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1. Reports, Research Papers, Policy Initiatives etc

1.1 Child Protection

1.1.1 Position paper: Community notification of sex offenders, Ronken, C. & Johnston, H. Bravehearts, April 2011.

The policy position paper responds to calls to introduce a system of community notification of sex offenders in Australia. Sometimes referred to as “Megan’s Laws”, community notification laws provide for the public release of information about convicted sex offenders. These laws go beyond registration laws which involve details of offenders being available to the police but not to the public.

Numerous examples of these laws exist in the US where all 50 states have some form of community notification laws, as well as in the UK. The application of these laws can vary considerably, ranging from specific community members being provided with limited information about offenders upon request, to internet publication of offenders’ full details, in some cases including home addresses.

The research covered in the position paper suggests that these laws provide little assistance to the community and may actually inhibit offenders’ rehabilitation and successful reintegration into the community. Furthermore, serious concerns exist about the incitement of vigilantism, including documented cases of mistaken identity leading to the victimisation of individuals not registered as sex offenders.

Notwithstanding this, Bravehearts advocates a limited community notification system including the public release of repeat child sex offenders’ names, up to date photographs and dates of birth (but not addresses). Bravehearts also advocates “two-strikes” legislation that would involve the permanent incarceration of second time child sex offenders as well as strengthened legislation to keep offenders imprisoned beyond the end of their sentence.

http://www.bravehearts.org.au/docs/community_notification_2011.pdf

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1.1.2 Transitioning from care in Australia: An evaluation of CREATE’s *What’s the Plan?* Campaign, McDowall, J. CREATE Foundation, June 2011.

To address deficits identified in previous research, CREATE Foundation designed and implemented a campaign to increase the number of young people approaching the stage of leaving out-of-home care who have a clear, formalised plan for life after care. A “leaving care plan” should articulate the support young people will need in the short to medium term and how it can be accessed to facilitate their successful transition to independence. This report documents the outcomes of CREATE’s campaign (called *What’s the Plan?*). It evaluates the project’s success and suggests actions that may extend its influence in the future.

The campaign used a social marketing strategy, including mass communication approaches, with the goal of achieving behavioural change on the part of statutory caseworkers such that more leaving care plans are developed. Key findings include the following:

- despite the year’s intensive campaign, no significant increase in the overall extent of transition planning was observed compared with previous reported findings
- young people surveyed who had a plan considered themselves and their caseworkers as less involved in the planning process than were carers, particularly those in relative and kinship care. Members of this group were least confident that their plan would be helpful in assisting them to function independently in the future, and
- almost half of 17 year-olds surveyed (42%) had never heard of the Transition to Independent Living Allowance.

The report concludes that alternative approaches to social marketing are necessary to encourage and facilitate changes in caseworker attitudes and behaviour related to leaving care planning. Amongst the report’s six recommendations is to establish dedicated transition-from-care caseworkers who can devote their time and attention to leaving care planning processes without having to negotiate the competing demands on their time that other caseworkers have to deal with. Structured training and development work with caseworkers was also recommended.

http://www.create.org.au/files/file/CREATE_ReportCard2011webR211.pdf

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1.1.3 Findings about ADHD medication use among young children in foster care in Queensland, Commission for Children and Young People and Child Guardian, June 2011.

The Royal Australasian College of Physicians state in the Australian Guidelines on Attention Deficit Hyperactivity Disorder that children aged under six years should not be given medication as a first-line treatment for attention deficit hyperactivity disorder (ADHD).

The Queensland Commission for Children and Young People and Child Guardian consulted with foster carers to gather information about the use of ADHD medication among children aged five years and younger living in out-of-home care. Commission Community Visitors obtained information from carers of these children which revealed a prevalence of 1.6% (27 of 1681 children). The average age of children taking ADHD medication was 4 years 11 months, with more boys than girls identified in this investigation (73.7% and 26.3% respectively).

Where medication was used in this cohort, the treatment and management aligned well with the guidelines stipulated by the Royal Australasian College of Physicians. For instance, almost all children were prescribed medication by a paediatrician or child psychiatrist, and medication use had been reviewed within six months for the vast majority. The most commonly prescribed medications were stimulants registered for use in Australia (e.g. Ritalin, dexamphetamine).

<http://www.ccyqpcg.qld.gov.au/about/news/2011/june/Investigation-of-ADHD-medication-use-among-young-children-in-foster-care-in-Queensland.html>

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1.1.4 **The Munro Review of child protection: Final Report – A child-centred system**, Munro, E. Department for Education (UK), May 2011.

In June 2010, the Secretary of State for Education asked Professor Eileen Munro from the London School of Economics and Political Science to conduct an independent review of child protection in England. This is the third and final report investigating a central question, ‘what helps professionals make the best judgments they can to protect a vulnerable child?’

The Report sets out 15 recommendations and argues strongly for a move away from systems that are over-bureaucratised and focused on compliance, to systems that value and develop professional expertise and are focused on the safety and welfare of children and young people.

Other main points covered in the Report include that:

- the level of increased centralised procedures for social workers, while intended to improve the quality of practice, has created an imbalance
- complying with set procedures and keeping records to demonstrate compliance has become too dominant, and
- the centrality of forming relationships with children and families to understand and help them has become obscured and social workers need to be supported to exercise more professional judgment and access ongoing professional development.

The review has worked closely with the Office of the Children’s Rights Director and the Office of the Children’s Commissioner to collect and consider children’s views and experiences of the child protection system.

http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf

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1.1.5 **Children’s exposure to domestic violence in Australia**, Richards, K. Australian Institute of Criminology, June 2011.

This paper explains that children being exposed to domestic violence has been increasingly recognised as a form of child abuse, both in Australia and internationally. The paper acknowledges that although it is difficult to assess accurately the scope of the problem, research has demonstrated that a substantial amount of domestic violence is witnessed by children.

The paper describes the current knowledge about the extent of children’s exposure to domestic violence in Australia, along with the documented impacts that this exposure can have on children. Current legislative and policy initiatives are then discussed and some community-based programs that have been introduced in Australia to address the problem of children’s exposure to domestic violence are highlighted. The paper concludes that initiatives focused on early intervention and holistic approaches to preventing and responding to children’s exposure to domestic violence should be considered as part of the strategies developed to address this problem.

<http://www.aic.gov.au/documents/4/1/D/%7B41D5F5FD-2EE9-42C8-8796-1FB4B964806D%7Dtandi419.pdf>

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1.2 Law and Justice

1.2.1 **Measuring juvenile recidivism in Australia**, Richards, K. Australian Institute of Criminology, May 2011.

This report provides an overview of the limitations of using recidivism as a measure of the performance of juvenile justice agencies. Based on consultation with key stakeholders in each of Australia’s jurisdictions, the report also provides an overview of principles to inform the use of juvenile recidivism as a more robust and meaningful measure of performance.

The report identifies a number of principles and recommendations about measuring juvenile recidivism in Australia.

Some of the key principles identified in the report include that:

- the primary counting unit should be juvenile offenders, rather than offences, orders, convictions or sentences
- a prospective, rather than retrospective, approach should be adopted
- technical breaches of supervised orders should be excluded from measures of juvenile recidivism
- offence dates, rather than conviction or sentencing dates, should be used to measure juvenile recidivism, and
- measures of juvenile recidivism should consider frequency and severity of reoffending.

Based on these principles, this report recommends that a suite of measures should be adopted to calculate rates of juvenile recidivism, including the proportion of offenders who re-offend, measures of progression to serious offending, and frequency of offending per offender. The report highlights the need for multiple measures of recidivism to be considered together to minimise the limitations of any one type of measure.

<http://www.aic.gov.au/documents/1/B/1/%7B1B1FAF61-B45D-42A4-B93B-E655C4CA078E%7Dtp044.pdf>

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1.3 Aboriginal and Torres Strait Islander Children and Young People

1.3.1 **Early childhood and education services for Indigenous children prior to starting school**, Resource Sheet no. 7. Sims, M. Australian Institute for Family Studies, Closing the Gap Clearinghouse, June 2011.

The 2008 National Partnership Agreement for Indigenous Early Childhood Development aims to:

- halve the gap in mortality rates for Indigenous children under five within a decade
- halve the gap for Indigenous students in reading, writing and numeracy within a decade, and
- ensure all Indigenous 4 year olds have access to quality early childhood education within 5 years, including in remote areas.

To inform the development of relevant and effective strategies to achieve these targets, this resource sheet summarises relevant knowledge about the value of early childhood and education services and how to deliver these appropriately in Indigenous cultural contexts.

Key issues identified include:

- high quality early intervention/education improves children's lifelong outcomes in education, health and wellbeing
- early intervention/education is more effective for socially/economically vulnerable families, when it is holistic, addressing children's and families' learning needs and taking into account the contexts of their lives
- early education services are more effective for Indigenous children and families when they are aware of and address cultural competence/cultural safety in their service delivery; this often rests on employing Indigenous staff but also raising the awareness of non-Indigenous staff
- building relationships of trust with community members is essential as is working from a strengths-based perspective
- what works in providing services to non-Indigenous families and communities will not necessarily work in an Indigenous context and developing one-size-fits-all models for service delivery will not result in effective services to Indigenous children and families, and
- we need to know more about how to do various things, including how to:
 - increase, train and support the early childhood Indigenous workforce
 - develop unique Indigenous services for Indigenous families rather than relying on mainstream models developed for and tested with non-Indigenous groups, and
 - best deliver programs to Indigenous families and their children in the various Australian contexts, including across geography and subcultures.

http://www.aihw.gov.au/closingthegap/documents/resource_sheets/ctgc-rs07-updated.pdf

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1.3.2 **Non-disclosure of violence in Australian Indigenous communities**, Willis, M. Trends and issues in crime and criminal justice, no. 405. Australian Institute of Criminology, January 2011.

This paper uses published literature and case studies from the Australian Crime Commission's National Indigenous Intelligence Taskforce to explore some of the reasons for the high rates of non-disclosure in Indigenous communities. Initially, it explores reasons for non-disclosure in the general community. Non-disclosure in Indigenous communities is influenced by similar factors to those in the broader community but also other historical, social, cultural and pragmatic factors create multiple interacting barriers to disclosure. Those living in remote communities face additional barriers to disclosure.

The paper identifies a series of specific barriers to disclosure from Indigenous people including:

- repercussions for the individual or/their family such as shame or stigmatisation, or ostracism from the family and the community
- fear and distrust of the justice system and other government agencies

government agencies may be reluctant to intervene in Indigenous communities because of a fear of reprisals from the community and the media

- welfare agencies often have limited resources to service remote communities
- cultural considerations where some judges and police are using a culturally distorted view of the sexual assault of children to legitimise men's behaviour as a 'cultural right' under traditional law
- the interconnectedness of Indigenous society may tend to discourage disclosure
- violence may be "normalised" in some communities where it is seen as inevitable and unavoidable
- community members are often unaware of the extent of violence, and
- lack of access to, or awareness of, appropriate services.

The paper concludes with a series of suggestions for encouraging disclosure from Indigenous people.

<http://www.aic.gov.au/en/publications/current%20series/tandi/401-420/tandi405.aspx>

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1.3.3 **Closing the school completion gap for Indigenous students**, Resource Sheet no. 6. Helme, S. & Lamb, S. Closing the Gap Clearinghouse, January 2011.

In 2008 the Council of Australian Governments agreed to aim to halve the gap in Year 12 completion rates between Indigenous and non-Indigenous students by 2020. Indigenous students consistently have significantly lower rates of school completion than their non-Indigenous counterparts with completion rates particularly declining with increasing distance from major cities. This resource sheet (i) focuses on effective strategies for improving school completion, (ii) discusses approaches that are ineffective, and (iii) focuses on requirements for building a sufficient evidence-base for initiatives to improve outcomes for Indigenous students. The authors also provide some examples of existing schemes and discuss how to facilitate success when introducing new programs and deal with barriers to their implementation.

There are three key factors contributing to early school drop-out for Indigenous students: barriers to access to school (physical, cultural, economic and informational barriers), school participation (low attendance rates) and poor academic achievement.

Effective strategies for improving school completion should include:

- developing a school culture and leadership which provides a supportive environment for Indigenous students and their families
- having school-wide strategies that work to maintain student engagement and improve learning outcomes, and
- using student-focused strategies which meet the needs of low achieving students or those at risk of early school drop-out.

Strategies which are ineffective include:

- a 'one size fits all' approach that either assumes Indigenous students are all the same or that they are similar to non-Indigenous students
- short-term 'piecemeal' interventions without adequate funding or which are implemented for too brief a time to have a significant impact
- interventions which do not consider the local needs and do not collaborate with the local community, and
- attempting to solve the problem of early school drop-out without addressing its underlying causes (e.g. socioeconomic disadvantage) and providing sustained institutional support.

http://www.aihw.gov.au/closingthegap/documents/resource_sheets/ctgc-rs06.pdf

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1.3.4 **Doing Time – Time for Doing: Indigenous youth in the criminal justice system**, House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, tabled in Parliament 20 June 2011.

This report details the findings and recommendations of the Committee's inquiry into the high level of involvement of Indigenous juveniles and young adults in the criminal justice system.

The report highlights that the incarceration rate of Indigenous Australians, including Indigenous youth, is worse now than it was 20 years ago at the time the *Royal Commission into Aboriginal Deaths in Custody Report* and that the underlying factors for this remain the same. Factors examined in the report include negative social norms, poor health and substance abuse, poor education outcomes, inadequate housing, unemployment, and poor relations with police and the justice system.

Data in the report include that:

- the Indigenous juvenile detention rate is 28 times higher than that of non-Indigenous juveniles
- Indigenous juveniles account for 59% of the total juvenile population in jail
- 40% of Indigenous people in urban areas and 70% in rural Australia have a hearing loss, a disability that puts them

at high risk of contact with police, and

- between 2000 and 2010 the number of Indigenous men and women in custody has increased markedly - men by 55% and women by 47%.

The report makes 40 recommendations including:

- the inclusion of justice targets in the Council of Australian Governments' Close the Gap Strategy
- a national program to develop and provide local mentors for Indigenous youth at risk before, during and after custody
- an expanded number and range of safe and gender-appropriate accommodation options for Indigenous children and youth with access to coordinated and intensive care services
- a housing or accommodation plan for every youth leaving detention and increased funding for appropriate accommodation options for youth who are granted bail, in order to prevent the unnecessary detention of Indigenous youth
- comprehensive hearing tests with follow-up support for all Indigenous children starting pre-school and the immediate testing of all Indigenous children between kindergarten and Year 2
- better police training to identify and respond to individuals with hearing loss
- recognising Foetal Alcohol Spectrum Disorder as a registered disability and as a condition eligible for support services in the health and education systems
- sustained and flexible funding support for a range of youth justice diversion and rehabilitation services developed with and supported by local Indigenous communities
- a review of alternatives to detention for Indigenous youth and better programmes both inside prisons and post-release, aimed at successful reintegration into the community, and
- a study of the reasons for the increasing imprisonment of Indigenous women, with a view to informing policymakers on how best to address the key drivers of offending and imprisonment and the consequences for women, their children (if any) and their community.

<http://www.aph.gov.au/house/committee/atsia/sentencing/report/fullreport.pdf>

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1.4 Education

1.4.1 **A flying start for Queensland children: Queensland Government Education White Paper**, Department of Education and Training, June 2011.

The Flying Start White Paper is the Queensland Government's response to the public consultations held after the release in February 2010 of *A Flying Start for Queensland Children: Education Green Paper*. The Green Paper put forward a number of initiatives and proposals to shape the future direction of education in Queensland, focusing on school readiness, transitions to secondary school and boosting performance for all schools. A major proposal was to move Year 7 to secondary school.

The White Paper sets out a number of proposals, which include:

- recognise Prep as the first year of school
- establish Year 7 as the first year of secondary schooling from 2015
- introduce Junior Secondary in state schools from 2013
- give assistance to Year 7 students from families in rural and remote areas
- open five Teacher Education Centres of Excellence in state schools across Queensland to focus on quality teaching, including behaviour management
- establish an education standards authority in 2013 to perform curriculum, assessment and reporting functions and accredit all schools, and
- review the functions of the Queensland Studies Authority in preparation for the new standards authority and to align with the new Australian Curriculum.

<http://deta.qld.gov.au/initiatives/flyingstart/white-paper.html>

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1.4.2 **Crime, violence, discipline, and safety in U.S. public schools – Findings from the school survey on crime and safety: 2009-10**, National Centre for Education Statistics, May 2011.

This paper details findings on crime and violence in US public schools, using data from the 2009-10 School Survey on Crime and Safety. The survey was based on a nationally representative random sample of 3,476 US public schools, and provides information on school crime-related topics from the perspective of the schools.

Some of the details outlined in the report include:

- during the 2009-10 school year, the rate of violent incidents per 1000 students was higher in middle schools (40 incidents) than in primary schools or high schools (21 incidents each)

- 46% of schools reported at least one student threat of physical attack without a weapon, compared to 8% of schools who reported such a threat with a weapon
- 25% of schools reported at least 1 incident of distribution, possession or use of illegal drugs, which was higher than that of distribution, possession or use of alcohol (14%) or prescription drugs (12%)
- a higher percentage of middle schools reported that student bullying occurred at school daily or at least once a week (39%) than high schools or primary schools (20% each)
- a higher percentage of schools with 1,000 or more students involved students in resolving student conduct problems as a component of violence prevention programs (60%) than schools with lower enrolments (39-49%), and
- the three most commonly reported factors for limiting schools' efforts to reduce or prevent crime "in a major way" were inadequate funds (25%), lack of or inadequate alternative placements or programs for disruptive students (21%), and federal, state or district policies on disciplining special education students (16%).

<http://nces.ed.gov/pubs2011/2011320.pdf>

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1.5 Health and Wellbeing

1.5.1 Government-funded specialist homelessness services - SAAP National Data Collection annual report 2009-10, Australian Institute of Health and Welfare, June 2011.

Each year many Australians experience homelessness or find themselves in circumstances that put them at risk of becoming homeless. This report presents details of the access and use of specialist homelessness services in Australia in the 2009-10 financial year.

Findings include that:

- during the financial year, 219,900 people (1 in every 100 Australians) used government-funded specialist homelessness services. Of these, 38% were children who presented as part of a family group ("accompanying children")
- young people aged 15-19 years had the highest rate of use of specialist homelessness services with 1 in every 65 Australians aged 15-19 using such services
- young women were particularly significant users of specialist homelessness services, with the highest rate of use by any one age and sex group being female clients aged 15-19 (1 in 51 young women)
- 1 in every 60 children aged 0-17 years old accompanied a parent or guardian to a specialist homelessness agency, with those aged 0-4 years old having a particularly high rate at 1 in every 38 children
- Aboriginal and Torres Strait Islander people were also significant users of specialist homelessness services, with 26% of accompanying children being Indigenous which is far higher than the proportion of the general Australian population aged 17 and under (5%)
- accommodation and financial issues were the most commonly reported reasons for couples with children seeking assistance. Men with children commonly reported either accommodation issues or interpersonal relationship issues such as relationship or family breakdown. Women with children most often cited interpersonal relationship issues, in particular domestic or family violence, and
- family groups were more likely to require longer periods of support and accommodation than individuals.

The study findings indicate that the length of accommodation may be influenced by limitations on the availability of appropriate alternative accommodation.

<http://www.aihw.gov.au/publication-detail/?id=10737419170&tab=2>

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1.5.2 Screening and diagnosis of FASD in children in State care: the evaluation of information resources on FASD and the information needs of foster carers, AER Foundation, June 2011.

The Alcohol Education and Rehabilitation Foundation is providing funding to the Telethon Institute for Child Health Research (WA) to carry out a project examining the screening and diagnosis of children with fetal alcohol spectrum disorders (FASD) in state care. The research will investigate the prevalence of FASD in a cohort of children up to twelve years of age who are in State care for one month or more, and will be the first prevalence study of FASD in a targeted urban population in Australia.

The project will be carried out in the Perth metropolitan region over a 12 month period. The children will be screened for developmental delays and learning difficulties in order to coordinate assessment, therapeutic and educational interventions. Current FASD information resources for parents and carers from various government departments will also be evaluated to investigate the specific information needs of carers. It is envisaged that the results will provide valuable data on the epidemiology of FASD and the healthcare needs of this population.

The results of screening and assessment will be incorporated into a "Health Passport" for each child which can be

carried with them between care settings.

<http://www.aerf.com.au/showcase/AER%20FASD%20Projects%202011.pdf>

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1.5.3 **Breastfeeding and reduced risk of sudden infant death syndrome: A meta-analysis**, Huack, F., Thompson, J., Tanabe, K., Moon, R., & Vennemann, M. Pediatrics, vol. 128, June 2011.

This peer-reviewed paper reports the results of a meta-analytic study examining the effects of breastfeeding on the risk of Sudden Infant Death Syndrome (SIDS). The study sought to determine whether breastfeeding alters the risk of SIDS and whether the effect is influenced by exclusive breastfeeding (not mixed with bottle feeding) and the duration of breast feeding. The study analysed 24 case-control studies conducted between 1966 and 2009, including three Australian studies. The analysis shows that breastfeeding is associated with a lowered risk of SIDS and that the decreased risk cannot be explained by confounding factors that may be associated with breastfeeding, like the absence of smoking and socio-demographic factors. The risk of SIDS was reduced further where breastfeeding was exclusive. The risk of SIDS for children who were breastfed for up to two months was the same as the risk for children who were breastfed for two months or longer.

These findings indicate that breastfeeding has a protective effect against SIDS that is enhanced by exclusive breastfeeding. The investigators hypothesise two physiological mechanisms by which breastfeeding may protect against SIDS. The first is by decreasing the arousal threshold of infants, allowing them to wake more easily from active sleep. The second is by improving immune functioning, allowing infants to better respond to minor illnesses that often proceed and may contribute to SIDS. On the basis of the findings, the study's investigators have recommended that mothers be encouraged to breastfeed their infants as a potential way to reduce the risk of SIDS, unless contraindicated. Ideally, breastfeeding should be exclusive for the first six months and continue for at least one year of age. This recommendation is consistent with existing breastfeeding guidelines from the American Academy of Paediatrics and the National Health and Medical Research Council's Dietary Guidelines for Children and Adolescents in Australia.

<http://pediatrics.aappublications.org/content/early/2011/06/08/peds.2010-3000.full.pdf>

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1.5.4 **In Focus: The polarised debate around children's television**, Australian Research Alliance for Children and Youth, May 2011.

The debate regarding children and television is often polarised between health practitioners and children's advocates on the one hand and commercial interests on the other.

The American Academy of Pediatrics recommends that children, under the age of 30 months, should not have any exposure to television. However, many parents choose to ignore this warning possibly because the debate often focuses on the negative rather than the positive aspects of television.

Television is one of the ways to introduce children to the outside world and has the potential to promote positive values, multicultural tolerance and an understanding of those who are disadvantaged in the community.

A more balanced approach might be to encourage families to take an interest in program content, to demand and seek out better television and encouraging children to be discerning viewers and to develop good viewing habits.

http://www.aracy.org.au/publicationDocuments/ARACYUpdate_May2011.pdf

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1.5.5 **Policy Briefs – Speaking out about wellbeing – children and young people speak out about safety and bullying**, Western Australian Commissioner for Children and Young People, June 2011.

These policy briefs are part of a suite of research commissioned by the Western Australian Children's Commissioner to find out what children and young people considered was important to their wellbeing and helped them to "live life to the full".

The research found that:

- children and young people often feel unsafe in public places and using public transport particularly at night
- many Aboriginal children in the Kimberly region said that funerals of friends and family members made them feel sad, unwell, upset and unsafe because they worried about losing more family members
- bullying was reported as being more prevalent during primary school and lower secondary school years than in senior school
- some children believed that bullies needed to be punished, but also recognised that children who bullied were likely to have reasons for their behaviour
- most children believed that reporting bullying to an adult was generally not a permanent solution

- children and young people who bully others tend to demonstrate high levels of conduct problems and a dislike of school, and
- cyber-bullying is particularly difficult to tackle because the perpetrators can remain anonymous, the audience is often world-wide and children and young people can be victimised anytime and anywhere, even in their own homes.

<http://www.ccyp.wa.gov.au/content.aspx?cld=326>

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1.6 Society and Culture

1.6.1 **Always connected: The new digital media habits of young children**, Gutnick, A., Robb, M., Takeuchi, L., & Kotler, J. The Joan Ganz Cooney Centre, 18 May 2011.

This report reviews recent research into young children (between 0 to 11 years of age) and their ownership and use of digital media.

The report's **key findings** suggest:

- children from as young as three are known to regularly use the internet and their usage increases in direct proportion to their age
- television exerts a strong hold over young children who spend more time with this medium than with any other
- children who multitask by dividing their attention between television and play may reduce the benefits from participating in play as they usually engage in shorter play episodes and focus less attention on the play session
- not all children have access to newer digital technologies, nor do all children use media in the same ways once they do own them, for example, some children mainly use their mobile phones to connect with their friends while for others, their mobile phones may be their only means to access the internet
- family income continues to be a barrier to some children owning technology, even when the prices of devices fall, and
- children around the age of eight, appear to shift their digital media habits and generally move away from television towards portable devices such as mobile phones, handheld computer games and portable music players.

http://joanganzcooneycenter.org/upload_kits/jgcc_alwaysconnected.pdf

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1.6.2 **Parental divorce and adult family, social and psychological outcomes: The contribution of childhood family adversity**, Rodgers, B., Gray, P., Davidson, T., & Butterworth, P. Social Policy Research Paper no. 42, 27 May 2011.

This paper aims to identify if there are any significant long term disadvantages for children from divorced families compared to that from intact families. The authors state that disadvantages range across family, social and psychological outcomes and poor outcomes are roughly 50 to 100 per cent more likely for those from divorced families.

The authors have statistically analysed three generations of adults in the Canberra Region comparing those from divorced families and those brought up in two parent families to identify if there was any evidence of disadvantage. Participants were randomly selected from the electoral rolls for Canberra. Around 2,500 people participated in the questionnaires and were divided into three age cohorts:

- participants between 20-24 years old in the year 1999-2000
- participants between 40-44 years old in 2000-2001, and
- participants between 60-64 in 2001-2002.

The information obtained covered a broad range of adult family, social and psychological outcomes of responses to 17 items on childhood family adversity factors experienced up to 16 years old. Three stages of statistical analyses were conducted to ascertain if there was any significance between the three age cohorts:

- Stage 1 – Poor adult outcomes were used as adult variables in models with sex, age group, parental divorce and possible interaction terms between these predictor variables. From the data analysed the authors believe that parental divorce was most strongly related to outcomes representing early transitions to adult roles. Other outcomes related to own relationship history and also failing to complete secondary education showed intermediate associations with parental divorce. Outcomes related to mental health and adult substance abuse were not as significant
- Stage 2 – Childhood adversities (in addition to parental divorce) that were most consistently related to adult outcomes were mother's and father's depression and mother's and father's drink/drug problems, and
- Stage 3 – Family conflict contributed the most to the differences between those from divorced and intact families from three outcomes (depression, suicidal ideation and having used marijuana) featured in this stage, but not in any other stage.

The findings suggest that individuals from divorced families are three percent more likely to suffer depression than those

from intact families.

A number of limitations exist in this study these being:

- the individuals were only from one region (e.g. Canberra), and
- the study did not disaggregate the experience of adversity before the time of parental divorce from experiences after (and possibly as a consequence of) divorce.

<http://www.apo.org.au/research/parental-divorce-and-adult-family-social-and-psychological-outcomes>

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1.6.3 **Senate Inquiry Report on the Commonwealth Commissioner for Children and Young People Bill 2010**, Senate Legal and Constitutional Affairs Legislation Committee, 12 May 2011.

On 12 May 2011, the Senate Inquiry Report on the Commonwealth Commissioner for Children and Young People Bill 2010 (the Report) was released.

The Senate Committee did not support the Bill in its current form. The Report discusses a number of issues regarding the purpose and general provisions of the Bill, as well as the Senate Committee's views and recommendations regarding the establishment of a Commonwealth Commissioner.

Specifically, the Report discusses:

- the need for a Commonwealth Commissioner for Children and Young People
- model and structure
- definition of children and young people
- interaction with state and territory commissioners and guardians
- independence and reporting requirements, and
- functions and powers.

http://www.aph.gov.au/Senate/committee/legcon_ctte/commissioner_for_childrenandyoungpeople/report/report.pdf

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2. Resources

2.1 **Safe from the Start resource kit**, The Salvation Army.

Safe from the Start is an Australian first project developed by The Salvation Army which has won a Tasmanian Child Protection Award. The project was based on recommendations from a research study 'States of Mind' conducted by Dr Erica Bell at the University of Tasmania, to consider the specific needs of children aged zero to five who have witnessed family violence. This research demonstrated that exposure to violence in the early years can have severe effects on brain development and increases the risk of adopting violent behaviour, addictions to alcohol and drugs, and mental health issues later in life.

The *Safe from the Start* research project was developed by Dr Angela Spinney, Swinburne University, who has provided training to over 400 child protection, family support and family violence workers, counselors, teachers and parents in Tasmania and Victoria on how to intervene early and listen to the voices of children.

The above research has informed the evidence base for a *Safe from the Start* resource kit. The Salvation Army developed the *Safe from the Start* kits to help children aged zero to five who have witnessed and been traumatised by domestic violence to express their experiences. The kits include a range of therapeutic resources such as special topic books, stickers, activity cards, workbook, a puppet and a CD.

For further information regarding the *Safe from the Start* resource kits refer to

<http://www.salvationarmy.org.au/contactus/tasmania-division/safe-from-the-start-project.html?s=1001>.

The 'States of Mind' report is available at

http://www.salvationarmy.org.au/salvwr/_assets/main/documents/Tasmania/states_of_mind.pdf.

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