child protection. There is now a common assessment framework to ensure the complete and consistent assessment of family issues and needs.

The Australian Childhood Foundation has been appointed to deliver a therapeutic support service for children in care and the department has worked with the Commissioner for Children to develop a pilot Children's Visitor Program, which is currently underway.

Tasmania is making steady progress on many of the actions identified under the National Framework. This includes establishing four Gateway Community Access Services and Integrated Family Support Service partnerships as detailed above.

Child and Family Centres will be established in Beaconsfield, Burnie, Chigwell, Clarence Plains, East Devonport, George Town, New Norfolk, Queenstown, Ravenswood, Risdon Cove and St Helens. Consultation is underway in all communities. Construction has begun in Beaconsfield and will be completed by the end of 2010.

A therapeutic early years parenting support service was established in January 2010 as part of the broader gateway integrated services. The discussion paper, *A Working with Children and Vulnerable People Checking System for Tasmania*, was released by the Tasmanian Government in December 2009 and submissions for this closed in March 2010. It is anticipated that advice on options for a screening program will be provided to government by July 2010.

Directions for 2010–11 include:

- The recent tender processes for therapeutic residential care and targeted youth support services are almost finalised and new services will be implemented progressively during 2010–11.
- Further amendments to the *Children, Young Persons and Their Families Act 1997* will ensure that the legislation continues to reflect contemporary practice.
- A community and child protection paediatrician will coordinate a state-wide response to child protection and the forensic examination of sexual assault.
- Inaugural Community Services Excellence Awards will be held in 2010–11. These awards will recognise outstanding service and leadership in improving the lives of children, young people, people with disabilities and their families in Tasmania. They will provide an opportunity to publicly recognise individuals and organisations who work tirelessly to protect and enhance the lives of children and people with disabilities in Tasmania.

### *Victoria*

The Victorian Government continues its progressive and ambitious reform agenda for Victorian child and family services. Developed in close partnership with Victorian community service organisations, the Every Child Every Chance reforms focus on putting children and young people first to ensure vulnerable children and young people thrive, learn and grow and are respected and valued so they become effective adults.

Children's best interests are at the heart of all decision making. The Victorian legislation fosters a shared responsibility for protecting children and young people, but also proactively promotes their development and long-term wellbeing. The best interest principles provide a common framework and language for everyone working under the Victorian legislation. This includes the recognition of the positive value of Aboriginal and Torres Strait Islander culture.

To support these reforms, strengthening the workforce across our integrated child and family services remains a central priority.

The reforms focus on building and sustaining an integrated service system that is more localised, better coordinated and is responsive to family needs. Victoria continues to build strong relationships with the community services sector to provide early intervention to vulnerable families. ChildFIRST (Child Family Information Referral and Support Teams) is in place across all of Victoria, covering 24 catchments. There has been an increase in referrals to the services following increased funding for relevant initiatives. This includes the recruitment of early childhood support workers in every catchment from mid-2010 and additional funding to increase the number of families that can be supported.

Continued significant investment in Victoria's out of home care system will assist the state to address the complex challenges of providing out of home care. The number of Victorian children and young people entering care is at an eight-year low achieved through a decade of safety and wellbeing policy initiatives. This includes the development of new forms of therapeutic residential care and specialist in home care and significant investment in new approaches to placement prevention.

Victoria's progress on the National Framework's high-level target—a substantial and sustained reduction in child abuse and neglect in Australia over time—is progressing well with a 15 per cent<sup>3</sup> reduction in the Victorian rate of substantiated abuse and neglect over the last five years.

### *Western Australia*

In 2009–10 the Department for Child Protection continued to build organisational capacity, deliver marked improvements in critical child protection performance, embed reforms in practice and culture, and work towards becoming a learning organisation.

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<sup>3</sup> The substantiation rate in Victoria in 2004–05 was 6.4 per 1000 aged 0–16. The substantiation rate in 2008–09 was 5.4 per 1000 aged 0–16. This is a 15.6 per cent decrease in the rate. (Child protection Australia 2008–09, AIHW).

Most of the 34 reform projects have been completed, with a few to be finished by December 2010.

Outcomes include:

- strengthened interagency coordination and collaboration through:
  - establishment of the Child Safety Directors' Group
  - ongoing review and development of memoranda of understanding/Working Together Kits with key government agencies to improve referral process, service provision and information sharing
  - development of the Rapid Response Framework to prioritise government responses to children in care
  - implementation of health and education plans for children in care
  - development and dissemination of information-sharing guide
  - multi-agency early intervention for at risk pregnant women
  - implementation of police and child protection co-location model across the state to address family and domestic violence
- implementation of mandatory reporting of child sexual abuse from 1 January 2009. Doctors, nurses, midwives, teachers and police are now required to report to the Department of Child Protection if they form a belief, on reasonable grounds, during the course of their work, that a child is being or has been sexually abused
- development of the Foster Care Partnership Policy to optimise opportunities for children in care
- a five-year workforce plan that articulates future workforce demand requirements, attraction and retention strategies, role and position redesign and realignments against qualifications and parity, and enhanced quality assurance systems
- development of the *Secondary Family Support—State Plan 2010–2013* to establish a state-wide network of high quality, integrated services that support children, individuals and families to address the risks and crises that they experience
- improved capacity to meet current and future demands through demand modelling to resource the Department on an ongoing basis and more effective resource allocation to districts to meet operational needs, and the development of a costing model for consistent benchmarking of out of home care services provided by the Department and its funded services.





# Chapter three

High-level indicators



## Chapter three

# High-level indicators

The National Framework identifies the high-level outcome: Australia's children and young people are safe and well.

To measure this outcome, governments and the non-government sector have set the following target: a substantial and sustained reduction in child abuse and neglect in Australia over time.

To demonstrate progress towards achieving this target four high-level indicators have been identified. They are:

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

Each of these indicators is described below.

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

There are 10 key indicators relevant to the National Framework. This list of indicators is reported in *A Picture of Australia's Children*.<sup>4</sup> Each indicator is described below.<sup>5</sup> They relate to children's health, development and wellbeing.

#### Children's health

##### *Infant mortality*

High infant mortality rates are related to socio-economic disadvantage and indicate the social and environmental conditions in which children are developing. The infant mortality rate is used throughout the world as an indicator of population and child health (AIHW, 2009a). Infant mortality data is available annually.

Mortality rates for infants under the age of one in Australia have decreased from 8.8 deaths per 1000 live births in 1986 to 4.7 in 2006.<sup>6</sup>

##### *Dental health*

Poor dental health can affect children's physical health, their self-esteem and their school attendance (AIHW, 2009a). Dental decay, which is linked to socio-economic disadvantage, has been shown to affect children's growth and cognitive development and can be minimised by the use of dental services (Kilpatrick, Neumann, Chapman and Nicholson, 2009). Dental health data is available annually.

The average number of decayed missing or filled teeth of Australian children at 12 years of age in 2002 was 1. Since 1997 dental decay among six-year-olds has increased, while it has remained relatively stable among 12-year-olds.<sup>7</sup>

4 This list of headline indicators is reported in *A Picture of Australia's Children* (AIHW, 2009b).

5 Child abuse and neglect is one of the national indicators of children's health, development and wellbeing. However, it is also the subject of the third high-level indicator, trends in substantiated child protection cases. To avoid repetition the results are reported only once under the heading 'Trends in substantiated child protection cases'.

6 Further information regarding infant mortality rates in Australia can be found in AIHW, 2009a, pp. 12–16.

7 Further information regarding the dental health of Australia's children can be found in AIHW, 2009a, pp. 38–40.

## Children's development

### *Attendance at primary school*

Non-attendance at school can result in children missing out on significant stages in their development. It can also negatively affect children's educational and life success (AIHW, 2009a). Children who are chronically absent from school have a higher likelihood of long-term learning difficulties and long-term unemployment and dependence on welfare (AIHW, 2009a; Rothman, 2001). Primary school attendance data is available annually.

The attendance rate of primary school children in 2007 (Year 5) was 85 to 95 per cent. No trend data has been presented for this indicator.<sup>8</sup>

### *Literacy and numeracy*

Literacy and numeracy skills are the foundations for children's future educational achievement, social development and employment. The development of literacy and numeracy skills depends not only on the school environment but also on the home environment. Factors such as the number of books and the amount of time spent reading with parents can affect the development of literacy and numeracy levels (AIHW, 2009a). Literacy and numeracy data is available annually.

The percentage of children in Year 5 who achieved at or above the national minimum reading (literacy) standards in 2008 was 91 per cent. The percentage of children in Year 5 who achieved at or above the national minimum numeracy standards in 2008 was 93 per cent.<sup>9</sup>

## Children's wellbeing

### *Teenage births*

Women who become pregnant when they are teenagers face long-term risks, including poor health, educational and economic outcomes. Women who have children as teenagers commonly experience disruptions in their education and career formation (Bradbury, 2007).

Children of teenage mothers also have poorer outcomes than other children (AIHW, 2009a). In 2007 Bradbury demonstrated that there is a relationship between a mother's age at birth and social and emotional development and learning ability. The children of younger mothers have poorer outcomes.

There is a favourable trend in the age-specific birth rate for 15–19-year-old women. It decreased from 22 per 1000 females in the mid-1990s to 17 in 2006.<sup>10</sup>

### *Overweight and obesity*

Children who are overweight and obese are at risk of chronic health problems, such as asthma, cardiovascular conditions and Type 2 diabetes (AIHW, 2009a). These children may also experience victimisation and discrimination that can then affect their psychological wellbeing (AIHW, 2009a). When children continue to be overweight and obese in adulthood they risk further health complications (AIHW, 2009a). Data on children who are overweight and obese is not available annually.

In 2007, 22 per cent of children aged 2–12 years had a body mass index score above the international cut-off points for 'overweight' and 'obese' for their age and sex.<sup>11</sup>

### *Family economic situations*

Low family income can negatively affect children. This can include psychological and social problems, increased levels of stress and feelings of exclusion (AIHW, 2009a). Children living in poverty have a higher likelihood of exposure to developmental risk factors such as parental stress and poor housing (CCCH, 2009).

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8 Further information regarding the primary school attendance rates can be found in AIHW, 2009a, pp. 54–55.

9 Further information regarding literacy and numeracy rates for Year 5 primary school students is available in AIHW, 2009a, pp. 56–59.

10 Further information regarding age-specific birth rates is available in AIHW, 2009, pp. 64–66.

11 Further information regarding overweight and obesity among children is available in AIHW, 2009a, pp. 75–76.

Women affected by poverty are more likely to have babies with a low birth weight and are less likely to breastfeed—both factors which can negatively affect children’s health and wellbeing (CCCH, 2009). Data on the economic situation of families is available for most years.<sup>12</sup>

In 2005–06 for families with children aged 0–12 in the low-income group the average weekly disposable household income was \$347. Between 1996–97 and 2005–06 the average income of low-income households with children increased in real terms by 28 per cent (AIHW, 2009a).<sup>13</sup>

### *Injuries*

Injury is a leading cause of death among children aged between one and 14 years in Australia (AIHW, 2009). Young children are vulnerable to injury when they explore their environment because they have not developed the ability to judge hazards. Older children are better able to assess hazards but are still vulnerable to injury. A lack of adequate adult supervision can increase children’s risk of injury. Age-specific death rate data from all injuries for children aged 0–14 years is available annually.

Injury death rates among children have decreased over time. In 2006 the rate for children aged 0–14 years was 6 per 1000 children. The injury death rate among children aged 0–14 years has decreased by almost 40 per cent between 1997 and 2006, from 10 to 6 per 1000 children.<sup>14</sup>

### *Childhood Immunisation*

Immunisation has played an important role in reducing the number of infant deaths in Australia and internationally. Immunisation protects children from illnesses that can cause long-term health problems and even death. Data regarding the percentage of children on the Australian Childhood Immunisation Register who are fully immunised at two years of age is available annually.

In September 2008, 93 per cent of children on the Australian Childhood Immunisation Register were fully immunised at two years of age. These rates have been relatively stable since 2002. (The 90 per cent coverage target was met in 2000 for one-year-olds, and in 2003 for two year-olds).<sup>15</sup>

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

The leading cause of death, or hospitalisation, among children aged 1–14 years in Australia is injury (Mercy, Sleet and Doll, 2006; AIHW, 2009a).

The rate of hospitalisation for injury and poisoning for children is measured by the total number and rate of hospital separations for community injury and poisoning. A hospital separation is an episode of care that can range from a total hospital stay or a portion of a hospital stay that ends with a change in type of care (for example, from acute care to rehabilitation).<sup>16</sup> A community injury is an injury or poisoning that is most likely sustained in the community.<sup>17</sup>

The measures used to determine trends in hospital admissions and emergency department visits for neglect and injuries to children<sup>18</sup> are for children aged 0–2 years. These measures are:

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12 Data were derived from ABS Survey of Income and Housing which is run most, but not all, years (no survey was run in 1998–99 or 2001–02).

13 Further information regarding family economic situations is available in AIHW, 2009a, pp. 86–88.

14 Further information regarding childhood injuries is available in AIHW, 2009a, pp. 102–106.

15 Further information regarding childhood immunisation is available in AIHW, 2009a, pp. 124–126.

16 Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care. Hospital separation data is likely to be a significant underestimate of all admissions due to abuse or neglect.

17 Community injuries are defined as injuries and poisoning that are most likely sustained in the community, excluding injuries resulting from complications of medical care or sequelae of trauma.

18 The AIHW Non-admitted Patient Emergency Department Care database does not include information on diagnosis, preventing data on ‘emergency department visits for neglect and injuries’ being presented.

- hospital separations for community injuries for children aged 0–2 years (number and rate per 1000), 2003–04 to 2007–08.
- hospital separations for community assault for children aged 0–2 years (number and rate per 1000), 2003–04 to 2007–08.<sup>19</sup>

Between 2003–04 and 2007–08 hospitalisations for community injuries involving children aged 0–2 years have remained fairly stable from 11 115 (14.7 per 1000) in 2003–04 to 11 661 (14.0 per 1000) in 2007–08 (Table 1). Over the same period, hospitalisations for community assaults also remained stable at 0.3 per 1000 (Table 2).

**Table 1: Hospital separations<sup>(a)</sup> for community injuries involving children aged 0–2**

Age (years)	2003–04	2004–05	2005–06	2006–07	2007–08
Number	11 115	11 021	11 468 <sup>(b)</sup>	11 511	11 661
Number per 1000	14.7	14.5	14.7	14.4	14.0

(a) Includes ICD-10-AM principal diagnosis codes of S00–T75 or T79 and mode of admission other than 'admitted patient transferred from another hospital'.

(b) Includes one separation of unknown sex.

Note: Community injury separation rates are a significant underestimate of all separations due to abuse or neglect.

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

**Table 2: Hospital separations<sup>(a)</sup> for community assault involving children aged 0–2**

	2003–04	2004–05	2005–06	2006–07	2007–08
Number	247	227	214	226	209
Number per 1000	0.3	0.3	0.3	0.3	0.3

(a) Includes ICD-10-AM principal diagnosis codes of S00–T75 or T79 and first external cause X85–Y09, Y35–Y36, Y87.1, Y89.0 or Y89.1 and mode of admission other than 'admitted patient transferred from another hospital'.

Notes:

1. Numbers and rates are a two-year moving average.

2. Community assault separation rates are a significant underestimate of all separations due to abuse or neglect.

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

## Trends in substantiated child protection cases<sup>20</sup>

### Child abuse and neglect

Child abuse and neglect negatively affects a child's development. This can include physical, psychological, cognitive, behavioural and social aspects. It can result in attachment difficulties, trauma, physical health problems and learning difficulties (Lamont, 2010a). The negative effects of child abuse and neglect can be long-lasting. For example, 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, 2010b).

19 Refer to the International Statistical Classification of Diseases and related health problems, 10th Revision, Australian Modification (ICD-10-AM) for types of assault.

20 Data on substantiations of notifications are likely to under-report harm/risk as most jurisdictions have investigations in process at 31 August of the following financial year which are not recorded. This key trend overlaps with indicator 21 (Rate per 1000 Indigenous children with substantiated cases compared to other children).

A substantiation of a notification is the conclusion, after investigation, that a child has been, is being or is likely to be abused, neglected or otherwise harmed.<sup>21</sup> The measure used to determine trends in substantiated child protection cases is: children aged 0–16 years subject to a substantiation of a notification from 2004–05, to 2008–09. During the last five years, three key national trends have been observed regarding children subject to substantiations of notifications (AIHW, 2010a).

First, between 2004–05 and 2008–09, the number of children aged 0–16 years subject to one or more substantiations of notifications decreased by 4 per cent, from 33 871 to 32 478 (from 7.5 to 6.9 per 1000 children).<sup>22</sup> Between 2007–08 and 2008–09 the rate of children subject to a substantiation of a notification remained steady (Table 3).

Second, there were higher rates of Indigenous children subject to substantiations of notifications than non-Indigenous children. In 2008–09 the rate of Indigenous children who were the subjects of substantiations of notifications was 37.7 per 1000 children, 7.5 times the rate of non-Indigenous children (5.0 per 1000 children) (Table 4).

Third, approximately two-thirds of children subject to a substantiation of a notification were aged under 10 years of age (Table 5).

**Table 3: Children aged 0–16 years subject to a substantiation of a notification, 2004–05 to 2008–09**

Year	Number of children	Rate per 1000 children
2004–05	33 871	7.5
2005–06	34 355	7.6
2006–07 <sup>(a)</sup>	33 860	7.3
2007–08	31 925	6.8
2008–09	32 478	6.9

(a) In 2006–07 data for Queensland was interim and was revised in 2008. National numbers and rates for 2006–07 may differ from those previously published.

*Notes:*

1. Finalised investigations, and therefore substantiations, refer only to cases that were notified during the year, not the total number of investigations finalised by 31 August.
2. Children may have been the subject of more than one substantiation.
3. Children aged 17 years are not included in this table due to different legislation and practices across jurisdictions. There are a small number of children aged 17 years involved in this collection. Where the age of the child is unknown these children are included.
4. Rates for all children are based on populations at December.

*Source:* Rates published in *Child Protection Australia 2008–09* (AIHW 2010), numbers published in *Child Protection Australia 2004–05 to 2008–09* (AIHW 2006, 2007, 2008, 2009c, 2010).

21. Substantiations are classified into four categories: physical abuse, sexual abuse, emotional abuse and neglect. Where more than one type of abuse or neglect or harm has occurred the substantiation is classified to the type most likely to be the most severe in the short term or most likely to place the child at risk in the short term, or if such an assessment is not possible, to the most obvious form of abuse or neglect. A notification is a report made to an authorised department by persons or other bodies making allegations of child abuse or neglect, child maltreatment or harm to a child. A notification can involve only one child; where it is claimed that two children have been abused or neglected, this is counted as two notifications, even if the children are from one family. Where there is more than one notification about the same 'event', this is counted as only one notification. Where there is more than one notification between 1 July and 30 June, but relating to different events (for instance, a different type of abuse or neglect or a different person believed responsible for the abuse or neglect), these notifications are counted as separate notifications.

22. Trends in the number of children subject to substantiations of notifications vary across jurisdictions.

**Table 4: Children aged 0–16 years subject to a substantiation of a notification, by Indigenous status, 2004–05 to 2008–09**

Year	Number of children		Rate per 1000 children	
	Indigenous	Other	Indigenous	Other
2004–05	4887	28 984	23.9	6.7
2005–06	6033	28 322	29.4	6.5
2006–07 <sup>(a)</sup>	7076	26 784	34.3	6.1
2007–08	7314	24 611	35.3	5.5
2008–09	8135	22 349 <sup>(b)</sup>	37.7	5.0 <sup>(b)</sup>

(a) In 2006–07 data for Queensland was interim and was revised in 2008. National numbers and rates for 2006–07 may differ from those previously published.

(b) In 2008–09 data were reported for non-Indigenous children that excludes children whose Indigenous status is unknown. Caution should be used when comparing data from previous years.

**Notes:**

1. Finalised investigations, and therefore substantiations, refer only to cases that were notified during the year, not the total number of investigations finalised by 31 August.
2. Children may have been the subject of more than one substantiation.
3. Children aged 17 years are not included in this table due to different legislation and practice across jurisdictions. There are a small number of children aged 17 years involved in this collection. Where the age of the child is unknown these children are included.
4. 'Other children' includes those children whose Indigenous status is unknown.
5. In 2008–09 the AIHW Child Protection Data Collection was updated to include non-Indigenous children.
6. Rates for all children are based on populations at December. The December population for Indigenous children is the average of the preceding 30 June and the following 30 June Indigenous population projections. Population estimates were updated in 2009 and this may affect rate comparison over time.

Source: Rates published in *Child Protection Australia 2008–09* (AIHW 2010), numbers published in *Child Protection Australia 2004–05 to 2008–09* (AIHW 2006, 2007, 2008, 2009c, 2010).

**Table 5: Children aged 0–17 years subject to a substantiation of a notification<sup>(a)</sup>, by age, 2004–05 to 2008–09**

	Age group (years)				
	0–4 <sup>(b)</sup>	5–9	10–14	15–17	0–17 <sup>(c)</sup>
	<b>Number</b>				
2004–05	12 661	9794	9354	2082	34 046
2005–06	13 092	9579	9479	2243	34 517
2006–07	13 359	9203	9066	2277	34 028
2007–08	12 682	8754	8393	2145	32 098
2008–09	13 084	8713	8551	2258	32 641
	<b>Per cent</b>				
2004–05	37.4	28.9	27.6	6.1	100.0
2005–06	38.1	27.9	27.6	6.5	100.0
2006–07	39.4	27.1	26.7	6.7	100.0
2007–08	39.7	27.4	26.2	6.7	100.0
2008–09	40.1	26.7	26.2	6.9	100.0

(a) Substantiations refer only to children who are the subject of substantiations for notifications received during the financial year.

(b) Unborn children may be included in the 0–4 years category.

(c) Includes children of unknown age.

**Notes:**

1. Finalised investigations, and therefore substantiations, refer only to cases which were notified during the year, not the total number of investigations finalised by 31 August.
2. Percentages exclude children of unknown age.
3. Percentages may not add to 100 due to rounding.

Source: Child Protection Australia various years (AIHW 2006, 2007, 2008, 2009c, 2010).

## Trends in the number of children in out of home care

Removal of children from the care of their parents is generally viewed as an ‘intervention of last resort’ (Bromfield and Osborn, 2007). The state has an obligation to provide those children removed from the care of their parent, with treatment to ameliorate the damaging effects of past abuse and neglect and to provide the care of a ‘good parent’.

Out of home care is one of a range of services provided to children and young people under 18 years of age who are in need of care and protection. This service provides alternative overnight accommodation for children and young people who are unable to live with their parents. These arrangements include:

- › home-based care—where placement is in the home of a carer who is reimbursed for expenses incurred in caring for the child: this category includes relative or kinship care where the care giver is a family member or a person with a pre-existing relationship to the child, foster or community care and other home-based arrangements
- › family group homes—where placement is in a residential building owned by the jurisdiction, typically run like a family home with a limited number of children who are cared for around-the-clock by resident substitute parents
- › residential care—where placement is in a residential building which provides placements for children with paid staff: this category includes facilities where there are rostered staff, those where staff are off-site and other facility-based arrangements
- › independent living—such as private boarding arrangements (AIHW 2010a).

The measure used to determine trends in the number of children in out of home care is the number and rate per 1000 children aged 0–17 years in out of home care from 30 June 2005 to 30 June 2009. The data shows that:

- › over the past five years the number of children in out of home care in Australia rose by 44 per cent from 23 695 to 34 069 (from 4.9 to 6.7 per 1000 children).<sup>23</sup>
- › in the past 12 months the number of children in out of home care increased by 9.3 per cent from 31 166 in 2008 to 34 069 in 2009 (from 6.2 to 6.7 per 1000 children) (Table 6).<sup>24</sup>
- › over the past five years, the rates of Indigenous children in out of home care has been higher than the rate for other children (Table 7)
- › in 2009 the rate of Indigenous children in out of home care was 44.8 per 1000 children, nine times the rate of non-Indigenous children (4.9 per 1000 children).

**Table 6: Children aged 0–17 years in out of home care, 30 June 2005 to 30 June 2009**

Year	Number of children	Rate per 1000 children
2005	23 695	4.9
2006	25 454	5.3
2007	28 379	5.8
2008	31 166	6.2
2009	34 069	6.7

*Note:* Rates for all children are based on population estimates at March each year.

*Source:* Child Protection Australia 2008–09 (AIHW 2010).

<sup>23</sup> The overall increase in the number of children in out of home care could be related to the increasingly complex family situations of children associated with parental substance abuse, mental health and family violence. This also affects the length of time children remain in care. The increasing numbers of children in out of home care also reflects the fact that more children are being admitted to care each year than being discharged.

<sup>24</sup> The rates of children in out of home care also vary across the states and territories. The reasons for this variation are likely to include differences in the policies and practices of the relevant departments in relation to early intervention and out of home care and variations in the availability of appropriate care options for children in need of this service.

Table 7: Children aged 0–17 years in out of home care, by Indigenous status, 30 June 2005 to 30 June 2009

Year	Number of children		Rate per 1000 children	
	Indigenous	Other	Indigenous	Other
2005	5678	18 017	26.4	3.9
2006	6497	18 957	29.8	4.1
2007 <sup>(a)</sup>	7917	20 462	36.3	4.3
2008	9070	22 096	41.3	4.6
2009	10 512	23 374 <sup>(b)</sup>	44.8	4.9 <sup>(b)</sup>

(a) In 2007 data for Queensland was interim and was revised in 2008. Numbers and rates for 2007 may differ from those previously published.

(b) In 2009 data was reported for non-Indigenous children that excludes children whose Indigenous status is unknown. Caution should be used when comparing data from previous years.

*Notes:*

1. Other children includes those children whose Indigenous status is unknown.
2. In 2009 the AIHW Child Protection Data Collection was updated to capture non-Indigenous children.
3. Rates for Indigenous children are based on the Indigenous population projections at 30 June. Population estimates were updated in 2009 and this may affect rate comparison over time.

*Source:* *Child Protection Australia* various years (AIHW 2006, 2007, 2008, 2009c).





# Chapter four

National priorities



## Chapter four

# National priorities

Twelve national priorities are identified in the first three-year action plan, 2009–2012. Enhancing the evidence base, filling research gaps, and developing national standards for out of home care have been identified as priorities as they set the foundation for the work ahead. Other priorities, such as responding to sexual abuse, the safety and wellbeing of Indigenous children, young people leaving care and improved support for grandparent, kinship and foster carers have been identified as areas that need immediate action.

Success in these priority areas will go a long way to improve the safety and wellbeing of Australian children. Over the past 12 months the Commonwealth, state and territory governments and the non-government sector have made a considerable commitment to progressing the national priorities and have made significant progress in taking forward actions under the national priorities.

The following summaries briefly outline some of the key achievements under each of the national priorities over the past 12 months.

### National priority: joining up service delivery

This national priority, under supporting outcome 2, is about implementing a joined up approach to service design, planning and delivery, targeted to the hard to reach, most disadvantaged families and children.

Over \$19 million has been allocated to the establishment of Communities for Children Plus services, which build on and strengthen the existing Communities for Children model. These services address the risk factors for child abuse and neglect in communities of high disadvantage before they escalate, and provide parents of children at risk with intensive early intervention services to provide a safe, happy and healthy life for their children.

Communities for Children Plus sites were identified by the Commonwealth, state and territory governments as being communities where targeted and integrated service delivery, including mental health, drug and alcohol, family violence and housing services were required to help prevent child abuse and neglect.

The eight sites to be funded under Communities for Children Plus, consist of four new sites in Cardinia (Victoria), Kempsey (New South Wales), Playford (South Australia) and Midland (Western Australia) and four extension sites, that expand services to already existing Communities for Children sites in Launceston (Tasmania), Ipswich (Queensland), Campbelltown (New South Wales), and East Arnhem (Northern Territory). Three of these sites are operational and are at varying stages in the development of their Community Strategic Plans.

All Communities for Children sites have been refocused to target the most disadvantaged communities.

### National priority: closing the gap

This national priority, under supporting outcome 5, aims to support Indigenous communities building activities in areas such as culture and connectedness, strengthening families and communities in targeted areas where children are at risk and speaking up about abuse. NFIWG has established a Closing the Gap sub-working group to progress work under this national priority.

Under this national priority, 51 sites for the new Indigenous Parenting Support Services have been announced. These services reflect a broad concept of parenting/caring that includes extended families and kinship ties, and offer an integrated service model that will strengthen parenting skills and support the development, learning and wellbeing of Indigenous children. Forty-five of these sites are now operational.

In addition to this 36 Child and Family Centre locations have been announced. These Child and Family Centres provide integrated early childhood education and care services, including child care, early learning and family support services. They will also link to other services for at risk children and families.

## National priority: seeing early warning signs and taking early action

This national priority, under supporting outcomes 2 and 3, aims to help service providers to identify the needs of at risk children and their families, and to provide support as early as possible. A taskforce, the Common Approach to Assessment, Referral and Support (CAARS) taskforce, was established in May 2010 to develop practical ways to help service providers identify and support vulnerable children and families.

A CAARS needs identification mechanism was developed over 18 months. This practical mechanism will give universal service providers (such as doctors, nurses, teachers, child care workers) a way to identify and respond to early indicators of need for children and families. The mechanism is simple, flexible, easy to use, evidence-based and adaptable.

Consultations with service providers on the usefulness of CAARS approach were undertaken throughout April 2010, and a report was provided to the Australian Government for consideration about next steps and a possible trial of the approach in a number of locations.

## National priority: improving support for carers

This national priority, under supporting outcome 4, is about exploring financial and non-financial support for grandparents, kinship and foster carers, including through specialised services and as a target group in other services.

As part of providing enhanced support for these carers, grandparent and kinship carers have been included in the priority target groups for Supported Playgroups and Communities for Children. As at June 2010, three of the 20 playgroups operating under the current supported playgroup program contracts specifically target grandparent and other carers.

In late May 2010 the Social Policy Research Centre (SPRC) at the University of New South Wales was engaged to undertake a research project to explore the supports and services available to formal and informal out of home carers. The research will help inform future directions of this project by providing an analysis of the gaps in the current system of supports and services available to these carers.

## National priority: developing national standards for out of home care

This national priority, under supporting outcome 4, aims to improve the outcomes and experiences of children and young people living in out of home care.

The Commonwealth Minister for Families, Housing, Community Services and Indigenous Affairs released a consultation paper to inform discussion with stakeholders about developing national standards on 21 January 2010. From February to May 2010 consultation was undertaken nationally, including face-to-face meetings with children and young people, carers, service providers, peak organisations and government representatives. Consultations were held in capital cities and five regional centres—Coffs Harbour (New South Wales); Cairns (Queensland); Port Augusta (South Australia); Geraldton (Western Australia) and Alice Springs (Northern Territory). As part of the consultation process stakeholders were also invited to provide written submissions. Fifty-two written submissions were received.

The Community Services and Disability Ministers' Conference (CDMSMC) agreed to release a Working Document on National Standards for Out of Home Care, including draft national standards, proposed principles and implementation timeframes as the basis of further consultation, refinement and prioritisation. CDMSMC also agreed that at their next meeting the following would be considered for agreement—the final national standards, measures and implementation plans, including a blueprint for monitoring and measuring, monitoring and reporting on national standards, and a gap analysis of implications of putting measures and supporting systems in place.

## National priority: building capacity and expertise

This national priority, under supporting outcomes 3 and 5 has two elements:

- › supporting the education, professional development and retention of the child protection and welfare workforce
- › building capacity and expertise within the human services sectors to improve outcomes for children and families with multiple and complex risk factors, such as substance abuse, mental illness homelessness and exposure to domestic violence.

Under the National Leadership Projects, the Australian Centre for Child Protection has been funded \$2.1 million for the Building Capacity Building Bridges project. An accredited training program will be developed to build workforce capacity to intervene early with families and lower the risk of child abuse and neglect. The program will equip the workforce to respond sensitively to the needs of families with children at risk by improving collaboration between adult and child focused workforce sectors and services. It will target homelessness, mental health, drug and alcohol and family violence workforce sectors.

Twelve communities with high-levels of disadvantage across the country have been identified for the program roll out. More than 700 workers will receive accredited training under this program, and up to 30 highly skilled workers will be supported to become trainers themselves so that they can continue to deliver the program in their local community.

The outcomes of the Building Capacity Building Bridges project and the Community Services Workforce Profile project will inform further action under the building workforce capacity and expertise priority, including the establishment of a working group and the development of a report on Indigenous child protection.

## National priority: enhancing the evidence base

This national priority, under supporting outcome 4, aims to improve data collection on children's wellbeing and learn more about children's interactions with the child protection system. *The Australian Institute of Health and Welfare* AIHW has been working with state and territory governments to review data collections to develop a child protection unit data collection and headline indicators relating to children's social and emotional wellbeing, shelter, and family social networks.

This work is ongoing, with methods of collecting national child protection data undergoing significant change. A trial of this new way of reporting child protection data is planned for early 2011.

## National priority: filling the research gaps

This national priority, under supporting outcome 4, aims to inform future policy and service delivery by identifying research priorities and opportunities on issues that affect children and families. Developing such a national research agenda supports all of the other national priorities.

Under this priority a National Research Agenda is being developed in consultation with key academics and expert practitioners. This work is being done under the guidance of the Filling the Research Gaps Working Group comprising Commonwealth, state and territory government and non-government representatives.

To inform the direction of the National Research Agenda, a workshop was held in October 2009, attended by about 100 researchers, academics, practitioners, government and non-government representatives. The workshop recommended, as the next step in developing a research agenda, an audit of Australian research relevant to the National Framework.

An expert working group has been established to develop this priority and the scope for a national research audit for progressing the agenda has been agreed.

The audit is expected to be completed in February 2011, and will focus on research relating to the protection of children and build on earlier audits of child protection and out of home care research produced in 2004–05 and 2007. Results will feed directly into the development of the National Research Agenda which is due to be finalised in early 2011.

### National priority: transitioning to independence

This national priority, under supporting outcome 4, aims to increase both financial and non-financial support for young people leaving care in their transition to independence.

A sub-group of the NFIWG, including members of specialist non-government agencies and academics, has been formed to develop a work plan to improve the effectiveness of the transition to independent living for young people leaving out of home care. The sub-working group has identified a number of potential action areas across government and non-government sectors for further consideration.

The sub-group will also consider the findings in the CREATE Foundation Report Card (2009) to identify existing support services that can be strengthened as well as models of best practice that can be expanded across jurisdictions.

In July 2009 the Commonwealth Government increased the one-off Transitioning to Independence Living Allowance for young people leaving care from \$1000 to \$1500.

### National priority: responding to sexual abuse

This national priority, under supporting outcome 6, is about raising awareness of child sexual abuse and addressing the needs of survivors by building evidence to present a national picture of therapeutic services available to all Australian children.

Funding was provided to Bravehearts to deliver White Balloon Day in 2009 and 2010 to raise awareness of child sexual abuse. Funding was also provided to Bravehearts to run workshops that explore the nature of child sexual abuse and strengthen therapeutic skills and effective responses to disclosures.

Through the Protecting Australia's Children second funding round, non-profit organisations across Australia shared \$3.1 million for community-based projects to develop the strength and resilience of children and families as well as support children and adults who have suffered abuse and neglect.

The Australian Crime Commission is expected to release a report on *Australia's Response to Sexualised or Sexually Abusive Behaviours in Children and Young People* in July 2010. This report will guide the scope of future work under this priority.

All jurisdictions contributed to a National Workshop on Therapeutic Residential Care that was held in Melbourne on 9–10 September 2010. This workshop, led by Queensland, focused on definitions and best practice models of residential therapeutic care for children displaying behavioural or psychological problems as a result of abuse and neglect, including sexual abuse.

### National priority: advocating nationally for children and young people

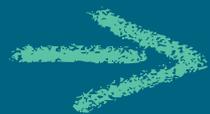
This national priority, under supporting outcome 1, is about exploring the potential to establish an Australian Commissioner for Children and Young People.

The Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs has continued to consult with key stakeholders, including existing State and Territory Commissioners and guardians, state and territory governments, and the community, particularly children themselves, on the potential for an Australian Commissioner for Children and Young People. In early 2010, the Department concluded consultations and provided advice to the Commonwealth Government for consideration.

## National priority: sharing information

This national priority, under supporting outcome 2, is about helping state and territory child protection agencies to request information from Commonwealth agencies to help protect children who are at risk. Under the information sharing protocol, child protection agencies can now request information from Centrelink, Medicare and the Child Support Agency.

The information sharing protocol commenced with Centrelink in January 2009. Since the endorsement of the National Framework, Medicare and the Child Support Agency have been included in the information sharing protocol. Further work is being undertaken to include other relevant Commonwealth agencies in these protocols.



## Chapter five

Supporting outcome 1:

Children live in safe and supportive families  
and communities



## Chapter five

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

This supporting outcome will create communities that are more child-friendly, helping families, especially parents, to care for children. Supportive families and communities value the participation of children in the decisions that affect their lives.

### Overview

Protecting children from abuse and neglect begins with developing a shared responsibility for tackling the problem. It is important to educate and engage the community, not only to influence attitudes and beliefs but also to educate more broadly about children and their needs. Children have a right to participate in decisions that affect them, and upholding that right is a key sign that they are valued and supported. This is particularly relevant in judicial proceedings in care and protection, juvenile justice and family court matters, and in child protection and out of home care services.

Three strategies have been designed to ensure that children live in safe and supportive families and communities. They are to:

- › strengthen the capacity of families to support children
- › educate and engage the community about child abuse and neglect and strategies for protecting children
- › develop and implement effective mechanisms for involving children and young people in decisions affecting their lives.

Further details on the actions taken to support this outcome are included in Appendix 1.

### Progress and achievements

The Commonwealth, state and territory governments have made significant investments in both establishing centres and providing services to strengthen the capacity of families to support children. The summary below outlines a variety of centres established in the states and territories to contribute to this effort. These centres are supported by programs that intervene early with vulnerable families and focus on integrating the services available. Services are also delivered by non-government organisations, Aboriginal organisations and a mobile outreach service in the Northern Territory and Queensland.

One part of this effort is to establish at least 35 Child and Family Centres across Australia by June 2014 under the Indigenous Early Childhood Development National Partnership Agreement. These centres target the needs of Indigenous families and their young children and will also provide services to all families in the community.

In summary, the centres and major programs are as follows:

- › In the Australian Capital Territory, the construction of the third Child and Family Centre will complement two existing successful centres. The third centre will have a specific focus on the provision of services for the local Aboriginal and Torres Strait Islander community. The Department of Disability, Housing and Community Services provides resources to community organisations for complementary support services across Canberra. The G8 project has been implemented in eight ACT public schools to encourage working partnerships between schools and the Office for Children, Youth and Family Support.

- In New South Wales, planning for the establishment of nine Child and Family Centres is underway. Ten early learning centres are planned—one is operating, and development applications have been lodged for another eight. More than 3700 families were taking part in the Brighter Futures Early Intervention Program, designed to support vulnerable families with children under nine years, with plans to extend this to another 250 families.
- In the Northern Territory, targeted family support services have been developed in Alice Springs, Darwin and Katherine in partnership with three Aboriginal organisations in those centres and a Mobile Outreach Service providing services in remote communities. Twenty safe places across the Northern Territory and two transitional houses in Darwin and Alice Springs support families and children where violence is a high risk. The Remote Aboriginal Family and Community Worker Program also operates as a Family Support Service.
- In Queensland, an extra 240 kindergarten services will be provided across Queensland by 2014. This will double the capacity of the community kindergarten sector, supporting an additional 12 000 eligible children. The Referral for Active Intervention initiative has been established in 11 locations and has developed a strong network of supporting agencies and services. Evaluations show these services have delivered very positive outcomes for families with complex multiple needs. The Participate in Prosperity Program funds non-government organisations to provide case management and life skills to assist people marginalised from the workforce.
- In Tasmania, 11 locations have been selected for Child and Family Centres and community consultation is well underway. Construction has begun in Beaconsfield. In February 2010 a further five sites were announced. Reform of the family support service system includes four Gateway Community Access Services, four Integrated Family Support Services partnerships, and new Early Years Parent Support Services.
- In South Australia, 20 Children’s Centres for Early Childhood Development and Parenting have been developed in the context of the Virtual Village Report. A further 10 centres have been announced. The centres bring together a holistic mix of care, education and health services, and community development activities.
- In Victoria, 61 Children’s Centres have been established since 2003 and 30 new centres are in the planning and construction stage. An extra \$24.3 million over four years will be provided to enhance family services, professionalise the workforce and improve collaborative partnerships. Community programs and family support programs have also been enhanced by a \$77.2 million boost over four years.
- In Western Australia, five early learning and care centres are being established—a centre in the Pilbara is currently being built and this will be followed by one in a metropolitan site. Cabinet has endorsed the Secondary Family Support State Plan 2010–2013 to establish a state-wide network of high quality, integrated services.

### **Brighter Futures**

A family was referred to Brighter Futures from the hospital. The mother had just been released from drug rehabilitation and needed help with parenting skills. Through the Brighter Futures Program the mother was able to find emergency housing and then rental accommodation. The caseworker organised for her four-year-old son to attend preschool and the mother to attend a parenting course. As a result of the support and advice the mother was able to build a stronger relationship with her son and for the first time started to enjoy spending time with him.

*Provider: Case study from the Brighter Futures Program, New South Wales*

To educate the community about child abuse and neglect and strategies for protecting children, the Commonwealth Government and some state and territory governments provided funding to the National Association for the Prevention of Child Abuse and Neglect (NAPCAN) to plan activities in National Child Protection Week 2009.

The Commonwealth Government also funded NAPCAN to conduct a national survey of community attitudes about child abuse and neglect in 2009. The results of the survey, based on some 23 000 respondents, revealed that the vast majority of Australians (92 per cent) believe that child abuse and neglect is a serious problem in

Australia. However, when confronted by a clear-cut case of child abuse, less than half of the people surveyed would definitely take formal action to protect the child. The survey asked respondents what would stop them from taking action. Fears that would stop them included that they:

- › are worried they may be wrong (48 per cent)
- › are worried what might happen to them (44 per cent)
- › believe it's none of their business (42 per cent)
- › don't know what to do (38 per cent)
- › don't want to cause problems for the child (33 per cent)
- › don't want to upset the parents (30 per cent)
- › don't want to admit things like that happen (22 per cent).

Substantial efforts have been made to develop and implement effective mechanisms to involve children and young people in decisions affecting their lives.

- › Legislative changes have been made in NSW and reviews are underway to streamline processes and reduce the legalistic nature of proceedings in Tasmania, Victoria and the ACT.
- › In the ACT the legislation introduced in 2008 (and now being put into practice) has a focus on the views and wishes of children and young people. The Best Interests Principle is elevated to the paramount consideration.
- › Alternative dispute-resolution mechanisms are being implemented in NSW and Victoria and family group conferencing has been introduced in Alice Springs.
- › Charters of Rights for Children and Young People have been developed in NSW, the ACT and South Australia.
- › South Australia has also produced information booklets about being in care and informing children of their rights.
- › In Tasmania, the CREATE Be Heard project has been funded to survey the views of children in care.
- › Queensland is developing strategies to engage young people and promote the views of children such as the Indigenous Youth Leadership Strategy.

### **Child-friendly communities campaign**

Communities for Children, Raymond Terrace and Karuah NSW

The campaign promotes education and child-friendly community criteria across all sectors and the collaboration between the different sectors to improve systems and policies to reflect child-friendly principles. The campaign was funded by the Commonwealth Government's Communities for Children national initiative and delivered from July 2006 to December 2008.

The social and physical environments in which children grow up have a major impact on their development, sense of safety and wellbeing. This project delivered promotion, training and relationship/partnership building activities to include child-friendly principles and practices in Raymond Terrace and Karuah. A major focus of the project was to build relationships with key stakeholders at local, regional and state levels to ensure sustainability of aspects of the project.

The training and exposure provided to council staff ensured greater integration of child-friendly policies and procedures in social and corporate plans. This included strategies to continue to develop community-based early childhood action plans. At the state level, Port Stephens Council partnered with NSW Commission for Children and Young People to develop child-friendly indicators for the built environment and took a leadership role in setting up a NSW Local Government Network Child Friendly Cities/Communities with safety and wellbeing of children and families as a priority.

*Provider: Smith Family*

## Indicators of change

There are five indicators for supporting outcome 1. They are:

- community attitudes towards, and value of, children
- children’s perception of their value within the community
- child homicides
- rate of hospitalisations for injury and poisoning for children aged 0–4 years
- deaths of children known to child protection.

Two of the indicators listed above can be reported on in this annual report. Three indicators—child homicides, deaths of children known to child protection and children’s perception of their value within the community—require further development. However, the relevance of each indicator in supporting the outcome is explained in the report.

Child homicides and deaths of children known to child protection have been proposed as new indicators by the NFIWG.<sup>25</sup> The PDWG will consider the viability of these indicators for future reporting.

### Findings on outcome 1

#### *Community attitudes towards and value of children*

The World Health Organization (2006) report, *Preventing child maltreatment: a guide to taking action and generating evidence*, identifies media-based social marketing campaigns as an important strategy for changing social and cultural norms. They can raise public awareness, educate and foster social behaviour that supports the prevention and early intervention of child maltreatment.

Community attitudes towards, and value of, children are important to children’s overall safety and wellbeing. Mass media strategies that aim to reduce child abuse and neglect have shown that this type of education and engagement is effective in reducing some of the attitudes and behaviours that lead to child maltreatment (Horsfall, Bromfield and McDonald, forthcoming).

#### *Hospitalisations for injury and poisoning for children<sup>26</sup>*

During the 2005–06 and 2007–08 period there were 55 401 hospital separations (or ‘episodes of care’) for community injury and poisoning for children aged 0–4 years. The rate of hospital separations for community injury and poisoning for Aboriginal and Torres Strait Islander children was 20.3 per 1000. For all other children the rate was 14.2 per 1000 (see Table 8).

**Table 8: Hospital separations for community injury and poisoning<sup>(a)</sup> by Indigenous status of children aged 0–4 years, 2005–06 to 2007–08**

	Number of children		Rate per 1000 children	
	Indigenous	Other	Indigenous	Other
Total community injury	3790	51 611	20.3	14.2

(a) Community injury: ICD-10-AM principal diagnosis S00–T75 or T79 and mode of admission other than ‘admitted patient transferred from another hospital’. Assault: ICD-10-AM principal diagnosis S00–T75 or T79, and first external cause X85–Y09, Y35–Y36, Y87.1, Y89.0 or Y89.1, and mode of admission other than ‘admitted patient transferred from another hospital’.

Notes:

1. Three years of aggregated data are presented here as a more robust measure than single year data.
2. Due to jurisdictional differences in data quality, analysis by Indigenous status is based on state of usual residence and includes data from New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory only. Data from these jurisdictions is not necessarily representative of excluded jurisdictions.
3. Community injury separation rates are a significant underestimate of all separations due to abuse or neglect.

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

<sup>25</sup> These indicators are intended to replace a measure of children’s and young people’s participation in administrative and judicial proceedings that affect them.

<sup>26</sup> Information about age-specific death rates from all injuries for children aged 0–2 years is presented in Chapter 2.

## Outcome 1 indicators requiring further development

### *Children's perception of their value within the community*

Tranter and Pawson (2001) state that 'children need to feel an important part of a caring local community. This enables them to get to know people in their neighbourhood and, in the process, to be heard and listened to [and] valued as citizens of today, rather than the future'.

Communities that value children through, for example, supporting and encouraging a shared responsibility for children, can bring about better outcomes for children. Phipps (Calvert 2000, p. 29) outlined the differences between child outcomes in Norway and the United States. Norwegian children have lower rates of a range of illnesses, have fewer accidents and are less likely to be anxious. This was attributed to Norway's support of all children and families, rather than only those in serious need as is the practice in the United States.

### *Child homicides*

The most extreme forms of child abuse and neglect can result in death. In a 2003 publication it was estimated that, on average, 25 Australian children are killed by their parents each year (Mouzos and Rushforth, 2003). However, due to the fact that in-depth information about fatal child abuse is not collected in every state and territory in Australia it is difficult to obtain accurate statistics about this issue (Irenyi and Horsfall, 2009).<sup>27</sup>

Those jurisdictions that undertake official inquiries into child deaths provide some information. However, there is a general consensus that such figures underrepresent the extent of the problem because some child deaths labelled as 'accidental' might actually be the result of child abuse and neglect (Irenyi and Horsfall, 2009).<sup>28</sup> These families may or may not be known to child protection.

### *Deaths of children known to child protection*

Child abuse and neglect can be seen as a continuum that ranges from positive parenting behaviours to murder (Zigler and Hall, 1980). When child protection practitioners are conducting an assessment the aim is to accurately predict which children:

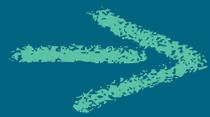
- have been subject to abuse and neglect ('true positives')
- have not been subject to abuse and neglect ('true negatives')
- have been the subject of an investigation where subsequently no grounds for intervention were found ('false positive')
- have been the subject of an investigation leading to case closure where grounds for intervention were found ('false negative') (Bromfield and Holzer, 2008).

In the worse case scenario, a 'false negative' can result in the death of a child known to child protection.

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27 Fatal child abuse is defined as the death of a child resulting from acts of physical violence or neglect of a child, perpetrated by a family member or care giver (Irenyi and Horsfall, 2009).

28 The following states and territories have child death review teams or committees: New South Wales, the Northern Territory, Queensland, South Australia, Victoria and Western Australia (Irenyi and Horsfall, 2009).



## Chapter six

Supporting outcome 2:  
Adequate support to promote safety  
and early intervention



## Chapter six

# Supporting outcome 2: Adequate support to promote safety and early intervention

This supporting outcome aims to ensure that all children and families receive appropriate support and services to create conditions of safety and care for children. Where families have additional needs, it aims to ensure that early intervention and specialist services are available.

### Overview

Good quality support services at the right time can support families and prevent child abuse and neglect, or at least reduce the harm. Services provided early in a child's life, or early in the development of a problem, can improve long-term outcomes for children and reduce negative effects. Early intervention and prevention is more cost-effective in the long term than responding to crises or treating the effects of abuse and neglect.

Evidence suggests there can be a positive effect from area-based interventions where, for example, one organisation coordinates the collaboration of services and takes a leadership role and where services are increased to families previously disengaged from early childhood services or hard-to-reach groups.

Five strategies have been designed to ensure that children and families have access to adequate support to promote safety and early intervention. They are to:

- › implement an integrated approach to service design, planning and delivery across the life cycle and spectrum of need
- › develop new information sharing provisions between Commonwealth, state and territory agencies, and non-government organisations dealing with vulnerable families
- › ensure consistency of support and services
- › enhance services and support to target the most vulnerable and protect at risk children
- › provide priority access to services for children who are at serious risk of abuse and neglect.

Further details on the actions taken to support this outcome are included in Appendix 2.

### Progress and achievements

To integrate service design, planning and delivery for children and families the Commonwealth Government is trialling a new program—Communities for Children Plus—in eight sites across Australia. It will encourage family support services to focus on potentially vulnerable families and children. The government is also providing Child and Family Centres in areas of demonstrated need and with a high proportion of Aboriginal and Torres Strait Islander children under five. The locations of 36 Child and Family Centres have been announced and the states and territories are consulting with communities to ensure that services meet the needs of local children and families.

When dealing with vulnerable families it is important for Commonwealth, state and territory agencies and non-government organisations to share information. A variety of initiatives are underway to develop new information sharing provisions, such as:

- › Child protection agencies can now ask for information on children at risk from Centrelink, Medicare and the Child Support Agency. Soon, other relevant Commonwealth agencies will be able to share this information.

- The COAG Project Implementation Committee for the Exchange of Criminal History Information about People Working with Children is undertaking a 12-month trial of inter-jurisdictional access to additional information that screening agencies may need to perform their functions.
- The Commonwealth and state and territory governments are also developing a nationally consistent approach to working with children checks. This work will draw on analysis undertaken by the states and territories screening units on consistencies and differences in approaches.
- A common approach to assessment, referral and support in prevention services is also being developed, again with appropriate sharing of information between services, to help service providers identify the needs of at risk children and their families and to provide support as early as possible.

To ensure support and services for all children and families are consistent, COAG agreed on a new National Quality Framework for early childhood education and care, and outside school hours care. It starts from 1 January 2012 and will feature a single assessment and ratings process involving a single state or territory regulator. National consultation is also underway for a National Framework for Universal Child and Family Health Services and funding agreements are in place with all key stakeholders for the National Perinatal Depression Plan. The Commonwealth Government has also provided \$1.5 billion funding for disadvantaged schools over 2008–15 to be matched by states and territories. Up to 1700 schools (17 per cent of all schools) will participate and around 440 000 students will benefit (12.7 per cent of all students), including an estimated 63 000 Indigenous students (40 per cent of all Indigenous students).

### **Breaking cycles by building neighbourhood hubs**

This is a project under the Setting the Hubs Humming Strategy for Communities for Children Broadmeadows, funded by the Commonwealth Government through FaHCSIA's Family Support Program.

The project aims to develop community hubs where schools, early years and family support services work together to achieve better outcomes and increased access for children (0–12 years) and their families in Hume. It brings together representatives from schools, early years services (kindergartens and maternal and child health) and other family support services to plan for families. The work is predominantly in schools with families from culturally and linguistically diverse backgrounds. The hubs bring activities within reach of families in an environment where they feel supported and welcome.

Whether hubs have been established in single sites or multiple locations, each service acts as an entry point for the activities on offer. These include joint celebrations, playgroups, English language classes and parenting sessions. They also include activities planned and offered through local partnership and network relationships. Parent Liaison Workers are crucial in engaging families in school settings.

The role of parents is enhanced by having greater access to information, support and social connection. Hubs have achieved increased participation and ongoing attendance by the local community, suggesting they provide inclusive settings and flexible responses to local need (Communities for Children in Broadmeadows: Final Local Evaluation Report, March 2010). These outcomes are expected to continue over time.

*Provider: Brotherhood of St Laurence (Case study from Queensland Government)*

To improve services and support for children and families that are most vulnerable and to protect children that are at risk the Commonwealth Government announced the Family Support Program in February 2009. The states and territories also have programs to support those most at risk as well as funding services provided by the non-government sector. Some additional initiatives include:

- income management trials that are underway in the Northern Territory, Western Australia and Cape York, Queensland
- an evaluation of the 2006 changes to the Australian family law system by the Australian Institute of Family Studies
- the expansion of the KidsMatter Primary and the KidsMatter Early Childhood initiatives that take mental health promotion, prevention and early intervention directly to primary schools, preschools and long day care.

Children at serious risk of abuse and neglect need priority access to services. A number of activities will improve access to the Special Child Care Benefit—including improved guidance on how child care services can use it, and a centralised point to assess and process all applications in Centrelink to help ensure approvals are nationally consistent.

The states and territories have also set up alternative pathways for children at risk so that clients can access the right mix and level of service from several service streams. These include the Child Wellbeing Units in NSW, the Gateway Services in Tasmania, the Differential Response initiative in the ACT, and the 'No Wrong Door' Program in Queensland. Other innovations include the Bail Assistance Line in NSW to reduce the number of young people refused bail because they don't have safe accommodation or a responsible adult, and the Queensland Ambulance Service Vulnerable Clients Program that provides education and training for paramedics and communication centre staff to identify vulnerable clients and provide them with referral options. In South Australia, Family Services Coordinators situated in local Children's Centres provide direct support for vulnerable families to help them access appropriate services.

### **Connecting Families—ACT**

This project aims to provide a community services response for families reported to Care and Protection Service.

The Connecting Families panel comprises community service organisations, Care and Protection Service (CPS) and Housing ACT (HACT). The panel meets fortnightly to allocate referrals identified by CPS through the Central Intake Service (CIS) and by HACT from housing inspections. The CPS referrals are those which have been assessed as not meeting the threshold for CPS involvement and would otherwise be classified as No Further Action (NFA). There are 8000 NFAs annually in the ACT.

This service was established through National Framework funds for a three-month project. Participating agencies are committed to the program and have continued the work beyond the funded period. Approximately 100 referrals have been made to the program. It is supported by the ACT Government.

This project enables families who are reported to CPS and who do not receive a service response to be connected with local community organisations. Service standards are in place to ensure appropriate and timely service responses.

*Provider: Woden Community Service*

### **Intensive, home-based services for at risk families: the Referral for Active Intervention service (RAI) model**

In this case, a nine-year-old boy and his mother were likely to enter the child safety system because of maternal substance abuse, neglect and poor school attendance.

But Referral for Active Intervention (RAI) prevented this by facilitating change. The child's school attendance improved and the mother's mental health was stabilised, with decreased alcohol consumption and significantly improved organisational skills, along with stronger boundaries that increased this family's safety. The family is now connected to Child and Youth Mental Health and Children and Adolescent Support Program Access Service (CASPAS), a Lifeline support program for children of parents with a mental illness.

RAI services provide an intensive, home-based, child and family focused support service to families who are at risk, but who can be managed outside the child safety arena. RAI is voluntary and works in close collaboration with referral agencies (Child Safety, Queensland Housing, Queensland Health, Education Queensland and Disability Services). A six-month case management intervention ensures that families are connected to community services that can provide ongoing support once the work of RAI is complete.

*Provider: Relationships Australia (services funded by the Queensland Government)*

## **Indicators of change**

There are eight indicators for supporting outcome 2 (two of these are proxy measures). They are:

- rate of low birth weight per 100 000 babies born (reported as rate per 1000 live-born infants of low birth weight)
- rate of child protection notifications
- number of children aged 0–17 years who commenced intensive family support services during 2008–09 (a proxy indicator for number of at risk children and families accessing support services)
- proportion of pregnant women who receive antenatal care (a proxy indicator for number of pregnant women who receive perinatal care)
- proportion of children who are developmentally vulnerable on one or more (or two or more) Australian Early Development Index domains, 2009 (a proxy indicator for proportion of communities with improved measures against the Australian Early Development Index)
- proportion of disadvantaged three-year-olds in high-quality child care
- proportion of three-to four-year-olds participating in quality early childhood education, development and child care services
- proportion of children aged 4–14 years with mental health problems.

There is data for six of the indicators listed above so these can be reported on in this annual report. The other two indicators—the proportion of disadvantaged three-year-olds in high-quality child care and the proportion of three-to four-year-olds participating in quality early childhood education, development and child care services—require further development.

## **Findings on outcome 2**

### *Low birth weight*

Infants born with a low birth weight (less than 2500 grams) have an increased risk of health, learning and behavioural problems (Stein, Siegel and Bauman, 2006). Infants born with an extremely low birth weight (less than 1000 grams) experience a range of negative long-term effects including lower rates of cognitive functioning, higher rates of behavioural problems and low self-esteem (Rickards, Kelly, Doyle and Callanan, 2002).

Factors affecting low birth weight include: prenatal care, alcohol and drug use (including tobacco) during pregnancy, maternal nutrition, maternal mental health, maternal experiences of trauma or injury during pregnancy and maternal health (Cokkinides, Coker, Sanderson, Addy, and Bethea, 1999; Humphrey and Keating, 2004; Reifsnider and Gill, 2000; Suzuki, Minai and Yamagata, 2007; Valero, Soriano and Albaladejo, 2004). The rates of low birth weight babies may be reduced over time and adverse outcomes prevented with appropriate supports and services (Laws and Sullivan, 2009).

Just over one in twenty infants (6.2 per cent) had a low birth rate (less than 2500 grams). Most of the low birth rate infants (5.1 per cent) weighed between 1500 and 2499 grams and one in a hundred had a very low birth rate (less than 1500 grams) (Table 9). Over the past five years, the proportion of live-born infants of low birth weight has remained relatively stable from 6.3 per cent in 2003 to 6.2 per cent in 2007.

**TABLE 9: Live-born infants of low birth weight in Australia, 2007**

	Extremely low birth weight (<1500 g)	Low birth weight (1500–2499 g)	Total low birth weight (<2500 g)
Number of infants of low birth weight	2956	15 020	17 976
Proportion of infants that have low birth weight (per cent)	1.0	5.1	6.2

Notes:

1. Proportions are rounded to the nearest decimal point.

Source: *Australia's mothers and babies 2007* (Laws and Sullivan 2009).

### *Child protection notifications*

A child protection notification is a report made to an authorised department by someone making allegations of child abuse or neglect, child maltreatment or harm to a child.<sup>29</sup>

When a report is made to a child protection service, the service makes an assessment of the child's situation and whether they are at risk. Following an assessment, the outcome of a report to child protection may be:

- a formal investigation to determine if the alleged abuse or neglect occurred or if the child is at significant risk
- a referral to another service
- the case is closed as no action is warranted (AIHW 2010a).

This means that child protection notifications are not a good indicator of child abuse or neglect.<sup>30</sup> However, they are a useful indicator of the number of children who were involved with individuals and professionals within the community as a matter of concern and about which families may benefit from services.

In 2008–09, 41.2 per 1000 children were the subject of a child protection notification. In 2008–09 this represented 207 462 children (Table 10).<sup>31</sup> The number of children subject to a notification has increased by 28 per cent from 161 930 children (33.7 per 1000) in 2004–05. The level of notifications is significantly higher than the resulting number of substantiations of notifications (32 478) and children in out of home care (34 069)—detailed in Chapter 2.

29 A notification can only involve one child. Where it is claimed that two children have been abused or neglected, this is counted as two notifications, even if the children are from one family. Where there is more than one notification about the same event, it is counted as only one notification. Where there is more than one notification about the same 'event', it is counted as only one notification. Where there is more than one notification between 1 July of one year and 30 June of the following year, but relating to different events (for instance, a different type of abuse or neglect or a different person believed responsible for the abuse or neglect), these notifications are counted as separate.

30 Changes in mandatory reporting laws can lead to changes in notification rates that don't reflect changes in the underlying rate of child abuse. See Chapter 2 in this report for data on substantiation.

31 Child protection notification data is published annually by the Australian Institute of Health and Welfare. The rates of children subject to a notification vary across states and territories, differences may partially reflect policy, practice and legislative differences across jurisdictions.

**Table 10: Children aged 0–17 years subject to a notification, 2008–09**

All children	
Number of children	207 462
Rate per 1000 children	41.2

Note: Rates for all children are based on populations at December 2008.

Source: AIHW Child Protection Data Collections 2009 (unpublished data) and AIHW 2010a.

### *Intensive family support services*

Intensive family support services aim to prevent separation of children from their primary care givers because of child protection concerns, and to reunify families where separation has occurred. Intensive family support services provide at least four hours of support per week over a period of up to six months (AIHW 2010a).

Out of home care can have a positive or negative impact on the health and wellbeing of children.<sup>32</sup> The rate of children aged 0–17 years who commenced with intensive family support services is a proxy indicator of the extent to which children and families are receiving the support they need to enable children to live safely in their home environment with their family, without the need for out of home care.

In 2008–09, 15 544 children aged 0–17 years started intensive family support services. Of these children, almost half (46 per cent) were aged 0–4 years (Table 11).<sup>33</sup> Across Australia the number of children commencing intensive family support services has increased from 2651 in 2004–05.<sup>34</sup> Each year, the largest proportion of children was in the 0–4 year age group.

**Table 11: Number of children commencing intensive family support services by age, 2008–09**

Age group (years)	Children
0–4	7115
5–9	3997
10–14	2745
15–17	791
<b>Total children<sup>(a)</sup></b>	<b>15 544<sup>(b)</sup></b>

(a) Includes children of unknown age.

(b) The total includes data from South Australia and as such will not equal the sum of the age groups.

Source: AIHW Child Protection Collections 2009 (unpublished data).

### *Antenatal visits*

Antenatal care<sup>35</sup> 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 pre-term birth, post-partum haemorrhage, babies with low birth weight and perinatal death (Humphrey and Keating, 2004; Orvos, Hoffman, Frank, Katona, Pal and Kovacs, 2002; Raatikainen et al., 2007). Adverse birth outcomes, such as low birth weight, are associated with negative long-term effects for children and maternal mental and physical health problems (Lee and Kimble, 2009; Singer, Salvator, Guo, Collin, Lilien and Baley, 1999) which may in turn affect parenting capacity.

32 Being in out of home care will not always result in negative outcomes for children, especially if they are unsafe living with their family of origin. The negative effect of out of home care is often related to a lack of permanency (Williams, Maddocks, Cheung, Love and Hutchings, 2001; Tilbury and Osmond, 2006). Tilbury and Thoburn (2008) state that government policy should ensure that, 'only children who need to be cared for away from their parents are placed in out of home care [and that] the negative aspects of care [are minimised for] children who don't need it' (pp. 5–6).

33 Data on the number of children accessing intensive family support services is available annually.

34 Note all jurisdictions were able to provide data in 2004–05 and 2005–06; therefore the data from these years may underrepresent the number of children across Australia who commenced intensive family support services in these years.

35 According to the World Health Organization (WHO), antenatal care includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care during pregnancy, identification of conditions detrimental to health during pregnancy, first-line management and referral if necessary.

Although national data on the proportion of mothers who access antenatal services is not available, data on the number of antenatal visits during pregnancy is available for Queensland, the Northern Territory and South Australia for 2007.

In those jurisdictions, 98.1 per cent of women who gave birth had at least one antenatal visit. (Table 12).<sup>36</sup>

**Tummies to Toddlers—promoting attachment in the antenatal period and beyond**

The Tummies to Toddlers pilot run by the Queen Elizabeth Centre (QEC), started in February 2009. The collaborative practice with Child Protection Services was critical in engaging young mothers with the program during their pregnancy and later ensuring nurturing parenting.

Twenty-six weeks gestation was set as the best time to first engage with pregnant women presenting with multiple and complex risk factors. Becoming pregnant is daunting for many women, let alone those who have had previous child protection involvement and who are considered ‘at risk’ to themselves and their child because of their life circumstances. Many of the families involved in Tummies to Toddlers were either limited by physical or learning disabilities, experienced a lack of stable residential accommodation or suffered from severe financial hardship. The trained nurses and early parenting professionals together with the Child Protection Service engaged the young mothers and their partners through group programs and one-on-one home visits. The families needed considerable support throughout the pregnancy with many of the families thinking they could not provide their child with a good life.

Tummies to Toddlers has witnessed young mothers grow in confidence and in strength, successfully parenting their infants and focusing on their families’ future.

*Provider: Queen Elizabeth Centre and Department of Human Services, Victoria*

**Table 12: Percentage of women who gave birth by number of antenatal visits, 2007<sup>37</sup>**

Number of visits	Percentage of women who had an antenatal visit
None	0.3
One	0.8
Two to four	5.5
Five or more	91.9
Not stated	1.5
Total	100.0
<b>Women who gave birth</b>	<b>81 200<sup>(a)</sup></b>

Notes:

1. Data on the number of antenatal visits during pregnancy was available for Queensland, South Australia and the Northern Territory.

(a) Excludes cases where the number of antenatal visits was not stated.

Source: *Australia’s mothers and babies 2007* (Laws and Sullivan 2009).

*Australian Early Development Index (AEDI)*

Children’s wellbeing and future opportunities are increased if they have a healthy start to life and their developmental needs are met (McCain and Mustard, 1999; Ochiltree and Moore, 2001; Shonkoff and Phillips, 2000). The proportion of children who meet developmental milestones therefore provides an indicator of children’s general safety and wellbeing.

<sup>36</sup> As the proportion of women who already receive antenatal care is very high the potential for this indicator to reveal positive change over time is limited.

<sup>37</sup> This excludes the number of mothers who did not state how many times they had attended an antenatal service.

The AEDI is a population measure of young children’s development. The checklist is completed by a teacher and it measures five domains, including:

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

It identifies children who are developmentally on track, those who are developmentally at risk and those who are developmentally vulnerable. Identifying the proportion of children who are developmentally vulnerable is a useful indicator of children in need of intervention to assist them in meeting their developmental milestones.

Between May and July 2009, the AEDI was completed for 261 203 Australian children in their first year of full-time school from every state and territory. In 2009, 23.4 per cent of Australian children were developmentally vulnerable on one or more AEDI domain and 11.8 per cent were developmentally vulnerable on two or more domains (Table 13).

**Table 13: AEDI data, 2009**

	per cent
Percentage of children developmentally vulnerable on one or more AEDI domains	23.4
Percentage of children developmentally vulnerable on two or more AEDI domains	11.8

Source: CCCH and TICHR 2009.

### *Mental health*

There are a range of negative outcomes for children with mental health problems including poor educational achievement, drug and alcohol abuse, poor sexual health, self-harm and suicide (Patel, Flisher, Hetrick and McGorry, 2007). The negative effects of mental health problems in childhood and adolescence can extend into adulthood affecting job prospects and relationships (Knapp, 2002).

Multiple factors can influence the development of mental health problems in children including genetic factors, difficult temperament and low self-esteem (AIHW, 2009a). Factors such as bullying and discrimination can also contribute to the development of mental health problems in children (DHAC in AIHW, 2009a).

The most recent, reliable national data on children’s mental health was reported in the 1998 child and adolescent component of the National Survey of Mental Health and Wellbeing.<sup>38</sup> At that time approximately 14 per cent of children aged 4–14 years were reported to have mental health problems (Table 14).

**Table 14: Mental health problems among children aged 4–14 years, 1998**

	Internalising problems	Externalising problems	Total mental health problems
Children aged 4–14 years	12.9	12.9	14.3

Source: AIHW analysis of the 1998 Child and Adolescent Component of the National Survey of Mental Health and Wellbeing, unit record file as presented in *A Picture of Australia’s Children 2009* (AIHW 2009a).

<sup>38</sup> The AIHW recommends that this data be interpreted with caution due its age. As these figures are not collected routinely and as the most recent available data is more than 10 years old it will not be possible to measure change over time for this particular indicator.

## Outcome 2 indicators requiring further development

### *Disadvantaged three-year-olds in high-quality child care*

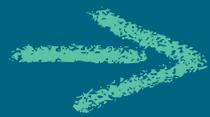
Children from disadvantaged families are less likely to participate in early childhood education (Commonwealth Taskforce, 2003; Rogers and Martin, 2003). Early childhood education improves educational outcomes for all children but has been shown to be especially beneficial to children from disadvantaged families (Gross et al., 2009; Melhuish, 2003). The proportion of disadvantaged three-year-olds in high-quality child care.

### *Proportion of three-to four-year-olds participating in quality early childhood education, development and child care services*

Early childhood plays a critical role in the long-term health and wellbeing of individuals (Shonkoff and Phillips, 2000). Many problems in adulthood, such as obesity and mental health problems, can be tracked back to early childhood (National Crime Prevention, 1999). High-quality early childhood education, development and child care services are related to positive developmental outcomes for children (CCCH, 2006).<sup>39</sup>

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<sup>39</sup> Early childhood education for three to four year-old children in Australia incorporates early learning programs in pre-schools, kindergartens and other organisations.



## Chapter seven

Supporting outcome 3: Risk factors for child abuse and neglect are addressed



## Chapter seven

# Supporting outcome 3: Risk factors for child abuse and neglect are addressed

This supporting outcome aims to address the major parental risk factors that are associated with child abuse and neglect within families and communities. The key risk factors are mental health, domestic violence, drug and alcohol abuse, and homelessness.

### Overview

Many of the risk factors that research has shown to be associated with abuse and neglect are the behaviours or characteristics of parents. In families involved with child protection services those risk factors usually include domestic violence, parental alcohol and drug abuse, parental mental health problems and homelessness. Families often experience more than one risk factor and face broader challenges of exclusion and disadvantage. To address these risk factors adult treatment and support services need to be more child-focused and responsive to the needs of families.

Five strategies have been designed to address the risk factors for child abuse and neglect. They are to:

- › enhance alcohol and substance abuse initiatives to provide additional support to families
- › enhance programs that reduce family violence
- › increase services and support for people with mental illness
- › expand housing and homelessness services for families and children at risk
- › increase capacity and capability of:
  - adult-focused services to identify and respond to the needs of children at risk
  - child-focused services to identify and respond to the needs of vulnerable families
  - the broader system to identify children at risk.

Further details on the actions taken to support this outcome are included in Appendix 3.

### Progress and achievements

The major risk factors that are associated with child abuse and neglect are poverty, domestic violence, parental drug and alcohol abuse, parental disability or mental health problems and homelessness. Programs have been initiated to address each of these major parental risk factors.

Initiatives to address alcohol and substance abuse include:

- › The National Binge Drinking Strategy, a national level communication campaign targeting young people about binge drinking, run between November 2009 and June 2010.
- › The new Kids in Focus—Family Drug Support service, will begin on 1 July 2010 with annual Commonwealth funding of \$3.1 million. These services support families affected by alcohol and other drug issues where they are placing the children at risk.
- › The National Partnership's Healthy Communities pilot with funding for local government to promote physical activity and healthy eating among vulnerable populations.

To improve programs that reduce family violence the Commonwealth Government responded to the report *Time for Action: The National Plan for Australia to Reduce Violence Against Women and Children, 2009–2021* (the National Plan). A range of investments were announced in counselling services, education projects, social marketing campaigns and research. Initiatives were also begun to develop a register of domestic and family violence orders, a multi-disciplinary training package for professionals working in the family law system, and a Violence Against Women Advisory Group to provide advice on the development of the National Plan. An agreement with all states and territories to develop a National Plan for COAG was to be considered in 2010. Most of the states also provide extra support for the housing and accommodation needs for victims of domestic violence through their National Partnership on Homelessness Implementation Plans.

To increase services and support for people with mental illness all governments agreed to the *Fourth National Mental Health Plan 2009–2014*. This includes actions to coordinate suicide prevention activities and to produce a nationally agreed suicide prevention framework.

The National Perinatal Depression initiative also provides for universal screening of risk factors for children, parents and or family; and additional mental health services in every state. For example, in Victoria this initiative has provided funding for additional psychological services to universally screen for post-natal depression. These services are available in each of the three early parenting services. The 2009–10 data indicated that more than 40 per cent of all parents attending an early parenting centre presented with, or were identified as experiencing, post-natal depression.

The states and territories have many other programs to support families and children with disabilities. NSW provides services to 620 families per year and Queensland has recently launched Building Bright Futures: an action plan for children with a disability—birth to eight years. The South Australian Department for Families and Communities (Disability SA) delivers a comprehensive approach to managing sleep problems in young children with disabilities. The program is being extended to school age children and adolescents with intellectual disabilities and Autism Spectrum Disorder.

## LOVE BiTES

LOVE BiTES is respectful relationships and violence prevention education for 14-to 18-year-olds. It is a primary prevention of child abuse program as it targets future parents. The program delivers interactive educational workshops that engage with young people in their own language about relationship violence.

LOVE BiTES teaches young people to:

- identify the difference between safe and abusive behaviours in relationships
- identify the difference between an unequal and unhealthy relationship and an equal and healthy relationship
- develop respectful skills to resolve conflict and solve problems
- develop an ethical framework for their developing relationships
- find support services in their community if they need 'help'.

Funding: NSW Government, NT Government, FaHSCIA and an international foundation.

NAPCAN has held LOVE BiTES professional development workshops in 51 communities across Australia, training over 2000 teachers and community service providers. Over 60 000 young people have taken part in LOVE BiTES. It has been successfully adapted for the NSW juvenile justice system and other out-of-school environments.

Immediate impact: empowered a diverse group of teachers and community workers (including police, sexual assault workers, youth workers and women's refuge workers) to deliver a sustainable skills-building program.

Long-term impact: future parents have learnt how to conduct relationships in a respectful and non-violent manner.

Provider: NAPCAN

To increase the supply of social housing and to stimulate the building and construction industry, the National Partnership Agreement on Social Housing provided an additional \$400 million to deliver 1900 new social housing dwellings by June 2011. By March 2010, 585 (or 31 per cent) of the dwellings were completed. Of the 541 dwellings occupied, 301 were occupied by people who were homeless or at risk of homelessness, 183 were aged over 55, 147 were people with a disability, 26 were Indigenous, and 28 were escaping family violence. The agreement expired on 30 June 2010, but the states and territories will continue to report on progress on housing construction and first tenant outcomes until all approved projects are finished. Also, the National Partnership Agreement on Homelessness started on 1 July 2009 and each government has a plan setting out what services they will provide.

Several initiatives will help adult services to identify and respond to the needs of children at risk, and will help child-focused services to identify and respond to the needs of vulnerable families. Building the capacity and expertise (of the workforce) is a national priority and Building Capacity, Building Bridges and the Workforce Profile projects are underway. Specific initiatives implemented by the states and territories include the addition of cultural training, establishing links with universities, as well as broader initiatives to build workforce capacity such as improvements to information systems.

### **Children's Protection Society: Early Education and Care Program (EECP)**

- (a) The aim of the program is to increase protective factors and reduce risk factors associated with child abuse and neglect through partnerships with parents, families and communities. It will provide a centre-based, early years education and care program with in-home family support, to focus on core issues of risk such as attachment disorders, trauma and abuse supported by economic, social and educational research studies.

The EECP is a targeted, centre-based, early education and care program for children at risk of abuse and neglect. It works in partnership with parents and other services such as child protection, family support, drug and alcohol services and mental health. Parents are expected to work in partnership with early years educators and case managers to set developmental goals for their children and work on increasing protective factors in the home. EECP is based on overseas research (Abecedarian project)\*, building on Australian and Victorian Early Learning Years Frameworks and Best Interest Practice Frameworks.

The program has Commonwealth Government and philanthropic funding, with an additional funding request with the Victorian Government. Collaborators include University of Melbourne, Royal Children's Hospital, Centre for Community Child Health, Melbourne Institute of Economic and Social Research, the Victorian Department of Education and Early Childhood, the Department of Education, Employment and Workplace Relations, the Department of Human Services, the Department of Families, Housing, Community Services and Indigenous Affairs, ChildFIRST, Early Childhood Australia, Community Child Care Victoria, Gowrie Victoria and SDN Children's Services Inc.

The anticipated impact is that it can change the life trajectories of the most vulnerable young children when they are growing and forming their neural pathways, and so stop intergenerational cycles of multiple disadvantage, abuse and neglect.

*Provider: Children's Protection Society*

*\*Abecedarian project: scientific study of potential benefits of early childhood education for poor children.*

### Professionals protecting children

The aim is to enhance the capacity of teachers, early childhood educators, psychologists, social workers, nurses and midwives to prevent and respond to child abuse and neglect by increasing content on child protection in their university training.

With the financial support of the Commonwealth Department of Innovation, Industry, Science and Research, and in collaboration with national professional bodies and universities, the Australian Centre for Child Protection has conducted national surveys on the child protection-related content in teacher education, social work, psychology and nursing and midwifery courses. The results revealed little child protection-related content. These results have been used to encourage professional bodies to develop minimum standards for child protection content in their accredited courses.

The project has already affected several professions. The Australian Association of Social Workers has introduced minimum standards for content on child wellbeing and child protection in accredited courses. Recommended standards have also been developed for nursing and midwifery courses, and with a grant from The Ian Potter Foundation, innovative curriculum materials are being developed that will be distributed free to all Australian schools of nursing and midwifery, and used in in-service training. The Australian Psychological Society has endorsed the survey findings and is supporting increased child protection content in psychology courses.

## Indicators of change

There are five indicators for supporting outcome 3 (one of these is a proxy measure). They are:

- › rate per 1000 children accessing assistance through homelessness services (accompanied and unaccompanied)
- › proportion of parents with children aged 0–14 years who used an illicit substance, or a licit substance for non-medical purposes (a proxy measure for rate per 1000 children living in households where there is adult abuse of alcohol or other drugs)
- › rate per 1000 children living in households where family violence occurs
- › proportion of parents with a mental illness who are accessing mental health services
- › number of children living in jobless families.

Three indicators listed above have available data and are reported in this annual report. The other two indicators—rate per 1000 children living in households where family violence occurs and proportion of parents with a mental illness who are accessing mental health services—require further development.

## Findings on outcome 3

### *Homelessness*

Homelessness can negatively affect children's physical and mental health. It can, for example, lead to poor nutrition and have a negative impact on children's mental health (Keys, 2009; Moore, Noble-Carr, McArthur and Walsh, 2003).

Children can experience homelessness either with their family (accompanied by a parent or guardian who is homeless) or alone (not accompanied by a parent or guardian).

Children who experience homelessness with their family are at a greater risk of abuse and neglect compared with children who do not experience homelessness. This is because the factors brought about by homelessness, such as parental stress, are also associated with an increased risk of child abuse or neglect. Research demonstrates that parents who are experiencing homelessness are less able to provide their children with attention and affection (AIHW, 2009a).

Children who are experiencing homelessness alone may be unable to live at home because of abuse and neglect. Unaccompanied homeless children are at a high risk of sexual and physical assault after they have left home because of the unsafe conditions in which they often live (National Crime Prevention, 1999).

Data regarding homelessness in Australia is drawn from the Supported Accommodation Assistance Program (SAAP).<sup>40</sup> SAAP provides assistance to people who are homeless or at risk of homelessness.<sup>41</sup>

SAAP data includes the number of accompanied children and unaccompanied children accessing its services. While the number of people accessing SAAP does not accurately reflect the number of people who are homeless, or at risk of homelessness, it does indicate the extent of the problem.<sup>42</sup>

In 2007–08:

- 76 900 accompanying children aged 0–17 years (15.5 per 1000 children) attended agencies funded under SAAP
- 17 100 unaccompanied children aged 0–17 years (3.4 per 1000 children) attended agencies funded under the SAAP (Table 15).

Across all age groups, over 50 per cent of accompanying children who attended SAAP were in major cities. The proportion of accompanying children who attended SAAP living in remote or very remote areas was less than 10 per cent.

Across all age groups, almost half of unaccompanied children who attended SAAP were in major cities.

**Table 15: Children aged 0–17 years who attended agencies funded under SAAP, accompanied and unaccompanied, 2007–08 (rate per 1000 children)**

	Accompanied children	Unaccompanied children
	Rate per 1000 children	
<b>Age group (years)</b>		
0–4	25.0	0.9
5–9	16.3	0.3
10–14	11.3	1.6
15–17	6.1	15.1
0–17	15.5	3.4
<b>Number of children</b>	<b>76 900</b>	<b>17 100</b>

Notes:

1. Data are weighted to adjust for agencies that do not participate in the SAAP survey and clients that do not consent to provide personal data.
2. Weighted numbers of children are rounded to the nearest 100.

Source: AIHW SAAP National Data Collection (unpublished data).

40 According to SAAP a homeless person is, 'A person who does not have access to safe, secure and adequate housing' (AIHW, 2010b).

41 From 1 January 2009 SAAP was replaced by the National Affordable Housing Agreement (NAHA). The national homelessness data collection is undergoing redevelopment which may enable improved reporting against this indicator. Due to the data redevelopment, data reported at baseline may differ from annually reported data.

42 The reasons why SAAP figures do not accurately reflect the total number of people who are homeless or at risk of homelessness is outlined by the AIHW (2010b): 'While SAAP is the major government response to homelessness there are other programs (government and non-government) that assist homeless people. Additionally, SAAP is not available to some people, and others don't seek assistance at all.'

### *Adult abuse of alcohol or other drugs*

The abuse of alcohol or drugs can compromise a parent's ability to provide a safe environment for children and can interfere with their ability to respond sensitively to children's emotional needs (Dawe, 2007). To support a habit, parents may become involved in illegal activity such as theft and prostitution that can place children at further risk (Dawe, Harnett and Frye, 2008). High rates of child maltreatment have been reported in families with parental substance misuse (Dawe, 2007).

In 2007 the National Drug Strategy Household Survey found that about 12 per cent of parents with children aged 0–14 years had used either an illicit substance (such as marijuana or ecstasy) or a licit substance for non-medical purposes (such as pain killers) in the previous 12 months.<sup>43</sup> A slightly higher proportion of participants who were not parents (14 per cent) used an illicit or a licit substance for non-medical purposes.<sup>44</sup>

### *Joblessness*

Children living in poverty face a range of challenges including a higher risk of low birth weight, lower school readiness rates, poorer literacy skills and the corrosion of family relationships due to the stress associated with poverty (Smart, Sanson, Baxter, Edwards and Hayes, 2008; CCCH, 2009). Most children living in poverty do not experience abuse or neglect (Guterman, 2001; McSherry, 2004; Crosson-Tower, 2005). However, family poverty can be a key factor for child abuse and neglect. This is probably related to other risk factors for abuse and neglect such as substance misuse, mental illness and homelessness, which are also associated with poverty (Guterman, 2001). People who are jobless are at high risk of poverty (ACOSS, 2009).<sup>45</sup>

In 2006, approximately 15 per cent or 543 600 children aged 0–14 years lived in jobless families, a decline of four per cent from 19 per cent in 1996.<sup>46</sup> For both Indigenous and non-Indigenous children there has been a decline in the proportion of children living without an employed parent. Of those children living in jobless families, 66.7 per cent were living in one parent families.<sup>47</sup>

## **Outcome 3 indicators requiring further development**

### *Family violence*

Domestic violence in a family is a strong predictor of child maltreatment (Jouriles and Norwood, 1995; Rumm, Cummings, Krauss, Bell and Rivara, 2000). Witnessing domestic violence negatively affects children (Edelson, 1999) and increasingly exposure to domestic violence is considered a form of child maltreatment (Price-Robertson and Bromfield, 2009). As well as the emotional damage of witnessing the abuse of a family member, domestic violence is a risk factor for child physical and sexual abuse (Holt, Buckley and Whelan, 2008). Research conducted on violence perpetrated by a father, or father figure, has shown that it negatively affects mother–child relationships and interferes in the development of a secure attachment relationship (Buchanan, 2008).<sup>48</sup>

### *Mental illness*

Mental illness can affect an individual's parenting capacity. The impact of parental mental illness on children includes an increased risk of infants experiencing psychosocial stress, poverty and family conflict, and an increased likelihood of insecure attachment (Seifer and Dickstein, 1993). Mental illness is often associated with social disadvantage thereby compounding the risks to children (Sved-Williams, 2004).

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43 Licit is defined as: 'legal drugs used for non-medical purposes (e.g. performance enhancement or cosmetic purposes)'. This survey is conducted every three years. It is anticipated that data from the 2010 AIHW National Drug Strategy Household Survey will be available in mid-2011.

44 Reported in *A Picture of Australia's Children* (AIHW 2009b).

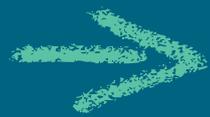
45 A jobless family is defined as either a couple family where both parents are unemployed or not in the labour force or one parent family where the sole parent is unemployed or not in the labour force. This includes families where the parent/s have chosen not to work, are not actively seeking work, are not available to start work or are unable to work.

46 Based on data from the 2006 ABS Census of Population and Housing published in *Australia's Welfare 2009* (AIHW 2009b) and *A Picture of Australia's Children* (AIHW 2009b).

47 Data on the number of children in jobless families should be available from the census. It is likely that this data will be available for future censuses.

48 Secure attachment is defined by Jordan and Sketchley (2009) as, 'sensitive and responsive care-giving ... [that] promotes the conditions for optimal behavioural, social and emotional development, including a greater capacity for emotional regulation, positive social interactions and better coping skills'.





## Chapter eight

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



## Chapter eight

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

This supporting outcome aims to ensure that children and young people who have been abused (or are at risk of abuse) receive timely, appropriate, high-quality child protection and other support services to ensure their safety and promote their long-term wellbeing.

### Overview

Children who have experienced abuse and neglect need high-quality services and interventions as they are among the most vulnerable in our community. Young people leaving care are also at great risk of experiencing negative life outcomes (Bromfield and Osborn, 2007). While the need for foster carers has increased, there is evidence that the number of individuals willing to foster is decreasing (McHugh 2002; Siminski, Chalmers and McHugh, 2005). Attracting and keeping an appropriately skilled and qualified workforce, including statutory and non-government service workers as well as voluntary carers, is a high priority.

Four strategies will ensure that children who have been abused or neglected receive the support and care they need for their safety and wellbeing. They are to:

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

Further details on the actions taken to support this outcome are included in Appendix 4.

### Progress and achievements

To help parents and families access the right services for recovery where abuse or neglect has occurred, non-profit organisations shared in \$3.1 million of funding from the Commonwealth Government for community-based projects under the National Framework.

Grandparent, foster and kinship carers need support to provide safe and stable care. Funding has been approved from the Commonwealth Government for an Out of Home Carers Research Project and Playgroup Australia includes grandparents and kinship carers as target groups. States and territories provide guides, newsletters, training to carers, respite programs, financial support, support for carers of children with disabilities and host informal care groups.

To meet the healthcare needs of children in out of home care a National Clinical Assessment Framework for children and young people entering out of home care has been developed. This will be considered by the Australian Population Health Development Principal Committee and the Australian Health Ministers' Advisory Council later in 2010. In the states and territories health checks occur as part of the care and protection services. These can include entry to care assessments, regular checks while children are in care, and assessments by a general practitioner, paediatrician, mental health professional, as well as dental and orthodontic care.

To improve support when leaving care, young people could access the Transition to Independence Allowance from 1 July 2009. By March 2010, 2099 young people had received the allowance. Support for young people leaving care is also a part of the National Partnership Agreement on Homelessness. 'No exits into homelessness' is a core output and each jurisdiction must target this group. In the states and territories care leavers receive detailed information on assistance that is available to them. Carers also receive advice and mentoring services. Young people leaving care can also get help in gaining employment, education, accessing health services through government and non-government funded programs, and financial support.

A number of initiatives are underway to support enhanced national consistency and continuous improvement in child protection services. They include:

- national standards for out of home care to ensure standards are consistent around the country and to improve the outcomes and experiences of children and young people in out of home care
- the Australian Institute of Health and Welfare working with the states and territories to review and improve data collections
- a National Research Forum to begin the development of a National Research Agenda to contribute to a well-developed evidence base in Australia on issues that affect children and families.

### **'What's the Plan?' campaign**

CREATE Foundation has initiated the 'What's the Plan?' campaign, which formally began in March 2010 and concludes in March 2011.

The key aim of the campaign is to ensure that young people who leave care have a Leaving Care Plan (a plan for their future). About 65 per cent of young people transition from care without a plan (McDowall, 2009), so the campaign is targeting young people aged 15–18 years to increase participation.

CREATE has received \$30 000 from the Commonwealth Government and \$5000 from each state and territory government to:

- launch the 'What's the Plan?' campaign at relevant state forums including the National Report Card launch
- develop and distribute resources with the assistance of every relevant state authority to all young people in care, aged 15–18 years
- communicate with key government senior executives, the non-government sector through peak newsletters, e-news bulletins, media releases and presentations to conferences.

CREATE aims to measure and document an increase in the number of young people with a transition plan. A follow-up survey will be conducted and a report on the success of the campaign will be made public.

*Source: CREATE Foundation*

## **Indicators of change**

There are five indicators for supporting outcome 4. They are:

- number of children in out of home care by placement type, age, sex and Indigenous status (a proxy indicator for number of out of home carers by type of carer)
- number of households commencing and exiting foster care (a proxy indicator for retention rate of foster carers and child protection workers)
- proportion of investigations finalised and time taken to complete investigation
- school retention rates (Years 10 and 12) of young people in out of home care or under guardianship
- proportion of children under guardianship and custody orders achieving national reading and numeracy benchmarks.

The first three indicators listed above have data available and are reported on in this annual report. The other two indicators require further development.

## Findings on outcome 4

### *Children in out of home care*

The removal of children from the care of their parents is viewed as a last resort; however, there will always be children who are unable to safely remain in the care of their parents. There has been substantial research in this area to identify what factors increase or decrease the chance of children in care having equitable life outcomes to other children in the community in terms of health, wellbeing, education, employment and relationships (Bromfield and Osborn, 2007).

There is some research to suggest that outcomes for children differ depending on the type of out of home care they are receiving. There is generally an assumption in out of home care services that appropriate family-based care (such as foster and kinship care) is better for children than residential care. This assumption is based on research showing that children in residential care are less happy and feel less loved and less safe than children in kinship and foster care (Tomison and Stanley, 2001). Australian research has found that children in kinship care are less likely to have attachment problems and mental health problems compared to children in foster care (Tarren-Sweeney and Hazell, 2006). The authors hypothesise that this is because 'growing up with one's biological family is a protective experience ... to do with reasons of identity formation and familial bonding' (Tarren-Sweeney and Hazell, 2006, p. 95).

At 30 June 2009 there were over 34 000 children in out of home care. Of these, 32 011 (94.0 per cent) were in home-based care (47.1 per cent in foster care and 45.4 per cent in relative or kin care) and 6.0 per cent were in other types of care. Across all age groups, home-based care was the most common placement type. Of children aged less than 14 years, the majority (93–99 per cent) were in home-based care. Of children aged 15 to 17 years, over 700 (15.4 per cent) were in residential care (Table 16).

Over the past five years, the numbers of children in out of home care have increased across most placement types. Over the past five years 94–95 per cent of children in out of home care were in home-based care; however, proportions have varied across the types of home-based care. At 30 June 2005, 54 per cent of children in out of home care were in foster care, this proportion decreased to 47 per cent in 2009. However, the proportion of children in out of home care placed with relatives or kin has increased over the past five years from 40 per cent in 2005 to 45 per cent in 2009.

Table 16: Children aged 0–17 years in out of home care by placement type and age as at 30 June 2009

	Age group (years)						Number of children 0–17 years
	<1	1–4	5–9	10–14	15–17	0–17	
							Per cent
<b>Type of care</b>							
Foster care <sup>(a)</sup>	64.8	52.1	48.8	44.5	37.8	47.1	<b>16 043</b>
Relatives/kin <sup>(a)</sup>	31.8	45.4	47.8	46.9	40.7	45.4	<b>15 479</b>
Other home-based care	1.9	1.2	1.4	1.4	1.8	1.4	<b>489</b>
<b>Total home-based care</b>	<b>98.4</b>	<b>98.7</b>	<b>98.0</b>	<b>92.7</b>	<b>80.3</b>	<b>94.0</b>	<b>32 011</b>
Residential care	1.2	0.7	1.3	6.4	15.4	4.8	<b>1628</b>
Independent living	0.0	0.0	0.0	0.0	3.2	0.5	<b>165</b>
Other <sup>(b)</sup>	0.1	0.3	0.3	0.4	0.8	0.4	<b>133</b>
Family group homes	0.3	0.4	0.4	0.5	0.2	0.4	<b>132</b>
<b>Total other care</b>	<b>1.6</b>	<b>1.3</b>	<b>2.0</b>	<b>7.3</b>	<b>19.7</b>	<b>6.0</b>	<b>2058</b>
<b>Number of children</b>	<b>1096</b>	<b>7412</b>	<b>10 225</b>	<b>10 361</b>	<b>4973</b>	<b>34 069</b>	<b>34 069</b>

(a) Where a child is placed with a relative who is also fully registered to provide foster care for other children, they are counted in the foster care category for Victoria and Western Australia, whereas they are counted in the relatives/kin category in Queensland, South Australia and the Australian Capital Territory. Relatives or kin in some jurisdictions undergo assessment, registration and review processes similar to foster carers under the national definition, and are considered as (relative) foster carers in local practice, policy and reporting.

(b) 'Other' includes unknown living arrangements.

Notes:

1. Percentages in table may not add to 100 due to rounding.
2. Percentages exclude children of unknown age.
3. Age of a child refers to 'age in completed years' at 30 June 2009. 'Age in completed years' is a counting rule for the age of the child, for example if a child is aged 4 years and 9 months at 30 June then their age is 4 completed years (and they are counted in the 1–4 age group).

Source: AIHW Child Protection Collections 2009 (unpublished data).

### *Households commencing and exiting foster care*

Foster carers can play an important role in providing children who cannot live with their family of origin with the support and care they need. Research with young people in care and care leavers found that most children in care report that they are fairly happy and think they are better off as a result of being in foster care (Delfabbro, Barber, and Bentham, 2002; New South Wales [NSW] Community Services Commission, 2000).

However, there are recognised difficulties in recruiting adequate numbers of foster carers (Bromfield and Osborn, 2007). This is due to an increasing number of children requiring formal out of home care combined with a reduction in the number of individuals who are prepared to foster (Bromfield and Osborn, 2007). The reasons why there are fewer people willing to foster include greater workforce participation of women (most foster care families include a woman aged 35–54 years who is not working) and attrition as older foster carers cease to foster (Bromfield and Osborn, 2007).

In 2008–09 those jurisdictions with available data (all states and territories except New South Wales and Queensland) reported that 1052 households commenced foster care and 903 households exited foster care.<sup>49</sup>

<sup>49</sup> This data is sourced from the AIHW Child Protection Collections 2009 (preliminary unpublished data). Only preliminary data is reported—data comparability and quality issues are yet to be identified and resolved. The total numbers of foster carers are likely to be significant undercounts of these households across Australia as data for New South Wales and Queensland was not available. This is a proxy indicator for the retention rate of foster carers and child protection workers. An indicator that provides information on the retention of child protection workers is required.

### *Investigations finalised by time taken to complete investigation*

An investigation is where a department responsible for child protection seeks more detailed information about a child who is the subject of a notification, and makes an assessment about the harm or degree of harm to the child and their protective needs (AIHW, 2010a). The duration of time between when an investigation begins and when an investigation is finalised indicates whether children experiencing child abuse and neglect are receiving the care and support they need in a timely manner.<sup>50</sup>

In 2008–09:

- 32 per cent of investigations were completed in 28 days or less
- 22 per cent were completed in 29–62 days
- 11 per cent were completed in 63–90 days
- 36 per cent were completed in more than 90 days.

Overall, 53 863 investigations were finalised across Australia in 2008–09 (Table 17).<sup>51</sup>

Between 2007–08 and 2008–09, the proportion of investigations completed in 28 days or less decreased from 38 per cent to 32 per cent of finalised investigations.<sup>52</sup> The proportion of investigations completed in more than 90 days increased from 32 per cent of investigations to 35 per cent of investigations finalised. Note that there are a number of factors that affect the time taken to complete an investigation—many of which are outside the control of the department responsible and therefore the data should be interpreted with caution.

**Table 17: Finalised investigations by time taken to complete investigation, 2008–09**

	Response time to complete investigation <sup>(a)</sup>				Total finalised investigations <sup>(b)</sup>
	28 days or less	29–62 days	63–90 days	More than 90 days	
Number of investigations	17 101	11 627	6001	19 134	53 863
Per cent of investigations	31.7	21.6	11.1	35.5	100.0

(a) Refers to the length of time between the date the child protection notification was received and the date the investigation was completed. The time periods are counted in calendar days, not week days. Where a family (whose child has been the subject of a notification) has been referred to a support service, but has not engaged with that service, and has come back to the attention of the child protection department, the time to complete the investigation is counted from the time of the subsequent notification.

(b) Excludes cases where the date of notification or completion was unknown or not recorded.

Notes:

1. Percentages in table may not add to 100 due to rounding.
2. Data for New South Wales was not available.

Source: AIHW Child Protection Collections (2009).

### *Children on guardianship and custody orders achieving national reading and numeracy benchmarks*

FaHCSIA (2010) states that: ‘nowhere is the disadvantage experienced by children in out of home care more apparent than in education’. In a 2006 study involving 297 children and young people in out of home care, the CREATE Foundation reported that a large proportion of children who spend time in out of home care were performing poorly at school (CREATE Foundation, 2006). Research by Cavanagh (1996) found that more than half of a group of 497 students living in residential care were rated as below average in the areas of literacy and numeracy skills. The main reasons for this are: higher rates of being kept back a year; lower scores on standardised tests; and higher absenteeism, tardiness, truancy and dropout rates (CREATE Foundation, 2006).

50 Different states and territories have different requirements about when an investigation should commence.

51 A finalised investigation relates to a child protection notification received between 1 July of one year and 30 June of the following year which was investigated and the investigation was completed and an outcome of substantiation or non-substantiation was recorded by 31 August.

52 In 2007–08 data for New South Wales and Queensland was not available. In 2008–09 data for New South Wales was not available.

Table 18: Educational outcomes of children on guardianship or custody orders

	Reading				Numeracy			
	Children on guardianship/custody orders		State		Children on guardianship/custody orders		State	
	Per cent	95% C.I.	Per cent	95% C.I.	Per cent	95% C.I.	Per cent	95% C.I.
<b>Vic</b>								
Year 3	94.8	85.6–98.9	90.4	88.3–92.5	93.5	84.3–98.2	95.8	95.3–96.3
Year 5	77.1	62.7–88.0	89.6	88.4–90.8	84.9	72.4–93.3	94.7	94.0–95.4
Year 7	78.1	66.0–87.5	90.3	89.7–90.9	53.5	41.3–65.5	85.8	85.1–86.5
<b>Qld</b>								
Year 3	81.5	73.9–87.6	93.8	92.2–95.4	77.7	69.9–84.3	92.1	90.5–93.7
Year 5	52.2	44.1–60.2	81.4	78.9–83.9	63.6	55.7–71.0	86.3	84.7–87.9
Year 7	65.6	57.6–73.0	89.3	88.2–90.4	57.6	49.5–65.4	85.2	84.6–85.8
<b>SA</b>								
Year 3	60.0	44.3–74.3	89.7	88.1–91.3	75.6	60.5–87.1	90.1	88.4–91.8
Year 5	65.6	52.3–77.3	88.6	87.2–90.0	68.9	55.7–80.1	90.7	89.5–91.9
Year 7	79.0	66.8–88.3	92.9	92.3–93.5	61.3	48.1–73.4	85.2	84.4–86.0
<b>Tas<sup>(a)</sup></b>								
Year 3	92.9	66.1–99.8	96.4	95.6–97.2	73.3	44.9–92.2	93.9	92.5–95.3
Year 5	94.4	72.7–99.9	95.2	94.3–96.1	66.7	41.0–86.7	92.4	91.2–93.6
Year 7	50.0	27.2–72.8	88.3	87.2–89.4	45.0	23.1–68.5	80.6	79.5–81.7
<b>ACT<sup>(a)</sup></b>								
Year 3	57.1	18.4–90.1	96.2	95.3–97.1	100.0	59.0–100.0	95.2	94.1–96.3
Year 5	85.7	42.1–99.6	96.1	95.0–97.2	66.7	22.3–95.7	91.9	90.2–93.6
Year 7	100.0	54.1–100.0	91.4	90.3–92.5	42.9	9.9–81.6	86.4	84.8–88.0

(a) As the number of children on guardianship/custody orders in this jurisdiction is very small, caution should be taken in interpreting the results.

Notes:

1. Benchmark calculations for children on guardianship/custody orders include only government school students, whereas state calculations include government and non-government school students.
2. Benchmark calculations for children on guardianship/custody orders exclude students who were exempt from the tests, whereas state calculations include exempted students and these students are reported as falling below the benchmark.
3. The methods used in this report to calculate percentages and confidence intervals of children who are on guardianship/custody orders who have achieved national benchmark achievement levels is not the same as the method used by MCEETYA to report state-based results (see Appendixes B and C for further details).

Sources: MCEETYA 2004; AIHW 'Educational outcomes of children on guardianship or custody orders' data collection.

The data is comparable across the states and territories because equivalent benchmarks are established for each jurisdiction's test. In 2003 children on guardianship or custody orders were significantly less likely to achieve the national benchmarks across almost all year levels compared with all children in each jurisdiction.

Although not statistically significant for all jurisdictions or across all year levels, the proportion of children achieving the national benchmarks generally decreased with increasing age—Year 5 and 7 students were generally less likely to achieve the benchmarks than those in Year 3. This pattern was less pronounced among all children in the state and, in many cases, was not statistically significant (that is, the 95 per cent confidence intervals overlapped across year levels, despite the larger sample sizes). However, among children on guardianship/custody orders, there was generally a substantial decline in the proportion of children achieving the benchmarks between Year 3 and the two older year levels.

#### **Outcome 4 indicators requiring further development**

##### *School retention rates of young people in out of home care or guardianship*

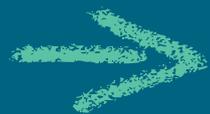
People who leave school before Year 10 and those who do not complete Year 12 are more likely to experience extended periods of unemployment than those who complete Year 12 (ACER, 2000).

Young people in out of home care are less likely to continue their education beyond the minimum school leaving age than other young people (Bromfield and Osborn, 2007). In a survey of 297 care leavers in Australia, the CREATE Foundation found that 35.3 per cent of participants over 18 years had completed Year 12 education compared with 74 per cent of 19 year olds in the general population (CREATE Foundation, 2006).<sup>53</sup> One of the reasons for these low rates of retention is that young care leavers are ‘consumed with issues surrounding transition [from out of home care]’ (McDowall, 2009, p. 56).

The school retention rate for young people in out of home care or under guardianship indicates whether vulnerable young people are receiving the support and care they need to remain in school and thereby improve their opportunities for the future.

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53 The CREATE Foundation is the peak body in Australia representing the voices of all children and young people in out of home care.



## Chapter nine

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



## Chapter nine

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

This supporting outcome aims to ensure that Indigenous children are supported and safe in strong, thriving families and communities to reduce the overrepresentation of Indigenous children in child protection systems. For those Indigenous children in child protection systems, this outcome aims to provide culturally appropriate care and support.

Indigenous children are greatly overrepresented in all parts of the child protection system. Addressing Indigenous disadvantage is critical to addressing the factors that put Indigenous children at risk of abuse and neglect. To provide culturally appropriate responses, strategies developed under the National Framework must be based on partnerships between Indigenous families and communities, and between Indigenous agencies, mainstream service providers and governments.

### Overview

Three strategies have been designed to ensure that Indigenous children are supported and safe in their families and communities. They are:

- › expand access to Indigenous and mainstream services for families and children
- › promote the development of safe and strong Indigenous communities
- › ensure Indigenous children receive culturally appropriate protection services and care.

Further details on the actions taken to support this outcome are included in Appendix 5.

### Progress and achievements

To fulfil this outcome, access to Indigenous and mainstream services for families and children are being expanded, safe and strong Indigenous communities are being promoted, and actions for Indigenous children to receive culturally appropriate protection services and care are being implemented.

Closing the Gap, a national Indigenous reform agenda, is also a priority in the National Framework which aims to support and strengthen Indigenous communities and families to address targeted issues that put children at risk (see Chapter 4).

#### *Commonwealth*

The Commonwealth Government has:

- › allocated an unprecedented \$5.5 billion for remote Indigenous housing over the next 10 years through the National Partnership Agreement on Remote Indigenous Housing—this agreement will deliver up to 4200 new houses and refurbish up to 4800 existing houses in remote Indigenous communities and provide improved property and tenancy management arrangements. Improvements to housing are important to ensure that families have a house where they can cook a meal, bath a child and bring up their children safely

- built 316 new houses and refurbished 828 in remote Indigenous communities across Australia in 2009–10
- provided \$31.6 million over three years to the Northern Territory Government for the Northern Territory Emergency Response (NTER) for the Family Support Package—the package supports a combination of 22 ‘safe places’, remote Aboriginal family and community workers in 13 communities, and a mobile child protection team for remote communities
- approved 51 sites for the Indigenous Parenting Support Services—of these 45 are now operational and five are remote service delivery sites
- funded 31 projects under the Family Violence Regional Activities Program—22 were jointly funded with the states and territories under the Family Violence Partnership Program.
- announced 36 Children and Family Centre locations.

Some other achievements delivered through the NTER as at 30 June 2010 include the 69 schools participating in the School Nutrition Program where an estimated 2994 breakfasts and 4177 lunches were provided each school day January to June 2010. Under the Child Health Services Program 1212 audiology checks were conducted; 1005 children received audiology follow-up services; 2263 dental checks were conducted; 1530 children received dental follow-up services; 1505 ear, nose and throat (ENT) checks were conducted and 1221 children received specialist follow-up services from January to June 2010. Information on other initiatives can be found in the *Closing the Gap in the Northern Territory* monitoring reports at [www.fahcsia.gov.au/sa/indigenous/pubs/nter\\_reports/ctg\\_monitoring\\_report\\_jan\\_Jul10/Documents/part2/default.htm](http://www.fahcsia.gov.au/sa/indigenous/pubs/nter_reports/ctg_monitoring_report_jan_Jul10/Documents/part2/default.htm).

#### *Australian Capital Territory*

The ACT Department of Disability, Housing and Community Services in consultation with the local Indigenous community has developed a Reconciliation Action Plan to provide services to close the gap including a focus on employing and developing Indigenous staff. There has been legislative changes to include the acknowledgment of the Cultural Care Plans being developed for all indigenous children involved with the child protection system.

Child and Family Centres have begun targeted programs for local Indigenous families such as Growing Healthy Families where young people can learn about their culture and the importance of good health and wellbeing. Individual Cultural Care Plans are in place for Indigenous children and young people in care. A quality assurance framework is being developed that will affect several areas of care and protection services such as case management and legislative compliance including the Child Placement Principle. Caseworker training includes compliance with the principle. A specific training package for Indigenous foster carers has been developed and is underway.

#### **Through Young Black Eyes**

*Through Young Black Eyes* is a handbook produced by the Secretariat of National Aboriginal and Torres Strait Islander Child Care (SNAICC) to respond to the impact of family violence and abuse on Aboriginal and Torres Strait Islander children. It was published in 2002. Reprints in 2005 and 2007 are testimony to both the need for and effectiveness of this resource. The 2007 edition had a series of training resources to assist communities develop their own child safety plans. Professionals and community groups have used it when running community workshops about family violence, child abuse and neglect, child sexual abuse, and for explaining how to help develop a child-safe community. It also explains where to get information and support.

*Provider: SNAICC*

#### *New South Wales*

The NSW interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities includes 88 actions by NSW agencies at a cost of more than \$62 million over five years. Significant activity has occurred in the following areas:

- Prevention and early intervention, including:
  - the Schools in Partnership Program
  - the Schools as Community Centres Program

- truancy reduction strategies as part of Attendance Action Plans for schools
- increasing funding for Aboriginal teacher scholarships
- implementing the Rural New Street Program by NSW Health
- establishing the Premier’s Council on Preventing Violence Against Women and Aboriginal projects under the Domestic and Family Violence Grants Program
- employing an additional 15 Aboriginal Student Liaison Officers to identify local solutions to non-attendance of Aboriginal students in education
- Law enforcement and safe communities, including:
  - increasing recruitment and retention of Aboriginal police
  - the creation of Joint Investigation Response Teams (JIRTs) to investigate cases of sexual abuse of Aboriginal children
  - implementing technology to allow remote witness facilities in 100 per cent of courts in New South Wales
- Child protection, including:
  - implementing the Aboriginal and Torres Strait Islander Child Placement Principle
  - improving access to forensic and medical services for Aboriginal and Torres Strait Islander communities
  - recruiting of more Aboriginal caseworkers— as a result, Aboriginal caseworkers now represent around eight per cent of caseworker positions
  - trialling a child protection consultation model, similar to the Lakidjeka Aboriginal Child Specialist Advice and Support Service in Victoria— this initiative resulted from the Wood Special Commission of Inquiry into Child Protection Services in New South Wales
- Community leadership and support, including:
  - implementing the Safe Families and Focus Community Programs to implement location-specific approaches to tackle child sexual abuse through community driven prevention and early intervention
  - improving coordination of support services in nine Indigenous communities
  - developing multimedia resources to inform and raise awareness of child sexual assault in Indigenous communities.

Through Keep Them Safe, the Department of Human Services, Aboriginal Affairs NSW is implementing the Partnership Community Program in 40 Indigenous communities. Through the program, the Department of Human Services, Aboriginal Affairs NSW is working with communities and other agencies to strengthen community governance by establishing local governance bodies and action plans. Governance bodies will be supported to consider issues relating to child protection, where identified as a priority, and develop appropriate responses.

A memorandum of understanding was signed between AbSec and the Department of Human Services, Community Services to work more closely to improve protection for Indigenous children at risk and provide better support for families. NSW is also establishing four new Intensive Family Based Services to provide intensive, home-based programs for Indigenous families whose children are at risk of entering care or for children in care who are to be restored to their families.

### *Northern Territory*

The Northern Territory Remote Aboriginal Family and Community Worker Program has been expanded by employing more Aboriginal community workers and an Aboriginal and Torres Strait Islander Principal Practice Advisor. The government will apply the principles for justice in child wellbeing and protection developed by the Secretariat of National Aboriginal and Islander Child Care.<sup>54</sup> As a priority, the Department of Health and Families together with non-government organisations will develop Aboriginal and Torres Strait Islander non-government organisations.

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<sup>54</sup> This Statement of Principles sets out the guiding principles that SNAICC expects the state, federal, and territory to uphold in developing and implementing an effective and integrated child welfare and protection system in Australia.

### *Queensland*

Queensland is investing more than \$45 million over four years to establish the Safe House Services in 11 Aboriginal and Torres Strait Islander communities to ensure that children can stay in their communities if it is not safe to stay at home with their parents or guardians. Safe houses deliver supervised residential care to provide short-term safe places for children with Family Intervention Services workers providing support and assistance for children and families subject to child protection intervention. The establishment of safe houses is well advanced in remote communities with facilities constructed in Aurukun, Pormpuraaw, Kowanyama, Doomadgee, Palm Island, Yarrabah, and an interim facility in Napranum. The Department continues to work with Mornington Island, Eastern Cape, Torres Straits and Northern Peninsula Area communities to identify the need for and progress establishment of these services.

The Queensland Government is developing a comprehensive plan to address the overrepresentation of Aboriginal and Torres Strait Islander children and their families in the child protection system through the Aboriginal and Torres Strait Islander Child Safety Taskforce. Joint training of Recognised Aboriginal and Torres Strait Islander Entities and departmental frontline staff will be a key strategy in the plan.

Service delivery for Aboriginal and Torres Strait Islander families and children is being improved by refocusing funding arrangements for Recognised Entities to improve service delivery for vulnerable children and their families. It includes integrated approaches to protecting children from early intervention right through to statutory services.

The Queensland Government continues to do the following:

- Implement the whole-of-government Reconciliation Action Plan 2009–2012. This includes actions relating to child wellbeing and service delivery to reduce the gaps in life outcomes and opportunities and to provide fair treatment and transparency in policies, programs and services.
- Support the One Chance at Childhood Program. Thirty-one specialist positions have been established state-wide, as well as permanency panels to oversee permanency planning and decision making across the state.
- Support Aboriginal and Torres Strait Islander community building activities, such as the Cape York Welfare Reform trial that seeks to transition people from welfare dependence to engagement in the real economy and to rebuild basic social norms. The communities of Aurukun, Coen, Hope Vale and Mossman Gorge have agreed to be part of the four-year welfare reform trial.

### *South Australia*

Four Child and Family Centres are being set up and the Ernabella Child and Family Centre, located at Pukatja on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, is now operational. Children and their parents or carers participate in daily early childhood programs. A community development coordinator has been appointed at each location. Three of the four community development coordinators are Aboriginal staff. Enabling Groups at each location will support the participation of agencies and the community in local planning for the establishment of the centres. Additional facilities will be constructed during 2011 for further expansion of family and community support programs.

To improve child protection services the South Australian Government has:

- established Aboriginal and Torres Strait Islander advisory groups in the metropolitan area
- developed Aboriginal and Torres Strait Islander specific early intervention services focusing on preventing children and young people entering the care and protection system
- developed Cultural Identity Planning for all Aboriginal and Torres Strait Islander young people with whom the Department works
- ensured that all initial placements of Aboriginal and Torres Strait Islander children in care involving court proceedings require consultation with principal Aboriginal consultants and gazetted organisations.

An overarching policy is being developed to ensure that the Department for Families and Communities (Families SA) encapsulates the cultural needs of Aboriginal and Torres Strait Islander clients into its policies, programs and services. Cultural sensitivity training is offered to all new staff. Through the Aboriginal Employment Strategy (2007–2012) Families SA has increased its Aboriginal and Torres Strait Islander workforce across all directorates and remuneration levels.

## Tasmania

The Tasmanian Government will ensure that service responses are culturally appropriate. Disability, Child, Youth and Family Services are committed to working in partnership with the Tasmanian Aboriginal and Torres Strait Islander community on this. The Government will provide and support placements as part of the out of home care reforms. Further amendments to the *Children, Young Persons and Their Families Act 1997* are planned for 2010–11 and will include consultation with the Tasmanian Aboriginal and Torres Strait Islander community on culturally appropriate responses for at risk children.

## Victoria

The Victorian Government has:

- › begun Aboriginal and Torres Strait Islander specific early intervention and prevention programs and piloted a placement prevention model to divert children away from entry into out of home care
- › allocated funding over three years to develop and implement an Aboriginal and Torres Strait Islander specific assessment model
- › developed processes to support Aboriginal and Torres Strait Islander kinship care
- › ensured that out of home care reforms include tailored responses for Aboriginal and Torres Strait Islander children and their families
- › contracted case-managed support for 120 Aboriginal and Torres Strait Islander children in kinship care.

All 2009–10 initiatives and programs have a review component to track outcomes and to inform future program planning and service development to improve service delivery responses for Aboriginal and Torres Strait Islander families and children. In addition, all decisions on Aboriginal and Torres Strait Islander child placements are made in line with the Aboriginal Child Placement Principle and are based on an assessment in consultation with the funded cultural advice service provided by Aboriginal and Torres Strait Islander organisations.

To improve the representation of Aboriginal and Torres Strait Islander workers the Victorian Department of Human Services funded study for 40 workers and also funds courses with designated Aboriginal and Torres Strait Islander student numbers.

### Lakidjeka Aboriginal Child Specialist Advice Support Service

Victorian Aboriginal Child Care Agency's Lakidjeka Aboriginal Child Specialist Advice Support Service provides guidance at key decision-making points about Aboriginal and Torres Strait Islander children and young people, including investigation, substantiation, referral, placement, reunification and permanency planning.

Lakidjeka is the only independent service of its type operating in Australia. Its key strengths include:

- › state-wide reach as a service (excluding Mildura)
- › unique role in providing specialist advice to Child Protection
- › expertise in Aboriginal culture, family networks and child-rearing practices
- › focus on child safety and the best interests of children, rather than families
- › employment of Aboriginal people
- › autonomy from other child and family welfare programs
- › formal protocol with Child Protection and specific delegations under the *Child, Youth and Family Act (2005)*
- › ability to inform the decisions about Aboriginal children's best interests.

Lakidjeka has resulted in fewer Aboriginal children being removed from their families through a better understanding of cultural issues and referral to appropriate family support services. Lakidjeka is an example of self-determination and community control in Aboriginal child protection. It presents an opportunity to consider transferrable principles and practices for other Aboriginal and Torres Strait Islander community-controlled services.

*Provider: Lakidjeka*

## Western Australia

The Western Australian Government is negotiating with four communities in the Kimberley to establish Child and Family Centres; another is planned in the metropolitan area. The centres will integrate early childhood services to provide greater access to child, maternal and health services for Aboriginal and Torres Strait Islander families. To improve child protection services the government has:

- employed remote child protection workers to work with remote community child protection workers to support metropolitan and regional areas, and youth and family support workers to work in communities with at risk youth
- developed the Aboriginal Services Framework that aims at integrating the Aboriginal agenda throughout the Department's business
- established within each district Aboriginal practice leader positions to better guide the services to Aboriginal and Torres Strait Islander families and Aboriginal and Torres Strait Islander practice networks to build the capacity of staff to deliver services
- strengthened the Aboriginal Engagement and Coordination Directorate to lead, support and advise the Department on addressing Aboriginal and Torres Strait Islander wellbeing and safety issues.

The Department for Child Protection has an Aboriginal Employment and Learning Strategy that has set an ambitious Aboriginal and Torres Strait Islander employment target of 20 per cent by 2014. Within regional districts that have a larger client base of Aboriginal and Torres Strait Islander families the targets are up to 50 per cent. This includes the introduction of cadetships, traineeships and the opportunity to obtain qualifications.

### Persistence pays off

The Good Beginnings Australia (GBA) program, funded through FaHCSIA's Family Support Program (FSP), aims to support families in their parenting role using a strengths-based approach built on partnership principles. Families are supported to increase their parenting capacity and confidence and to connect with other parents and services in the community.

When GBA received a referral for Kylie—a young Aboriginal single mother who has recently overcome drug addiction—she made it clear that she would only accept support from an Aboriginal and Torres Strait Islander agency. As none had the capacity to take her on, Kylie reluctantly engaged with the GBA worker.

Kylie was incarcerated shortly after, and the worker visited her and persisted in developing a relationship despite Kylie's defiant style and lack of trust in services.

Upon release Kylie contacted GBA and the worker was able to continue to support this young mother and help her recognise and build on her strengths. Kylie managed to set goals and celebrate some real achievements, such as maintaining her housing, accepting some help in her life and remaining drug free. GBA was able to connect Kylie to community housing and to Aboriginal Family Support to ensure Kylie continues to provide a supportive and safe environment for her daughter.

*Provider: Good Beginnings Australia*

## Indicators of change

There are four indicators for supporting outcome 5. They are:

- rate per 1000 Indigenous children with substantiated cases compared to other children
- rate per 1000 Indigenous children in out of home care compared with other children
- proportion of Indigenous children placed in accordance with the Indigenous child placement principles
- ratio of Indigenous out of home care placement through mainstream or Indigenous services.

The first three indicators listed above have available data and are reported on in this annual report. The fourth requires further development. The range of indicators used to measure how the National Framework has ensured Indigenous children are supported and safe in their families and communities will require review.

## Findings on outcome 5

### *Indigenous children with substantiated child protection cases*

Aboriginal and Torres Strait Islander children are overrepresented in child protection services (Berlyn and Bromfield, 2009).<sup>55</sup> This suggests that Aboriginal and Torres Strait Islander children are more likely to be abused or neglected than other children.<sup>56</sup>

The reasons that Aboriginal and Torres Strait Islander children are more likely to be abused or neglected are multiple and complex. Past and ongoing dispossession, social exclusion and racism have contributed to high-levels of unresolved trauma among Aboriginal and Torres Strait Islander people. This unresolved trauma can be expressed in ways that are destructive, such as substance abuse (Berlyn and Bromfield, 2009). This has a negative impact on parenting capacity and family functioning, and increases the risk of children experiencing abuse or neglect.

In 2008–09 there were 8135 Indigenous children (37.7 per 1000) and 22 349 non-Indigenous children (5.0 per 1000) aged 0–16 years who were the subject of a substantiation of a notification. Indigenous children were 7.5 times more likely to be the subject of a substantiation (Table 19).

**Table 19: Children aged 0–16 years who were the subject of substantiations of notifications received during 2008–09, by Indigenous status<sup>57</sup>**

Number of children				Rate per 1000 children				Rate ratio Indigenous/ non- Indigenous
Indigenous	Non- Indigenous	Unknown no.	Unknown per cent	All children	Indigenous	Non- Indigenous	All children	
8135	22 349	1994	6.1	32 478	37.7	5.0	6.9	7.5

*Notes:*

1. Finalised investigations, and thus substantiations, refer only to cases which were notified during the year, not the total number of investigations finalised by 31 August 2009.
2. Rate ratios are calculated by dividing the unrounded rate of Indigenous children who were the subject of substantiations by the unrounded rate of non-Indigenous children. The resulting number is a measure of the extent of over-representation of Indigenous children taking into account the relative population size of Indigenous and of non-Indigenous children.
3. Percentage of unknown is the percentage of all children.
4. Rates for all children are based on populations at December 2008. The December 2008 population for Indigenous children is the average of 30 June 2008 and 30 June 2009 Indigenous population projections.

Source: *Child Protection Australia 2008–09* (AIHW 2010a).

<sup>55</sup> The term Indigenous is used throughout this report to incorporate the category 'Aboriginal and Torres Strait Islander' except where reference is made to a data set or citation where the term 'Aboriginal and Torres Strait Islander' is used.

<sup>56</sup> Care needs to be taken when considering actual numbers of Indigenous children who are abused and neglected as child protection statistics are not a reliable indicator. Determining the actual number of Indigenous children who have been abused or neglected is difficult as some children who are abused or neglected are not included in child protection statistics because they are never reported. Some children who are not abused or neglected are included in child protection statistics. For Indigenous people there are further issues associated with underreporting. Indigenous communities may be less likely to report child abuse and neglect for a range of reasons including fear and mistrust of government agencies, fears that children will be removed from their community and geographical isolation (Berlyn and Bromfield, 2009).

<sup>57</sup> Finalised investigations, and thus substantiations, refer only to cases which were notified during the year, not the total number of investigations finalised by 31 August 2009. Data on substantiations of notifications are likely to underreport harm or risk as most jurisdictions have investigations in process at 31 August of the following financial year which are not recorded.

### *Indigenous children in out of home care*

In addition to being overrepresented in substantiations of notifications, Aboriginal and Torres Strait Islander children are also overrepresented in out of home care services (Berlyn and Bromfield, 2009). As noted in Chapter 8, out of home care can have a positive or negative impact on the health and wellbeing of children. 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 and Osborn, 2007, p. 2; Bromfield, Higgins, Higgins, Richardson, 2007).

One particular concern with Aboriginal and Torres Strait Islander children in out of home care is the potential for them to lose contact with their family of origin, their community and their culture (see Aboriginal and Torres Strait Islander Child Placement Principle indicator below). This concern is based on an acknowledgment of the damaging impact of past practices of cultural assimilation and forced removal of Aboriginal and Torres Strait Islander children from their families that resulted in grief and trauma for both and the loss of important cultural links and cultural knowledge (Human Rights and Equal Opportunity Commission, 1997).

As at 30 June 2009 there were 10 512 Aboriginal and Torres Strait Islander children (44.8 per 1000) and 23 374 non-Indigenous children (4.9 per 1000) in out of home care. The national rate of Aboriginal and Torres Strait Islander children in out of home care was 9.2 times the rate for non-Indigenous children (Table 20).

**Table 20: Children in out of home care and rate per 1000 children aged 0–17 years and Indigenous status, 30 June 2009**

Number of children				Rate per 1000 children				Rate ratio Indigenous/ non- Indigenous
Indigenous	Non- Indigenous	Unknown no.	Unknown per cent	All children	Indigenous	Non- Indigenous	All children	
10 512	23 374	183	0.5	34 069	44.8	4.9	6.7	9.2

*Notes:*

1. Rate ratios are calculated by dividing the unrounded rate of Indigenous 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 Indigenous children were in out of home care for every one non-Indigenous child who was in out of home care.
2. Rates for all children are based on populations as at March 2009. The Indigenous population for March 2009 is the 30 June Indigenous population projection.

Source: *Child Protection Australia 2008–09* (AIHW 2010a).

### *Indigenous children placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle*

The Aboriginal and Torres Strait Islander Child Placement Principle states the preferred order of placement for an Aboriginal and Torres Strait Islander child who has been removed from their birth family. The preferred order is for the child to be placed with the child's extended family, the child's Indigenous community or other Indigenous people.

An Aboriginal and Torres Strait Islander child can only be placed with a non-Indigenous carer if an appropriate placement cannot be found from the three groups above (Lock in Bromfield and Berlyn, 2009). The principle has been endorsed by all states and territories in Australia (Bromfield and Berlyn, 2009; AIHW 2010a).

The Aboriginal and Torres Strait Islander Child Placement Principle is an acknowledgment of the previously discussed harmful practices that removed Aboriginal and Torres Strait Islander children from their families and communities (Bromfield and Berlyn, 2009).

At 30 June 2009, 73 per cent of Aboriginal and Torres Strait Islander children in out of home care were placed with relatives or kin, other Indigenous care givers or in Indigenous residential care (Table 21).

The commitment of all jurisdictions to place Aboriginal and Torres Strait Islander children in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle is reflected in the consistently high proportion of Aboriginal and Torres Strait Islander children placed with relatives/kin, other Indigenous care givers, or Indigenous residential care over time. Although there was a slight decrease, from 77 per cent in 2005, the majority (over 70 per cent) of Indigenous children in out of home care during this period were placed with Indigenous care providers (relatives/kin, other Indigenous care givers or Indigenous residential care).

**Table 21: Aboriginal and Torres Strait Islander children in out of home care, by Indigenous status and relationship of carer, 30 June 2009**

Relationship	Number	Per cent
Placed with relatives or kin, other Indigenous care givers or Indigenous residential care	7600	72.7
Not placed with relatives or kin, other Indigenous care givers or Indigenous residential care	2861	27.3
<b>Total</b>	<b>10 461</b>	<b>100.0</b>

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 up to 100 due to rounding.
3. Children in family group homes are reported as in residential care.

Source: *Child protection Australia 2008–09* (AIHW 2010a).

## Outcome 5 indicators requiring further development

### *Indigenous out of home care placement through mainstream or Indigenous services*

Out of home care placements that occur through an Aboriginal and Torres Strait Islander service are an important means of ensuring Aboriginal and Torres Strait Islander children who require out of home care are provided with the highest quality, most culturally appropriate placements. Benefits of Indigenous services coordinating out of home care placement for Indigenous children include:

- providing an Indigenous perspective on decisions regarding Indigenous children
- improving the engagement of Indigenous families and communities in decisionmaking
- strengthening Indigenous children's cultural identity (Higgins and Butler, 2007).

## Other Aboriginal and Torres Strait Islander related data

There is also data available which compares outcomes for Indigenous and non-Indigenous children on several of the indicators for outcomes 1, 2, 3, 4 and 6. These are listed below and show where improvements can be made to achieve better outcomes for Aboriginal and Torres Strait Islander children in Australia.

- In 2007 Aboriginal and Torres Strait Islander mothers had fewer antenatal visits than non-Indigenous mothers. For Aboriginal or Torres Strait Islander mothers who gave birth at 32 weeks or more, 77 per cent had five or more visits, compared with 93.7 per cent of non-Indigenous mothers (Laws and Sullivan, 2009).
- In 2007 the proportion of low birth weight babies of Aboriginal and Torres Strait Islander mothers was twice that of babies of non-Indigenous mothers (12.5 per cent and 5.9 per cent respectively) (Laws and Sullivan, 2009).<sup>58</sup>
- In 2009 there were higher proportions of Indigenous children developmentally vulnerable on each of the AEDI domains compared to non-Indigenous children. For Indigenous children, 47.4 per cent were developmentally vulnerable on one or more of the AEDI domains and 29.5 per cent of Indigenous children were developmentally vulnerable on two or more of the AEDI domains (CCCH and TICHR, 2009).

<sup>58</sup> The proportion of live-born babies of mothers identified as Aboriginal or Torres Strait Islander with low birth weight varied markedly among the states and territories in 2007.

- In 2005–06 to 2007–08 the number per 1000 of hospital separations for injury and poisoning for Indigenous children aged 0–4 years was 20.3 per 1000 compared with 14.2 per 1000 for non-Indigenous children (AIHW National Hospital Morbidity Database, unpublished data)
- In 2008–09 of the 15 544 children aged 0–17 years who commenced intensive family support services 20 per cent, or 3116, were Indigenous (AIHW Child Protection Collections, 2009, unpublished data).
- In 2007–2008, 82.3 per 1000 Indigenous children aged 0–17 attended agencies funded under Supported Accommodation Assistance Program (SAAP) as accompanying children compared with 11.4 per 1000 non-Indigenous children (AIHW SAAP National Data Collection, unpublished data).
- In 2007–2008, 13.9 per 1000 Indigenous children aged 0–17 years attended agencies funded under SAAP as unaccompanied children compared with 2.7 per 1000 non-Indigenous children (AIHW SAAP National Data Collection, unpublished data).
- In 2006 nearly half (45 per cent or 67 600) of Indigenous children aged 0–14 years lived in jobless families, compared to 14 per cent (476 000) of other children (AIHW, 2009a; 2009b).<sup>59</sup>

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<sup>59</sup> Based on data from the 2006 ABS Census of Population and Housing published in *Australia's Welfare 2009* (AIHW, 2009b) and *A Picture of Australia's Children* (AIHW, 2009a). The higher proportion of Indigenous children living in one-parent families would have contributed to this higher rate (45 per cent of Indigenous children live in one-parent families compared with 20 per cent of all children); 71 per cent of Indigenous children living in one-parent families did not live with an employed parent.





## Chapter ten

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



## Chapter ten

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

This supporting outcome aims to protect children from all forms of sexual exploitation and abuse through targeted prevention strategies. It will support those who have been sexually abused in the community, through specific therapeutic and legal responses.

### Overview

Strategies and services to support vulnerable families are important in preventing neglect and abuse. In cases of sexual abuse these strategies are supplemented by a legal response, involving police and criminal justice processes, alongside child protection services.

Educating children, as well as the whole community, about risks can foster protective behaviours and may help to increase the detection of abuse. The importance of educating young people about healthy relationships and about the role of the internet in the exploitation of children and young people is increasingly recognised.

Four strategies have been designed to prevent child sexual abuse and exploitation, and to ensure that survivors receive adequate support. They are to:

- › raise awareness of child sexual exploitation and abuse, including online exploitation
- › enhance prevention strategies for child sexual abuse
- › strengthen law enforcement and judicial processes in response to child sexual abuse and exploitation
- › ensure survivors of sexual abuse have access to effective treatment and appropriate support.

Further details on the actions taken to support this outcome are included in Appendix 6.

### Progress and achievements

To raise awareness of child sexual exploitation and abuse, including online exploitation, the Australian Federal Police (AFP) coordinated a national roll out of Think-U-Know, in partnership with Microsoft and ninemsn. Resources on similar and related topics have been developed by most states and territories.

Community-based strategies to raise awareness include Commonwealth Government funding to Bravehearts to deliver White Balloon Day in 2009 and 2010.

State and territory specific initiatives to raise awareness include:

- › Australian Capital Territory: bi-annual monitoring and reporting of vulnerable families, finalisation of the working with vulnerable people checks policy, training on the mandatory reporting of sexual abuse to government and non-government staff, and the production of information pamphlets available through ParentLink and the internet. The review and updating of the memorandum of understanding between Child Protection Services and the AFP Sexual Assault and Child Abuse Team has assisted in improved relationships and development of protocols.
- › New South Wales: community based, coordinated and location specific responses to Aboriginal and Torres Strait Islander child sexual assault in nine Aboriginal and Torres Strait Islander communities.

- Northern Territory: expansion of the child abuse taskforce and rolled out education sessions and train the trainer sessions to individuals and communities and various training for remote Aboriginal and Torres Strait Islander family and community worker program staff. Young Women's Community Health Education Program and Through Young Black Eyes training from SNAICC, and a community education program associated with the mandatory reporting of domestic violence were run in 2009–10.
- South Australia: the Yarrow Place Rape and Sexual Assault Service Youth Team works with the Department for Families and Communities to assist young people who have been sexually abused or exploited.
- Victoria: published the *Children with problem sexual behaviours and their families: best interest case practice model and specialist practice resource*. The Victorian Government funds 24 agencies to deliver specialist sexual assault services to children and adults throughout Victoria. The 2009–10 State Budget allocated an additional \$10.45 million to provide better access to sensitive and timely counselling and support services for children.

To strengthen prevention strategies for child sexual abuse a 12-month trial of the exchange of criminal history between jurisdictions began on 30 November 2009. It allows for a wider range of information to be sought about people applying for jobs that involve working with children.

The Australian Crime Commission released a report, *Australia's Response to Sexualised or Sexually Abusive Behaviours in Children and Young People*. It investigates the best therapeutic programs for children displaying sexually abusive behaviours.

The states and territories also offer a range of programs including family and individual support services, and therapeutic services. They include:

- Australian Capital Territory: consultation has been completed on the design and staffing of a therapeutic facility.
- New South Wales: The Hunter–New England Area Health Service is implementing the New Street Adolescent Service early intervention program for young people with sexually abusive behaviours. This service is currently being expanded to both urban and rural areas throughout NSW under the Government's Keep Them Safe initiative.
- Northern Territory: a working with children check has been developed using the Exchange of Criminal History Information on People Working with Children (ECHIPWC) protocol.
- Queensland: an independent review of the Mater Family and Youth Counselling Service which provides therapeutic interventions for young people who have sexually offended found that the service is achieving its intended outcomes.
- South Australia: the Department of Education and Children's Services has produced guidelines for responding to problem sexual behaviours in children and young people. The guidelines focus on providing appropriate support to all children and young people involved to both limit the effect of harm and prevent future harm.
- Tasmania: has funded the Australian Childhood Foundation to deliver the Child Trauma Service that is now established on a state-wide basis.
- Victoria: a partnership between Victoria Police, the sexual abuse treatment services, and the Department of Human Services has now two established multi-disciplinary centres and a third centre is currently underway. Multi-disciplinary centres are an innovative way of responding to sexual offences. These centres are characterised by the use of police investigators co-located with child protection workers, sexual assault counsellor/advocates and with strong links to forensic medical personnel. These specialist professionals work collaboratively within the one location to provide responses to adult and child victim/survivors of sexual assault and physical abuse. The centres improve the capacity of agencies to work collaboratively leading to:
  - provision of improved support for victim/survivors
  - integrated investigation of sexual offences and child abuse
  - improved quality of evidence
  - increased reporting of sexual offences and reduced attrition from justice (complaints withdrawn), health and support systems

- victim/survivors experience fewer service providers, more timely and accessible responses, increased privacy and anonymity—they are kept apprised of the legal status of the case while working with other service providers
- building on two successful pilot centres funded in the 2006–07 Victorian State Budget a third multidisciplinary centre is funded to commence service in 2010–11
- › Victoria funds 13 Sexual Abusive Treatment Services across the state to deliver sexually abusive behaviour treatment programs to children under 15 years of age displaying problem sexual behaviours.
- › The implementation of the *Children, Youth and Families Act 2005* (CYFA) included provisions for the Department of Human Services to receive reports for children requiring therapeutic treatment because of their sexually abusive behaviours, via a Therapeutic Treatment Order (TTO). The introduction of TTOs enables the Family Division of the Children’s Court to formally order a young person aged 10–14 years to undergo from 12 to 24 months of compulsory therapeutic treatment.
- › The CYFA also provides for a Therapeutic Treatment Placement Order, if the court is satisfied that the placement order is necessary for the treatment of the child. It grants sole custody of the child to the Secretary but does not affect the guardianship of the child.
- › To date there have been 37 Therapeutic Treatment Orders and two Therapeutic Treatment Placement Orders made through the Family Division of the Children’s Court.

Initiatives to strengthen law enforcement and judicial processes in response to child sexual abuse and exploitation include the following:

- › A focus by the AFP on higher level organised or networked crime and technological innovation that included online and contact offending. The AFP spent a total of 97 180 hours on child protection operations and involved 657 members.
- › The proclamation of the *Crimes Legislation Amendment (Sexual Offences against Children) Act 2010*—allowing the AFP to be more effective in its fight against online sexual exploitation of children.
- › The AFP officially taking the Chair of the Virtual Global Taskforce—the taskforce pursues strategic investigations of online child sexual exploitation. It is also the vice chair on the Australia New Zealand Policing Advisory Agency Child Protection Committee which ensures a consistent approach to child protection from a law enforcement perspective.
- › The AFP hosting an inaugural symposium to develop a more strategic approach to combating child sex tourism.

To ensure effective treatment and appropriate support for survivors of sexual abuse the Commonwealth Government provided \$3.1 million that was shared between non-profit organisations to provide community based support to children and adults who have suffered abuse and neglect.

### **National White Balloon Day**

National White Balloon Day, held annually in Child Protection Week, aims to break the silence on child sexual assault, raise awareness and empower survivors and communities to speak out. Government and non-government agencies, including police, child protection departments, media outlets, schools and local businesses collaborate in the event. Events and activities to raise awareness are planned at a local level and coordinated through Bravehearts. Events include a convoy for kids (in south-east Queensland), displaying and selling balloons, promoting ‘wear white’ day, sponsored advertising and media interviews, and Black and White Taxis flying flags from all vehicles.

The expected outcomes include an increase in awareness, an increase in empowerment of victims leading to an increase in disclosures of child sexual assault, stronger community capacity and engagement on this issue, more resilience in children and adults, breaking down of the cultural tendency to silence, secrecy and shame, and an increase in community empathy and support for victims.

### Taking the First Steps

- To help adults sexually abused as children to overcome the crippling, physical, mental, emotional and social effects of their abuse, and to develop their potential as individuals, partners, parents and members of the community.
- To provide support and education to the partners and non-offending parents of adult survivors, and to the local community.

Taking the First Steps is an 18-week, non-residential program comprising groups of six adult survivors and three facilitators. The structured program uses a combination of psycho-educational and therapeutic approaches. It is funded by the NSW Department of Health, with the Lismore Sexual Assault Service providing supervision for facilitators. Funding has also been received from the Commonwealth Government (FaHCSIA), the corporate sector and the local community.

Adult survivors have a better understanding of the causes of their feelings and behaviours, better community support and greater awareness of perpetrator tactics. Consequently, as parents, they are better equipped to protect their own children. (About 80 per cent of adult survivors in the program are parents.) Running adjacent to the program are seminars for partners, non-offending parents and the community. These contribute towards a better informed and more understanding community in which the current generation of children will be better protected.

*Provider: Heartfelt House Inc.*

## Indicators of change

There are two indicators for supporting outcome 6. They are:

- rate per 100 000 children aged 0–4, 5–9, 10–14 and 15–19 reported with sexually transmitted diseases
- number and rate of children with substantiations related to sexual abuse.

The only indicator with data available is children in substantiations of notifications by abuse type. This indicator is a broad measure and has been proposed as an alternative to both of the above indicators.<sup>60</sup>

## Findings on outcome 6

### *Children in substantiations of notifications, by abuse type*

Experiencing child sexual abuse affects children's psychological and physical health (Feiring, Taska and Lewis, 1996; Kendall-Tackett, 1993; Wurtele, 2009). Individuals who are sexually abused in childhood may have long-term difficulties lasting well into adulthood, including finding it difficult to maintain adult relationships, low self-esteem and mental health problems including depression and anxiety (Mullen and Fleming, 1998).

Other types of abuse and neglect are generally viewed as a symptom of family dysfunction and parenting problems. Sexual abuse is different with multiple types of potential perpetrators. These include adult family members of the child, adults in a position of power or authority over the child (such as a teacher or doctor), adults with no familial or authority relationship to the child, adolescent or child family members, and non-familial adolescent or child perpetrators (Price-Robertson, Bromfield and Vassallo, 2009).

The best available estimates suggest that in Australia 4 to 8 per cent of boys and 7 to 12 per cent of girls will experience serious (penetrative) sexual abuse at some time during their childhood (Price-Robertson, Bromfield and Vassallo, 2010). Sexual abuse of children requires specialised responses to reduce the occurrence and increase detection and to assist victims or survivors to recover and obtain justice.

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<sup>60</sup> The National Framework Implementation Working Group has agreed that the number of individuals and organisations prosecuted for sexually exploiting children was not appropriate for this outcome.

In 2008–09 child sexual abuse was the least frequently substantiated type of child abuse or neglect (Table 22). A total of 3735 children (0.7 per 1000 children) were the subject of a substantiation of a notification relating to sexual abuse. More females (2728 or 1.1 per 1000 children) were the subject of a substantiation of a notification relating to sexual abuse than males (1002 or 0.4 per 1000 children). These figures most likely significantly underestimate the incidence of child sexual abuse in the community (Bromfield and Irenyi, 2009, p. 5; AIHW 2010a).

Across Australia over the past five years emotional abuse has been the most common type of substantiated abuse and sexual abuse has been the least common. The proportions of abuse types has been relatively consistent since 2004–05 with emotional abuse (37–40 per cent), neglect (26–28 per cent) and physical abuse (22–25 per cent) accounting for the majority of substantiation types and sexual abuse consistently the least common (10–11 per cent).

**Table 22: Children aged 0–17 years in substantiations of notifications received during 2008–09, by type of abuse or neglect and sex**

Type of abuse or neglect	Physical	Sexual	Emotional	Neglect	Total
<b>Number</b>					
Males	4079	1002	6143	4505	15 729
Females	3678	2728	6176	4124	16 706
<b>Children<sup>(a)</sup></b>	<b>7801</b>	<b>3735</b>	<b>12 397</b>	<b>8708</b>	<b>32 641</b>
<b>Rate per 1000 children</b>					
Males	1.6	0.4	2.4	1.7	6.1
Females	1.5	1.1	2.5	1.7	6.8
<b>Children</b>	<b>1.5</b>	<b>0.7</b>	<b>2.5</b>	<b>1.7</b>	<b>6.5</b>

(a) Includes children whose gender was unknown.

Notes:

1. Finalised investigations, and thus substantiations, refer only to cases notified during the year, not the total number of investigations finalised by 31 August 2009.
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 or neglect is defined as 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 or neglect associated with the first substantiation decision during the year.
3. Rates are based on populations at December 2008.

Source: *Child Protection Australia 2008–09* (AIHW 2010a).



# Appendixes



## Appendix one

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

This supporting outcome will create communities that are more child-friendly, helping families, especially parents, to care for children. Supportive families and communities value the participation of children in the decisions that affect their lives.

### Strategy 1.1: Strengthen the capacity of families to support children

Actions include:

- › continue to establish and support Children and family Centres
- › refocus community programs within the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)
- › improve family support services.

#### *Commonwealth*

In March 2010 the Commonwealth Government Minister for Families, Housing, Community Services and Indigenous Affairs approved the transfer of 160 projects funded under the Community Investment Program (CIP) as they have a strong focus on supporting families and children—to the Family Support Program (FSP). The remaining 61 projects will remain under the CIP.

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in strengthening the capacity of families to support children.

#### *Australian Capital Territory*

The construction of the Child and Family Centre in West Belconnen will be completed by the end of 2010 and will complement the two successful centres in Tuggeranong and Gungahlin. The third centre will have a specific focus on the provision of services for the local Aboriginal and Torres Strait Islander community. The Department of Disability, Housing, Community Services provides resources to community organisations for complementary support services across Canberra.

A review of the Youth and Family Support Program is underway and consultations on the new service framework have begun, to improve the targeting of early intervention for at risk families and young people. The Indigenous Family Support Service provides direct casework support to Aboriginal and Torres Strait Islander families within the care and protection or community youth justice systems.

The G8 project has been implemented in eight ACT public schools to encourage working partnerships between primary and high schools and the Office for Children, Youth and Family Support. Its purpose is to develop linkages and supports with community services and reduce the need for intervention with vulnerable children and families by statutory services.

#### *New South Wales*

Ten early learning centres are planned—development applications have been submitted for eight of them and one centre is already operating.

By June 2009 more than 3700 families (23 per cent of them Aboriginal) were taking part in Brighter Futures Early Intervention Program which supports vulnerable families with children aged 0–8 at risk of abuse and/or neglect and pregnant women. The program will be extended to an additional 200 families with \$9 million recurrent growth funds.

### *Northern Territory*

The Northern Territory Department of Families and Children has developed a whole-of-government framework for responding to child abuse and neglect.

Targeted family support services have been developed in Alice Springs, Darwin and Katherine in partnership with three Aboriginal organisations in those centres. The Mobile Outreach Service provides specialised responses to trauma for children and their families living in remote communities. Twenty safe places across the Northern Territory and two transitional houses in Darwin and Alice Springs support high-risk families and children where violence is a key risk.

The Remote Aboriginal Family and Community Worker Program operates as a Family Support Service. Under a project called Safe Kids Strong Futures, community service workers on remote Aboriginal communities in the NT learn how to respond to mandatory reporting and child protection issues and concerns in a culturally relevant way.

### *Queensland*

An extra 240 kindergarten services will be provided across Queensland by 2014, with a particular focus on increasing the participation rates of disadvantaged and vulnerable children, including Aboriginal and Torres Strait Islander children. This will double the capacity of the community kindergarten sector, supporting an additional 12 000 eligible children to access kindergarten. The places are being provided under a new kindergarten funding model that recognises need and ensures that cost is not a barrier to access for families. It uses mobile learning and outreach for geographically isolated, itinerant and other families unable to access a centre-based service or where a centre-based service is not viable.

A prevention and early intervention initiative, Helping Out Families, will provide support to children and their families at an early stage to reduce the risk of children entering the child protection system. It will be piloted in three south-east Queensland locations, helping families in Logan and Beenleigh from October, and the Gold Coast early next year, providing family support services and domestic and family violence services. An at-home health visiting service for all families with children aged under four years will also be provided in these locations.

The Referral for Active Intervention (RAI) initiative has been established in 11 locations across the state and has developed a strong network of supporting agencies and services to deliver early intervention and prevention services to children and their families where it has been identified that there is not an immediate risk of harm or requirement for statutory and ongoing child protection intervention. RAI has been extensively evaluated and was found to have delivered very positive outcomes for families with complex multiple needs.

The Participate in Prosperity Program funds non-government organisations to provide case management and life skills to assist people marginalised from the workforce. The Department of Communities (Child Safety Services) and Department of Employment, Economic Development and Innovation jointly fund one initiative under the program which aims to assist young people transitioning from out of home care into employment.

### *South Australia*

Children's Centres for Early Childhood Development and Parenting are tailored to meet the needs of local communities. The service mix is responsive to identified local needs and includes care, education and health services, and community development activities. Family Services Coordinators identify and assess family needs and provide individual support in accessing services in the wider community.

The Department for Families and Communities is delivering Stronger Families Safer Children Programs through seven non-government agencies providing early intervention, family preservation and reunification services. The specialised teams intervene with at risk children and their families to reduce the likelihood of further harm and removal of children.

The Family Safety Framework includes Family Safety Meetings which provide an integrated case response to high-risk families where domestic violence is occurring. The goal is to ensure a consistent response across government, and non-government agencies in cases where women, children and young people are experiencing domestic violence.

### *Tasmania*

By 1 May 2010, 11 locations had been selected for Child and Family Centres with community consultation well underway. Construction has begun in Beaconsfield and is due for completion at the end of 2010. The other sites are in Burnie, Chigwell, Clarence Plains, East Devonport, George Town, New Norfolk, Queenstown, Ravenswood, Risdon Cove and St Helens.

A further five Child and Family Centres were announced in February 2010 in Warrane/Mornington, Risdon Vale, Glenorchy/Goodward, Invermay/Mowbray and Latrobe.

Reforms of the family support service system include the:

- four Gateway Community Access Services for family support from August 2009, one in each Disability, Child, Youth and Family Services area
- four Integrated Family Support Services partnerships from August 2009, again in each Disability, Child, Youth and Family Services area
- a requirement in other family support service funding agreements to make referrals to, and receive referrals from, Gateway services, and to participate with Integrated Family Support Services in supporting and working with families
- new Early Years Parenting Support Services for parents with children aged between 0–5 years, including unborn children from January 2010
- a common framework to ensure consistent assessment of family issues and needs
- an action research/action learning consultancy to embed good practice and continuous improvement in the services.

### *Victoria*

A total of 61 Children's Centres have been established since 2003 and 30 new centres are in the planning and construction stage. An extra \$4.7 million provided in September 2009 will increase family services capacity.

An extra \$24.3 million over four years will be provided from 1 July 2001 to enhance family services, professionalise the workforce, and improve collaborative partnerships. Funding has also been provided for early childhood development workers in existing family services to strengthen relationship between secondary and universal service providers. In addition, the Supporting Parents: A Victorian Early Parenting Strategy is building the platform for change by fully integrating early parenting services across the state.

Community programs and family support programs have been enhanced by a four-year \$77.2 million boost to child protection including:

- one hundred and one new frontline child protection professionals
- a new Specialist Intervention Team to tackle child protection trouble spots, provide guidance on decision making and assist in resolving blockages and backlogs in cases
- over 70 new staff across child protection and the non-government sector to provide assistance and supervision to children already safely placed with their extended family
- a dedicated recruitment campaign to recruit the right people with the right expertise to Victoria's child protection system
- additional training for child protection workers to assist in dealing with sexual offenders and best practice interventions with infants
- a \$4.7 million boost to ChildFIRST to connect an additional 1760 Victorian families to various early intervention family support services
- two new Principal Practitioners to work with child protection workers to improve case decision making, especially in difficult high-risk cases.

### *Western Australia*

Five Early Learning and Care Centres are being established (one centre is specifically for children affected by autism and two centres will be based in the metropolitan and two centres in regional areas). The centre in the Pilbara is currently being built, followed by a metropolitan site.

Cabinet has endorsed the Secondary Family Support State Plan 2010–13. The plan will establish a state-wide network of high quality, integrated services that support children, individuals and families to address risks and crises.

## **Strategy 1.2: Educate and engage the community about child abuse and neglect and strategies for protecting children**

Actions include:

- › support community organisations to deliver cost-effective, community-based initiatives.

In 2008–09 and 2009–10 the Commonwealth Government provided funding to the National Association for the Prevention of Child Abuse and Neglect (NAPCAN) to run activities for National Child Protection Week 2009. NAPCAN was also funded to conduct a national survey of community attitudes about child abuse and neglect in 2009. The report is being finalised.

Funding was also provided for child-wise information sessions.

## **Strategy 1.3: Develop and implement effective mechanisms for involving children and young people in decisions affecting their lives**

Actions include:

- › explore the potential role for a National Children’s and Young People Commissioner
- › assist children from separating families through the Supporting Children After Separation Program
- › publish an information booklet for children entering foster care
- › improve experience of court processes for children
- › encourage the participation of children in decision making.

The national priority—advocating nationally for children and young people—supports this strategy (see Chapter 4). The Department of Families, Housing, Community Services and Indigenous Affairs has undertaken consultations with state and territory children’s commissioners and guardians, state and territory governments and the community on a national Children’s Commissioner. The Commonwealth Government is currently considering the advice from the consultations.

An information booklet, *A Home Away From Home: Children’s Stories about Foster Care*, was produced by the Australian Childhood Foundation early in 2010 with stories from children who have experienced foster care.

Below are the progress and achievements of the states and territories in implementing mechanisms to involve children and young people in decisions that affect them.

### *Australian Capital Territory*

The Institute of Child Protection Studies has begun consultations on the research project, *Challenges, Possibilities and Future Directions: A national assessment of Australia’s Children’s Courts*. Discussions have also started between ACT Care and Protection Services, the Australian Federal Police and the courts about bail conditions and diversionary programs for young people involved in the youth justice system.

A case conferencing model has successfully been implemented with an increasing number of children, young people and their families. The model focuses on planning and support for child protection clients and improving participation of children and young people in decision making.

The *ACT Charter of Rights for Children and Young People in Out of Home Care* was released in November 2009. It is available in age appropriate formats for children and young people and as guidelines for care and protection staff, carers and out of home care agencies. Care and protection staff, carers and out of home care agencies receive training on the charter.

The *ACT Children's Plan (2004–14)* has been refreshed and will be implemented from June 2010, and a new *ACT Young People's Plan (2009–14)* has been implemented.

There has been legislative changes to ensure children and young people are involved in decision making processes and have their views and wishes considered.

#### *New South Wales*

In January 2010, legislative changes were made to the *Children and Young Persons (Care and Protection) Act 1998* to streamline the legal process and reduce the legalistic nature of proceedings.

Keep Them Safe supports the recommendation of the *Wood Special Commission of Inquiry into Child Protection Services in NSW* to increase the use of alternative dispute resolution (ADR) both before and during care proceedings. ADR processes like mediation empower children and their families in decision making, which can lead to quicker outcomes that are better informed, accepted by all parties and therefore more likely to be implemented. To implement the Wood Recommendations the NSW Attorney General established an ADR Expert Working Party to advise government on how the use of ADR could be increased, and what sort of ADR models might be suitable for introduction in the NSW child care and protection system. In June 2010 the NSW Attorney General and NSW Minister for Community Services announced new measures to be introduced in the Children's Court to better involve children and families in the process and encourage the use of ADR at every stage, including:

- A Family Group Conferencing Pilot, conducted by Department of Human Services, Community Services and run by an independent facilitator enabling families, extended relatives and community elders to come together and plan for children if there are child protection concerns before a case is even considered for court.
- Dispute resolution conferences conducted by specially trained Children Registrars for matters that end up in the Children's Court. They will provide parties with an opportunity to agree on the action that should be taken in the best interests of the child and allow for the direct participation of the child's family and others concerned for the safety, welfare and wellbeing of the child in the decision-making process.
- The Legal Aid External Child Protection Pilot for care matters in the Bidura Children's Court as an alternative to the dispute resolution conferences. The pilot will offer external mediation through a skilled, neutral mediator facilitating a discussion over child protection issues between the Department of Human Services, Community Services, parents or guardians, lawyers and other interested parties.
- The appointment of five additional Children's Registrars across NSW, located at Wagga Wagga, Lismore, Broadmeadow and Parramatta who will also provide a service to surrounding locations.

All agencies in NSW providing out of home care must comply with the Office for Children (the Children's Guardian) NSW Standards for Statutory Out of Home Care. These standards ensure that children and young people are actively involved in decision making and case planning affecting their lives. The Department of Human Services, Community Services has commenced a review to assess whether there is consistent and quality participation of children and young people in decision making across all program areas.

#### *Northern Territory*

The Northern Territory Government introduced Family Group Conferencing in Alice Springs including the provision for children's representatives. This involves the extended family in developing and implementing plans to keep children safe who have come to the attention of the child protection system.

#### *Queensland*

The Magellan Project Officer, who fast tracks serious allegations of physical and sexual child abuse through the courts, was appointed in April 2009, and has completed 245 reports up to March 2010. Queensland Magellan matters still account for just under 50 per cent of all Magellan matters nationwide.

Queensland's Commission for Children and Young People and Child Guardian has produced an Engagement Strategy which promotes the views of children and young people on a range of matters that affect them. For example, it reports on the findings of surveys of children and young people who come into contact with the child protection and youth justice systems on their experiences and perceptions. Online education and training resources are also being finalised.

#### *South Australia*

The Guardian for Children and Young People Youth Advisory structure has been strengthened to include:

- six youth advisors
- a Youth Advisory Committee to the Guardian
- an increased number of meetings with residents in community and secure residential care
- a Youth Advisors page in the regular newsletter of the Office of the Guardian for Children and Young People.

South Australia has introduced Vulnerable Witness provisions to reduce the distress caused to children and other people with certain vulnerabilities while giving evidence.

CREATE (SA) are represented on the across government guardianship steering committee providing oversight for Rapid Response Initiatives (Whole of Government Services for Children and Young People under the Guardianship of the Minister).

#### *Tasmania*

Disability, Child, Youth and Family Services are stakeholders in a Tasmanian Magistrates Court (Children's Division) review of court rules. This review is intended to streamline court processes to minimise their impact on the children involved. Discussions have also started regarding a dedicated Children's Court in Tasmania.

Disability, Child, Youth and Family Services is currently working with the Tasmanian Commissioner for Children on a pilot Community Visitors Program for children in out of home care. This pilot will build on the Charter of Rights developed by the Commissioner and the Department in 2008 and implemented for all children in care. The Department also funds the CREATE foundation to undertake the Be Heard project, which is intended to survey the views of children in care.

#### *Victoria*

A Child Protection Proceedings Taskforce was established to report on measures to immediately reduce court time and bring in less adversarial processes to promote and protect the best interests of children. The recommendations relate to the following areas:

- a better way to solve problems including new child protection resolution conferences
- a better start including improving preparation for court
- facilitating children's participation without the need for them to attend court
- a more collaborative approach between court users
- improving the physical environment of the court
- improving legal and administrative processes to reduce time in court
- supporting collaboration through multi-disciplinary training.

The Victorian Attorney General provided a reference to the Victorian Law Reform Commission to report on ways to improve the children and families experience of the court processes.

The recommendations from the taskforce will be reviewed and implemented.

#### *Western Australia*

The implementation of *Viewpoint* an online consultation tool for children and young people in care provides information about their case and care plans and obtains their feedback about their inclusion in the process.

The establishment of the CREATE Advisory Group has provided an avenue for children and young people in care or who have recently left care, to express their views about the Department's out of home care policies and services.

## Appendix two

# Supporting outcome 2: Children and families access adequate support to promote safety and early intervention

This supporting outcome aims to ensure that all children and families receive appropriate support and services to create conditions of safety and care for children. Where families have additional needs it aims to ensure that early intervention and specialist services are available.

### Strategy 2.1: Implement an integrated approach to service design, planning and delivery across the lifecycle and spectrum of need

Actions include:

- › the expansion of the Communities for Children Program
- › the implementation of integrated, co-located child and family service models.

#### **Communities for Children Program**

Communities for Children Plus expands the Communities for Children model, but has a stronger focus on building links with state government child protection services, as well as with services primarily targeted to adults. It aims to tackle known parental risk factors including mental health, family violence, housing and substance abuse.

The national priority—joining up service delivery—supports this strategy (see Chapter 4). The national priority is about implementing an integrated approach to service design, planning and delivery, targeted to the hard to reach, most disadvantaged families and children. It includes the trialling of Communities for Children Plus, in eight sites across Australia, refocusing Communities for Children services under the family support program, and influencing other family support program services to focus on potentially vulnerable families and children.

#### **Integrated, co-located child and family service models**

As part of the National Partnership on Indigenous Early Childhood Development, Child and Family Centres will address the needs of Aboriginal and Torres Strait Islander families and their young children. They will also provide services to all families in the community.

They will provide quality integrated early childhood education and child care programs in areas that have a demonstrated need and a high proportion of Aboriginal and Torres Strait Islander children under five.

The locations for 36 centres have been announced, consultations have commenced in at least 21 locations, and seven sites have been agreed with local communities.

State and territory governments will take the lead in consulting with communities to ensure that each centre is tailored to local needs. However, every centre will:

- › offer the important services including child care, early learning, parent and family support programs
- › use existing community strengths and resources to help establish the centres
- › make sure every centre responds effectively to its community

- › connect with other services in the community to ensure families can easily access the services they need, for example maternal and child health services, playgroups or family literacy programs.

## Implementing an integrated approach in the states and territories

### *Australian Capital Territory*

In the ACT there has been significant work undertaken to help improve early identification and integrated responses including joint training being offered across the community and government sector, regular meetings with Family Support agencies to discuss cases and develop active referrals identifying an appropriate agency to take on the lead role for the family, the roll out of a Common Assessment Framework to help develop a shared language and understanding of risk and needs for families considered at risk and need of support.

### *New South Wales*

In NSW the planning for nine Child and Family Centres is well underway. Local reference groups have been established in all nine locations.

### *Queensland*

Early Years Centres have been established at various locations in Queensland to achieve the widest coverage of satellite services, providing one-stop-shop services to families expecting a child or with children aged up to eight years. A total of 26 Child and Family Support Hubs—which provide flexible, multifunctional services—received funds by July 2009, 17 in rural and regional communities including four for Aboriginal and Torres Strait Islander communities. More locations have been agreed upon and local advisory committees have been established for services to begin in 2011.

### *South Australia*

Twenty Children's Centres for Early Childhood Development and Parenting, tailored to meet the needs of local communities, have been developed. A further 10 centres have been announced. Each is tailored to the needs of the local community and the holistic service mix includes care, education and health services, and community development activities. Family Services Coordinators identify and assess family needs and provide individual support in accessing services in the wider community.

### *Western Australia*

In Western Australia the Child Protection Practice Framework is in the third year of a five year project and when completed will have resulted in the adoption and implementation of the signs of safety risk assessment approach as the basis of a consistent, evidence-based Child Protection Practice Framework across all departmental child protection services. Interagency child safety directors have also been established, improving how government agencies work together at both an organisational and local level to provide better coordinated child safety and family support services. In addition, the interagency care project has resulted in health and education plans for all children and young people in care, produced in partnership with the Department of Health and the Department of Education.

## Strategy 2.2: Develop new information sharing provisions between Commonwealth, state and territory agencies and non-government organisations dealing with vulnerable families

Actions include:

- › to develop a nationally consistent approach to working with children checks
- › to extend national protocol for sharing information on children at risk
- › to share information between non-government organisations and government agencies in secondary prevention—the Common Approach to Assessment, Referral and Support (CAARS).

## Working with children checks

Significant progress has been made towards achieving a nationally consistent approach to working with children checks over the last few years. This includes legislative and administrative amendments to enable an expanded range of criminal history information to be shared cross-jurisdictionally through the Exchange of Criminal History Information about People Working with Children trial.

The NFIWG sub-working group examined the need to develop a nationally consistent approach to working with children checks, involving consultation with the National Operators Forum, an organisation representing all state and territory government screening units. The approach calls for a recommitment to the implementation of the 2005 Creating Safe Environments for Children National Framework, with a particular focus on building the governance capacity of child safe environments and actions that heighten NGO awareness about the duty of care.

## Sharing information

The national priority—sharing information—supports this strategy (see Chapter 4). This priority is about helping state and territory child protection agencies to request information from Commonwealth agencies to help protect children who are at risk. Under the information sharing protocol, child protection agencies can now request information from Centrelink, Medicare and the Child Support Agency.

The information sharing protocol commenced with Centrelink in January 2009. Since the endorsement of the National Framework, Medicare and the Child Support Agency have been included in the information sharing protocol. Work is currently underway to include other relevant Commonwealth agencies.

## The Common Approach to Assessment, Referral and Support

The national priority—seeing early warning signs and taking early action—aims to assist in the timely, appropriate identification of the support needs of children and their families. Over an 18-month period, a taskforce, co-chaired by Professor Fiona Stanley AC and made up of representatives from NGOs and state and territory governments developed a Common Approach to Assessment, Referral and Support (CAARS) needs identification mechanism. This practical mechanism will give universal service providers (such as doctors, nurses, teachers, child care workers) a way to identify and respond to early indicators of need for children and families, that is simple, flexible, easy to use, evidence-based and adaptable.

The six wellbeing domains assessed by the CAARS mechanism are safety, physical health, mental health and emotional wellbeing, relationships, material wellbeing and learning and development.

Consultations with service providers on the usefulness of the common approach were undertaken throughout April 2010, and a report provided to the Commonwealth Government for consideration about next steps and a possible trial of the approach in a number of locations.

## Developing new information sharing provisions in the states and territories

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in developing new information sharing provisions.

In the Australian Capital Territory new information sharing provisions were introduced under the *Children and Young People Act 2008*. Information sharing is authorised when it is in the best interests of the child or young person and when performing a function under the Act. The new provisions recognise that information sharing is crucial to making informed decisions about interventions with a child, young person or their family. People who are provided with information by a person exercising a function under the Act become information holders and must only share this information when it is a function of the Act or in the child or young person's best interest. The Act also provides for the declaration by a delegate of the Chief Executive of a 'Care Team' for a child or young person. Members of the Care Team may include any person or entity who is responsible for coordinating or delivering a service or care to the child, young person or family. Members of declared Care Teams may share information between other members to ensure informed decision making regarding actions for a child, young person or their family.

New South Wales has recently introduced legislation under the *Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009* to allow for greater information sharing between government and non-government agencies involved in the safety, welfare and wellbeing of children and young people. These amendments, which have resulted from the new shared responsibility to child protection under Keep Them Safe, enhance the capacity of agencies to exchange information about concerns for the safety and wellbeing of children and young people. The ability to exchange information is essential to ensure interagency cooperation and the provision of effective services.

In South Australia, implementation of Information Sharing Guidelines commenced in 2009. The Information Sharing Guidelines bring together all relevant government agencies and non-government organisations to support early intervention with vulnerable families, better coordination of services and consistent information sharing across the state.

Tasmania will make the legislative and administrative changes necessary to facilitate the receipt of information. Given the similarities in the risk of harm faced by children and vulnerable adults, Tasmania is considering extending the requirement for background checking and risk assessment to include those working with other vulnerable members in the community. In January 2010 the Tasmanian Government released a discussion paper entitled *A Working with Children and Vulnerable People (WWCVP) Checking System* for Tasmania. Submissions formally closed on 12 March 2010 but the Department has continued to receive submissions.

In the Northern Territory A 'Working with Children' check system under the *Care and Protection of Children Act 2007* (NT) using nationally agreed protocols is likely to be introduced by April 2011. The Northern Territory participated in the protocol with Centrelink and Medicare, and is working with the Child Support Agency for introduction in 2010.

Western Australia has developed a guide that is designed to improve information sharing practices between the Department for Child Protection, key government agencies and the non-government sector. A memorandum of understanding and a learning and development package is being developed with the Department of Child Protection and the Department of Health to embed effective information sharing practices.

### Strategy 2.3: Ensure consistency of support and services for all children and families

Actions include:

- to implement a national approach to early childhood education and care
- to develop quality assurance processes for registered community-based child and family services and out of home care services
- to provide national consistency in child and family health services
- to implement a national Perinatal Depression Plan
- to increase funding for disadvantaged schools.

#### National Early Childhood Development Strategy—Investing in the Early Years (ECD)

The ECD Strategy seeks to ensure all children have the best start in life to create a better future for themselves and for the nation through achieving positive early childhood development outcomes, minimising the impact of risk factors and improving health and social cognitive development.

The strategy will guide Australia's response to the importance of early childhood development. The ECD seeks to ensure all children have the best start in life to create a better future for themselves and for the nation through achieving positive early childhood development outcomes, minimising the impact of risk factors and improving health, and social cognitive development. The aim is to build an effective early childhood development system by 2020.

Various initiatives and actions in the strategy have been progressed since its endorsement by COAG in July 2009. This includes the National Quality Agenda, the Early Years Learning Framework and the Universal Access to preschool for all four-year-olds.

Commonwealth, state and territory governments are working together to develop further advice on the implementation of the national ECD Strategy for consideration by the Council of Australian Governments in the coming period. This includes advice on the key priority areas identified in the ECD Strategy and an outcomes and reporting framework.

### **The Early Years Learning Framework**

The Early Years Learning Framework was endorsed by COAG in July 2009. The framework describes the principles, practice and outcomes essential to support and enhance young children's learning from birth to five years, as well as their transition into school. It is a key component of the National Quality Framework. Copies have been disseminated to early childhood settings along with a families' guide which is available in a number of languages other than English.

### **National Quality Framework for Early Childhood Education and Care**

The National Quality Framework will set a new National Quality Standard for early childhood education and care providers in Australia. The National Quality Standards improve quality through improved staff to child ratios, new staff qualification requirements and a new quality rating system. The National Quality Framework will cover long day care, family day care, outside school hours care and preschools.

The national applied laws legislation was introduced into the Victorian Parliament as the host jurisdiction on 31 August 2010. The legislation was developed collaboratively with the states and territories through the Early Childhood Working Group of the Ministerial Council on Education, Early Childhood Development and Youth Affairs (MCEECDYA). The next step is for the legislation to be passed by reference in all other jurisdictions except in WA which is developing corresponding legislation, before January 2012. Regulations are currently being developed and are expected to have formal consultation in early 2011.

### **National Partnership Agreement on Early Childhood Education**

COAG is committed to ensuring that every child has access to a quality early childhood education program. The program is to be delivered by a four-year university-trained early childhood teacher, for 15 hours a week, 40 weeks a year, in the year before formal schooling (often referred to as 'preschool' or 'kindergarten'). The commitment is to be fully implemented by 2013.

Bilateral agreements with each state and territory government ensure implementation is tailored to the circumstances of each jurisdiction. The bilateral agreements detail how each state and territory will implement the universal access commitment as outlined in the National Partnership Agreement on Early Childhood Education. The roll out of this initiative is in its early days, and funding did not start flowing to the states and territories until June 2009.

### **National consistency in child and family health services**

The consultation on the Draft National Framework for Universal Child and Family Health Services is on schedule. Key issues arising from the consultation include schedule of contacts, core competencies, the role of universal child and family health services, performance monitoring and outcome measurement. The final draft was due for consideration by the Child Health and Wellbeing subcommittee in June 2010. Further work in this area will be influenced by COAG Health reforms. Negotiation on child and maternal services is expected to form part of the primary care negotiation process outlined in the National Health and Hospitals Network Agreement.

### **National Perinatal Depression Plan**

Funding agreements are in place with all key stakeholders to develop and implement this plan. Australian Health Ministers Council endorsed the National Perinatal Depression Initiative Framework 2008–09 to 2012–13 at its November 2009 meeting. Funding was provided up to 30 June 2010 to all Divisions of General Practice under the Access to Allied Psychological Services initiative to provide psychosocial therapy to women experiencing perinatal depression and their families. After 30 June 2010 funding has been given to beyondblue to undertake community awareness activities and to assist all governments in implementing the initiative.

## Funding for disadvantaged schools

The Commonwealth Government is providing \$1.5 billion over seven years (2008–09 to 2014–15), to be matched by the states and territories for disadvantaged schools. Bilateral agreements and final implementation plans have been agreed and include, for example, strategies to support Aboriginal and Torres Strait Islander students, parent engagement, workforce strategies, and schools working with communities. Up to 1700 schools (17 per cent of all schools) will participate in the national partnership, supporting around 440 000 students (12.7 per cent of all students) including about 63 000 Aboriginal and Torres Strait Islander students (40 per cent of total Aboriginal and Torres Strait Islander students). The first annual reports were due April/May 2010. At this early stage, the reports are expected to focus on outputs and milestone achievements. All plans have a strong focus on supporting the educational needs and wellbeing of students with special learning needs.

## Ensuring consistency of support and services in the states and territories

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in developing consistency of support and services for children and families.

### *Australian Capital Territory*

Consultations on new ACT Out of Home Care Standards were completed. The *Children and Young People Act 2008* has had minor technical amendments in relation to child care standards and information sharing.

Services aimed at child and maternal health are co-located in the Gungahlin and Tuggeranong Child and Family Centres. These services are also provided at Winnunga Nimmityjah, the Canberra and Calvary hospitals and in an outreach capacity in a number of early childhood schools.

The review of funded Family and Youth Support services across the ACT has identified the need for a Centralised Intake Service to assist with active linking to support services and consistency in the information provided to potential service users. The new service is expected to be operating in mid-2011.

The development and roll out of the Common Assessment Framework across the sector will assist in the collection and assessment of individual and family information and need. It will also reduce the number of times a child, young person or family have to tell their story through the use of a universal assessment tool. It is anticipated that through the use of this tool there will be a shared language and understanding developed across the community and government sector.

### *New South Wales*

The Supporting Children with Additional Needs Program has recently been enhanced to focus on children with disabilities. New guidelines will provide greater equity across the state and focus resources on assisting families and children. A Senior Clinical Advisor, Child Health (NSW Health) participates in the inter-jurisdictional subcommittee (Child Health and Wellbeing Subcommittee) of the Australian Health Ministers' Advisory Council.

### *Northern Territory*

The Northern Territory Families and Children Care and Protection Quality Framework has been developed.

### *Queensland*

The Queensland Government has implemented a quality assurance strategy for non-government child protection services which incorporates 11 Child Safety Service Standards that apply to out of home care services, as a key component of licensing requirements under the *Child Protection Act 1999*. The standards also apply to support services and recognised entity services funded by departmental grants.

The Queensland Government is improving consistency in child and family health services by:

- expanding the Child Health Line to provide a 24-hour free and confidential telephone advice for parents
- extending post-birth follow-up care to identify who needs extra support and referring them to service providers
- targeting Aboriginal and Torres Strait Islander communities by employing Indigenous child health workers and educating workers about maternal health during pregnancy.

### *South Australia*

The Standards of Alternative Care in South Australia (2008) are relevant to all contracted service providers, caseworkers and carers who have direct or indirect contact with children and young people in all forms of out of home care. The standards set the overarching benchmarks for delivering quality services for children, young people, families and carers across the out of home care sector.

Service agreements with funded non-government agencies include requirements to endorse and promote the principles and practices of quality improvement and engage in a quality improvement program such as the Service Excellence Program that best suits the size, type and stage of development of the service provider.

### *Tasmania*

The Tasmanian Department of Health and Human Services implemented a Quality and Safety Standards Framework in July 2009 for its funded organisations. The standards will ensure that services, products and systems are safe, reliable and consistently performed.

A similar framework has also been established for government-delivered human services.

The reform of the Tasmanian Family Services and Out of Home Care System will increasingly transfer the delivery of services to the non-government sector during 2010–11. Government and non-government services will be monitored against the Quality and Safety Standards Frameworks during 2010–11.

### *Victoria*

The first round of external reviews was completed for all registered Victorian out of home care and community-based Child and Family Services. All organisations were re-registered and the results will be consolidated and analysed. Agencies will continue with reviews in a new three-year cycle.

### *Western Australia*

Self-assessment began of out of home care placement services provided and funded by the Department for Child Protection. A two-year monitoring cycle began with some services receiving a monitoring visit in 2010–11 and the remainder will undertake a self-assessment. A forum will be held for service providers to share findings arising from the self-assessment process.

## **Strategy 2.4: Enhance services and support for children and families to target the most vulnerable and protect children 'at risk'**

Actions include:

- › to refocus services under the Commonwealth's Family Support Program
- › to expand and/or target state and territory support programs for vulnerable families and children at risk
- › to evaluate income management trials in WA, NT and Cape York, Qld
- › to evaluate family law reforms designed to strengthen family relationship
- › to expand access to mental health programs for children.

### **The Family Support Program**

The Family Support Program was announced on 16 February 2009. It is an umbrella program with three core service streams:

- › Community and Family Partnerships to provide intensive and coordinated support for significantly disadvantaged communities and families and especially vulnerable and at risk families and children.
- › Family and Parenting Services to provide early intervention and prevention services to families to build and strengthen relationships, develop skills and support parents and children.

- › Family Law Services to help families manage the process and effects of separation in the best interests of children. Consultations with the sector and other key stakeholders were completed by August 2009. The Minister for Families, Housing, Community Services and Indigenous Affairs announced the preferred providers on 12 May 2010.

### Services for the most vulnerable in the states and territories

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in enhancing support and services for vulnerable children and families.

#### *Australian Capital Territory*

A Vulnerable Families Reference Group is overseeing the work plan, which includes non-government organisations involved in the Protecting Australia's Children referral pathway project. As part of the Vulnerable Families Project, vulnerable families are reviewed twice a year to identify families at risk and support families in need.

The development of a Neglect Policy will assist child protection workers to identify and respond to children and young people whose health and wellbeing are placed at risk from being neglected. The policy was informed by research and directed by best practice principles, recognising neglect as a significant cause of concern.

#### *New South Wales*

In addition to implementing Brighter Futures, the Department of Human Services, Community Services has been progressing the establishment of Intensive Family Preservation and Intensive Family Support services which provide intensive, home-based services for families with children at risk of, or imminent risk of entry into out of home care.

NSW Health is establishing and evaluating four new mental health and drug and alcohol Keep Them Safe—Whole Family Teams. These new teams, in Lismore, Newcastle, Wyong, and Nowra will address the needs of whole families where carers have mental health and/or drug and alcohol problems and parenting difficulties and there are child protection concerns.

NSW Health is participating in piloting Family Case Management, an integrated case management response to families that are frequently encountered by government and non-government agencies. It will be limited to three regions before a wider rollout and development of a state-wide approach.

#### *Queensland*

The Department of Communities and the Department of Education and Training work together to provide specific services to support high-risk youth to strengthen their capacity to function in the community, promote integration with peers, families, schools and communities and reduce their risk of engagement in criminal or anti-social behaviour. Current initiatives include:

- › Youth At risk Outreach Services (YAROS)
- › Youth and Community Combined Action (YACCA)
- › Social and Economic Development Services (SEDS)
- › regional crime prevention
- › youth crime prevention
- › personal support and skills development
- › early intervention young parents support
- › outside school hours care
- › innovative health services for homeless youth.

### *South Australia*

The Department of Health provides universal and family home visiting. Following the birth of their babies all families are offered a universal contact visit by a community child and family health nurse. The Family Home Visiting Program provides ongoing home visits and support to eligible families over a two-year period. Nurses are supported by a multi-disciplinary team including social workers, psychologists, family support coordinators and Aboriginal and Torres Strait Islander health staff.

Targeted early intervention (Stronger Families Safer Children) services are focused on providing intensive intervention with the most at risk families.

### *Tasmania*

The Australian Childhood Foundation was appointed in August 2009 to deliver a therapeutic support service for children in care. This Child Trauma Service is now available around the state.

### *Victoria*

The Supporting Parents, Supporting Children: A Victorian Early Parenting Strategy outlines the contemporary early parenting services system currently being established in Victoria which is tailored to the individual needs of families, culturally appropriate and accessible across the state. It provides a new direction for the development of a range of specialist, intensive parenting support services for vulnerable families to help parents from pregnancy through to when their children are four years of age. The strategy has been developed in partnership with the Victorian early parenting services sector, including the three early parenting centres in Victoria and community service organisations providing parenting assessment and skills development services across the state as well as the Departments of Health, and Education and Early Childhood Development.

### *Western Australia*

The mandatory reporting of child sexual abuse was implemented from 1 January 2009, which requires doctors, nurses, midwives, teachers and police to report to the Department of Child Protection if they form a belief, based on reasonable grounds, that a child is being or has been sexually abused. The Mandatory Reporting Service was established within the Crisis Care Unit to receive and assess reports from mandated reporters. In addition to training provided by relevant government agencies, the Department of Child Protection leads an interagency training program which involves state-wide information forums on the mandatory reporting of child sexual abuse. In 2009–10 the program continued to provide information forums across the state including in remote communities. These were attended by over 700 mandated and non-mandated reporters. This project also established reporting frameworks with interagency partners, and has fostered a collaborative relationship with the WA Police Child Abuse Squad.

Enhancements have been made to service provision for at risk pregnant women attending King Edward Memorial Hospital to increase the potential for the unborn child to be able to remain with its parents when born. Initiatives include:

- the development of an Interagency Early Intervention (pre-birth) Protocol to improve integrated planning and multi-agency service provision
- the introduction of improved lawyer assisted pre-adjudication family group conferencing for at risk pregnant women to resolve concerns for children who are likely to need protection. A 12-month pilot project of 100 cases in the metropolitan region is underway in partnership with Legal Aid WA.

## **Income management trials**

The *Evaluation of Income Management in the Northern Territory Report* was released in August 2009.<sup>61</sup> Phase 1 has begun including the development of an evaluation strategy and a report detailing the proposed methodology/strategy, was completed by 30 June 2010. A new measure of income management will be introduced in the Northern Territory. This will replace, in a staged approach, income management that was introduced as part of the Northern Territory Emergency Response. No further evaluation will be conducted of the old scheme. Further details will be available once Phase 1 is finalised.

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61 [www.fahcsia.gov.au/sa/indigenous/pubs/nter\\_reports/pages/default.aspx](http://www.fahcsia.gov.au/sa/indigenous/pubs/nter_reports/pages/default.aspx).

In Western Australia income management as a child protection measure is being used on a case-by-case basis to address child neglect in the metropolitan area and in East Kimberley and West Kimberley. Evaluation activities relating to income management have begun and the report is due for completion in 2010. The evaluation strategy for the extended trials in Western Australia is under negotiation. This project has been implemented effectively in partnership with the Commonwealth and Western Australian Governments.

### Evaluation of family law reform

The Australian Institute of Family Studies (AIFS) released its final report, *Evaluation of the 2006 Family Law Reforms*, in January 2010. The report concluded that the 2006 reforms to the family law system have had a positive impact in some areas and a less positive impact in others. Overall, there is more use of relationship services, a decline in filings in the courts in children's cases, and some evidence of a shift away from an automatic recourse to legal solutions in response to post-separation relationship difficulties.

### Access to mental health programs

On 5 October 2009 the Minister for Health and Ageing announced \$12.2 million for the KidsMatter Primary initiative to continue to June 2012, expanding access to mental health programs for children. This initiative improves the mental health and wellbeing of primary school students, reduces mental health problems among students, and achieves greater support for students experiencing mental health problems. By March 2010, 99 schools had committed to running the program in addition to the original 101 pilot schools. The KidsMatter Primary Evaluation Final Report was released on the KidsMatter and beyondblue websites in February 2010 and has had very positive results. Briefings around Australia on the evaluation results were completed for pilot schools, new schools and other stakeholders to inform them of the positive outcomes of the evaluation.

A further \$6.5 million to June 2012 will develop and pilot the KidsMatter Early Childhood initiative in preschools and long day care. This initiative will expand the KidsMatter mental health promotion, prevention and early intervention initiative to early childhood settings. It is being piloted in 110 preschools and long day care centres across Australia over 2010 and 2011. Pilot sites began taking part in January 2010.

## Strategy 2.5: Provide priority access to services for children who are at serious risk of abuse and neglect

Actions include:

- › to enhance access to child care services for children at serious risk of harm—Special Child Care Benefit (SCCB) guidelines
- › to develop alternative pathways for children at risk.

A number of activities to improve access to Special Child Care Benefit (SCCB) have been implemented including revising Chapter 14 of the *2009–10 Child Care Services Handbook*. The handbook now has clearer information about the payment, and how child care services can use it to support children and families using their services. This information is also now available in two fact sheets for service providers on the website of the Early Childhood section of the Department of Education, Employment and Workplace Relations.

A revised SCCB claim form has also been released with links to relevant state and territory government child protection agencies to encourage service providers to seek further information about the indicators of serious abuse and neglect, mandatory reporting requirements, and advice on appropriate support and referral options for the family.

Centrelink has established a national Special Child Care Assessment Team in the Family Assistance Office to provide a centralised point for assessment and processing of all SCCB applications from service providers. This will help to ensure the consistency of approvals nationally.

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in providing access to services for children who are at serious risk of abuse.

### *Australian Capital Territory*

The Care and Protection Service's Differential Response has been implemented which allows a range of responses to the needs of children and families reported to Care and Protection Services. These responses range from intensive statutory interventions through to voluntary engagement, the giving of advice or assistance and referring on to and working with other agencies in a coordinated and child-centred way.

A demand management framework has been developed in the ACT to ensure the legislative responsibilities are performed within the timelines and processes determined. This has been informed by best practice principles and research.

### *New South Wales*

Child Wellbeing Units were established in NSW Police and Departments of Education and Training, NSW Health, and Human Services in January 2010.

Family Referral Services were being piloted in Newcastle, Dubbo and Mt Druitt in May 2010 to link vulnerable children, young people and their families to local support services. The services are aimed at those who may need assistance, but do not warrant statutory intervention. The trial is aimed at determining the most appropriate model for state-wide roll out over the next three to five years.

NSW is piloting the Bail Assistance Line (a Keep Them Safe initiative of Department of Human Services, Juvenile Justice). It aims to reduce the number of young people who are refused bail by police and remanded to custody due to a lack of safe accommodation or a responsible adult. Non-government agencies will be funded to provide accommodation, case support and transport services for young people.

### *Northern Territory*

A review of the Central Intake Service, the child abuse reporting line, was commissioned and a draft report was prepared in June 2009. A project was then initiated to implement the recommendations and to ensure that actions are integrated with other key changes proposed for the service. Changes include implementing a structured decision-making process within Central Intake and other parts of the care and protection system, and targeted family support service in Alice Springs, Darwin and Katherine.

### *Queensland*

In 2009 the Queensland Government began its No Wrong Door Program to ensure clients who need joint or integrated case management can access the right mix and level of service from a number of service streams. The program ensures clients who need joint or integrated case management can access the right mix and level of service from a number of service streams. Following machinery-of-government changes in March 2009 a number of former Queensland departments and entities were brought together to form the new Department of Communities. The Department now incorporates the areas of government that have a community focus. This strengthens the provision of integrated services that are better matched to client needs. A No Wrong Door approach is in place to simplify access to information about services and entry points to services. The No Wrong Door approach means that each of the service streams within the Department will work together to provide people in the community with the services they need when they need them. The Department is focused on aligning services to improve client and community outcomes by investing in proven and effective programs to be delivered by government and non-government partner organisations. The project identifying the Department's Top 100 Priority Clients, linked to No Wrong Door, has resulted in improvements to service delivery for those clients through better integration.

An education and training program for paramedics and communication centre staff has begun under the Ambulance Service Vulnerable Clients Program. It will help paramedics identify vulnerable clients (including families with children at risk of harm) and provide them with referral options.

### *South Australia*

The Families SA High Risk Infant Program focuses on establishing an early intervention response for infants where it has been identified that they may be at risk of future harm. The program aims to increase parental capacity to care for their at risk infant through accurate assessment of parental capacity and parental strength and risk factors. Models of service delivery are tailored to meet the needs of individual families. Some families receive

intensive practical and therapeutic support within the home and families are also supported to access services and supports with their local community.

The Family and Community Development Program that funds non-government organisations to provide early intervention services is being reviewed and realigned to focus on the continuum of care in primary and secondary services.

#### *Tasmania*

Four Gateway Community Access Services for family support were set up in August 2009, with Integrated Family Support Services underpinned by legislative reform. This reform enhances information sharing and provides an alternative pathway for children at risk, allowing earlier intervention. It allows prescribed persons (known as mandatory reporters) under section 14 of the *Children, Young Persons and Their Families Act 1997* to report concerns about the care of a child within the family to the Gateway services. This complements the ability to notify Child Protection Services when a child is at risk of significant harm.

#### *Western Australia*

The Rapid Response Framework has been developed to prioritise government responses in child care. It will improve the health, housing, wellbeing and educational outcomes of children and young people in the care of the CEO by prioritising their access to services. Prioritisation will be achieved through the development and implementation of an across government framework in the strategic areas of case management, assessment, service response information sharing and privacy.

## Appendix three

# Supporting outcome 3: Risk factors for child abuse and neglect are addressed

This supporting outcome aims to address the major parental risk factors that are associated with child abuse and neglect within families and communities. The key risk factors are mental health, domestic violence and drug and alcohol abuse.

### Strategy 3.1: Enhance alcohol and substance abuse initiatives to provide additional support to families

Actions include:

- › to develop the National Binge Drinking Strategy
- › to redesign the Strengthening Families Program
- › to implement community-based healthy lifestyle interventions in disadvantaged communities.

The National Binge Drinking Strategy includes measures to help tackle binge drinking among young Australians. A communication campaign targeting young people about binge drinking—Don't Turn a Night Out Into a Nightmare—began on 1 November 2009 and ran until 30 June 2010. It repeats the TV, radio and magazine advertising launched last November and introduces new online banner advertising. To complement it the Department of Health and Ageing has released communications materials to promote the National Alcohol Guidelines. Materials for children and parents include a youth wallet card which depicts standard drinks, a brochure for parents of teenagers, a flyer and poster for breastfeeding women, and a pregnancy flyer. The Department has also been in negotiation with state and territory governments to implement an early intervention pilot program.

A new program Kids in Focus—Family Drug Support began in August 2009 under the Family Support Program. The program ran between 1 May 2010 and 30 June 2010.

Under the National Partnership's Healthy Communities Initiative pilot phase, 12 local government areas across Australia were provided with \$410 130 over 15 months to promote physical activity and healthy eating among vulnerable populations including recently or long-term unemployed people, Aboriginal and Torres Strait Islander people, people from culturally diverse backgrounds and the elderly. Grants will be issued by the end of the year to expand existing healthy living programs nationally.

### Strategy 3.2: Enhance programs which reduce family violence

Actions include:

- › to develop Time for Action: The National Plan for Australia to Reduce Violence against Women and their Children, 2009–2021
- › to expand models of integrated support to enable women and children experiencing family violence to remain at home safely.

The following initiatives began from April 2009 in response to the report Time for Action: The National Plan for Australia to Reduce Violence against Women and their Children, 2009–2021:

- › \$12.5 million for a new National Online and 1800 Counselling Service for victims of domestic violence and sexual assault, to be staffed by professional counsellors 24/7

- \$9.1 million for respectful relationships education projects
- \$17 million for a social marketing campaign aimed at young people
- \$3 million for research into perpetrator interventions
- a national scheme to register domestic and family violence orders through the Standing Committee of Attorneys-General
- a multi-disciplinary training package for lawyers, judicial officers, counsellors and other professionals working in the family law system, to improve consistency in the handling of family violence cases
- establishing the Violence Against Women Advisory Group to provide key advice on the development of the National Plan—it has met four times.

The Commonwealth Government and all states and territories have agreed to develop a National Plan to Reduce Violence against Women and their Children through COAG in 2010.

Under the National Partnership on Homelessness (NPAH) all of the states and territories (except Queensland) will provide extra support as recorded in their National Partnership on Homelessness Implementation Plans. This includes:

- long-term supportive housing
- rental subsidies for women escaping domestic violence
- tenancy support to avoid eviction
- financial advice and advocacy to maintain tenancies
- new holistic services to support Aboriginal and Torres Strait Islander women and children experiencing domestic violence
- support to enable more women and children to stay safely in their home and remove the perpetrator of domestic violence
- some specific accommodation and support for young people who are victims of domestic violence
- better integration of human and justice service systems to support victims of domestic violence.

Governments must report their progress against their National Partnership on Homelessness Implementation Plans in September 2010.

### Enhancing programs to reduce family violence in the states and territories

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in enhancing programs to reduce family violence.

#### *New South Wales*

The Department of Human Services, Community Services' Domestic Violence Line—1800 65 64 63—received over 23 000 calls in 2009–10. Most calls were about verbal, physical and psychological violence. More than 6000 calls involved more than 13 620 children.

The Integrated Domestic and Family Violence Services Program provided \$3.1 million to seven projects in 10 locations across NSW: the Mid North Coast, Manning–Great Lakes, Campsie, Bankstown, Green Valley, Liverpool, Mt Druitt, Shoalhaven, Gosford and Wyong.

These projects involve staff from government (NSW Police, NSW Health) and non-government agencies delivering coordinated services to people affected by domestic and family violence, including children. An evaluation of the program is underway with a literature review and the development of data collection and reporting tools set to inform future improvements.

The Staying Home Leaving Violence Program provides specialist domestic and family violence services to women and their children who have separated from a violent partner or family member but choose to stay in their own home. In 2009–10, \$1.125 million helped expand the project to Moree, Wyong, Newcastle, Blacktown, Campbelltown and Walgett operating alongside Bega and Eastern Sydney. In 2010–11, a further 10 Staying Home Leaving Violence services will be established, bringing the total to 18.

### *Queensland*

The For Our Sons and Daughters' Strategy to reduce domestic and family violence was launched in July 2009. It will reduce demand by coordinating agencies to improve the safety of victims and hold perpetrators accountable. Some initiatives under the strategy are:

- › testing enhanced better response in Rockhampton that consists of case management services for individuals and families with multiple support needs, an integrated specialised court program, enhanced legal services for victims and respondents, and behavioural change programs for perpetrators
- › an expert Death Review Panel
- › reviewing the *Domestic and Family Violence Protection Act 1989*
- › developing a framework for addressing family violence in Cape York
- › supporting applicants for social housing
- › specialised interventions and support for Aboriginal and Torres Strait Islander families and communities
- › developing a Queensland Government Code of Practice to improve consistency and effectiveness of services for clients.

### *South Australia*

The Women's Safety Strategy is led by the Attorney-General's Department and has a broad focus including early intervention work to prevent violence. It also includes the Family Safety Framework which incorporates Family Safety Meetings that provide an integrated case response to high-risk families where domestic violence is occurring. In 2009 the framework was expanded into three new regions in South Australia.

The *Intervention Orders (Prevention of Abuse) Act 2009* provides enhanced powers for South Australian police to take immediate action when individuals and families are threatened with violence. A wider range of interventions now assist in protecting children from witnessing or being exposed to abuse in their homes.

The Department for Families and Communities is developing a Strategic Plan to Prevent and Respond to Violence.

### *Western Australia*

The Western Australian *Strategic Plan for Family and Domestic Violence 2009–2013* and the *Annual Action Plan 2009–10* were launched on 24 November 2009. There will be four Annual Action Plans over the life of the Strategic Plan. To support systemic reform, the Department for Child Protection is developing a Common Risk Assessment Risk Management Framework and collaborative interagency case management of high-risk cases.

The Family and Domestic Violence Colocation Model has provided for improved triaging and assessment of the Domestic Violence Incident Reports received from police. This coordinated and collaborative approach is built on information exchange and joint planning. The Department is also developing a number of staff specialised in the area of child protection and family and domestic violence.

## Strategy 3.3: Increase services and support for people with mental illness

Actions include:

- › to develop a National Suicide Prevention Strategy
- › to introduce a Personal Helpers and Mentors Program
- › to enhance support for children or parents with disabilities.

### **National suicide prevention**

In the Fourth National Mental Health Plan all jurisdictions agreed to coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them. To make progress on this action a National Suicide Prevention Working Group has been established under the Mental Health Standing Committee. This working group has met twice and plans to report to the committee

by September 2010 with recommendations for the Australian Health Ministers' Council for a nationally agreed Suicide Prevention Framework.

### **Personal Helpers and Mentors**

The last phase of implementation of the COAG measures—the selection processes for Personal Helper and Mentors Round 4—was finalised. Round 4 consisted of seven new remote servicing sites and 10 new sites focusing on vulnerable groups of homeless, humanitarian entrants and Aboriginal and Torres Strait Islander people. The 17 current sites are at or near capacity and have high concentrations of people from the vulnerable groups. The program helps people whose lives are severely affected by mental illness to recover.

### **Enhance support for children or parents with disabilities**

Changes were made to the Helping Children with Autism Package in September 2009 to improve support for children or parents with disabilities. From October 2009 eligibility criteria for early intervention funding were amended to:

- allow families more time to access and spend the funding
- increase flexibility for eligible sole providers to join the panel of providers which will broaden coverage.

Phase 1 of the program's evaluation was completed in February 2010. There are:

- 800 individual locations around the nation delivering services as part of the Early Intervention Service Provider Panel
- 32 autism advisers who supported 8326 families
- 66 PlayConnect Playgroups established by Playgroups Australia.

There has been a 20 per cent increase in early intervention panel providers.

### **Increasing services and support for people with mental illness in the states and territories**

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in increasing services and support for people with mental illness.

#### *Australian Capital Territory*

Foster carer accredited training began which includes modules that focus on the needs of children with a disability.

Therapy ACT provides disability specific services to children with disabilities and developmental delays in the Gungahlin and Tuggeranong Child and Family Centres.

The ACT Government is implementing a policy framework to support children with a disability and their parents.

#### *New South Wales*

Stronger Together, the NSW Government's 10-year plan for disability services includes three programs: Family Choices, Intensive Family Support and Extended Family Support. These programs have been established to support families with children and young people with disabilities and have a combined value of \$12 million supporting up to 620 families per year.

Under Keep Them Safe, four new mental health and drug and alcohol multidisciplinary teams will be established and evaluated to address the needs of families where carers have mental health and/or drug and alcohol problems and parenting difficulties resulting in child protection concerns. Additionally, all children entering statutory out of home care will receive health and developmental screening, assessments and intervention. NSW is also exploring the development of additional models of accommodation and care for children and young people with a disability who are subject to the parental responsibility of the Minister for Community Services, or for those whose disabilities are such that they are unable to continue to reside in their homes. This project is due to be finalised in early 2010–11.

The EarlyStart Programs (\$5.8 million over three years) began in 2008–09 to increase the capacity of families to care for young children with a disability and develop a system of supports across universal and specialist early childhood services. The program includes additional places in existing early intervention services, a trial individual funding package and 28 new positions to assist families at the time of diagnosis through the introduction of the Early Start Diagnosis Support Program.

A memorandum of understanding on children and young people with a disability between Community Services and Ageing, Disability and Home Care has been endorsed by the respective Chief Executives. Regional protocols outlining how both agencies will work together to fulfil the memorandum have been jointly developed.

#### *Queensland*

A memorandum of understanding is being implemented between the Department of Communities (Child Safety Services) and Child and Youth Mental Health Services (Queensland Health) to improve the coordination and access to services for children in out of home care with possible mental health conditions.

Queensland is working to enhance support for children or parents with complex needs such as mental health conditions, including through Evolve Interagency Services which offers intensive therapeutic and behaviour services to children and young people with severe and complex behavioural and psychological issues.

#### *Tasmania*

Since November 2008 Tasmania has further integrated Children's and Disability Services by integrating both business units within Disability, Child, Youth and Family Services. This new business unit provides services within four areas state-wide, meaning that services can be tailored to local needs.

#### *South Australia*

Signposts for Building Better Behaviour is currently being implemented across the metropolitan and country regions. The program helps parents of children with disabilities to promote positive behaviour and reduce difficult behaviour. Behavioural support positions have been established for the Department for Families and Communities (Disability SA) Community Teams. Staff will work specifically with children and young people, and their families, where there are complex behavioural issues.

#### *Western Australia*

A memorandum of understanding about joint roles and responsibilities for supporting children and parents with disabilities was signed in October 2009 by the Department for Child Protection and the Disabilities Services Commission.

### **Strategy 3.4: Expand housing and homelessness services for families and children at risk**

Actions include:

- to increase availability of affordable and social housing
- to target support to assist children and families who are homeless.

#### **Increase availability of affordable and social housing**

The National Partnership Agreement on Social Housing provided an extra \$400 million in Commonwealth funding over 2008–09 and 2009–10 to increase the supply of social housing and to stimulate the building and construction industry. The National Partnership will deliver around 1900 new social housing dwellings by 30 June 2011. At 31 March 2010, 585 (31 per cent) dwellings were completed, with a further 779 (41 per cent) under construction. The remaining 536 (28 per cent) are due to begin by 30 June 2010, which is when the agreement ends. Of the 541 occupied dwellings, 301 were occupied by homeless people or those at risk of homelessness, 183 had residents aged over 55, 147 were occupied by people with disability, 26 were occupied by Aboriginal and Torres Strait Islander people, and 28 were occupied by people escaping family violence. States and territories will continue to report progress on housing construction and first tenant outcomes until all approved projects are completed.

### Targeted support to assist children and families who are homeless

The National Partnership Agreement on Homelessness (NPAH) started on 1 July 2009 and each jurisdiction has developed an implementation plan setting out their service response. Specific services funded through the state and territory implementation plans for homeless children vary between jurisdictions as they have different priorities. Some new services established with funding through the agreement include:

- › long-term accommodation through A Place to Call Home Initiative
- › housing for women leaving detention who have children; with Aboriginal and Torres Strait Islander women as a priority
- › specific outreach services targeted at young people who are sleeping rough
- › support for women and children to stay safely in the family home
- › case management support to families experiencing homelessness to maintain their accommodation
- › case management models to link children back into schools and other appropriate services
- › extra support for children who accompany adults within the specialist homelessness service sector.

Jurisdictions must report their progress against their implementation plans in September 2010.

### Strategy 3.5: Increase capacity and capability of adult-focused services to identify and respond to the needs of children at risk; child-focused services to identify and respond to the needs of vulnerable families; and the broader system to identify children at risk

Actions include:

- › to establish professional development resources on the risk factors for child abuse for child-and adult-focused services and professions
- › to establish the Common Approach to Assessment, Referral and Support Taskforce
- › to develop a resource guide on responding to the needs of traumatised children
- › to develop initiatives to support the workforce.

### Building workforce capacity and expertise

The national priority—building workforce capacity and expertise—supports this strategy (see Chapter 4). This priority has two elements:

- › supporting the education, professional development and retention of the child protection and welfare workforce
- › building capacity and expertise within human services sectors to improve outcomes for children and families with multiple and complex risk factors, such as substance abuse, mental illness homelessness and exposure to domestic violence.

### **Frankston and Mornington Peninsula Consultancy Panel**

The Frankston and Mornington Peninsula's Consultancy Panel consists of representatives from local child-and adult-focused services. The panel members are operational and senior managers from a range of sectors, including those who provide services to children, adults and families in Frankston and the Mornington Peninsula. Agencies include: child and adolescent mental health services, drug and alcohol services, family violence services, family services providers such as ChildFIRST, the Department of Education and Early Childhood Development, Victoria Police and the Department of Human Services—Child Protection, Disability Services and Specialist Children's Services.

The panel is convened bi-monthly and reviews case presentations from Family Services practitioners regarding their work with local families in complex situations. The panel makes recommendations regarding future case direction and assists by addressing systemic barriers such as difficulty in accessing services in the area.

The multidisciplinary panel approach draws in a range of professionals to review and provide guidance to Family Services staff working with complex cases, sharing the decision making and providing reflective practice opportunities.

*Provider: Queen Elizabeth Centre and Department of Human Services, Victoria*

### **Resource guide on responding to the needs of traumatised children**

Funding was provided in 2009 to the Australian Childhood Foundation to print and distribute an information booklet for traumatised children and a resource guide for schools and early childhood services to improve their response to traumatised children, especially those who have experienced sexual abuse. The production of the guide was due to be finalised in late 2009 but was delayed and rescheduled for release in July 2010.

### **Responding to the needs of children at risk in the states and territories**

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in responding to the needs of children at risk.

#### *Australian Capital Territory*

The Institute of Child Protection Studies in cooperation with the Australian Catholic University is providing postgraduate courses in child protection.

Training has been provided to government and non-government staff on mandatory reporting, case management and common assessment. Foster carers have received accredited training. Special training modules for kinship carers have also been provided.

#### *New South Wales*

As part of Keep Them Safe, training has been delivered in 2009–10 to government and non-government organisation staff on the changes to the child protection system. Child Wellbeing Units have been established in the NSW Police, NSW Health, and the departments of Education and Training, and Human Services as a specialist resource to support mandatory reporters from the four main government reporting agencies. A five-year non-government organisation capacity building and workforce development plan is being finalised. Keep Them Safe also supports a number of Family Referral Services, to link families with vulnerable children to appropriate Commonwealth, state, territory or local government services.

#### *Northern Territory*

The Northern Territory Government has improved the Community Care Information Systems by creating a number of additional positions. The next phase is to develop a comprehensive, long-term Care and Protection and Family Support Workforce Development Strategy that will include consideration and consultation on workforce capability issues in the non-government sector.

### *Queensland*

The Queensland Government is delivering training and professional development programs for professional and para-professional service delivery staff that include:

- Certificate IV in Child, Youth and Family Intervention (child protection) for all Child Safety Support Officers (para-professional level)
- Vocational Graduate Certificate in Community Services Practice (statutory child protection) for all Child Safety Officers (professional level)
- eighty-eight Specialist Skill modules on a variety of child protection subject areas for all levels of service delivery staff.

The Queensland Government is delivering two cultural training programs to the staff of the Department of Community to develop a culturally proficient workforce.

### *South Australia*

In 2009 the South Australian Department of Education and Children's Services updated its mandatory pre-service and in-service training on responding to indicators of child abuse, neglect and family violence. This training is provided to all teaching and non-teaching employees.

The Department of Education and Children's Services and the non-government schools have provided training to their respective workforces on Strategies for Managing Abuse Related Trauma (SMART).

In December 2009 South Australia passed legislation reforming the laws about domestic and personal violence. The *Intervention Orders (Prevention of Abuse) Act 2009* provides greater protection for children affected by domestic violence. It is now possible for intervention orders to contain terms to ensure the continuing safety and security of children.

### *Tasmania*

The professional development resources within Disability, Child, Youth and Family Services have been consolidated within a central unit that prepares and delivers (or sources) an annual timetable of training for staff across Disability Services, Child Protection and Youth Justice Services.

The Department has begun work with the School of Social Work at the University of Tasmania to support the development of units about at risk children.

An annual Community Services Excellence Awards Program has been established to recognise outstanding service provision and leadership in improving the lives of children, young people, people with disabilities and their families in Tasmania.

### *Victoria*

Victoria will develop a comprehensive leadership development strategy for child protection practitioners, concluding the commencement of postgraduate qualifications in child protection.

### *Western Australia*

The Department for Child Protection has developed a draft Family and Domestic Violence Common Risk Assessment Risk Management Framework. The framework sets a minimum standard for family and domestic violence screening, risk assessment and response for all agencies (specialist and mainstream). The framework will:

- ensure there is no 'wrong door' to a family and domestic violence response
- improve consistency in responses to family and domestic violence
- ensure that decision making and responses take account of an assessment of the risk
- provide a common understanding of risk and risk assessment in family and domestic violence
- provide common language for communicating risk
- outline the parameters for information sharing between agencies.

The Department for Child Protection has also developed the People Development Framework 2010–2012.

The Keeping Kids Safe Project 2009–2012 supports, trains and provides resources to child support workers and child advocates within the refuge system.

The Department has developed a proposal for a workforce development strategy for the family and domestic violence sector that will be included in the WA Strategic Plan for Family and Domestic Violence Annual Action Plan 2010–2011. The proposal will support the integrated response to family and domestic violence and will increase the knowledge, skills and professionalism of all practitioners who have a role in responding to family and domestic violence.

The workforce development project has developed a five-year workforce plan that articulates future workforce demand requirements, attraction and retention strategies, role and position redesign and realignments against qualifications and parity, and enhanced quality assurance systems.

## Appendix four

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

This supporting outcome ensures that children and young people who have been abused (or are at risk of abuse) receive timely, appropriate, high-quality child protection and other support services to ensure their safety and promote their long-term wellbeing.

### Strategy 4.1: Enhance access to appropriate support services for recovery where abuse or neglect has occurred

Actions include:

- › targeting the Personal Helpers and Mentors Program
- › supporting community-based recovery programs for survivors of child abuse.

The Protecting Australia's Children second funding round provided non-profit organisations across Australia with \$3.1 million for community-based projects aimed at making children and families more resilient and supporting children and adults who have suffered abuse and neglect.

### Strategy 4.2: Support grandparent, foster and kinship carers to provide safe and stable care

Actions include:

- › providing specialist supported playgroups for grandparent and kinship carers
- › continuing to explore options through the CDSMAC working group for improving financial and non-financial support to grandparent, kinship and foster carers
- › providing support and services for grandparent and kinship carers through Indigenous Child and Family Centres
- › providing support programs for grandparent, kinship and foster carers
- › meeting the healthcare needs of children entering and in out of home care
- › enhancing support for grandparent and kinship carers under the Communities for Children Program.

#### Improving support for carers

The national priority—improving support for carers—supports this strategy. As part of this project, the Government has committed to a number of new initiatives under the National Framework to support grandparent, kinship and foster carers. These include providing Supported Playgroups for grandparents, kinship carers and foster carers to enhance peer support and provide developmental opportunities, and identifying carers as a specific target group under the Communities for Children Plus Program (see Chapter 4).

The importance of supporting Aboriginal and Torres Strait Islander families, including grandparent and kinship carers, has been recognised in the Community and Family Partnership Guidelines since July 2009.

While consulting the local community about their needs for Child and Family Centres, the way in which existing Commonwealth Government funded services (such as crèches and playgroups), can be incorporated in, or linked with the centres will be considered. Grandparents and kinship carers are included in the priority target groups of Communities for Children Programs.

Below are state and territory achievements from the past 12 months that complement the core business of the relevant departments in supporting carers to provide safe and stable care.

#### *Australian Capital Territory*

The ACT makes financial and non-financial contributions to grandparent, foster and kin carers where orders exist due to substantiated child protection concerns. Case management and case support is available to all carers and carers are encouraged to access relevant funded family support services as needed. Support and advocacy groups have also been established to assist carers.

A Carer Liaison Officer has been established in the Department and is working with foster and kinship carers to address issues of concern and advocacy on their behalf.

Kinship and grandparent carers have also been provided with opportunities to attend a number of training sessions on issues such as trauma and understanding worrying behaviours. More is planned for the future including opportunities for carers to attend relevant conferences.

The Department is also developing a Carers Resource Handbook to further support carers. The Department is also working with kinship carers to develop a range of fact sheets including advice on court processes. A *Carer Connections newsletter* is also sent regularly to carers.

#### *New South Wales*

A draft foster carer resource guide including specific information for Aboriginal carers has been developed. Carers will be consulted about this through regional foster care advisory groups. The Improved Training and Support for Foster and Kinship Carers project completed a review of relevant literature and identified strategies that focus on expanding the number of Aboriginal support groups and training for Aboriginal foster and kinship carers in New South Wales. The Department of Human Services, Community Services is currently consulting with three non-government organisations, Connecting Carers NSW, member agencies of AbSec, three regional carer focus groups and one grandparent group to validate findings of the research and proposed strategies to improve training and support for foster and kinship carers. Training for carers to help them prepare young people for leaving care is also being developed.

In 2010 the Absec Secretariat received over \$600 000 to expand Aboriginal Carer Peer Support Groups, particularly in rural and remote areas. Karitane also received \$600 000 to provide support specifically for relative and kinship carers. Booklets have been developed to inform young people and their carers about the process of planning to leave care. Work has commenced on ways to provide carers with information about entitlements, health and education topics and local supports and services. Programs are also being developed to train carer representatives and provide better networking between the carer advisory groups across the state.

Action is also underway to improve how foster carers for children and young people with a disability are identified, trained and supported. This comes under the Community Services/Ageing, Disability and Home Care memorandum of understanding. A self-paced resource is being developed to support those considering fostering a child with a disability.

#### *Northern Territory*

The Department of Families and Children reviews its carer allowances annually and will review the true costs of caring to consider ways to enhance allowances to all volunteer foster and family carers. New budget initiatives for 2010–11 will enhance personnel capacity in the teams responsible for the recruiting, assessing, training and supporting carers.

### *Queensland*

An action plan is being developed to improve practice relating to the Aboriginal and Torres Strait Islander Child Placement Principle. The Foster and Kinship Carer Strategy will continue to be implemented. A new foster carer recruitment and retention plan is also being developed. Queensland's Commission for Children and Young People and Child Guardian has implemented regular visits to foster carers and children in their care to resolve any concerns or grievances affecting the safety or wellbeing of the children. The frequency of visits is determined by a risk-based assessment.

### *South Australia*

The Department for Families and Communities has completed a comprehensive review of its Alternative Care Support Payments system including financial supports available to foster, relative and kinship carers. This includes loadings, incidental expenses, Commonwealth and non-government sources of financial assistance and an increase in Alternative Care Support Payment rates.

The Department for Families and Communities hosts a Grandparents Raising Grandchildren in Informal Care group which meets regularly to discuss issues of concern for informal carers.

The Department for Families and Communities (Families SA) uses the Time for Kids respite program to provide respite opportunities for grandparents who are caring for grandchildren.

The Department for Families and Communities (Families SA) facilitates Working with Carers groups as a support mechanism for foster and relative and kinship carers. Service provider agencies also offer support groups for carers.

### *Tasmania*

As part of the reform of the Out of Home Care system in Tasmania, work will continue during 2010–11 on transferring support for foster and kinship care to the non-government sector. Disability, Child, Youth and Family Services will also be working on linking support for grandparents into the broader family support infrastructure already established in Tasmania.

### *Victoria*

Major reform of out of home care was begun (*Directions for out of home care*, May 2009). In the 2009–10 State Budget \$135 million was allocated over four years to reform the out of home care system. Nineteen agencies will continue to provide support services to kinship carers. Kinship care workers in community service organisations provide the following to kinship care placements:

- advice, information and support on issues affecting kinship care placements and kinship carers, including support for kinship carer groups
- occasional and short-term support for some kinship families to help them with specific concerns or to resolve any crises that may arise
- support services providing intensive help for vulnerable children placed in kinship care after child protection intervention, particularly at the beginning of a new kinship care placement, and support for long-term kinship families with extra ongoing challenges.

### *Western Australia*

The current reform in residential care development projects will deliver:

- 128 multi-purpose tier 1 beds across all districts in partnership with the non-government sector
- another four, four-bed residential assessment treatment units, in addition to the 10 already established
- a Secure Care Facility which will provide up to nine safe, secure, therapeutic and short-term crisis care beds for children and young people at risk to themselves and others.

To enhance foster care services the Department for Child Protection:

- › increased the number of approved general foster carers
- › developed the first Departmental Conceptual Model of WA Foster Care and a review of types of foster care provided by the Department. The Department will now only provide volunteer care: all professional care will be outsourced to the non-government sector
- › developed a Foster Care Partnership Policy to enhance the Department's capacity to develop and support foster carers.

### Healthcare needs of children entering and in out of home care

A National Clinical Assessment Framework for children and young people entering out of home care has been developed. The Child Health and Wellbeing Subcommittee will consider the final project report at its June meeting. The subcommittee will provide a final report to the Australian Population Health Development Principal Committee and the Australian Health Ministers' Advisory Council later in 2010.

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in looking after the healthcare needs of children in out of home care.

#### *Australian Capital Territory*

Regular health checks occur as part of Care and Protection Services care plans for children and young people entering and in out of home care.

Care and Protection Services have an agreement with the Child At Risk Health Unit (which is part of the Child Youth and Women's Health Program in Community Health) that children in out of home care may be screened for health checks. The unit also provides medical examinations and family assessments where there are concerns of child abuse, neglect and/or domestic violence. A Care and Protection Health liaison officer has also been appointed who regularly liaises with their counterpart in ACT Health.

#### *New South Wales*

NSW is committed to providing health and developmental screening, assessments and interventions for all children and young people entering statutory out of home care. NSW is implementing a Model Pathway for the Comprehensive Health and Developmental Assessments for All Children and Young People Entering Out of Home Care. It provides an agreed framework between Department of Human Services, Community Services and NSW Health for health screening, assessments, development of health plans and health interventions for all children and young people entering statutory out of home care. Interagency Pathway Coordinators and Out of Home Care Coordinators have been established in NSW Health and the Department of Human Services, Community Services respectively and referrals are currently underway in all NSW area health services.

#### *Queensland*

Queensland has a number of mechanisms for ensuring that healthcare needs of children in out of home care are met including:

- › the Commission for Children and Young People and Child Guardian Community Visitor Program; the Child Health Passport ensures any child in out of home care for more than 30 days has a health assessment and receives the appropriate treatment where necessary. The assessment ensures the child meets their milestones and includes overall physical health, including vision and hearing.

#### *South Australia*

The Rapid Response Initiative for children and young people under the guardianship of the Minister in South Australia includes a number of health responses:

- › health standards for children and young people under the guardianship of the Minister apply to all public health services

- comprehensive health assessments are provided for children entering care, including adolescent-specific health assessments
- electronic flags indicating guardianship status appear at the Children's Youth and Women's Health Service and all public dental services so that children and young people under the guardianship of the Minister receive a priority response
- priority access to dental care, including orthodontics, for children and young people under the guardianship of the Minister.

SA Health through Second Story Youth Health Service is developing an Aboriginal and Torres Strait Islander health worker role to provide health assessments and community follow-up for all Aboriginal and Torres Strait Islander young people in juvenile detention.

#### *Tasmania*

Disability, Child, Youth and Family Services in Tasmania is exploring options to assess and meet the healthcare needs of children in out of home care. Current efforts include a greater use of child health nurses for initial assessment, tracking of developmental milestones for children under five, and the funding of a community/ child protection paediatrician to coordinate clinics for children in out of home care. Establishing baseline health information for children in care will be a focus for 2010–11 and, where appropriate, ensuring that a child's healthcare provider is involved in the case and care planning process.

#### *Victoria*

A new entry to care (healthcare) assessment model is being piloted. The model provides for children to be assessed by a general practitioner, a paediatrician (depending on age and need) and a mental health professional. Findings from the pilot will inform a state-wide roll out.

#### *Western Australia*

The Health Care Planning for Children in Care state-wide implementation began in June 2010 for completion by July 2011. The Department for Child Protection is working with the Department of Health to develop a framework to improve healthcare planning for children in care through general practice examination on entering care and annual community health nurse assessments including dental and mental health aspects.

### Strategy 4.3: Improve support for young people leaving care

Actions include:

- supporting young people leaving care to establish their independence through non-government organisations
- improving state and territory initiatives targeting young people leaving care
- implementing a policy of 'no exits into homelessness'.

#### **Transitioning to independence—a national priority**

This national priority—transitioning to independence—supports this strategy. It aims to increase both financial and non-financial support for young people leaving care in their transition to independence (see Chapter 4).

#### **No exits into homelessness**

The National Partnership Agreement on Homelessness (NPAH) started on 1 July 2009 and each jurisdiction has developed an implementation plan setting out its service response. The White Paper on Homelessness, 'The Road Home', identifies the need for prevention strategies that focus on key transition points and life events. No exits into homelessness from statutory, custodial care, health, mental health and drug and alcohol services is a core output of the NPAH and each jurisdiction must target these groups.

Services funded through the implementation plans vary between jurisdictions. Examples of services targeting young people transitioning to independence from out of home care either specifically or within a broader target group include, but are not limited to:

- › integrated accommodation and support for young people moving to independent living from state care
- › options for young Aboriginal and Torres Strait Islander people leaving care, including support and access to health services where required
- › coordinated exit planning from hospital emergency departments
- › dual diagnosis workers coordinating services for young people
- › supportive housing for clients who have been in prison
- › additional support for prisons to obtain accommodation for eligible remandees
- › supportive housing for people with an intellectual disability.

Jurisdictions must report progress against their implementation plans in September 2010.

### **Improving support for young people leaving care in the states and territories**

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in improving support for young people leaving care.

#### *Australian Capital Territory*

The Office for Children, Youth and Family Support has begun a youth support and transition project to examine current services for young people including those leaving care. Through consultation processes the office will develop services models and review policies and procedures to enhance services for young people, including those leaving care.

#### *New South Wales*

Young people leaving care are being targeted in the NSW Homelessness Action Plan and the Keep Them Safe—A Shared Approach to Child Wellbeing Initiative. The NSW Homelessness Action Plan includes a multi-agency project to identify gaps in the development of discharge plans or exiting policies and procedures for young people leaving care, custody or health facilities. The Department of Human Services, Housing NSW is the lead agency for the project. There are also representatives from NSW Health, Corrective Services, and other Department of Human Services agencies (Community Services, Aboriginal Affairs NSW and Juvenile Justice). The project working group is developing a set of draft principles on discharge planning for consideration by agencies.

There are two new leaving care projects under Keep Them Safe. The first is a project in the Illawarra region targeting Aboriginal young people aged 16–25 years leaving statutory or supported care or who have left care and are at risk of homelessness. The Department of Human Services, Community Services has recently contracted Illawarra Aboriginal Corporation to deliver this service.

The Leaving Care for Young People project provides detailed information to care leavers on help available to them through state and Commonwealth sources. An updated Your Next Step for care leavers should be published on the Department of Human Services, Community Services website in August 2010. A guide to assist foster carers and kinship and relative carers in preparing young people for leaving care is being developed. The resource for carers, Leading the Way, and a companion checklist, Independent Living Skills should be published on the Department of Human Services, Community Services website in August 2010. Connecting Carers is developing a training module to deliver to carers in early 2011.

The Leaving Care Program established by Department of Human Services, Ageing, Disability and Home Care in 2006–07 is designed to support young people with a disability as they leave care in NSW. It currently supports 249 young people. During 2009 a mentoring service was introduced to help young people in the program make informed choices and lead productive lives. This service currently supports 100 young people. A review of the Leaving Care Program was completed in June 2010 and found that the program has been successful in achieving positive outcomes for young people.

### *Queensland*

The Participate in Prosperity Program has established a service in the Beenleigh/Logan/Goodna corridor (a high-needs area) to support young people in care transitioning to independent living to help them access employment, training and work.

The Youth Housing and Reintegration Service, including After Care Service, is part of the Homelessness National Partnership Agreement, which began on 1 July 2009. This service provides support and accommodation for young people (15–18 years) transitioning from care. It also provides support to young people over 18 who have left care through an after care service. It has also implemented the Supported Independent Living placements. This focuses on young people aged 15–17 years with moderate to high support needs transitioning to independent living.

### *South Australia*

The Department for Families and Communities and SA Health (through Second Story Youth Health Service, other youth health services and the Child and Adolescent Mental Health Services) are collaborating to support transition planning for a young person leaving care and post-care.

The Department for Families and Communities (Families SA) begins formalised transition planning for young people when they reach 15 years of age. The Young People Leaving Care Practice Guide allows for support for young people up to the age of 25. Enhanced services include:

- Youth Support Teams that assist young people under the guardianship of the Minister or Justice orders to transition from care to independence in a staged approach—life skill development is a central feature of the program
- assessing the social, emotional and physical health needs of young people leaving care so they can be connected with available adult health services
- assistance for young people who are about to or have recently transitioned from care to obtain their drivers licence as part of the Rapid Response Initiative
- the Dame Roma Mitchell Trust Fund provides grants for children and young people who are or have been in state care.

### *Victoria*

An entry to care (healthcare) assessment model was recently piloted. The model provided for children to be assessed by a general practitioner, a paediatrician (depending on age and need) and a mental health professional. Findings from the pilot will inform the development of a model that will be rolled out state-wide.

### *Western Australia*

The Leaving Care Developmental Project began in 2010 to improve current processes and supports and to explore options for additional support for young people transitioning from care to independent living with an emphasis on young people with high developmental needs.

## **Strategy 4.4: Support enhanced national consistency and continuous improvement in child protection services**

Actions include:

- to develop national standards for out of home care
- to improve child protection services
- to support the Australian New Zealand Child Death Review Group to develop more consistent data
- to improve our understanding of children in the child protection and care system (with unit record data and existing data definitions)
- to develop a national research agenda for child protection.

## National standards for out of home care

The national priority—developing national standards for out of home care—supports this strategy. It aims to improve the outcomes and experiences of children and young people living in out of home care (see Chapter 4).

## Enhancing the evidence base

The national priority—enhancing the evidence base—supports this strategy. It aims to improve data collections on children’s wellbeing and to enhance our knowledge of children’s interactions with the child protection system over time (see Chapter 4).

## Filling the research gaps

The national priority—filling the research gaps—supports this strategy as well as all of the other national priorities. The aim is to identify research priorities and opportunities and develop a national research agenda that contributes to a well-developed evidence base in Australia on issues affecting children and families (see Chapter 4).

## Australian and New Zealand Child Death Review and Prevention Group

In July 2009, FaHCSIA invited the Australian and New Zealand Child Death Review and Prevention Group (ANZCDR&PG) to submit a funding proposal aligned with the outcomes of the National Framework. A teleconference was held in August 2009 and ANZCDR&PG agreed to submit a funding proposal in July 2010.

## Continuous improvement in child protection services

State and territory government child protection reforms are aimed at reforming child protection services and systems to enhance national consistency and aim for continuous improvement in child protection services. Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments aimed at continuous improvement.

### *Australian Capital Territory*

Care and Protection Services has implemented a demand management policy resulting in reduced response times. A quality assurance framework is also being developed to ensure continuous practice improvement.

There are several internal and external oversight groups that assist with monitoring and quality improvements. This includes a Complaints and Quality Services Unit, and a joint Clinical Health Audit Committee approved by the ACT Health Minister that operates under the protection of qualified privilege.

### *New South Wales*

The Special Commission of Inquiry into Child Protection Services in NSW (November 2008) concluded that child protection was a joint government and community responsibility.

A key legislative change recommended and supported by the NSW Government was to change the reporting threshold from ‘risk of harm’ to ‘risk of significant harm’. The Department of Human Services, Community Services was identified in Keep Them Safe as the lead agency for developing a threshold tool for mandated reporters. This was implemented when the legislation was proclaimed on 24 January 2010.

The NSW Government supported the development of a Structured Decision Making (SDM<sup>®</sup>) tool for mandated reporters to assist in their reporting responsibilities.

The NSW Mandatory Reporter Guide (MRG) is a world first. It is the first interagency SDM<sup>®</sup> tool developed for reporting concerns about a child or young person. Before the introduction of this tool, there was no sector-wide, agreed tool in use in NSW

The MRG was developed during 2009 in conjunction with the USA-based Children’s Research Center (CRC) and with more than 200 NSW representatives from government and non-government agencies, together with unions, carers and advocates for children and young people involved in Keep Them Safe.

This interagency tool, based on practice evidence and consensus, is available in hard copy manual and as a user-friendly on-line tool. It is for all mandatory reporters—see <http://sdm.community.nsw.gov.au/mrg/app/summary.page>. It represents an important culture change in the NSW child protection system and is designed to guide mandatory reporters in identifying children and young people at risk of significant harm and to respond appropriately.

#### *Northern Territory*

The Northern Territory Government undertook a review of central intake, introduced structured decision making and appointed a quality officer in each work unit. A rigorous quality auditing process that began in 2008 was refined throughout 2009. The board of inquiry into Northern Territory child protection services established by the Government will consider the functioning of the current system; specific approaches for territory children in remote and regional communities; workforce development and retention; out of home care, including support for foster parents, carers and families; and the interaction between agencies involved in the care and protection of children.

#### *Queensland*

The One Chance at Childhood Program aims to enhance the safety, wellbeing and permanency outcomes for babies and toddlers under four years subject to child protection orders. Thirty-one specialist positions have been established state wide to progress referrals for the target group. Permanency outcomes achieved include children being successfully reunified with their families or children being placed on long-term guardianship child protection orders. Permanency panels to oversee permanency case planning and decision making were established across the state.

Queensland supports continuous improvement in child protection services. The Commission for Children and Young People and Child Guardian monitors the provision of services to vulnerable children and young people and reports its findings. The Commission makes recommendations to improve service delivery for children and young people in care based on aggregated survey responses and systemic issues identified through the Commission's investigation and audit functions and the annual Child Guardian Report.

#### *South Australia*

Extensive data is being collected on service delivery and outcomes achieved from the Stronger Families Safer Children Program. An external evaluator will be used for specific components of the evaluation including the economic analysis that will explore the costs and benefits associated with further investment in the program.

The Directions for Alternative Care 2010–2013 presents a plan to build and maintain a high-quality and flexible alternative care sector that responds to the individual needs of children and young people who cannot live at home.

#### *Tasmania*

The recent reform of the Tasmanian Child Protection System has been built around the continuous improvement of services. This includes efforts to improve timeliness through more efficient structures, improvements to the complaints process in care and establishing alternative pathways for vulnerable children and their families. The role of practice consultants within the areas has been reviewed to clarify the responsibility and accountabilities these positions hold for professional standards and practices. A role of Principal Practice Consultant has also been established. The role, to be filled for two-year terms, will provide professional leadership, specialist advice and assistance to practitioners on serious/complex case reviews leading to the enhancement of service delivery.

#### *Victoria*

A new specialist intervention team will tackle child protection trouble spots, provide guidance on decision making and help to resolve blockages and backlogs in cases. Two new principal practitioners have been appointed to work with child protection workers to improve case decision making, particularly around difficult high-risk cases.

#### *Western Australia*

The Department for Child Protection has improved the capacity to meet current and future demands through:

- demand modelling to resource the Department on an ongoing basis and more effective resource allocation to districts to meet operational needs
- the development of a costing model for consistent benchmarking for out of home care services provided by the Department and by the non-government placement agencies. The model was produced after extensive engagement with the community sector. This is in contrast to the ad hoc historical cost basis used previously in the provision of funding.

## Appendix five

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

This supporting outcome aims to ensure that Indigenous children are supported and safe in strong, thriving families and communities to reduce the overrepresentation of children in child protection systems. For those Indigenous children in child protection systems, this outcome aims to provide culturally appropriate care and support. Indigenous children are greatly overrepresented in all parts of the child protection system. Addressing Indigenous disadvantage is critical to addressing the factors that put Indigenous children at risk of abuse and neglect. To provide culturally appropriate responses, strategies developed under the National Framework need to be based on partnerships between Indigenous families and communities, and between Indigenous agencies, mainstream service providers and governments.

### Strategy 5.1: Expand access to Indigenous and mainstream services for families and children

Actions include:

- › to expand Indigenous Parenting Support Services to additional sites
- › to continue to focus on new activities in the Indigenous Family Violence and Partnership Program and Indigenous Violence Regional Activities on child protection issues.

#### Indigenous Parenting Support Services

To expand Indigenous Parenting Support Services a total of 50 sites have been approved. Of these, nine are operational and five are in remote service delivery sites. A further 26 have been approved remote service delivery sites and two more are awaiting ministerial approval; 19 will be delivered under a memorandum of understanding with the Northern Territory Government through their Families as First Teachers Program. Selection processes are being finalised for the 16 remaining sites to be operational in 2011.

#### Family violence programs

The Commonwealth Government's Family Violence Regional Activities Program provides funding for community-driven projects that respond to family violence and promote child safety. Thirty-one projects were funded in 2009–10. The Family Violence Partnership Program provides funding for partnerships with state and territory governments to jointly fund initiatives that address Aboriginal and Torres Strait Islander family violence. Twenty-two projects were funded in 2009–10. Current funding and activities will be refocused to meet the Commonwealth Government's priorities for working with the states and territories, service providers and communities to prevent Aboriginal and Torres Strait Islander family violence.

### Strategy 5.2: Promote the development of safe and strong Indigenous communities

Actions include:

- › to support and strengthen the Northern Territory Emergency Response
- › to continue to support Indigenous community building activities.

## Closing the gap

The national priority—closing the gap—supports this strategy. It aims to support Indigenous communities building activities in areas such as culture and connectedness, strengthening families and communities in targeted areas where children are at risk and speaking up about abuse (see Chapter 4).

## Northern Territory Emergency Response

The Commonwealth Government provided funding of \$31.6 million over three years (2009–10 to 2011–12) to the Northern Territory Government, as part of the Northern Territory Emergency Response, for the Family Support Package. The package includes 22 ‘safe places’ in 15 remote and two urban communities, all of which are now open and operating; remote aboriginal family and community workers in up to 13 communities (with workers currently in 12 communities); and a mobile child protection team for remote communities comprising one manager, 10 child protection workers and one administrative support officer (currently the team has one manager, nine workers, and one administrative officer).

## Strategy 5.3: Ensure that Indigenous children receive culturally appropriate protection services and care

Actions include:

- › to develop and expand the child protection and welfare workforce
- › to improve child protection service delivery for Indigenous families and children
- › to strengthen the application of, and compliance with, the Aboriginal and Torres Strait Islander Child Placement Principles.

## Supporting Aboriginal and Torres Strait Islander children in the states and territories

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in supporting Aboriginal and Torres Strait Islander children.

### *Australian Capital Territory*

Tuggeranong and Gungahlin Child and Family Centres have implemented targeted programs such as Growing Healthy Families. It provides opportunities for Aboriginal and Torres Strait Islander young people, to learn about their culture and the importance of good health and wellbeing.

A Reconciliation Action Plan for the Department of Disability, Housing and Community Support has been developed that encourages the services provided to Aboriginal and Torres Strait Islander peoples to close the gap and address Aboriginal and Torres Strait Islander disadvantage. It has a specific focus on employment and development of Aboriginal and Torres Strait Islander staff.

Individual Cultural Care Plans are in place for Aboriginal and Torres Strait Islander children and young people in care and are regularly reviewed and updated.

The development of a quality assurance framework will affect several areas of Care and Protection Services, such as case management and legislative compliance, for example the Aboriginal and Torres Strait Islander Child Placement Principle. Training and development for Care and Protection Services caseworkers includes an emphasis on compliance with the Aboriginal and Torres Strait Islander Child Placement Principle.

Mechanisms for monitoring Care and Protection Service’s compliance with the *Children and Young People Act 2008* and Indigenous Placement Principle are in place.

A specific training package for Aboriginal and Torres Strait Islander foster carers has been developed and training is underway.

### *New South Wales*

The New South Wales Interagency Plan To Tackle Child Sexual Assault In Aboriginal Communities includes 88 actions by NSW agencies at a cost of more than \$62 million over five years. The actions include work by a number of agencies in the areas of:

- prevention and early intervention
- law enforcement and safe communities
- child protection
- community leadership and support.

Prevention and early intervention activities included programs such as the Schools in Partnership Program, Schools as Community Centres Program, a number of truancy reduction strategies as part of Attendance Action Plans for NSW schools, increasing funding for Aboriginal teacher scholarships, implementation of the Rural New Street Program by NSW Health, establishment of the Premier's Council on Preventing Violence Against Women and Aboriginal projects under the Domestic and Family Violence Grants Program. An additional 15 Aboriginal Student Liaison Officers have also been appointed. These officers will work with an expanded number of Aboriginal communities to develop locally identified solutions to the non-attendance of Aboriginal students and to improve their connections to education.

The Department of Education and Training has a number of responsibilities and actions including to:

- make available the Aboriginal Cultural Education Program to all New South Wales government agencies
- monitor implementation of the Schools in Partnership Program; review the effectiveness of Two Ways Together, Kids Excel, and Youth Excel numeracy and literacy programs; and ensure that these programs are available to Focus Communities
- implement a truancy reduction strategy in relevant priority locations
- review resources for the teaching of existing sexual health and child protection education to ensure suitable material for Aboriginal students
- provide additional Aboriginal teacher scholarships
- develop strategies to build the school counsellor/student support workforce to meet the needs of Aboriginal students and victims.

The New South Wales Aboriginal Education Consultative Group has developed a cultural immersion program. This program is a community-based, managed and operated program that provides professional development and training to the Department of Education and Training workforce about the histories, languages, lore and contemporary matters relating to Aboriginal peoples throughout regional and local areas of New South Wales. It will be coordinated and delivered by local and regional Aboriginal Education Consultative Group members and community and will build on the knowledge and expertise of the local community.

Law enforcement and safe communities activities include increasing recruitment and retention of Aboriginal police, creating a Joint Investigation Response Teams (JIRTs) to investigate cases of sexual abuse of Aboriginal children, as well as implementing technology to allow remote witness facilities in all NSW courts.

Child protection activities include implementing the Aboriginal and Torres Strait Islander Child Placement Principle, and improving access to forensic and medical services for Aboriginal communities. The Department of Human Services, Community Services has about eight per cent Aboriginal representation in its caseworker positions.

In response to the recommendations of the Wood Special Commission of Inquiry into Child Protection (Wood Inquiry) a new project has begun to trial a child protection consultation model, similar to the Lakidjeka Aboriginal Child Specialist Advice and Support Service in Victoria.

A project has been funded to pilot a child protection consultation model. A consultation document has been developed as a basis for consulting. Two project officers have been recruited to work on this project (one within the Department of Human Services, Community Services and one within the New South Wales Aboriginal Child, Family and Community Care Secretariat (AbSec)). Consultations have taken place with Aboriginal and Torres Strait Islander peak organisations, mainstream non-government agencies and the Department of Human Services, Community Services staff to develop a service model for New South Wales. The model is finalised and

its operating name is Protecting Aboriginal Children Together (PACT). Consultations will be taking place with select communities to pilot the service. To support this work, AbSec and the Department of Human Services, Community Services have signed a historic memorandum of understanding to collaborate more closely to improve protection for Aboriginal children at risk and to provide better support for their families.

A consultation practice guide has been drafted and aims to ensure stronger and more consistent processes to assist the Department of Human Services, Community Services to consult effectively and sensitively with Aboriginal families, communities and organisations. This work includes:

- working with the Department of Human Services, Aboriginal Affairs NSW Safe Families and Focus Communities programs, establishing community-based, coordinated, location-specific responses to Aboriginal child sexual assault in nine Aboriginal communities
- working with the Department of Human Services, Aboriginal Affairs NSW and recognised governance bodies in 40 Aboriginal communities under the Partnership Community Program
- delivering a range of family and community programs for children at risk through Indigenous Child and Family Centres assisted by the local reference groups established in all nine Aboriginal Child and Family Centre locations in New South Wales.

Community leadership and support activities include implementation of the Safe Families and Focus Community Programs to implement location-specific approaches to tackle child sexual abuse through community-driven prevention and early intervention and improved coordination of support services in nine Aboriginal communities, as well as development of multimedia resources to inform and raise awareness of child sexual assault in Aboriginal communities.

Also in New South Wales through Keep Them Safe, the Department of Human Services, Aboriginal Affairs NSW is implementing the Partnership Community Program in 40 Aboriginal communities, working with communities and other agencies to strengthen community governance by establishing local governance bodies and action plans. Governance bodies will be supported to consider issues relating to child protection, where identified as a priority, and develop appropriate responses.

#### *Northern Territory*

The Remote Aboriginal Family and Community Worker Program will be expanded with additional Aboriginal community workers and an Indigenous principal practice advisor. Application of the Secretariat of National Aboriginal and Islander Child Care Principles will be implemented. Work is underway on a Department of Health and Families and non-government organisation partnership framework to develop and invest in Aboriginal and Torres Strait Islander non-government organisations as a key priority.

#### *Queensland*

In 2009–10 the Queensland Government has improved service delivery for Aboriginal and Torres Strait Islander children and families.

- Establish Safe houses within remote Aboriginal and Torres Strait Islander communities to provide a short-term safe place for children with Family Intervention Services workers providing support and assistance for children and families subject to child protection intervention.
- Implement the whole-of-government *Reconciliation Action Plan 2009–2012* (which includes several actions relating to child wellbeing and service delivery to reduce the gaps in life outcomes and opportunities and providing fair treatment and transparency in our policies, programs and services).
- Assist Aboriginal parents who are alcohol dependent or high-risk drinkers to improve their wellbeing and parenting capacity by facilitating referrals to the Queensland Indigenous Alcohol Diversion Program
- Establish safe havens that provide timely and effective services to help Aboriginal and Torres Strait Island children who experience or witness domestic and family violence.
- Establish the Government Champions Program (which ensures that issues of child wellbeing are discussed at the negotiating table with the Aboriginal and Torres Strait Islander communities that they partner with).

- Support the One Chance at Childhood Program which provides a model to enhance the safety, wellbeing and permanency outcomes for babies and toddlers under four years of age and subject to a child protection order. Thirty-one specialist positions have been established state-wide, to progress referrals for the target group. Permanency outcomes achieved include children being successfully reunified with their families, or children being placed on long-term guardianship child protection orders. Permanency panels to oversee permanency case planning and decision making were established across the state.
- Continuing to progress and monitor local Indigenous Partnership Agreements through negotiation tables and other ongoing engagement mechanisms.
- Support Indigenous community building activities through the Cape York Welfare Reform trial including the Family Responsibilities Commission which aims to improve the care of children and to connect families with a wide range of support services. Four Queensland communities have agreed to be part of the four year welfare reform trial.
- Support the alcohol management program including community patrols, youth recreation programs and detoxification and rehabilitation. The alcohol reform package, detoxification services are now available in participating remote Indigenous communities.
- Support the Cherbourg Child Responsive Communities Project, a place-based and multi-agency response aimed at building resilience and enhancing service delivery in relation to child sexual abuse.
- Establish Aboriginal and Torres Strait Islander community building activities by the Indigenous Employment and Training Managers and Support Officers work with Indigenous communities and industry to develop employment opportunities for local people.
- Create training and professional development programs for service delivery staff and cultural training programs to the Department of Community staff across the state to develop a culturally proficient workforce.

#### *South Australia*

Four Child and Family Centres are being developed in South Australia. These centres will be a place for children and families to connect, grow and learn together, reflecting and strengthening Aboriginal identity within the wider community.

South Australia Police has implemented a 12-month program where police have rotating staff through the APY Lands to focus on relationship and trust building and to work with women in the community on the best way to deal with domestic and family violence in their community. The program is staffed by female police officers. Aboriginal advisory groups have been established for the metropolitan area.

An overarching policy is being developed to ensure that the Department for Families and Communities encapsulates the cultural needs of Aboriginal and Torres Strait Islander clients into its policies, programs and services. Cultural sensitivity training is offered to all new staff.

Some Aboriginal-specific service providers have been contracted for the Stronger Families, Safer Children Programs (Targeted Early Intervention, Intensive Placement Prevention and Reunification). The training component of the Stronger Families, Safer Children Programs includes a two-day workshop on Aboriginal cultural sensitivity and respect, with future training planned to develop non-government organisation worker skills in engaging and supporting Aboriginal and Torres Strait Islander children and their families.

#### *Tasmania*

Further amendments to the *Children, Young Persons and Their Families Act 1997* are planned for 2010–11. The Tasmanian Aboriginal community will be consulted on culturally appropriate responses for at risk children and families.

### *Victoria*

To improve child protection service delivery for Indigenous families and children the Department:

- implemented early intervention and prevention programs, including the Aboriginal Family Restoration and Family Preservation Programs
- piloted a placement prevention model to divert children away from entry into out of home care
- allocated funding over three years to develop and implement an Aboriginal-specific integrated therapeutic model of assessment and intervention
- ensured that Aboriginal kinship care was supported by training practice guides, strengthening local kinship care service provider partnerships and skills development and the progressive implementation of an Aboriginal kinship care model
- focused on strengthening and tailoring a service response for all out of home care reforms for Aboriginal children and families
- provided recurrent funding for contracted case managed support for 120 Aboriginal children in kinship care from the 2009–10 financial year.

The Department of Human Services funded 40 Aboriginal and Torres Strait Islander workers to undertake the Graduate Diploma in Family Therapy.

### *Western Australia*

Negotiation with communities in the Kimberley is underway to establish four Child and Family Centres as part of the commitment to closing the gap for Aboriginal families under a joint national partnership. There will also be a centre based in the metropolitan area. The centres will integrate early childhood services to provide greater access to child, maternal and health services for Aboriginal families.

To improve child protection service delivery for Aboriginal and Torres Strait Islander families and children the Government has:

- developed the Aboriginal Services Framework that aims at integrating the Aboriginal and Torres Strait Islander Agenda throughout the Department's business (noting that 45 per cent of children in care are Aboriginal), including directions for cultural learning and the Aboriginal Employment Strategy
- established Aboriginal practice leader positions within each Department for Child Protection district to guide better services to Aboriginal families
- established Aboriginal practice networks to build the capacity of the Department for Child Protection staff to improve the delivery of services to Aboriginal families
- continued to strengthen the Aboriginal Directorate, to lead, support and advise the Department of Aboriginal services
- engaged external Aboriginal advice to ensure better partnerships with community on child protection issues.

Extra resources to employ local helpers within communities that have remote child protection workers (10) to help with child protection initiatives are being sought. In addition, the Department for Child Protection has an Aboriginal Employment and Learning Strategy that has set an ambitious target of 20 per cent by 2014. Within regional districts that have a larger client base of Aboriginal families the targets are up to 50 per cent. This includes the introduction of cadetships, traineeships and the opportunity to obtain qualifications.

The East Kimberley Domestic Violence Hub, a FaHCSIA funded project, will provide for Aboriginal families and children to experience a level of safety from family and domestic violence commensurate with other families and children in Western Australia.

## Appendix six

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

This supporting outcome aims to protect children from all forms of sexual exploitation and abuse through targeted prevention strategies. It will support those who have been sexually abused in the community, through specific therapeutic and legal responses.

### Strategy 6.1: Raise awareness of child sexual exploitation and abuse, including online exploitation

Actions include:

- › to put in place cyber-safety initiatives
- › to develop community-based strategies to raise awareness in children, families and the community about child sexual abuse.

#### Cyber-safety initiatives

The Australian Federal Police (AFP) coordinated a national roll out of the Think-U-Know Initiative, conducted in partnership with Microsoft and ninemsn, to raise awareness of parents, carers and teachers about online behaviour. The AFP also:

- › contributed to the development of the Australian National Victim Image Library
- › implemented the Tier II Electronic Crime training program; this training is critical to raising the awareness and understanding of technology crime across the AFP operational environment
- › delivered cyber-safety and security presentations directly to school students
- › implemented online cyber-safety media, marketing and advertising initiatives
- › attended various relevant national and international forums to ensure a sustained leadership role.

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments in raising awareness of child sexual exploitation and abuse.

#### *Australian Capital Territory*

Cyber-safety initiatives in the ACT include the Young People's Plan 2009–2014 which explores civic engagement through the use of the internet, social and environmental sustainability and public and personal safety. The plan outlines how to address cyber-bullying.

The ACT Children and Young People Commissioner has commenced work and advises the Government on how to improve services for children and young people.

The ACT Department of Education and Training have in place policies to assist staff in creating cyber-safe school communities including: Countering Bullying, Harassment, and Violence in ACT Public Schools and Providing Safe Schools.

### *New South Wales*

The New South Wales Department of Education and Training has developed an interactive webpage on cyber-security and safety with links to websites and information about cybersafety. Teaching and learning resources have been developed including 'Safety Plans and Decision-making' that helps students make decisions in challenging situations such as inappropriate contact in a chat room; and 'Think before you Click' that introduces students to the NSW Government campaign warning parents about the dangers of 'sexting' and posting images on social networking sites. Students design and present a campaign warning young people of the dangers and consequences of posting inappropriate messages and images online.

### *Queensland*

Taskforce Argos of the Queensland Police Service develops and implements cyber-safety initiatives. Who's Chatting to Your Kids and Surf Safely were launched in 2006. In partnership with the University of the Sunshine Coast, the taskforce developed an interactive computer virtual world in 2007 to help children learn strategies for self-management and protection. The Telstra Foundation has committed \$0.483 million over three years to develop and implement this resource. The program received the Queensland Police Service Gold State Award for Crime Prevention in August 2009. A companion website was launched in November 2009.

### *South Australia*

The Department of Education and Children's Services has developed and disseminated guidelines *Cyber-Safety, Keeping Children Safe in a Connected World: Guidelines for Schools and Preschools* in 2009.

### *Tasmania*

From April 2010 the ThinkUKnow Program was available for Tasmanian schools. The Tasmanian Department of Education has also produced web-safety tools for the use of school children in Tasmania.

### *Victoria*

The Standing Committee of Attorneys-General agreed to a coordinated national approach to combat cyber-crime and to combat the use of the internet to sexually exploit children.

### *Western Australia*

The Department for Child Protection is developing a resource document for caseworkers, carers and children in care on the safe use of social networking sites.

The Department for Child Protection, in collaboration with the WA Police, Department of Health and Department of Education, will be hosting an event as part of Child Protection Week 2010 about cyber safety.

## **Community-based strategies to raise awareness about child sexual abuse**

The national priority—responding to sexual abuse—supports this strategy. Under the National Framework, the Commonwealth Government has committed to raising awareness of child sexual abuse and addressing the needs of survivors (see Chapter 4).

Below are the community-based activities of the states and territories over the past 12 months to raise awareness of child sexual exploitation and abuse.

### *Australian Capital Territory*

The Department of Disability, Housing and Community Services runs Vulnerable Families Reviews twice a year to identify children, young people and their families who are at risk of coming into the care and protection system and to provide a response in a timely manner. A Working with Vulnerable People Checks policy has been finalised.

Government and non-government staff were trained on the mandatory reporting of sexual abuse of children and young people.

The Department of Disability, Housing and Community Services ParentLink service produced information pamphlets on the sexual exploitation of children and young people available through ParentLink and the internet.

### *New South Wales*

In 2009–10, the New South Wales Joint Investigation Response Teams (JIRTs), a partnership between the NSW Police Force, the Department of Human Services, Community Services and NSW Health accepted 3877 reports of serious cases of child abuse and neglect for investigation. The implementation of the Safe Families and Focus Communities Programs is establishing community-based, coordinated, location-specific responses to Aboriginal child sexual assault in nine Aboriginal communities. The Safe Families Program is an early intervention approach to child sexual assault in Aboriginal communities which commenced in March 2009 and is being progressively implemented throughout 2010 across five remote communities in western New South Wales.

### *Northern Territory*

The Safe Kids Strong Futures Program was developed and rolled out in 2009 and has provided education sessions and delivered 'train the trainer' sessions to communities across the Northern Territory. Remote Aboriginal Family and Community Worker Program staff have completed Safe Kids Strong Futures, Protective Behaviours, Young Women's Community Health Education Program, and Through Young Black Eyes training from SNAICC during 2009–10. A community education program associated with the mandatory reporting of domestic violence was also run in 2009–10.

### **Therapeutic treatment for young people with sexually abusive behaviours**

It is recognised that, developmentally, children in the 10–14 age group displaying sexual behaviours are sometimes unable to appreciate the seriousness of their behaviour, and as such the criminal justice system is not always the appropriate response. The *Children, Youth and Families Act 2005* provides a statutory pathway including a court order providing for a child's need for therapeutic treatment and allowing the Criminal Division of the Children's Court to seek advice regarding a child's therapeutic treatment, whilst not precluding a criminal justice response.

Victoria provides a funded service system to respond to children aged between 10 and 14 years of age engaged in sexually abusive behaviours, with more than 300 children accessing therapeutic treatment services on a voluntarily basis and 19 children placed on therapeutic treatment orders since October 2007.

Thirteen-year-old Tim was referred to a sexually abusive behaviours treatment service by the Department of Human Services following an incident of sexually abusive behaviour to a young child at a family function. At the time Tim's father and stepmother were highly distressed and Tim, who had no explanation for his behaviour, was deeply ashamed. Tim's early life was marred by trauma, abuse and rejection. Through legal intervention he moved to his father's care when 12 years of age.

At the time of his treatment, it was recommended that Tim undertake individual and group treatment for 12 months. Tim's individual treatment focused on working with Tim and his parents, strengthening and developing their attachment and connection and resolving a range of school issues. A range of interventions were undertaken including experiential exercises focusing on attachment and good parenting with weekly home-based activities. After six months Tim perceived his family to be safe, supportive and loving and he actively participated in all aspects of family life. Tim was now ready to participate in group treatment and completed all four phases of the program's treatment model. Tim's parents participated in a number of activities and experiential exercises at the beginning and the end of each two-hour session. During group treatment, parent sessions are facilitated to assist parents to share their experiences.

Tim's level of participation in group sessions was, without exception, to a high standard. He has reached a level where he now has the skills to manage difficult issues in ways that are healthy and non-abusive towards himself and others and accepts responsibility for the behaviours for which he was referred.

*Provider: Department of Human Services, Victoria*

### *South Australia*

Child Safe Environments initiatives are supported by legislation and aim to improve child-safe practices across the community. Extensive web-based resources are provided to support organisations' efforts to be child-safe.

The Yarrow Place Rape and Sexual Assault Service Youth Team works with the Department for Families and Communities to assist young people who have been sexually abused or exploited.

### *Victoria*

The Office of the Child Safety Commissioner and Victoria Police convened a state-wide forum to strengthen relationships across the sector for those involved in the complexities of sexual exploitation of children. Funding of \$2.4 million was provided to expand the Streetwork Outreach Service to provide a presence seven nights a week to 4.00 am in known areas of sexual exploitation.

## Strategy 6.2: Enhance prevention strategies for child sexual abuse

Actions include:

- to develop a national framework for the inter-jurisdictional exchange of the criminal history of people working with children
- to investigate best practice therapeutic programs for children displaying sexually abusive behaviours.

The 12-month trial of the Exchange of Criminal History Information for People Working with Children (ECHIPWC) began on 30 November 2009. The scheme allows governments to exchange a wider range of criminal history information of people applying to work with children, including spent convictions, pending charges and (except for Victoria) non-conviction charges, acquittals and withdrawn charges.

The Australian Crime Commission recently released a report, *Australia's response to sexualised or sexually abusive behaviours in children and young people*. The report, and the associated literature review released in 2008, will assist in scoping future directions for the Responding to Sexual Abuse priority project to be considered by the National Framework Implementation Working Group.

Below are the achievements of the states and territories over the past 12 months that complement the core business of the relevant departments to monitor the criminal history of people working with children and to develop programs for children displaying sexually abusive behaviours.

### *Australian Capital Territory*

Consultation has been completed on the design and staffing requirements of a therapeutic facility to be built in the ACT. A service provider will be engaged to develop a therapeutic service model in the ACT. The Australian Childhood Foundation is currently working with the Department of Disability, Housing and Community Services and Barnardos developing Therapeutic Foster Care which will target challenging and hard to place young people.

### *New South Wales*

The New Street Program for children who display sexually abusive behaviour is being expanded in the Hunter New England Area Health Service, Sydney West Area Health Service, and a new service will be established in Dubbo, Greater West Area Health Service. Rural New Street has expanded to include a site at Newcastle and outreach services have been extended. New Street is an evaluated and evidence-based program for adolescents (aged 10 to 17 years) with sexually abusive behaviours.

### *Northern Territory*

A Working with Children Check System has been developed in the Northern Territory using ECHIPWC protocol.

### *Queensland*

The Griffith Youth Forensic Service (at the Griffith University School of Criminology and Criminal Justice) which provides court ordered assessment and treatment services for young people pleading guilty to, or found guilty of, sexual offences, has commenced staff training and established an office in Cairns used by their Brisbane-based staff when they travel to North Queensland.

### *South Australia*

South Australia is examining therapeutic service options and suitable program models for implementation. In 2010, the Department of Education and Children's Services published guidelines for responding to problem sexual behaviours in children and young people in consultation with Health, South Australia Police and Department for Families and Communities (Families SA). The guidelines explain how to provide support to all children and young people involved to limit the effect of harm and to prevent future harm.

### *Tasmania*

Disability, Child, Youth and Family Services has funded the Australian Childhood Foundation to deliver a therapeutic support service for children in care. This Child Trauma Service is now established on a state-wide basis and responds to problem sexualised behaviour exhibited by children in care.

### *Victoria*

Victoria provided a submission to the Australian Crime Commission's national study on the Specialised Therapeutic Services to Children with Sexualised or Sexually Offending Behaviours, highlighting the partnership between Victoria Police, the Sexual Abuse Treatment Services and the Department of Human Services.

Victoria has developed the *Children with problem sexual behaviours and their families, best interest case practice model specialist practice guide*. It provides a foundation for working with children and families where children have displayed problematic sexual behaviour.

## **Strategy 6.3: Strengthen law enforcement and judicial processes in response to child sexual abuse and exploitation.**

Actions include:

- to detect, investigate and prosecute online sexual exploitation.

From 1 July 2009 to 29 April 2010, 657 members of the Australian Federal Police (AFP) spent a total of 97 180 hours on incident types related to child protection operations.

In 2009–10 the AFP's Child Protection Operations focused on higher level organised or networked criminality consistent with the AFP focus on serious and organised crime. The AFP through its High Tech Crime Operations has integrated operational and technical capabilities. This approach has produced good results in the investigation of highly structured, organised and networked paedophilia, including both online and contact offending. Technological innovation has been instrumental in the success of these operations. The *Crimes Legislation Amendment (Sexual Offences against Children) Act 2010* has recently been proclaimed and will enable the AFP to be more effective in combating the online sexual exploitation of children.

In December 2009 the AFP officially assumed the position of Chair of the Virtual Global Taskforce which pursues global investigations of online child sexual exploitation. The AFP also occupies the vice-chair position on the Australia New Zealand Policing Advisory Agency Child Protection Committee and ensures a nationally consistent approach to child protection from a law enforcement perspective.

In October 2009 the AFP hosted an inaugural child sex tourism symposium in Melbourne with representation from government, law enforcement and industry to consolidate a more strategic approach to combating child sex tourism.

## Strategy 6.4: Ensure survivors of sexual abuse have access to effective treatment and appropriate support

Actions include:

- to hold workshops for adult survivors of sexual abuse, partners and spouses
- to review service delivery options and approaches for survivors.

Through the Protecting Australia's Children second funding round, non-profit organisations across Australia shared \$3.1 million to provide community-based projects to develop the strength and resilience of children and families who have suffered abuse and neglect.

In New South Wales the Department of Human Services, Community Services commenced a program review and service system re-alignment, which aims to establish a framework and funding program for a continuum of service delivery.

In South Australia the Department for Families and Communities provides funding to maintain a register of trained practitioners and to provide training to practitioners in issues related to child sexual abuse.

In Victoria the 2010–11 State Budget allocates \$6.15 million to the Department of Human Service for multidisciplinary centres which co-locate police, sexual assault support and child protection to provide a rapid and coordinated intervention to sexual assault or child abuse.

In Western Australia, the Department for Child Protection provides funding to non-government organisations to deliver child sexual abuse therapeutic services for children, young people and their families. In addition, the Department for Child protection's childFIRST Assessment and Interview Team is co-located with the Western Australian Police to provide forensic child interviews. Where necessary, children and families are referred to appropriate services.

## Appendix seven

# Status of National Framework indicators of change by supporting outcome

Supporting outcome	Indicator	Status
<b>1. Children live in safe and supportive families and communities.</b>	1. Community attitudes towards and value of children.	Requires development— not reported in this document.
	2. Children's perception of their value within the community.	Requires development— not reported in this document.
	3. Child homicides (new indicator).	Requires development— not reported in this document.
	4. Rate of hospitalisations for injury and poisoning for children aged 0 to 4 years.	Data available and reported.
	5. Deaths of children known to child protection (new indicator).	Requires development— not reported in this document.
<b>2. Children and families access adequate support to promote safety and intervene early.</b>	6. Rate per 100 000 babies born with low birth weight.	Data available and reported.
	7. Rate of child protection notifications.	Data available and reported.
	8. Number of at risk children and families accessing support services.	Reported with proxy measure.
	9. Proportion of pregnant women who receive perinatal care.	Reported with proxy measure.
	10. Proportion of communities with improved measures against the Australian Early Development Index (AEDI).	Data available and reported (disaggregation by community not reported).
	11. Proportion of disadvantaged 3-year-olds in high-quality child care.	Requires development— not reported in this document.
	12. Proportion of 3 to 4 year olds participating in quality early childhood education, development and child care services.	Requires development— not reported in this document.
	13. Proportion of children aged 4–14 years with mental health problems.	Data from 1998 Survey of Mental Health and Wellbeing.

Supporting outcome	Indicator	Status
<b>3. Risk factors for child abuse and neglect are addressed.</b>	14. Rate per 1000 children accessing assistance through homelessness services (accompanied and unaccompanied).	Data available and reported.
	15. Rate per 1000 children living in households where there is adult abuse of alcohol and/or other drugs.	Reported with proxy measure.
	16. Rate per 1000 children living in households where family violence occurs.	Requires development—not reported in this document.
	17. Proportion of parents with a mental illness who are accessing mental health services.	Requires development—not reported in this document.
	18. Number of children living in jobless families.	Data available and reported.
<b>4. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing.</b>	19. Number of out of home carers, by type of carers.	Reported with proxy measure.
	20. Retention rate of foster carers and child protection workers.	Reported with proxy measure.
	21. Proportion of investigations finalised by time taken to complete investigation.	Data available and reported.
	22. School retention rates (Years 10 and 12) of young people in out of home care or under guardianship.	Requires development—not reported in this document.
	23. Proportion of children on guardianship and custody orders achieving national reading and numeracy benchmarks.	Requires development—not reported in this document.
<b>5. Indigenous children are supported and safe in their families and communities.</b>	24. Rate per 1000 Indigenous children with substantiated cases compared to other children.	Data available and reported.
	25. Rate per 1000 Indigenous children in out of home care compared with other children.	Data available and reported.
	26. Proportion of Indigenous children placed in accordance with the Indigenous Child Placement Principles.	Data available and reported.
	27. Ratio of Indigenous out of home care placement through mainstream or Indigenous services (to be replaced by indicator on service delivery)	Requires development—not reported in this document.
<b>6. Child sexual abuse and exploitation is prevented and survivors receive adequate support.</b>	28. Number and rate of children in substantiations, by abuse type.	New indicator reported as replacement.

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