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## 1. Consultation Opportunities

### 1.1 Productivity Commission draft research report – schools workforce. Productivity Commission, November 2011.

The Australian Productivity Commission is undertaking a research study to examine issues impacting on the workforces in the early childhood development, schooling and vocational education and training sectors, including the supply of and demand for these workforces, and is providing advice to the government on workforce planning, development and structure in the short, medium and long-term.

The recently released draft report focuses specifically on the schooling workforce. The report has found that Australia's schools deliver generally good student outcomes at reasonable cost and acknowledges that the schools workforce plays a major role, with the contributions of teachers and principals being especially important.

The draft report finds that governments have initiated a substantial reform agenda to target issues such as teacher shortages, educational disadvantage, and the quality of the school workforce. While it is generally too early to assess the impacts of these reforms, a small number of additional measures are warranted to build on the reforms and address some of the problematic initiatives.

The Productivity Commission's proposals include:

- exploring more explicit use of higher pay to attract teachers for hard-to-staff subjects and schools
- deferring full-scale introduction of a proposed national performance bonus scheme for teachers until more is known
- revising national accreditation standards for graduate entry teacher training so that a course length of two years in an option, rather than being mandatory.

The report also identifies educational disadvantage as an area that must be a high priority for schools workforce reforms.

The Productivity Commission is requesting feedback on the report by the 17<sup>th</sup> February 2012.

<http://www.pc.gov.au/projects/study/education-workforce/schools/draft>

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## 2. Reports, Research Papers, Policy Initiatives etc

### 2.1 Child Protection

#### 2.1.1 **Keep them safe? A special report to Parliament under s31 of the *Ombudsman Act 1974*.** Barbour, L. New South Wales Ombudsman, August 2011.

In this release, the Ombudsman reports on the progress of the NSW Keep Them Safe reform program implemented in response to the 2008 Special Commission of Inquiry into Child Protection in NSW (the Wood Inquiry). The Wood Inquiry was established following the deaths of two children in circumstances of abuse and neglect. A major finding of the Wood Inquiry was that too many risk of harm reports were being made to Community Services that did not warrant a statutory child protection response, with much effort expended in managing less serious reports about children.

The Ombudsman's review of assessment activity in the first 12 months of Keep Them Safe program finds that the increase in the threshold for reporting harm has resulted in a halving of the number of child protection reports. However the review also finds that a significant number of matters receive no child protection response. The report makes a number of observations in relation to increasing the capacity of the statutory child protection system.

The report concludes that significant challenges continue to exist in building a strong child protection system and that there is an urgent need to establish clear priorities for action.

<http://www.ombo.nsw.gov.au/publication/PDF/specialreport/SR%20to%20Parliament%20-%20keep%20them%20safe.pdf>

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#### 2.1.2 **Locating child protection in preservice teacher education.** Walsh, K.M., Laskey, L., McInnes, E., Farrell, A., Mathews, B.P., & Briggs, F. *Australian Journal of Teacher Education*, 36(7), 1-20, 2011.

The authors of this paper note that a recent report by the Australian Centre for Child Protection highlighted the need for empirical evidence of effective pedagogies for supporting teaching and learning of child protection content in Australian teacher education programs (Arnold & Maio-Taddeo, 2007). These authors present case study accounts of different approaches to teaching child protection content in university-based teacher education programs across three Australian States. These different cases, suggest Walsh et al, provide a basis for understanding existing strategies as an important

precursor to improving practice. They note that although preschool, primary and secondary schools have been involved in efforts to protect children from abuse and neglect since the 1970s, teacher education programs, including preservice and inservice programs, have been slow to align their work with child protection agendas. The paper opens a long-overdue discussion about the extent and nature of child protection content in teacher education and proposes strategies for translating research into practice.

<http://ro.ecu.edu.au/ajte/vol36/iss7/3/>

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## 2.2 Law and Justice

**2.2.1 Family law: Family violence.** Boshier, P. Family Matters, Number 88, 2011.

The opinion piece by the Principal Family Court Judge Boshier of New Zealand is an edited version of the presentation made by the Judge at the 11<sup>th</sup> Australian Institute of Family Studies Conference, 7 July 2010.

The article examines the present practice in New Zealand with reference to relevant legislation in this area. Despite all the work that has been done, recorded rates of violence in New Zealand have continued to rise. Judge Boshier highlights that in addition to an efficient court process victims of violence must have access to a reasonable support system. The article refers to the Family Court of Australia's Mental Health Support Pilot Project in 2004, which looked at the needs of those who came to court and were unduly affected by the court process. In this project, the Courts acknowledged that they should:

- identify those who may require assistance and refer them to appropriate agencies within the mental health support community
- ensure clients are aware of the mental health and emotional wellbeing services provided by community-based and government organisations
- support clients with mental health illnesses by ensuring staff, judicial officers and processes do not (as far as can reasonably be avoided) do harm or make worse any mental illness
- acknowledge that some court processes may present difficulties for those with mental health problems, and
- develop a coordinated and cooperative approach in partnership with other organisations and initiatives within the community to assist clients who present with mental health issues.

The article concluded by stating that there is a widely held belief in New Zealand that protections of victims in the Family Court do not go far enough, notwithstanding the legal and judicial schemes. Victims are vulnerable and courts should make extra efforts to ensure that victims regard the court as user-friendly and have a raft of support services to which they can be referred. It is said that unless this occurs, there is a disincentive to use the court system.

<http://www.aifs.gov.au/institute/pubs/fm2011/fm88/fm88c.pdf>

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## 2.3 Aboriginal and Torres Strait Islander Children and Young People

**2.3.1 Aboriginal and Torres Strait Islander Health Performance Framework 2010.** Australian Health Ministers' Advisory Council, September 2011.

This is the third report against the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* since 2006. The reporting framework is comprised of three tiers: Health status and outcomes, determinants of health environmental factors; and health system performance.

The report highlights a number of areas of improvement for Indigenous health including:

- mortality, including infant mortality
- circulatory disease
- pneumonia in young children
- access to functional housing
- education
- employment
- availability of Indigenous specific health services
- immunisation coverage for children, and
- access to prescription medications.

Areas of ongoing concern include:

- chronic disease such as cancer, diabetes, respiratory disease and kidney disease
- injury and poisoning
- low birth weight

- chronic ear disease in children
- smoking, including during pregnancy
- overcrowding in housing
- community safety, including exposure to violence, child abuse and neglect and contact with the criminal justice system, and
- lower than expected utilisation of medical services.

[http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-framereport-toc/\\$FILE/HPF%20Report%202010august2011.pdf](http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-framereport-toc/$FILE/HPF%20Report%202010august2011.pdf)

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## 2.4 Education

### 2.4.1 Promoting positive education and care transitions for children. Rosier, K. & McDonald, M., Australian Institute of Family Studies, November 2011.

This Resource Sheet is a review of research regarding children's transition from home to early childhood education and care services and then to school, with a specific focus upon both children's and parents' experiences of those transitions. The factors that influence a child's ability to adapt to school are considered and case studies of promising transition programs are provided.

Key findings include that:

- The transitions from home to early childhood education and onto school are important milestones for both children and families. The transition into school is especially significant as "readiness" for school is predictive of long-term academic and occupational achievement.
- A child's ability to transition successfully to school depends upon their own personal characteristics (e.g., temperament, personality), parent characteristics (e.g., attitudes to school, maternal education) and community characteristics (e.g., accessibility and quality of local services).
- In Australia, the transition to school is likely to be more challenging for children from financially disadvantaged families, Indigenous families, families with children who have a disability, and culturally and linguistically diverse (CALD) families. Children from these backgrounds are also less likely to attend an early childhood education and care service before they start school.
- For children, successful transitions into and from the early learning environment can be facilitated by a range of approaches such as assisting children to understand the routines and practices of the settings they are transitioning into.
- During both the transition to early learning environments and to school, a partnership between parents and educators/institutions can help parents manage this period of change.

<http://www.aifs.gov.au/cafca/pubs/sheets/rs/rs5.pdf>

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## 2.5 Health and Wellbeing

### 2.5.1 Corporal punishment. Lansford, J., Tapanya, S., & Oburu, P. Encyclopedia on Early Childhood Development. October, 2011.

One of the key responsibilities of parents and teachers is to promote desired behaviours in children and to handle misbehaviours when they occur. Parents and teachers have many options for managing children's behaviours, ranging from proactive guidance aimed at preventing misbehaviour in the first place to reactive methods that punish misbehaviour after it occurs. Arguably, the most controversial way that some parents and teachers attempt to manage children's behaviour is through corporal punishment.

Corporal punishment has been defined as adult use of physical force intended to cause pain, but not injury, to correct or control a child's inappropriate behaviour. This article focuses primarily on parents' rather than teachers' use of corporal punishment because more children experience corporal punishment at home than in school and because the majority of research has focused on parents' use of corporal punishment. However, many of the issues described apply equally to corporal punishment in home and school settings.

At least three factors are important in describing the research context of studies on corporal punishment.

- One factor is the age of the child being punished. Parents' use of corporal punishment peaks during the toddler and preschool years and declines thereafter. In understanding prevalence rates of corporal punishment as well as how corporal punishment affects children's adjustment, it is important to consider the age of the children involved.

- Second, corporal punishment is multidimensional and its assessment can involve understanding how frequently parents use corporal punishment, how severely it is administered (e.g., with a bare hand or with an object), and the context in which it is administered (e.g., pervasively or as a last resort after attempts to manage behaviour through non-physical means have failed). Prevalence levels that indicate what proportion of parents have ever used corporal punishment generally are high (e.g., over 90% of American parents have used corporal punishment at some point). The frequency with which corporal punishment is used varies by child age. Frequency, severity and pervasiveness of corporal punishment are related to more child adjustment problems.
- The third factor in understanding the research context of studies of corporal punishment is that studies vary in their methodological rigour. For example, studies vary in measures of the frequency, severity and nature of corporal punishment; whether they include convenience or representative samples; whether they are cross-sectional or longitudinal; whether they use current or retrospective data; and whether they control for confounding variables that could provide alternate explanations for links between corporal punishment and children's adjustment. These methodological features of studies have implications about the conclusions that can be drawn from them. Studies that statistically control for early child behaviour problems when examining links between corporal punishment and future child behaviour problems, for instance, can examine whether corporal punishment leads to an increase in child behaviour problems above and beyond early behaviour problems that may have elicited corporal punishment.

This article suggests that a large proportion of parents use corporal punishment to try to manage their children's behaviour, but there is little evidence that corporal punishment results in better behaviour (with the exception of inducing immediate compliance) and a great deal of evidence that corporal punishment has the unintended consequence of increasing rather than decreasing children's future behaviour problems. Children's cognitive and emotional perceptions regarding their experience of corporal punishment serve as mechanisms linking parents' use of corporal punishment with children's future adjustment problems, and contextual factors such as cultural normativeness can strengthen or weaken links between corporal punishment and children's adjustment. Societal level factors and children's behaviour problems also influence whether parents use corporal punishment.

There are two main problems with the use of corporal punishment. The first problem is highlighted by scientific research that demonstrates no benefits of corporal punishment in terms of promoting long-term desired behaviour's and many risks related to children's adjustment. The second problem is a moral and ethical one rather than scientific one in that eliminating violence against children, including the use of corporal punishment, has increasingly become a focus of the international community in an effort to ensure children's right to protection as stipulated in the Convention on the Rights of the Child.

<http://www.child-encyclopedia.com/pages/PDF/Lansford-Tapanya-OburuANGxp1.pdf>

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### 2.5.2 Disability support services 2009–10: Report on services provided under the National Disability Agreement. Australian Institute of Health and Welfare. October, 2011.

This report presents information about the 295,000 people who used disability support services in 2009--10 and the services provided by more than 2,250 disability support agencies managing over 12,600 service type outlets. It explores type of service provision, characteristics of service users, informal care and living arrangements, and patterns of service use. Key trends are looked at over recent years.

Findings for 2009--10 include that:

- The number of disability support services users has risen 47% since 2004--05. However, the number of service type outlets also rose by about 50% in the same period.
- Employment services and respite services recorded the largest service usage increase since 2004--05, by 83% and 50% respectively. Other service types include accommodation support, community access, respite, employment services and advocacy.
- Nearly 20% of all service users were aged 0-14; 17.6% were aged 15-24 years. The biggest proportional increase of users was in the 45-64 age group (21% in 2004-05 to 27% in 2009-10).
- People identifying as Aboriginal and Torres Strait Islander were over-represented. In Queensland, 6.4% of users identified as Indigenous, compared to 3.9% of the population.
- Disability support service users born outside Australia were under-represented.
- The most common reported primary disabilities for service users were intellectual (28%), psychiatric (17%) and physical disabilities (16%).
- The majority of users who reported specific learning/attention deficit disorder (ADD), autism and speech as their primary disability were aged under 24 years.

- There were 365 users who reported having an informal carer aged under 15 years, and 2,200 who reported having a carer aged 15–24 years.

[http://www.aihw.gov.au/publication-detail/?id=10737420186&utm\\_source=feedburner&utm\\_medium=feed&utm\\_campaign=Feed%3A+LatestAIHWPublicationReleases+%28Latest+AIHW+publication+releases%29&utm\\_content=FeedBurner&tab=2](http://www.aihw.gov.au/publication-detail/?id=10737420186&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+LatestAIHWPublicationReleases+%28Latest+AIHW+publication+releases%29&utm_content=FeedBurner&tab=2)

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### 2.5.3 Emotional development in childhood. Saarni, C. Encyclopedia on Early Childhood Development. September, 2011.

Emotional competence is proposed to comprise a set of affect-oriented behavioural, cognitive and regulatory skills which emerge over time as a person develops in a social context. Individual factors such as cognitive development and temperament along with past social experience and learning as well as the system of beliefs and values in the community in which the person lives all influence the development of emotional competence. Hence individuals actively create their emotional experience through the combined influence of cognitive developmental structures and social exposure to emotional discourse. Saarni argues that the attachment relationship with caregivers is the initial context in which a child's emotional life unfolds as it establishes the foundation for the development of emotional skills and sets the stage for future relationships.

In this article, Saarni outlines the markers of emotional development from infancy to adolescence and discusses the eight skills necessary for emotional competence. These skills include:

- an awareness of one's emotional state;
- skills in discerning and understanding others' emotions;
- skills in using the vocabulary of emotion and expression used in one's subculture and the acquisition of cultural scripts that link emotion with social roles;
- capacity for empathic and sympathetic involvement in others' emotional experiences;
- skill in realising that inner emotional states need not correspond to outer expression and that one's emotional expressive behaviour may impact on another;
- capacity for adaptive coping with aversive or distressing emotions by using self-regulatory strategies;
- awareness that the structure or nature of relationships is in part defined by both the degree of emotional immediacy or genuineness of expressive display and by the degree of reciprocity or symmetry within the relationship; and
- the capacity for emotional self-efficacy.

Emotional competence may help children and young people cope effectively in particular circumstances and promote positive developmental outcomes including self-efficacy, prosocial behaviours and positive supportive relationships with family and peers. Further, it serves as a protective factor which diminishes the impact of a range of risk factors.

<http://www.child-encyclopedia.com/pages/PDF/SaarniANGxp1.pdf>

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### 2.5.4 Paternal depressive symptoms and child behavioral or emotional problems in the United States. Weitzman, M., Rosenthal, D., & Liu, Y. Pediatrics, November, 2011.

This paper details an investigation into the association of paternal mental health problems and depressive symptoms with children's emotional or behavioural problems. The study analysed data on emotional and behavioural problems among a representative sample of 21,993 children in the United States aged 5 to 17 years, and their mothers and fathers. This paper reports that paternal depressive and general mental health symptoms, as assessed using the Patient Health Questionnaire–2 and the Short-Form 12 Scale, were independently associated with increased rates of child emotional or behavioural problems, even after controlling for a range of confounding factors including maternal depressive symptoms. In this study, children of fathers with depressive systems were 1.72 times more likely to have emotional or behavioural problems than children of fathers without depressive symptoms. The authors conclude that the investigation is the first study to use a representative sample to demonstrate that living with fathers with depressive symptoms and other mental health problems is independently associated with increased rates of emotional or behavioural problems in children, over and above the impact of maternal mental health problems.

<http://pediatrics.aappublications.org/content/early/2011/11/04/peds.2010-3034.full.pdf+html>

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### 2.5.5 Trends in young people's wellbeing and the effects of the school-to-work transition. Nguyen, N. Longitudinal Surveys of Australian Youth, Briefing Paper 27, November, 2011.

This briefing paper draws on a wide range of Australian data sources to explore trends in young people's wellbeing

(including the Longitudinal Surveys of Australian Youth (LSAY), Household Income and Labour Dynamics in Australia (HILDA) survey, National Health Survey (Australian Bureau of Statistics, ABS), National Survey of Mental Health (ABS), *Disability Australia* (ABS) and *Causes of Death* (ABS)). Analyses indicate that young people are generally disability-free and rate their state of health as 'excellent', 'very good' or 'good'. However, there are some concerning trends in their wellbeing over time; for instance, one in four young people suffers from a mental health disorder and over 30% are overweight or obese.

The paper also analyses the responses of LSAY participants interviewed between 1995 and 2006 to explore how subjective wellbeing changes during the transition from school to work. It finds that young people's life satisfaction across a number of domains decreases from their late teens/early twenties to their mid-twenties. The author notes that data from the HILDA survey indicate that this downward trend in life satisfaction continues beyond age 25.

The paper summarises previous research on the relationship between education, employment and wellbeing and discusses some of the measures of wellbeing, particularly those used in LSAY. This discussion highlights the need for further work on definitions of wellbeing and the development of a consistent framework for measuring this complex construct.

<http://www.lsay.edu.au/publications/2435.html>

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### 2.5.6 Addressing multiple disadvantage: Snapshot 2011. Mission Australia. November, 2011.

This paper reports on the progress of Mission Australia's educational initiative the Catalyst-Clemente program, which aims to support adults experiencing multiple disadvantage to re-engage with education and to provide avenues for entrance into university. The report draws on data from the Australian Bureau of Statistics and from a 2009–10 survey conducted by the Australian Research Council of 59 students enrolled in Catalyst-Clemente.

The paper found that the Catalyst-Clemente program was successful in helping people with multiple disadvantage, such as homelessness, lack of employment and financial hardship to re-engage with education and the community. A number of graduates had gone onto university or commenced employment.

After participating in the Catalyst-Clemente program participants reported having a more positive attitude, better parenting skills, higher self-esteem and confidence, improvements in literacy and communication skills and time management.

<http://www.missionaustralia.com.au/downloads/miscellaneous-documents/documents/file/265-addressing-multiple-disadvantage>

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### 2.5.7 Refugee and migrant young people with caring responsibilities: What do we know? Centre for Multicultural Youth. November 2011.

This paper highlights issues involving young refugee and migrant carers. It was developed with information gathered from two distinct sources, firstly by reviewing relevant research literature on the topic and secondly, a statewide forum of representatives from carers support services and the multicultural sectors, hosted by the Ethnic Communities' Council of Victoria and the Centre for Multicultural Youth and Carers Victoria.

Studies indicate that for a significant number of Australian young people are providing care for family members, their needs are generally not adequately met, with many receiving little to no assistance and support. Many young migrant and refugee carers reported experiencing social isolation, disrupted schooling and difficulties finding and keeping employment.

Refugee and migrant young people were often expected by their families to stay home to support and care for ill relatives or younger siblings and to act as interpreter's to translate health messages and to act as an intermediary between the person cared for and the service. These young people also neglected their own needs in favour of attending to family responsibilities.

The paper recommends developing the service system's cultural awareness, improving outreach services, establishing trust with young carers by showing a genuine concern for their wellbeing, improving funding and simplifying the service system.

<http://www.cmy.net.au/Assets/1783/1/RefugeeandMigrantYoungPeoplewithCaringResponsibilities.pdf>

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## 2.6 Child Deaths

### 2.6.1 Annual Report: Deaths of children and young people, Queensland, 2010–11. Commission for Children and Young People and Child Guardian, November 2011.

This report analyses the deaths of children and young people in Queensland, with a particular focus on the circumstances and risk factors surrounding external (non-natural) causes of death and sudden unexpected deaths in infancy. Analysing the circumstances of child deaths and identifying modifiable risk factors is critical to the development of appropriate strategies to reduce fatalities in the future.

In the 12-month period from 1 July 2010 to 30 June 2011, the deaths of 465 children were registered in Queensland, a rate of 43.3 deaths per 100,000 children and young people aged 0–17 years. This is the lowest reported rate since 2005–06.

Key findings on causes of death in 2010–11 include:

- Diseases and morbid conditions accounted for the majority of deaths (345 deaths).
- The majority of infants (under 1) died as a result of diseases and morbid conditions.
- Neoplasms were the leading cause of death for 5–9 and 10–14 year olds.
- There were 75 deaths from external causes.
- Transport incidents were the leading external cause of death (31 deaths).
- Drowning and transport incidents were the leading external causes of death for 1–4 year olds.
- For the second reporting period in a row, young people aged 15–17 years died most commonly as a result of suicide and not in transport incidents.

The report also highlighted that:

- Sudden unexpected deaths in infancy (SUDI) accounted for 17.8% of infant deaths (55 deaths), and occurred at a rate of 82.2 per 100,000 infants aged less than 1 year or 0.9 deaths per 1000 live births. SUDI is defined as the death of an infant under 1 year of age with no immediately obvious cause.
- Aboriginal and Torres Strait Islander children were over-represented, dying at 2.2 times the rate of non-Indigenous children.

<http://www.ccypcg.qld.gov.au/resources/publications/dcyp/dcyp11.html>

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### 2.6.2 Annual Report: Queensland Child Death Case Review Committee, 2010–11. Queensland Child Death Case Review Committee, November 2011.

The Queensland Child Death Case Review Committee (CDCRC) is the independent external body established in August 2004 to increase the accountability of the child safety service system in Queensland. The CDCRC considers the reviews conducted by the Department of Communities (Child Safety Services) of the deaths of children and young people known to the child safety service system in the three years prior to their death. The CDCRC's process and annual report aim to promote the transparency of the child death case review jurisdiction by ensuring all cases are scrutinised by an independently appointed committee with expertise in child protection, health, youth justice and a range of other areas.

In the 2010–11 reporting period, the CDCRC considered Child Safety Services' reviews of the deaths of 65 Queensland children and young people. The committee found that:

- The reviews conducted by Child Safety Services were generally of a high quality.
- The actions or inactions of the child safety service system were not linked to any of the deaths reviewed by the CDCRC.
- Assessments of initial allegations of harm and services provided to pregnant women and their unborn children could be strengthened.
- There were positive service delivery elements in the support provided to children and young people who were under Child Protection Orders.

The CDCRC also examined service delivery to children and young people who died as a result of suicide or fatal assault and identified opportunities for improvement in the intake phase.

In addition to endorsing the 76 recommendations of the original Child Safety Services' reviews, the CDCRC made a further 17 recommendations to better focus actions and further strengthen the responsiveness of the system through training, professional development and policy reform.

<http://cdcrc.qld.gov.au/about/cdrc-11.html>

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### 2.7 Society and Culture

#### 2.7.1 Interagency collaboration – part A: What is it, what does it look like, when is it needed and what supports it? McDonald, M. & Rosier, K. Australian Institute of Family Studies, October 2011.

This paper is the first in a two-part series focussing attention on how interagency collaborations benefit children and families. It looks at what collaboration is, the benefits and risks of involving families in collaborations, when interagency collaborations are likely to be most effective and how they can be supported through specific models of governance.

Key points identified in this paper include:

- Collaboration is defined as a means of producing something joined and new, from the interactions of people or organisations, their knowledge and resources. Although the terms are sometimes used interchangeably, collaboration is distinct from cooperation and coordination.
- Collaboration is a high intensity, high commitment relationship that requires new ways of thinking, behaving and operating. For this reason, collaboration can be challenging for participants.
- Collaborations are seen as most effective and appropriate in two circumstances. Firstly, to address intractable, “cross-over” problems between agencies, such as homelessness and poverty. Secondly, to address the needs of vulnerable and at-risk families who have multiple and complex problems.
- Involving parents and children in interagency collaborations can benefit them through, for example, increased self-confidence. They can also benefit the effectiveness of the collaboration as a whole, for example, by bringing “local knowledge” to the situation.
- Employing a central agency to facilitate interagency collaborations can be effective at increasing levels of collaboration between agencies. However, changes in service system coordination are unlikely to bring about improved service user outcomes unless they lead to changes in professional-client interactions.

<http://www.aifs.gov.au/afrc/pubs/briefing/b021/index.html>

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#### 2.7.2 Interagency collaboration – part B: Does collaboration benefit children and families? Exploring the evidence. McDonald, M. & Rosier, K. Australian Institute of Family Studies, October 2011.

This paper is the second in a two-part series focussing attention on how interagency collaborations benefit children and families. It investigates the available evidence regarding the relationship between collaboration and improved outcomes for families and children.

Key points identified in this paper include:

- Although research has demonstrated that interagency collaboration benefits the professionals and agencies involved (e.g. by increasing skills and knowledge), there is limited empirical evidence to clearly demonstrate that collaboration leads to improved outcomes for service users.
- Research that seeks to determine whether interagency collaboration leads to improved service user outcomes has a noticeable geographic (i.e. United States and United Kingdom based research) and contextual (i.e. child protection in the United States and health in the United Kingdom) bias.
- The success of collaboration is highly dependent upon context – the quality of the relationship between the agencies, the sectors involved (e.g. child welfare, mental health, child health) and the strategies utilised by the agencies.
- Collaboration is most effective for children with multiple and complex needs; however, there is some evidence to suggest that collaboration may have a negative impact on those children whose needs are not as complex.
- The stronger the ties between agencies, the more likely families and children from some culturally and linguistically diverse backgrounds (e.g. Indigenous Australian and African American children) are to use services. In Australia, there is some evidence of a link between interagency collaboration and increased Indigenous engagement in antenatal services.

<http://www.aifs.gov.au/afrc/pubs/briefing/b021/b021-ba.html>

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### 2.8 Children’s Rights

#### 2.8.1 Reaching the next generation: Including children in the Australian aid program. Australian Council for

International Development (ACFID), Policy Analysis, October 2011.

This policy paper has been developed by the ACFID Child Rights Working Group, a multi-agency group that works to increase the profile of child rights and build the capacity of the sector to implement child rights based approaches in development. ACFID comprises more than 70 member agencies that operate in over 100 countries throughout the world.

The paper adopts a child-rights approach in its analysis of each of AusAID's 16 aid themes (including disability, education, gender and health). Central to this approach are four interdependent principles: best interests; participation; non-discrimination and survival and development. Each analysis provides a thematic overview, identifies strengths of AusAID policy/ies related to each theme and gaps or areas for review. In addition, a total of 56 recommendations are made.

The authors note that the analyses contribute to the realisation of children's rights in the Australian Government's international aid efforts and provide a tool for advocating for a stronger child focus in AusAID work. They suggest it is a useful tool for AusAID and other government departments that deliver Official Development Assistance (ODA) for reflecting on the strengths of existing policies and identifying areas for improvement or developing new policy, strategy and approaches.

[http://www.acfid.asn.au/resources/docs\\_resources/docs\\_reports/reaching-the-next-generation](http://www.acfid.asn.au/resources/docs_resources/docs_reports/reaching-the-next-generation)

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## 2.9 Participation and Engagement

**2.9.1 Speaking out about reducing alcohol-related harm on children and young people.** Commissioner for Children and Young People Western Australia, November 2011.

The Commissioner for Children and Young People WA consulted with 272 young people aged 14 to 17 through small group interviews and an online survey about their perceptions, understanding and opinions of alcohol consumption in Western Australia and alcohol-related harm. The study is qualitative in nature so the authors advise caution in extrapolating comments to the broader population of young people.

Participants perceived a strong culture of alcohol consumption in the Australian community encompassing adults and young people. However, young people who do not drink indicated a desire for greater recognition in the media and throughout the community, particularly their peers. Young people identified a number concerns about harm related to alcohol, particularly:

- violence, particularly from strangers
- damage to their reputation including the dissemination of gossip, and
- drink driving.

Young people reported a variety of potential influences on their decisions about alcohol including parents, friends, the availability of alcohol and 'morals'. The most popular strategies to reduce alcohol related harm included:

- providing more alcohol-free activities
- harsher penalties for people who supply alcohol to underage people, and
- increasing education about alcohol, particularly in schools.

<http://www.ccpv.wa.gov.au/files/Speaking%20Out%20About%20Reducing%20Alcohol-Related%20Harm.pdf>

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## 2.10 International

**2.10.1 Five years on: A global update on violence against children.** NGO Advisory Council on for Follow-Up to the UN Study on Violence against Children. October, 2011.

In 2001 the UN commenced an in-depth international study on the extent, causes, and effects of violence against children in the home, school, institutions, workplaces and the community. The UN Study on Violence against Children report was released in 2006 and included 12 recommendations to end violence against children. This current 2011 report is a follow-up to the original study. It uses data from academic research, reports from UN and non-governmental agencies conducted since 2006 to summarise the state of violence against children five years since the release of the initial report.

The follow-up report concludes that violence against children remains a global scourge requiring urgent action. While there has been progress in some areas, it has been embarrassingly slow. In other areas, violence against children has actually increased. Globally there also remains insufficient awareness of the levels and consequences of violence on children's lives and its effects on their development. For example, neuroscientists have demonstrated that children's brains are wired to deal with their present circumstances. When a child's world is characterised by violence, their brain is

the wired to cope with a malevolent world and they become more vulnerable to anxiety, depression, aggression, attachment problems, and regressive behaviours. A fundamental obstacle to ending violence against children remains the continued social acceptance of such violence and the disempowered and very low status of children.

The authors reiterate the need for urgent action to fully implement the recommendations of the original UN study in 2006. They call on all States to develop and adequately resource national strategies to address violence against children and to ensure their implementation; immediately prohibit all forms of violence against children in all settings; improve data collection to effectively measure the effects of efforts to end violence against children; the provision of public education campaigns; better measures for prevention, capacity strengthening, recovery, and social integration; more effective reporting and accountability mechanisms; and active engagement with children to involve them in efforts to address violence.

<http://www.crin.org/resources/infodetail.asp?id=26337>

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### 3. Submissions Prepared by the Australian Children's Commissioners and Guardians

#### 3.1 Response to the National Classification Scheme Review Discussion Paper, Australian Children's Commissioners and Guardians (ACCG), November 2011.

The ACCG made a submission to the Australian Law Reform Commission (ALRC) regarding the National Classification Scheme Review Discussion Paper. The ACCG was supportive of the Discussion Paper's inclusion of the guiding principle that 'children should be protected from material likely to harm or disturb them'.

The ACCG also made a series of recommendations that:

- further consideration be given to the proposal that only computer games likely to be classified MA 15+ or higher be classified by the Classification Board, particularly in the event that the proposed new classification categories are not adopted
- a review of the type of content currently classified as MA 15+ and the existing guidelines for this category be undertaken prior to any removal of mandatory access restrictions on MA 15+ content
- a specific proposal be made in relation to the implementation of education initiatives to accompany any changes to the classification scheme
- consideration be given to how to facilitate the involvement of child development experts, family and domestic violence experts, and research to inform classification decision making, classification training courses, the development of industry codes of practice and reviews, and
- if the ALRC's proposal for the use of authorised industry classifiers is adopted, the mechanisms for monitoring and responding to complaints in relation to classification decisions be strengthened.

<http://www.ccypcg.qld.gov.au/resources/submissions.html>

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