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1. Consultation Opportunities

1.1 **White paper: Connecting with confidence – optimising Australia’s digital future.** The Department of the Prime Minister and Cabinet, September 2011.

Feedback is being sought on how government, industry and the community can work together to address the risks and challenges from greater digital engagement and how we can minimise cyber risks to maximise social and economic opportunities in the digital economy.

Submissions are due by **14 November 2011**.

<http://cyberwhitepaper.dpmc.gov.au/white-paper>

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1.2 **Discussion paper: Consolidation of Commonwealth anti-discrimination laws.** Attorney-General’s Department, September 2011.

Feedback is being sought on the federal government’s proposal to consolidate the Commonwealth’s existing anti-discrimination laws into a single Act.

The proposal aims to reduce complexities and inconsistencies in current anti-discrimination law, make it easier for the community to understand their rights and obligations, preserve, clarify and enhance current anti-discrimination protections and ensure the mechanisms for resolving discrimination complaints are simple and cost-effective.

Submissions are due by **1 February 2012**.

http://www.ag.gov.au/www/agd/agd.nsf/Page/Humanrightsandanti-discrimination_AustraliasHumanRightsFramework_ConsolidationofCommonwealthAnti-DiscriminationLaws

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2. Reports, Research Papers, Policy Initiatives etc

2.1 Child Protection

2.1.1 **Responding to children and young people’s disclosures of abuse.** Hunter, C. National Child Protection Clearinghouse, September 2011.

This practice paper presents information for parents, family members, friends, professionals and others on how to respond to children and young people’s disclosures of abuse.

Disclosures of abuse by children and young people may be spontaneous (disclosure as an event) or instead indirect and slow (disclosure as a process). They may occur after the child or young person has participated in an intervention or education program. The child’s developmental stage will influence the type of disclosure, with preschool children less likely to spontaneously disclose than older children. Often children or young people will disclose abuse in an indirect manner, such as making ambiguous verbal statements or refusing to attend the home of a previously loved relative or friend, saying and doing sexual things that are inappropriate for their age or accidentally disclosing. Older children who are being victimised may engage in increased levels of risk taking behaviours such as self-harming or suicidal behaviour.

Some victims will retract after disclosure, though this is relatively uncommon (approximately 4-9%). There are a number of reasons children and young people may retract, or delay their disclosure, including:

- pressure or threats from the perpetrator
- pressure from their family
- relationship to the perpetrator
- expected consequences of telling, including fear of not being believed, or of negative reactions from parents or family
- feelings of embarrassment, shame and self-blame, and
- for males specifically: fear of stigmatisation, being labelled a victim, or homosexual.

The paper provides general tips for responding to disclosure, including:

- always listen to, and support the child or young person and thank them for helping you to understand
- don’t make promises you cannot keep
- reassure the child or young person it is right to tell
- don’t be afraid of saying the wrong thing
- maintain a calm appearance
- give the child or young person your full attention
- let the child or young person take her or his time

- let the child or young person use their own words
- accept the child or young person will disclose only what is comfortable, and recognise the bravery/strength of the child for talking about something that is difficult
- tell the child or young person what you plan to do next, and
- do not confront the perpetrator.

It is important to note that an adult's response to a disclosure can be central to the child or young person's ongoing safety and recovery from the trauma of abuse. Therefore adults need to respond appropriately to the child or young person and notify the relevant authorities. After reporting the abuse to the appropriate authorities, the young person will need support, advocacy and assistance to recover from the trauma of abuse.

<http://www.aifs.gov.au/nch/pubs/brief/pb2/pb2.pdf>

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2.1.2 **Protecting Australia's Children research audit (1995 – 2010): Final report.** McDonald, M., Higgins, D., Valentine, K., & Lamont, A. Australian Institute of Family Studies and Social Policy Research Centre, June 2011.

This research audit project is part of the National Framework for Protecting Australia's Children 2009-20 (National Framework). The audit identifies, describes and disseminates information about Australian research projects and program evaluations undertaken during the 1995–2010 period on topics relating to the protection of children.

The specific aims of the audit, were to identify:

- research projects (published and unpublished) undertaken in Australia between the 1995–2010 period on topics of relevance to the National Framework (COAG, 2009)
- outcomes and progress since the *Audit of Australian Out-of-Home Care Research* (Cashmore & Ainsworth, 2004) and the *National Audit of Australian Child Protection Research 1995–2004* (Higgins et al., 2005)
- gaps, duplication and areas for development in relation to the outcomes and national priorities identified in the National Framework, and
- priorities for future research and data collection on the basis of the audit results, outcomes of the Towards a National Agenda forum (October 2009) and priorities identified in the National Framework.

The audit asked researchers working in relevant fields to submit information via an online audit form about projects they have been, or are currently, undertaking. As well, a literature search was undertaken to identify additional research projects that met the audit criteria.

In total, 1,359 research projects that met the audit criteria were identified. Analysis of available information about these projects showed that just over half addressed issues specifically relating to child abuse and neglect and just over a quarter related to out-of-home care. Overall, a much larger proportion of projects focused upon child abuse and neglect after it had occurred and statutory services, compared to the proportion that addressed issues relating to prevention and early intervention.

Foster care continues to be an area that receives more attention in research than other types of out-of-home care, such as kinship and residential care. Outcomes for children in out-of-home care is a common research topic, while topics relating to permanency planning (e.g., reunification, adoption from care) constitute only a small proportion overall of this area of research.

Although the proportion of projects focusing upon issues relating to Indigenous Australians has increased over the past 16 years, very few of the projects focus upon issues such as Indigenous community-led solutions to child welfare issues or partnerships between Indigenous communities and government services.

It is expected that the projects identified through this audit will be publicly available via an online database.

<http://www.aifs.gov.au/nch/pubs/reports/audit/2011/index.html>

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2.1.3 **Defining the public health model for the child welfare services context.** Hunter, S. National Child Protection Clearinghouse, September 2011.

The paper describes the public health model and how it applies to the Australian child welfare and child protection system. Public health models aim to prevent problems occurring in the first place by targeting policies and interventions at the known risk factors for the problem, quickly identifying and responding to problems if they do occur, and minimising the long-term effects of the problems. When applied to the child protection and child welfare sector, the public health model provides a theoretical framework that spans the service continuum from primary intervention services that target everyone, to secondary intervention services that target families in need, to tertiary intervention services targeting families where abuse or neglect has already occurred. The paper provides a series of examples which fall within the primary/universal, secondary and tertiary sectors.

The evidence base regarding the efficacy of public health interventions is still relatively limited, although some programs such as home visitation programs have been shown to be effective in reducing child maltreatment. The paper acknowledges the overlap between the three layers of the public health model and that these cannot always be rigidly classified. The primary, secondary and tertiary services are all critical elements in the child welfare and child protection system.

The paper highlights that a well-balanced system has primary interventions as the largest component of the service system, with secondary and tertiary services progressively smaller components of the service system. Investment in primary prevention programs has the greatest likelihood of preventing progression along the service continuum and sparing children and families from the harmful consequences of abuse and neglect.

<http://www.aifs.gov.au/nch/pubs/sheets/rs11/index.html>

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2.2 Law and Justice

2.2.1 Views of young people in detention centres, Queensland, 2011. Commission for Children and Young People and Child Guardian, September 2011.

This report details findings from the Commission for Children and Young People and Child Guardian's third and latest survey of young people in Queensland's youth detention centres. The survey provides an opportunity for young people to share their views and experiences of detention and the youth justice system, particularly on matters concerning their safety and wellbeing. The latest survey included 109 young people in state's two youth detention centres in Brisbane and Townsville, representing 92% of the young people in the centres at the time of survey.

Young people were generally positive about many of the aspects of their safety and wellbeing explored in this survey. For example most young people reported feeling well treated on their arrival in detention, feeling safe, and feeling respected by others in the centre. Most also reported getting high quality health care and benefiting from the centres' programs in terms of improved literacy and improved prospects for future employment.

Young people's responses to this survey also point to some areas of concern that need further investigation. These include claims of derogatory language being used by some youth workers and the large proportion of young people who report being subject to separation and restraint during their detention. This survey has also found that many young people lack confidence in the complaints processes in detention centres. At least half of those who had considered making a complaint about their care reported not going ahead with their complaint. The main reason young people gave for not proceeding with a complaint was a belief that they would not be taken seriously.

Based on young people's responses to this survey, the Commission has identified 15 areas for improving the quality of care for young people in detention, including complaints and advocacy mechanisms, health screening, maintaining family contact, transition planning and aftercare.

<http://www.ccyvpcg.qld.gov.au/resources/publications/Views-of-Young-People-in-Detention-Centres-Queensland-2011.html>

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2.3 Aboriginal and Torres Strait Islander Children and Young People

2.3.1 Overcoming Indigenous disadvantage: Key indicators 2011. Productivity Commission. August 2011.

This report is the fifth edition of the Australian Government's *Overcoming Indigenous disadvantage: Key indicators* report. The findings demonstrate that outcomes for Indigenous people can vary markedly by geography, age and sex, and by other socioeconomic factors.

More specifically, outcomes set out in the report in relation to both the Council of Australian Governments' targets and the headline indicators include:

- Life expectancy — for Indigenous people living in Western Australia, South Australia and the Northern Territory, the mortality rate declined by 27 per cent between 1991 and 2009, leading to a narrowing of the gap with non-Indigenous people
- Young child mortality — Indigenous infant (0–12 months) and child (0–4 years) mortality rates have improved significantly since the early 1990s
- Early childhood education — there are limited data available on Indigenous preschool participation
- Reading, writing and numeracy — there was a statistically significant increase in Indigenous students' performance in years 3 and 7 reading and a statistically significant decrease in Indigenous students' year 9 reading performance between 2008 and 2010, but no significant change in writing and numeracy.

A lower proportion of Indigenous than non-Indigenous students in all grades achieved NAPLAN national minimum standards in reading, writing and numeracy in 2010

- Year 12 attainment — the proportion of Indigenous 20–24 year olds who had completed Year 12 or equivalent was around half that of non-Indigenous 20–24 year olds in 2008
- Employment — between 2004–05 and 2008, for 15-64 year olds, the employment to population ratio increased for Indigenous people (from 51 per cent to 54 per cent), and for non-Indigenous people (from 74 per cent to 76 per cent) but there was no statistically significant change in the gap between Indigenous and non-Indigenous people
- Post secondary education — attainment of post secondary qualifications increased for both Indigenous and other people between 2002 and 2008, with no change in the gap
- Disability and chronic disease — hospitalisation rates for all chronic diseases except cancer were higher for Indigenous people than other people in 2008
- Household and individual income — after adjusting for inflation, median gross weekly equivalised household income increased for Indigenous people between 2002 and 2008, from \$347 per week to \$445 per week but a similar increase in the incomes of others meant the gap did not change
- Substantiated child abuse and neglect — from 1999-2000 to 2009-10, the substantiation rate for Indigenous children increased from 15 to 37 per 1000 children, while the rate for non-Indigenous children increased from 4 to 5 per 1000 children, leading to a significant widening of the gap (partly reflecting increased reporting)
- Family and community violence — the proportion of Indigenous people who had been victims of physical or threatened violence in the previous 12 months did not change significantly between 2002 and 2008, and remained around twice the proportion of non-Indigenous people, and
- Imprisonment and juvenile detention — the imprisonment rate increased by 59 per cent for Indigenous women and by 35 per cent for Indigenous men between 2000 and 2010. In 2010, Indigenous adults were imprisoned at 14 times the rate for non-Indigenous adults, compared to 10 times in 2000. The Indigenous juvenile detention rate was 23 times the non-Indigenous rate in 2009.

<http://www.apo.org.au/research/overcoming-indigenous-disadvantage-key-indicators-2011>

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2.4 Health and Wellbeing

2.4.1 A brief review of resilience to traumatic events in children and adolescents. Cubis, J. Australian Child and Adolescent Trauma Loss & Grief Network, 2011.

This paper provides a brief review of current research on resilience in children and adolescents. The paper discusses a range of factors including:

- normal trajectories after traumatic events
- the “dose-response gradient” from trauma exposure
- attributes associated with resilience in children
- interventions fostering resilience for children, families and communities, and
- potential risks when intervening.

Resilience is defined as the capacity to resist negative psychosocial consequences despite suffering aversive events. It is an active process which maintains personal stability over time – rather than simply an absence of psychopathology. Threats to resilience for children and young people may occur both through their exposure to traumatic events, and the exposure of parents and carers to the same event which reduces their capacity to protect and care for children and young people.

Specific attributes associated with resilience in children:

- self-regulation skills
- higher temperamental tolerance to distress
- capacity for hope
- ability to learn quickly
- community acceptance
- child’s social connectedness
- having an attuned caregiver
- healthy attachments and opportunities to practice and use social supports
- a sense of uniqueness and being “special” engendered by an adult, and

- early return to schooling.

Children's capacity to acquire many of these attributes is dependent on adults being sensitive to children's needs, and providing them with opportunities to develop resiliency over time. Therefore carers and parents need the capacity, information, access to resources and necessary supports to assist children.

Social policy initiatives can assist the development of resiliency in children by raising the awareness of parents, carers, professionals and others to the importance of resilience, and equip them with the resources to protect and foster resilience in vulnerable and exposed children and adolescents. Children and adolescents require sensitive and developmentally appropriate consideration for their capacity for resilience to be fully developed.

<http://www.earlytraumagrief.anu.edu.au/uploads/Jeff%20Cubis%20resilience%20final.pdf>

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2.4.2 **Headline indicators for children's, health, development and wellbeing.** Australian Institute of Health and Wellbeing, July 2011.

This report on the Children's Headline Indicators provides the latest available information on how Australia's children, aged 0–12 years, are faring according to 19 priority areas covering health status, risk and protective factors, early learning and care, and family and community environments. Australian children are generally faring well according to the 12 children's headline indicators that have available data. There is, however, considerable variation in results between states and territories, and between certain groups, such as Aboriginal and Torres Strait Islander children, and those living in remote or socioeconomically disadvantaged areas. The report concludes that there is scope for further gains across these indicators.

The key findings included:

- New South Wales, Victoria, Western Australia, South Australia and the Australian Capital Territory had results better than, or similar to, the national average across either all or the majority of the 12 headline indicators with available data, whereas Queensland, Tasmania and the Northern Territory had poorer results than the national average on several indicators, including education-related indicators, injury death rates, and teenage birth rates
- Aboriginal and Torres Strait Islander children are more likely than non-Indigenous children to be disadvantaged across a broad range of health, development and wellbeing indicators, including being:
 - 2–3 times as likely to die as infants or due to injury, to be born with low birthweight, or to be developmentally vulnerable at school entry
 - 5 times as likely to be born to a teenage mother
 - 8 times as likely to be the subject of a child protection substantiation, and
 - between 20–30% less likely to meet national minimum standards for reading and numeracy
- children living in more remote areas compared to those in major cities were:
 - 2–3 times as likely to die as infants or due to injury
 - 30% more likely to be born with low birthweight or to be overweight or obese, and
 - more likely to be developmentally vulnerable at school entry, and around 40–50% less likely to meet national minimum standards for reading and numeracy
- children living in the lowest socioeconomic status areas, compared to those in the highest socioeconomic status areas, were:
 - almost twice as likely to die as infants and nearly 3 times as likely to die due to injury
 - 30% more likely to be born with low birthweight
 - 60% more likely to have dental decay
 - 70% more likely to be overweight or obese, and
 - more likely to be developmentally vulnerable at school entry.
- in relation to other countries, Australia ranked in the top third of Organisation for Economic Co-operation and Development countries for dental health, and middle third for birthweight, injury deaths and teenage births.

<http://www.aihw.gov.au/publication-detail/?id=10737419587&tab=2>

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2.4.3 **Profile of Western Australia's children and young people: Wellbeing monitoring framework.** Commissioner for Children and Young People, Western Australia, September 2011.

The Profile report is one of three components of the Commissioner for Children and Young People's Wellbeing Monitoring Framework project. Drawing on administrative and survey data from a number of publicly available sources, the report describes the status of Western Australia's children and young people through socio-demographic factors such as current population, geographical distribution, diversity and social characteristics.

The report focuses on children and young people under the age of 18 years and gives special regard to the various priority groups: Aboriginal and Torres Strait Islander children and young people; children and young people with a disability; children and young people from culturally and linguistically diverse backgrounds; children and young people who are affected by chronic disadvantage.

Where possible, the report presents data broken down into the following age groups: 0 to 4 (the early years); 5 to 12 (primary school/middle years); and 13 to 17 (secondary school/older young people).

http://www.ccpv.wa.gov.au/maps/PDF/CCYP_ProfileHealthandWellbeingofChildren.pdf

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2.4.4 Depression stigma in Australian high school students. Reavley, N. & Jorm, A. Australian Clearinghouse for Youth Studies, vol.30, June 2011.

This study identified that stigmatising attitudes towards people with mental disorders are common in adolescents. The study highlighted that such attitudes may act as barriers to help-seeking, can interfere with treatment and adversely affect quality of life as they may cause a young person to feel abnormal, socially disconnected and dependent on others.

To identify predictors of depression stigma in a group of Australian school students, 1,804 students aged 12-15 years completed a questionnaire regarding socio-demographic information, recognition of depression in a vignette, stigma towards a depressed peer, help-seeking intentions, information from teachers, and student mental health. Results from the study suggested that depression stigma is a multidimensional construct with different factors predicting different aspects of stigma. Increased recognition of depression was associated with an increased belief in depression as a sickness rather than a weakness, but also with an increased belief that those with depression are dangerous and unpredictable.

The study found that it is likely that multifaceted stigma-reduction interventions are needed, with emphasis on reducing the associations between depression and danger and targeting those of non-English-speaking backgrounds.

http://www.acys.info/ysa/issues/v.30_n.2_2011/papers/depression_stigma_in_australian_high_school_students

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2.4.5 A prospective study of diet quality and mental health in adolescents. Jacka, F., Kremer, P., Berk, M., de Silva-Sanigorski, A., Moodie, M., Leslie, E., Pasco, J., Swinburn, B., .*PLoS ONE* 6(9): e24805.
doi:10.1371/journal.pone.0024805.

This study examines the potential causal relationship between diet quality and common mental disorders in adolescents. A total of 3,040 Australian adolescents, aged 11–18 years at baseline, were measured in 2005–06 and 2007–08. Information on diet and mental health was collected by self-report and anthropometric data by trained researchers.

The study found there were cross-sectional, dose response relationships identified between measures of both healthy (positive) and unhealthy (inverse) diets and scores on the emotional subscale of the Pediatric Quality of Life Inventory (PedsQL), where higher scores mean better mental health, before and after adjustments for age, gender, socio-economic status, dieting behaviours, body mass index and physical activity. Higher healthy diet scores at baseline also predicted higher PedsQL scores at follow-up, while higher unhealthy diet scores at baseline predicted lower PedsQL scores at follow-up. Improvements in diet quality were mirrored by improvements in mental health over the follow-up period, while deteriorating diet quality was associated with poorer psychological functioning. The results did not support the reverse causality hypothesis.

This study highlights the importance of diet in adolescence and its potential role in modifying mental health over the life course. Given that the majority of common mental health problems first manifest in adolescence, intervention studies are now required to test the effectiveness of preventing the common mental disorders through dietary modification.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0024805>

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2.5 Society and Culture

2.5.1 My life just went zig zag: Refugee young people and homelessness. Couch, J. Youth Studies Australia, vol. 30, June 2011.

This paper explores the views and experiences of refugee young people experiencing homelessness in Australia. It is based on a broader research project involving interviews with refugee young people, consultations with service providers and a review of research and literature relating to refugee youth homelessness.

The results of this project suggest that homelessness for refugee young people is an outcome of a process whereby young people increasingly become disconnected from the support systems around them, including family, school and community.

The most commonly reported reasons for young people leaving home are family conflict over parental rules, reconfigured families, overcrowding, poor school performance due to language difficulties, alienation from peers and racism.

The study suggests that refugee young people face a number of barriers in their attempts to leave homelessness, such as a lack of adequate income, education, job opportunities and language. An absence of appropriate accommodation support services is also a major factor in their homelessness. When young people seek out services, they often encounter barriers to access, particularly with regard to accessing services suitable to their culture, language needs and age. Refugee young people taking part in this study state that they feel youth workers employed in these services rarely understand their lives and backgrounds. Many young people also report experiencing racism when trying to enter the private rental market.

The paper surmises that young refugees' expectation of services – as well as adequate service provision, the trial of new interventions, and the provision of education and training to homelessness agencies – are all factors that need to be addressed to ensure that equity in housing can be achieved for refugee young people.

http://www.acys.info/ysa/issues/v.30_n.2_2011/papers/my_life_just_went_zig_zag/YSAZigZag3022011.pdf

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2.5.2 Teaching diversities: Same sex-attracted young people; CALD communities and arts-based community education. Harris, A. Centre for Multicultural Youth, September 2011.

This report explores the views and experiences of doubly marginalised young people who identify as both same sex-attracted and from culturally or linguistically diverse (CALD) backgrounds.

This community consultation forms part of the Victoria University and the Centre for Multicultural Youth's "The Teaching Diversities" project. The primary aim of the project was to assess the needs of same sex-attracted young people from CALD backgrounds, and the findings will be used to inform Phase 2 of the project, an arts-based community education project.

The key needs identified by same sex-attracted CALD participants were for:

- role models from their own cultures and cultural advocates
- more culture based same sex-attracted peer support groups to assist in reducing isolation
- addressing intergenerational issues and racism in the same sex-attracted and CALD community, and
- education about sexual diversity to show that same sex-attracted people come from all cultures and backgrounds.

<http://www.cmy.net.au/Assets/1756/1/TeachingDiversities.pdf>

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2.6 Participation and Engagement

2.6.1 Young Australians and social inclusion. Ryan, C., & Sartbayeva, A. Social Policy Evaluation, Analysis, and Research Centre, September 2011.

This paper examines the relationships between parental and family characteristics, including a history of dependence on income support, on a set of indicators of social inclusion among young Australians. Indicators include participation in education and employment, connection with family and friends, participation in the community and the ability to deal with personal crises.

The study looks at data from a large group of young people considered at great risk of social exclusion – young people who grew up in families with extensive experience of living on government-provided income support. Social inclusion measures for this group were compared with those for another group of young people from less disadvantaged backgrounds.

The key findings of this study are:

- young people whose parents had a prolonged history of income support receipt were likely to be less socially included than young people with no or moderate parental income support history
- this effect was particularly evident with regard to education, full-time employment and job search, quality of relationships with parents and social participation indicators
- these differences were partially explained by the socioeconomic status of the young persons' parents, characteristics of the family structure, parental decisions to invest in their children and other attitudinal variables
- after controlling for these factors, the effect of exposure to income support was not completely eliminated; specifically, young people who had prolonged (six years or more) exposure had significantly higher levels of social exclusion than young people with moderate exposure

- the inclusion of positive schooling experiences, such as lower incidence of suspensions and expulsions, regular school attendance and participation in after-school activities, substantially reduced but did not eliminate the lasting effect of prolonged income support exposure when growing up.

http://www.fahcsia.gov.au/about/publicationsarticles/research/austsocialpolicy/aust_social_policy_journal_no_10/Documents/article_1.pdf

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2.7 International

2.7.1 Levels and trends in child mortality: Report 2011. Danzhen, Y., Jones, G., & Wardlaw, T. on behalf of the United Nations Interagency Group for Child Mortality Estimation.

The United Nations Inter-agency Group for Child Mortality Estimation (IGME) updates child mortality estimates annually. This report presents the IGME's latest estimates of under-five, infant and neonatal mortality and assesses progress towards Millennium Development Goal 4 (MDG4), at the country, regional and global levels. MDG4 calls for reducing the under-five mortality rate by two-thirds between 1990 and 2015.

The IGME, led by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), also includes the World Bank and the United Nations Population Division of the Department of Economic and Social Affairs as full members.

Overall, substantial progress has been made towards achieving MDG4. Since 1990 the global under-five mortality rate has dropped 35%, from 88 deaths per 1,000 live births in 1990 to 57 in 2010. Northern Africa, Eastern Asia, Latin America and the Caribbean, South-eastern Asia, Western Asia and the developed regions have reduced their under-five mortality rate by 50% or more.

The rate of decline in under-five mortality has accelerated – from 1.9% a year over 1990–2000 to 2.5% a year over 2000–2010 – but remains insufficient to reach MDG4, particularly in Sub-Saharan Africa, Oceania, Caucasus and Central Asia, and Southern Asia.

The highest rates of child mortality are still in Sub-Saharan Africa – where 1 in 8 children dies before age 5, more than 17 times the average for developed regions (1 in 143) – and Southern Asia (1 in 15). As under-five mortality rates have fallen more sharply elsewhere, the disparity between these two regions and the rest of the world has grown.

About half of under-five deaths occur in only five countries: India, Nigeria, Democratic Republic of the Congo, Pakistan and China. India (22%) and Nigeria (11%) together account for a third of all under-five deaths.

Globally, the four major killers of children under age 5 are pneumonia (18%), diarrhoeal diseases (15%), preterm birth complications (12%) and birth asphyxia (9%). Undernutrition is an underlying cause in more than a third of under-five deaths. Malaria is still a major killer in Sub-Saharan Africa, causing about 16% of under-five deaths. Over 70% of under-five deaths occur within the first year of life.

<http://apo.org.au/research/levels-and-trends-child-mortality-report-2011>

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3. Submissions Prepared by Commission for Children, Young People and Child Guardian

3.1 Submission to the Australian Productivity Commission responding to the Early Childhood Development Workforce draft research report.

In a submission to the consultation on the Productivity Commission's draft research report examining issues impacting on the early childhood development sector workforce, the Commission for Children and Young People and Child Guardian (the Commission):

- recommended that consideration be given to the explicit recognition of children in the statutory child protection system and the future workforce development needs required to deliver holistic and integrated early childhood education and care services that are responsive to their needs
- endorsed the draft report's acknowledgement of workforce issues which impact on children from disadvantaged backgrounds, those with additional needs, children in rural and remote areas and Indigenous children, and
- supported the recognition that priority needs to be given to workforce developments and additional supports to facilitate access to quality early childhood education and care programs for vulnerable groups of children.

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

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4. Events and Conferences

4.1 **Building a Child Friendly Community: National Conference**, Logan Beaudesert Child Friendly Community Consortium, 4-5 November 2011, Logan Entertainment Centre, Logan, Qld.

The conference will focus on the growing movement of UNICEF Child Friendly Communities / Cities both internationally and nationally. The conference will share key learnings of child friendly communities, showcase initiatives and celebrate achievements. The conference will consider the micro and macro levels of planning and implementation and highlight the work of the Logan Beaudesert Child Friendly Community Consortium.

The keynote address will be delivered by Reverend Tim Costello (CEO of World Vision Australia).
http://www.koruconsulting.com.au/Koru_Consulting/CFCC_Conference.html

http://www.koruconsulting.com.au/Koru_Consulting/CFCC_Conference.html

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5. Media Releases / Communication and Speeches

5.1 **Towards better outcomes: A social investment model of support for young people transitioning from out-of-home care.** Mendes, P. Australian Institute of Family Studies seminar, 6 September 2011.

In a speech presented at an Australian Institute of Family Studies seminar on 6 September 2011, Associate Professor Philip Mendes, Director of the Social Inclusion and Social Policy Research Unit at Monash University, recommended that young people leaving care should not be left to cope on their own once they turn 18, and that care authorities should aim to approximate the ongoing and holistic support that responsible parents in the community typically provide to their children after they leave home until at least 25 years of age. In an edited version of his address, Associate Professor Mendes highlighted the social and economic costs of the failure to provide adequate leaving care and post-care supports to care leavers, and looked at the key factors contributing to poor outcomes for care leavers.

The identified reasons for the disadvantage of young people leaving care include that many have experienced and are still recovering from considerable physical, sexual or emotional abuse or neglect prior to entering care; many young people have experienced inadequacies in state care including poor quality caregivers, and constant shifts of placement, carers, schools and workers; and many care leavers can call on little, if any, direct family support or other community networks to ease their involvement into independent living. In addition, many young people currently experience an abrupt end at 16-18 years of age to the formal support networks of state care, and consequently face significant barriers to accessing the same educational, employment, housing and other development and transitional opportunities as other young Australians.

Mendes argues for a social investment model to promote the social inclusion of care leavers in mainstream life by providing supports and programs to assist them to overcome their early disadvantages and access the same opportunities as other young Australians. Mendes argues that the components for necessary reform include:

- 1) improving the quality of care (including stability and continuity, and the opportunity to maintain positive family links where possible) because positive in-care experiences involving a secure attachment with a supportive carer are essential in overcoming damaging pre-care experiences of abuse or neglect
- 2) the transition from care, including both preparation for leaving care, and moving out from the placement into transitional or half-way supportive arrangements from approximately 16-21 years. Preparation should include a formal leaving-care plan and the transition should be gradual and flexible based on levels of maturity and skill development, rather than age, and
- 3) ongoing support after care until approximately 25 years of age, which may involve a continuation of existing care and supports and/or specialist leaving care services in areas such as accommodation, finance, education and employment, health and social networks.

Mendes proposes 3 initiatives, based on the UK model of support, that would add to the capacity of the Australian system to meet the needs of all care leavers:

- 1) introduction of the Corporate Parenting philosophy, which refers to the responsibility of state authorities to actively compensate children and young people in care for their traumatic pre-care experiences, and offer them the same ongoing nurturing and support typically experienced by their peers in order to maximise ambitions and achievements
- 2) the introduction of a national leaving care framework which would address the wide variation in policy and legislation between the states and territories and within individual jurisdictions, and the absence of support for young people who shift between jurisdictions, and

- 3) establishment of a national database freely accessible on the internet to allow monitoring of progress of care leavers and measuring of outcomes in key areas such as education, employment, health, and housing.

<http://www.abc.net.au/unleashed/2871012.html>

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