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# OUR CHILDREN

our **CONCERN** • our **RESPONSIBILITY**

A case for Commonwealth
investment in the prevention of
CHILD ABUSE and NEGLECT

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The following organisations support Families Australia's 'Our Children' campaign and are part of a reference group for the campaign

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ASSOCIATION OF SERVICES SUPPORTING AUSTRALIAN FAMILIES (ASSAF)

AUSTRALIAN ASSOCIATION OF SOCIAL WORKERS (AASW)

AUSTRALIAN COUNCIL OF SOCIAL SERVICE (ACOSS)

AUSTRALIAN FOSTER CARE ASSOCIATION (AFCA)

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## OUR CHILDREN
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# 1. THE CASE FOR COMMONWEALTH INVESTMENT IN THE PREVENTION OF CHILD ABUSE AND NEGLECT

Community response to recent media focus on child sexual abuse shows the importance that the community attaches to the issue of child abuse and neglect. The Prime Minister has demonstrated that he shares those concerns by raising the issue through the Council of Australian Governments (COAG).

Historically, States and Territories have carried the bulk of responsibility for child protection. States and Territories invest significant funds in child protection and out-of-home care – averaging nationwide approximately $165.35 per child in 2001-2002, with some jurisdictions such as New South Wales spending more than others (Productivity Commission 2003:Table 15A.1). But this investment is not paying sufficient dividends – the incidence of child abuse and neglect is still on the increase. There has been a 42% increase in the number of substantiated cases of child abuse and neglect between 1991-92 and 2001-2002 (AIHW 1993, AIHW 2003).

We believe that all governments, regardless of their political persuasions want the best outcomes for all Australian children. This campaign should not therefore be seen as a criticism of those governments – implied or otherwise. But the fact that child abuse and neglect is on the increase despite the best efforts of eight State and Territory Governments should make this an **issue of national concern**.

There are many examples where the Commonwealth, in the national interest, has invested in areas that could have previously been seen as strictly in the province of the States and Territories. This includes the *National Drug Strategy*, the reform of gun laws and the *National Mental Health Strategy*.

These national strategies and others have established that Commonwealth involvement in a difficult and important issue has the capacity to improve outcomes, bring the players together more effectively, and ensure consistency of approach (including national standards).

Furthermore, the issue of child abuse and neglect sits at the crossroads of several major Commonwealth Government initiatives: the *Stronger Families and Communities Strategy*, the (still evolving) *Early Childhood Agenda* and to a lesser extent *Welfare Reform*.

The Commonwealth invests in a wide range of programs to support families in caring for children, such as income support, child care, education, housing, health and family relationship services. The Commonwealth has the ability to influence these key programs and strategies that impact on the lives of vulnerable families.

For example, there is increasing evidence of the value of good quality child care for disadvantaged children and children at risk, as a form of secure and stable respite care, to assist relatives, especially grandparents who take on care of young children, and as an opportunity to provide developmentally appropriate experiences to the children in a normalised environment.

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There has been a **42% increase** in the number of substantiated cases of **child abuse and neglect** between 1991-1992 and 2001-2002.
(AIHW 1993, AIHW 2003).

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High quality children's services have a powerful impact on improving life chances. However at present they are not universally available and those who miss out are those we can least afford to ignore – children and families in poor, geographically isolated and culturally diverse communities, children in families under stress and children with a disability.

The current array of children's and family support and welfare services in Australia are not well co-ordinated nor integrated in a way that can systematically enable ease of access by families, especially those with particular needs.  There is limited capacity at the local level to create an integrated system of services.

Families Australia's recommendation for the establishment of a national regional-based network of Family Centres could provide the Commonwealth with the opportunity to consolidate its investment in stronger families and to 'brand' this investment, something that is currently not occurring.

The Commonwealth has already indicated a willingness to become involved in this area by announcing the development of a *National Action Plan for Foster Children and Carers* in November 2002 and through funding a series of forums on grandparenting issues.

There are both social and financial reasons for the Commonwealth to elevate the problem of child abuse and neglect to an issue of national concern.  The social implications of child abuse and neglect are numerous – the cost-benefit to the community and society as a whole of preventing poor outcomes in terms of education, homelessness, substance abuse, unemployment, depression, anti-social behaviour and crime would be drastic.  Not only would the benefit be felt by the children themselves, but it would also impact on the society as a whole – better educational outcomes, less incidence of substance abuse, less crime committed, and so on.

There is a further argument for Commonwealth investment in the area of child welfare.  States have responsibility for children for a short time only – at the most a mere 18 years in an individual's life. It is the Commonwealth Government that bears much of the long-term costs of negative outcomes for abused children.  For instance, the Commonwealth contributed over $162 million of recurrent funding to the *Supported Accommodation and Assistance Program* (SAAP) in 2001-2002 (Productivity Commission 2003:15.36).  It could be extrapolated that a significant proportion of SAAP clients require those services due to the negative outcomes resulting from the abuse they suffered as children.

There are potential cost-savings to be made, when investment in child welfare is made earlier rather than later.  It is often quoted that for every $1 spent on early intervention, $7 are saved (based on research undertaken by RAND in the United States).

The concept of investing early on, rather than later when problems have occurred, is one that will be very familiar at the Commonwealth level. In its recent discussion paper, *Towards a National Agenda for Early Childhood*, the Commonwealth Government outlines the important findings in brain research that support the case for government investment in early childhood; recognising that most social

**Research has shown that early intervention programs in the area of child abuse can work.  It makes sense, socially and economically, for the Commonwealth to invest a comparatively small amount into such programs, rather than waiting for the much more expensive long term costs to eventuate.**

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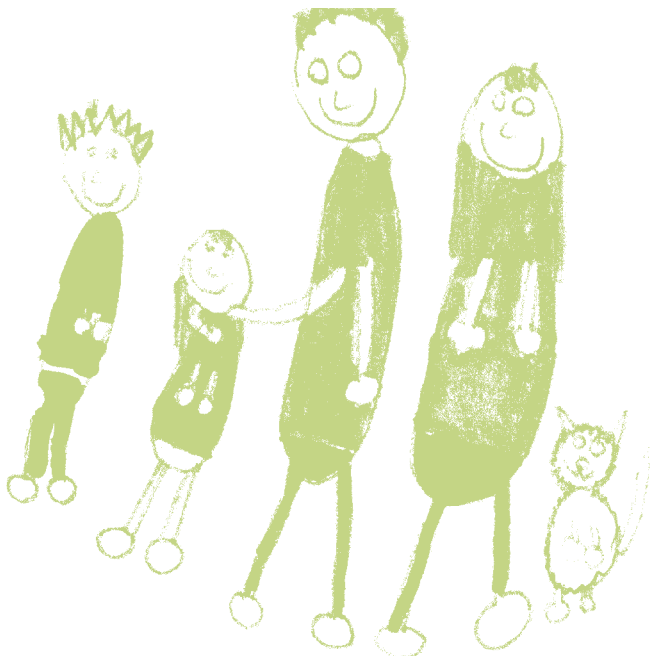our CONCERN • our RESPONSIBILITY

problems experienced today have their beginnings in early childhood.

Furthermore, there is a strong intersection between the prevention of child abuse and neglect and the early childhood agenda because it is children under the age of five years who continue to be most affected by child abuse and neglect.

Of the nearly 10,000 children admitted to care and protection orders in 2001-2002, 39% were aged under 5 years, with 12% aged less than 1 year (AIHW 2003:26). Almost one quarter (23%) of children in out-of-home care at 30 June 2002 were under the age of 5 years.

Research has shown that early intervention programs in the area of child abuse and neglect can work. It makes sense, socially and economically, for the Commonwealth to invest a comparatively small amount into such programs, rather than waiting for the much more expensive long-term costs to eventuate.

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## 2.    A WAY FORWARD: STRATEGIES

### *Families Australia* recommends:

**1.    That the Commonwealth take a leadership role on the issue of child abuse and neglect by initiating discussions between the Prime Minister, State Premiers and Chief Ministers with a view to establishing a** *National Strategy for the Prevention of Child Abuse and Neglect,* **similar to the** *National Drug Strategy.*

**The National Strategy would include:**

- agreed principles and outcomes for the prevention of child abuse and neglect;

- an agreed action plan to implement specific strategies to address issues; and

- commitment to cross program/sector/government integration and collaboration.

**The Strategy should be broad-ranging and examine issues that would benefit from a national approach such as:**

- developing a 'child inclusive' child welfare system, which ensures participation by children in the decisions that affect their lives;

- national standards for family support services, child protection and out-of-home care;

- national data collection system and reports, including best practice benchmarks;

- a national research agenda;

- agreed protocols between State, Territory and Commonwealth Governments regarding Family Court cases that involve child protection issues;

- accreditation and training for child protection workers, child welfare workers and foster carers;

- a special grant program for children who have been removed from their parents that would enable these children to receive services such as educational assessments, additional tutoring and specialised health care to help children to deal with trauma of child abuse/neglect and any resulting developmental delays or psycho-social problems;

- a nationally consistent financial support package for child related costs where relatives and carers take on the caring responsibility for children who have been abused; and

- investment in universal child and family services.

Like the *National Drug Strategy,* the National Strategy for the *Prevention of Child Abuse and Neglect* could be overseen by an expert reference group including expert community representatives.

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## a way forward: strategies.

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**2.** That the Commonwealth invest in the establishment of a *National Regional Network of Family Centres*, in a similar fashion to the national regional network of Carer Respite Centres. This could be done in partnership with the States and Territories, building on existing infrastructure rather than creating new organisations.

The Commonwealth already funds a range of services focusing on family and relationship support through programs such as the *Stronger Families and Communities Strategy*, the *Family Relationship Service Program*, *Child Abuse Prevention*, *Services for Families with Children* and *Indigenous Parenting and Family Wellbeing* as well as universal services such as childcare.

State and Territory Governments also provide family support services such as home visiting, parenting groups, respite care and crisis foster care.

The Family Centres can be used as a means for coordinating and badging these programs to promote a more integrated approach to family support services. These Family Centres could also provide a platform for the delivery of the *Early Childhood Agenda*.

**The Family Centres could:**

- purchase services from existing family support service providers (brokerage capacity);

- identify and support vulnerable children and families;

- deliver innovative and locally focused programs for children and families who have been identified as vulnerable;

- strengthening neighbourhoods through encouraging families to help each other;

- assist and support young people during and after the transition from out-of-home care to independent living;

- provide support and programs for grandparents, relatives, kinship and foster carers who have taken on responsibility for children who have been abused or neglected;

- contribute to a national research and evaluation agenda; and

- improve links with and between existing family based programs, both government and community based.

The centres could initially be located in regions of high need, i.e. areas which have: a large population of families with babies and young children; high rates of child abuse or neglect; and which experience locational disadvantage.

Families Australia recommends the establishment of some specific **Indigenous Family Centres** based on the model outlined by the Secretariat of National Aboriginal and Islander Child Care (SNAICC). It is also recommended that one of the Indigenous Centres would act as lead agency for the development of Indigenous child abuse prevention and awareness programs, materials and activities in partnership with SNAICC.

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**3.** That the Commonwealth establish an *Inter-Departmental Committee (IDC)* to facilitate a review of all its programs that have a link to child abuse and neglect with a view to improving links and policy delivery.

**The IDC can particularly focus on the following issues:**

- establishment of a support package for young people leaving out-of-home care to assist young people to move successfully to independent living. This package would build on financial assistance currently available for young people and include access to education and training opportunities, skill development in basic living skills and access to ongoing support networks;

- access by children with a disability who have experienced abuse or neglect to appropriate disability services;

- access by children in out-of-home care to Medicare and health services; and

- the role of child care and other early childhood programs in the prevention of child abuse and neglect and in child protection and in supporting children in out of home care.

Membership would comprise all government agencies with an interest in child welfare issues, including Department of Prime Minister and Cabinet, Department of Family and Community Services, Department of Health and Ageing, Department of Education, Science and Training, Attorney-General's Department, Department of Employment and Workplace Relations, Department of Immigration and Multicultural and Indigenous Affairs, the Department of Transport and Regional Services, ATSIC, Child Support Agency and Centrelink.

The IDC would form part of, or work with, the National Strategy Expert Reference Group.

**4.** That the Commonwealth establish and implement the *National Action Plan for Foster Children and their Carers.*

**5.** That the Commonwealth build on its good work in the area of the *National Action Plan for Foster Children and their Carers* by funding a three year project to:

- develop and distribute an information kit similar to the Commonwealth Carer Support Kit, providing fact sheets on a wide range of issues faced by grandparents, relatives, kinship and foster carers, including information on counselling, financial issues and respite care;

- establish a national 1800 help-line for carers of children in out of home care, including grandparents and other relative carers, and referral to specialised counselling;

- establish and facilitate a network of support groups for relative carers including grandparents; and

- investigate financial and health issues for grandparents caring for their grandchildren and other relative carers.

**6.** That the Commonwealth resource existing and new mechanisms to ensure that the experiences of children in out-of-home care and their carers, including grandparents and other relative carers, kinship carers and foster carers, inform future Commonwealth policy development and service delivery.

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# CHILD ABUSE AND NEGLECT



The Current Picture...

## 3. CHILD ABUSE AND NEGLECT IS ON THE INCREASE

The number of children being abused and/or neglected in Australia has been rising steadily and is continuing to rise. The figures below illustrate this disturbing modern phenomenon.

### NOTIFICATIONS

In 2001 – 2002, there were 137,938 child protection notifications in Australia. This is an increase of 22,467 notifications since 2000-01 (AIHW 2002). A notification occurs when someone contacts the State or Territory Government Department responsible for child protection and makes an allegation of child abuse or neglect.

Of particular concern is the apparent increase in the number of notifications in rural areas. For example, there has been a 35% increase in the number of notifications in rural regions of Victoria from 1996-97 to 2000-01. There was only an 8% increase in metropolitan regions (Department of Human Services (DHS) 2002:11). Families Australia was unable to find research that would explain this increase.

### SUBSTANTIATIONS

If the State and Territory Government authorities determine after investigating a notification that the child has been, is being, or is likely to be abused or neglected, the notification then becomes known as a substantiation. Once a notification is substantiated, the State or Territory authority will determine what action, if any, will be taken to ensure the safety of the child.

The number of substantiations has also increased over the last decade rising from 21,371 in 1991-92 to 30,473 in 2001-02. This is an increase of over 9,000 cases or (42%) in a decade (AIHW 1993, AIHW 2003).

There is no national data on substantiations for Indigenous children but the rate of Indigenous children with substantiated abuse was nearly eight times the rate of other children in Victoria and Western Australia (AIHW 2003). The rates of Indigenous children with substantiations have increased overall since 1996-97.

### CARE AND PROTECTION ORDERS

Only a proportion of children who are the subject of substantiation are subsequently placed on a care and protection order. There was a continuous upward trend in the number of children on these orders increasing from 15,718 at 30 June 1997 to 20,557 at 30 June 2002.

Almost one-quarter (23%) of children on orders at 30 June 2003 were aged under 5 years. Seventeen per cent of these children were living with either their parents or with relatives. Three quarters were living in home-based out-of-home care.

The rate of Indigenous children on orders was 5.9 times higher than the rate of other Australian children. There were 4,263 Aboriginal and Torres Strait Islander children in Australia on care and protection orders on 30 June 2002.

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There were 4,263 Aboriginal and Torres Strait Islander children in Australia on care and protection orders on 30 June 2002. The rate of Indigenous children on orders was 5.9 times higher than the rate of other Australian children.
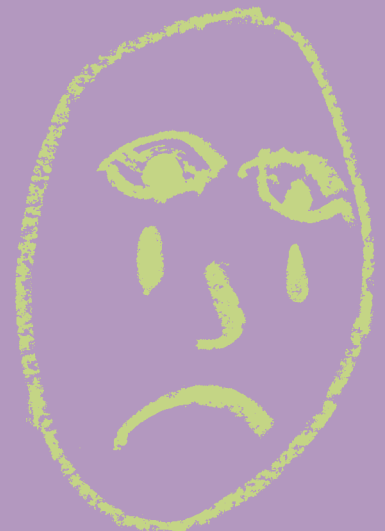
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# 4.    WHAT IS BEHIND THE RISE IN CHILD ABUSE AND NEGLECT?

There is no one single cause for child abuse and neglect. The rise in the incidence of child abuse and neglect is the result of the complex interaction of a range of factors which lie in the individual, the family and in the community and culture (Gordon etal 2002:54). Factors such as drug and alcohol abuse, domestic violence, mental health problems, family isolation, financial stress and unemployment are placing considerable stress on families and increasing the likelihood that children will be harmed (NSW DOCS 2002:3). Some of these factors are examined in more detail below.

## SUBSTANCE ABUSE

Substance abuse is one of the main reasons for the increasing number of children in the child protection system. This issue and, in particular, the fact that more women are engaged in substance abuse, has changed the face and dynamics of child abuse and neglect in Australia.

In New South Wales, it is estimated that up to 80% of all child abuse reports investigated by the Department of Community Services have concerns about drug and alcohol-affected parenting (NSW DOCS 2002:3). Similarly in Victoria, approximately two thirds of parents in substantiated cases of abuse or neglect had alcohol and other substance abuse problems (DHS 2002:27).

In analysing parental characteristics of children and young people in out-of-home care it was found that around half the mothers were known to have issues with substance abuse, most commonly alcohol followed by heroin, marijuana and amphetamine use. The proportion of fathers known to have issues with substance abuse was around 38% (DHS 2002:32).

While 1% of the general population uses heroin, in 22% of families with children and young people in home-based out-of-home care the mother was known to be using or had used heroin. In 13% of families with children in care, the fathers were using or had used heroin (DHS 2002:32).

It has also been found that there is a link between the number of notifications and the incidence of substance abuse. One third (31%) of Victorian families involved in the child protection system and who were experiencing substance abuse had 10 or more notifications and just over one quarter of these families had 5 notifications (DHS 2002:28). This raises questions about the effectiveness of interventions for parents with substance abuse problems following the original notification of abuse or neglect.

## SOCIAL AND ECONOMIC DISADVANTAGE

There is a clear relationship between family income and involvement in the child protection system.

In Victoria, during 2000-01, 77% of families investigated for suspected child abuse were low income families, with 63 percent in receipt of a pension or benefit (DHS 2002:25).

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In Victoria, for example, approximately two thirds of parents in substantiated cases of abuse or neglect had **alcohol and other substance abuse problems.**
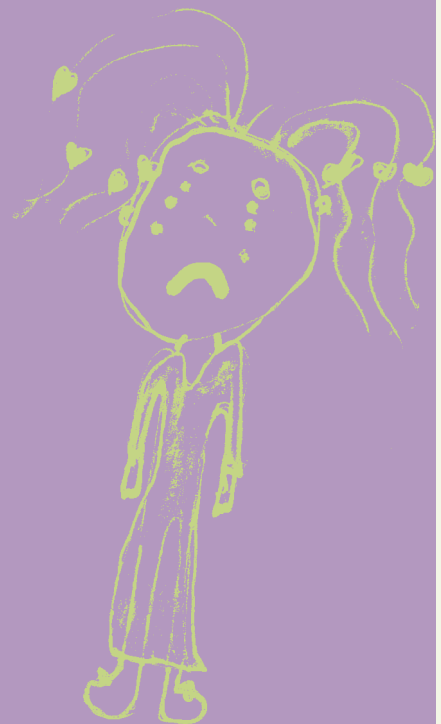
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The recent South Australian review into Child Protection (Layton 2003) also found that many families in the child protection system experienced financial difficulties and that approximately 15% of families had problems with unsafe, unsanitary or uninhabitable housing, including homelessness.

Social isolation is also an issue for many families. An analysis of 192 Queensland families involved in child protection interventions in 1994 found that almost half the families did not have access to transportation that would enable them to access much-needed services and many (18%) did not have a phone in their home (Forde 1999:11).

## FAMILY TYPE

Forty five percent of Victorian families investigated for child abuse and neglect in 2000-01 were sole parent families compared to 29% of two parent families.

Furthermore, sole parents were more likely to have a renotification (73%) than two parent families (50%). Blended families and remarriages also had on average a higher incidence of renotification (70%) (DHS 2002:28).

Forty per cent of children and young people in out-of-home care had no contact with their fathers (DHS 2002:32).

## PARENTAL CHARACTERISTICS

Parents of children and young people within the child welfare system often have one or more of the following characteristics: substance abuse, alcohol abuse, psychiatric disability, family violence, intellectual disability, or physical disability (DHS 2002, Layton 2003, Cashmore and Paxman 1996). In 73% of Victorian families involved in substantiated cases of child abuse during 2000-01, the parents had one or more of these characteristics (a significant increase of 32% from 1995-96) (DHS 2002:26).

The incidence of these factors, particularly the number of parents with substance abuse problems and those with a psychiatric disability, has increased over the past five years (DHS 2002:27).

The changing nature and complexity of the needs of these families is demonstrated by the number of parents of children within the child welfare system who present with multiple problems. Almost half the parents had two or more of these characteristics (DHS 2002:26). Many parents who have a substance abuse problem will also have a psychiatric disability (22%), experience family violence (63%) and/ or alcohol abuse (47%) (DHS 2002:26).

### Characteristics of Indigenous parents with children in care

Indigenous parents with children in care have high rates of substance abuse, family violence and alcohol abuse. The rates for these three characteristics are considerably higher than the rates for non-Indigenous parents (DHS 2002:29).

Many Indigenous parents have multiple problems. For instance, of those Indigenous parents who had experienced family violence, 12% had also suffered from a

While 1% of the general population uses heroin, in 22% of families with children and young people in home-based out of home care the mother was known to be using or had heroin. In 13% of families with children in care, the fathers were using or had used heroin

(DHS 2002:32).

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psychiatric disability, 67% had problems with alcohol abuse and 58% had substance abuse problems (DHS 2002:29).

## Family violence

A history of family violence is a common characteristic of families with children who have been abused. Victorian statistics showed that more than half (52%) of families in substantiated cases of abuse and neglect had a history of domestic violence (DHS 2002:27).

## Psychiatric disability

A significant number of families in confirmed cases of abuse or neglect have the added factor of parents with a psychiatric disability (DHS 2002:27). In approximately one third of Victorian families with children and young people in out-of-home care, the mother is known to experience mental illness (DHS 2002:32).

Emotional and mental health problems were also indicated in a large percentage of South Australian families in confirmed cases of child abuse and neglect, with the incidence of these problems found to be higher in the secondary caregiver (usually the father, stepfather or de facto) than the primary care giver (usually the mother) (Layton 2003:3.8).

## Intellectual disability

In nearly one third of confirmed cases of abuse or neglect in South Australia, one of the parents had an intellectual disability (Layton 2003:3.8).

## Parental experience of child abuse or neglect

A significant proportion of parents with children and young people in out-of-home care have themselves experienced child abuse or neglect. For instance, in approximately 20% of Victorian families with children and young people in out-of-home care, the mother was known to have spent time in care as a child (DHS 2002:32). This clearly demonstrates the intergenerational effects of child abuse and neglect.

## Parenting skills

The majority of families experienced difficulties with parenting. One quarter of South Australian families in confirmed cases of abuse having been identified as demonstrating destructive/abusive parenting. These parents had few or no supports to provide them with practical help or a sense of connectedness to their community (Layton 2003:3.8).

This statistic is concerning given the importance of positive parenting practices to a child's development and emotional wellbeing and the capacity for positive parenting to act as a protective influence where other risk factors are present (Layton 2003:3.8).
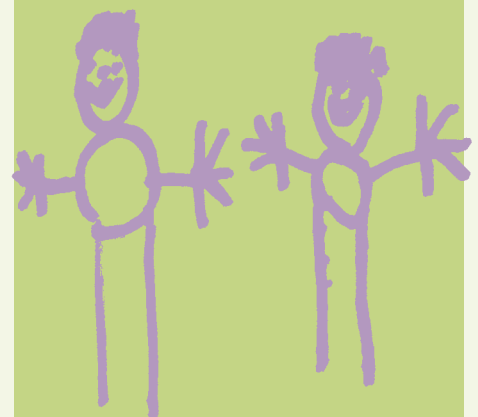
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## 5. SYSTEM ABUSE – WHAT HAPPENS TO CHILDREN WHO CAN'T LIVE AT HOME WITH MUM AND DAD

Research shows that stability of placement is a critical factor in determining outcomes for children who go into out-of-home care. For example, Cashmore and Paxman (1996) found that young people who spent 75% of their time in care in one placement had more positive outcomes than those without this level of stability.

Far from being given an opportunity for a fresh start, many children who enter the care system end up being shunted from pillar to post because of failed attempts by the child protection system to reunite them with their parents. A Victorian Government report released in June 2003, *'Public Parenting'*, found that among children who entered care in 1997 only 30 per cent have been permanently reunited with their families (DHS 2003:53). Thirty two per cent of the children in the study had four or more placement changes.

A South Australian study found that around one-quarter (23.5%) of children in their study had been placed at least 10 times. Fifteen children had 20 or more previous placements and two had lived in 34 separate foster homes during their life in care (Defabbro & Barber 2003).

Placement breakdown and instability compounds the earlier abuse experienced by these children and the long term consequences of this include poor education, higher levels of post-care unemployment, transient lifestyles, depression, suicide, teenage pregnancy, involvement in crime and difficulties in parenting the next generation (Cashmore and Paxman 1996, CAFWAA 2002).

Each of these changes involves the anxiety of the unknown, getting to know new carers, new schools and adapting to different rules and lifestyles. These changes mean the end of relationships with carers and their families and with friends. The changes make it difficult for children and young people to establish new relationships and form attachments with carers.

Even children and young people in stable placements with a "good family" expressed insecurity and uncertainly about their current placements. This is partly because many children do not know why they are in care. Many children also think it is their own fault they are in care.

Research tells us that young people who believe they were responsible for going into care were less likely to complete high school, more likely to have thoughts of suicide and were less happy after leaving care (Cashmore & Paxman 1996:19).

## ADOPTION

Part of the problem with the current system is that it relentlessly follows the path of reunification with parents with two missing vital ingredients. Firstly, vulnerable families need to be provided with adequate support. Secondly, attempts to reunite can not continue indefinitely. If reunification is not going to work, then a permanent solution needs to be found, within a timeframe geared to the well being of the child.

The presumption that reunification is best for children is questioned in a study on the outcomes of children who return home from foster care (Taussig et al 2001). This study found that young people who reunify with their biological families after placement in foster care have more negative outcomes than young people who do not reunify.

In this context, greater attention needs to be given to developing a range of permanent care options. In particular, the role adoption might play within the child welfare system needs to be examined. Under the current system, many children will spend their entire childhood in foster care, or being bounced back and forth from family to foster care, with little prospect of a stable secure home.

A study of young people leaving care found that some young people had wanted to be adopted but this option was not pursued by the State department (Cashmore and Paxman 1996:68).

Adoption remains a strangely undervalued option in Australia with half the 561 adoptions of children in 2001-02 being from countries other than Australia. The number of adoptions in Australia has fallen dramatically since 1968-69. This decrease is mainly due to the fall in adoptions of Australian children by non relatives (including adoptions by carers) from 1,388 in 1980-81 to 178 in 1997-98 (AIHW 2000:6).

Traditionally, adoptions were carried out with great secrecy. Very little information was provided to any of the parties involved in the process. Now, adoption is an open process in all States and Territories, except Queensland. The birth parent has the choice at time of adoption of being a part of the child's life. This can vary from information exchange such as letters through to direct contact. In some jurisdictions, it is part of the adoption plan and is supervised by the department (Kelly 2000:9). Open adoption could provide acceptable solutions to children who require a permanent new home and to the birth family.

There are no figures in Australia that indicate the number of people who might be willing to adopt a child (States have not had waiting lists for some time due to overwhelming numbers and long waiting periods) but this is an option that needs urgent exploration.

## VOICES

*"I used to feel responsible a lot for my family breaking up. I worked it out on my own though a lot of people told me it wasn't my fault... but I had to work it out for myself. It's fair enough others saying it's not your fault but you've got to believe it. I understand why my mother went with him. She's scared to be alone. She thinks if she divorced Dad, she'd have nothing and my brother and sister would reject her too. They didn't want nothing to do with me. I split up their family."*

(Cashmore & Paxman 1996:21)

*"I wanted to be adopted but DoCS didn't follow it up for us. They said they would get back to us but they never did. It seemed as if it would have been too much work.*

(Cashmore and Paxman 1996:68).

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## 6.  TEEN PREGNANCIES, JAIL AND HOPELESSNESS

Being removed from biological parents is difficult for all concerned but this should not in itself result in poor life chances for a child.  Yet the figures speak for themselves – children who have been in out-of-home care are substantially less well educated and are more likely to be unemployed (and unemployable).  Girls have a one third chance of falling pregnant during or shortly after leaving care.  Once they leave care, these children are more likely to be homeless and to find themselves within the juvenile criminal system.  Many children in out-of-home care do not receive adequate dental care or access the specialised medical help they require.

### EARLY PREGNANCY

Nearly one in three (around 33%) young women had been pregnant or had a child soon after leaving wardship.  This is a substantially higher rate than the general population (at 2%) (Cashmore & Paxman 1996:144).

These women receive little assistance or emotional support prior to, or after leaving care.

### SUICIDE

Young people in out-of-home care are more likely than other young people their age to have thought about or attempted suicide.  Feelings of suicide are related to the young person's feelings of despair and loneliness.  Young people who felt responsible for going into care were also more likely to consider or attempt suicide.  Less than half of these young people received counselling (Cashmore & Paxman 1996:150).

### JUVENILE OFFENDING

Research has shown that there is a clear link between the abuse and offending (National Crime Prevention (NCP) 1999).

A study focusing on children in Queensland born in 1983 found that children with one or more substantiated maltreatment notifications were more likely (17%) than children with no substantiated maltreatment (10%) to have a later offending record (Stewart et al 2002:4).

This study also found that:

- 25% of male maltreated children subsequently offended compared with 11% of females.

- Maltreated Indigenous children were four times more likely to offend than non-Indigenous children (42% of maltreated Indigenous children committed offences compared to 14 % of non-Indigenous children).

- Children who experienced abuse or neglect in early adolescence were more likely to offend than those who were maltreated as a young child.

- The number of notifications and a high level of Departmental involvement for

child protection issues, regardless of the outcome of the involvement, predicted the child's later likelihood of offending.

- Children who experienced physical abuse or neglect were more likely to offend than children who had not.

- Twenty six percent of maltreated children who were placed in out-of-home care subsequently offended at least once, compared with thirteen percent of children never placed outside the home. Placement in out-of-home care was seen as an indicator of the seriousness of maltreatment and it was concluded that the more serious the maltreatment the greater likelihood of subsequent criminal offending.

Children and young people in need of care or in out-of-home care are more likely to come to the notice of the police and the juvenile justice system as a result of instability in their out-of-home placements. This is due to a range of factors including homelessness and the need to commit crimes (fare evasion, theft, break and enter) to survive, their exposure to deviant peer groups in refuges, and because they are less likely than other children and young people to have access to appropriate advocates who can prevent the escalation of the consequences for minor infringements (NCP 1999:163).

Once they enter the juvenile justice system, children in care are also likely to receive more punitive treatment as a result of their status. They are more likely to be refused bail because of the lack of appropriate supervised accommodation, their lack of community ties and support from their families, and because it seems that magistrates assume, perhaps with some justification, that they are safer in custody than on the streets (NCP 1999:163).

## SUBSTANCE ABUSE

A number of risk factors underlying drug use have been identified in the National Drug Strategic Framework 1998-99 to 2002-03 (1998).

There are higher rates of drug use in families where parents use drugs. The National Drug Strategy Household Survey showed that in 1998 children over the age of 14 years in families where a parent used the same drug were 27% more likely to use cannabis and 55% more likely to use other illicit drugs than young people whose parents did not use those drugs.

Other factors that may contribute to harmful drug use include the influence of peers, family conflict, parental drug use, isolation from family support, low income, homelessness, mental health and wellbeing. As this paper has shown, children in the child welfare system and particularly out-of-home care are more likely to be exposed to these risk factors.

## UNMET HEALTH CARE NEEDS

Studies have found that children in out-of-home care do not do as well in terms of psychosocial and physical well being as children of a similar age who are not in care. There is a higher prevalence of disabilities and developmental difficulties, conduct disorders and offending, psychological problems such as hyperactivity, depression and anxiety and difficulties in socialisation.



## VOICES

*"I tried to [suicide] when I was a ward, and I've thought about it since. My situation gets to me – my family, no money, no work etc."*

*"I'm not scared to do it... About the pain. I'm scared it wouldn't work so I'd make sure I did it properly so I didn't have brain damage. That's why I take tablets and drink so I just sleep and don't feel any pain."*

(Cashmore & Paxman 1996:150)

*"I never went to a dentist when I was a ward except once, after months of asking Mum [foster mother] when I had an aching tooth. It cost $83 and Mum hit the roof. That was when I was 16 and I haven't been since."*

(Cashmore & Paxman 1996:121)

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Many children placed in out-of-home care need counselling and other specialist services to help them deal with their experiences of abuse or neglect as well as the additional trauma of being removed from their families or from experiencing placement breakdowns.

The unstable nature of foster care placements and the poor level of financial reimbursement provided to foster carer means that many children in out-of-home care do not access basic dental care.

## EDUCATION

Australian and international studies on educational outcomes for children and young people in care consistently demonstrate that these children and young people are less likely to perform well at school, they require additional support at school and are more likely to leave school at an earlier age and without qualifications. Children and young people in care are up to two years behind their peers in educational achievement (CAFWAA 2002).

A 1996 Victorian study of 497 children in residential care found that more than 50% of students were rated in the below average to well below average categories in the areas of literacy, numeracy, personal development, social skills, and emotional and behavioural disturbance. Nearly half had frequent episodes of truancy, school expulsion or suspension. About 7% did not attend school at all. While over 50% of these children were identified as having special educational needs, less than 10% of the children received additional education support (Cavanagh as cited in CREATE 2002:8).

A 2001 study in Queensland found that young people in care for years 3, 5 and 7 and attending state schools on average performed below the average for their school. It also found that Indigenous students performed below non-Indigenous children. It was also found that 41% of children in care attended schools in socio-economically disadvantaged areas (Queensland Department of Families and Education as cited in CREATE 2001).

Cashmore and Paxman (1996) found that just over half of the young people who had left wardship had only completed Year 10 or less and only 36% completed Year 12 schooling. Those young people who had lived at least 75% of their time in care in one long term placement were more likely to have completed at least Year 10.

## 7. WHEN I GROW UP... LEAVING CARE

There is little or no support available to young people after they have left care. Only NSW has legislative provision and specialist services to assist young people after they leave care. For young people in other states, little support is available. Even where some support is available, young people are often not aware of what support is available or reluctant to seek assistance as they are uncertain of the response they will receive to their request or have been unhappy with support provided during care (Cashmore & Paxman 1996:169).

These vulnerable young people are left to their own resources at 18 or even 16 years of age, at a time when the community norm and much social policy reflects the expectation that families continue to support their children until the ages of 21 to 25.

*"It must be ensured that all children for whom the state assumes responsibility benefit from an adequately supported transition into productive adulthood... Where the state has intervened to rescue a youth from inadequate parenting, the obligation exists for the state to properly complete the undertaking."*

(Meston 1998 as cited in Cashmore & Paxman 1996:171)

### LIVING ARRANGEMENTS

The living arrangements for young people who had left care were unstable. On average, these young people had moved three times in the twelve months since leaving care but some had moved up to 12 times. Significantly it was found that the more placements a child/young person had during care, the more moves that person was likely to make in after care (Cashmore & Paxman 1996:110-111). These changes were usually a result of conflict or "things not working out", and the short term nature of some forms of accommodation (Cashmore & Paxman 1996:115).

This is an area where the Commonwealth has ownership of key programs that impact on the lives of young people who are leaving care and where improved coordination and policy focus could yield substantial results. This area could be examined in the context of an inter-departmental committee.
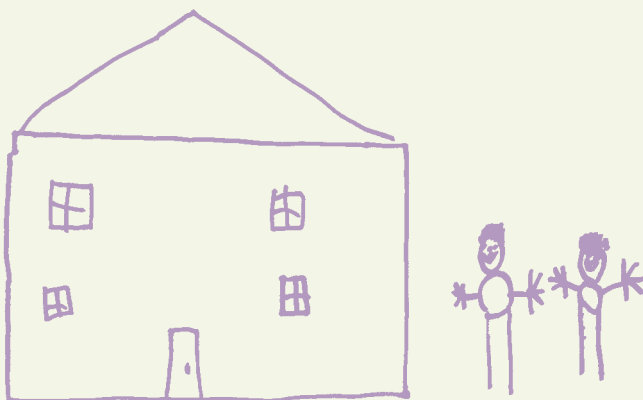
## VOICES

*"The pity of it is that we don't have programs specifically to care for wards after they leave care. We need to have some process of following them up, even if its only six-monthly, to make sure they're OK and have what they need rather than wait for them to come to see us."*

Comment by NSW District Officer (Cashmore and Paxman 1996:109)

*"The provision for after care is appalling. The policy is there but it's not implemented. The guidelines are too broad. There's not enough emphasis on making it a priority and not enough focus on individual needs and the transition from care. Everything is focused on crisis work, and DoCS don't assign anyone to follow up so no one is responsible."*

Comment by NSW District Officer (Cashmore and Paxman 1996:107)

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# VOICES

"18 isn't old enough. I only wanted to be a ward to 16 but now I think it isn't old enough.  If I was still living at home with my parents, they would be still helping me out and stuff.  I just think you're too young."
(Cashmore and Paxman 1996:61)

"Couple of more years until I was 21 or 22 instead of just throwing you out before you're ready. Well, they never ever helped me with telling me about bills and, you know, the way to go about complaining if something has gone wrong in your house. They never helped me out with education."
(Cashmore and Paxman 1996:101)

Where have you been living?
"Lots of places... Here and there, and round about. Refuges, on the streets [sleeping in train station], with friends, sharing.  I couldn't stay in some places – trouble.  Other places, I had no choice [about staying] because things didn't work out or it was only for a short time anyway."
(Cashmore & Paxman 1996:113)
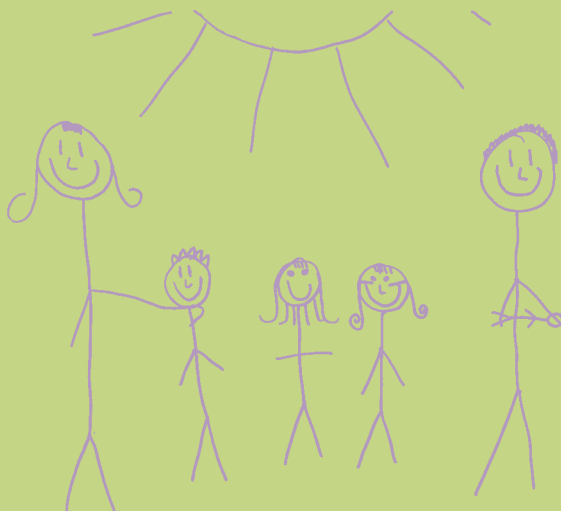
"I asked for an extension of my wardship from 16 because I didn't feel sure of myself and I wasn't sure that I could cope.  Like handling making decisions for myself at only 16 but it had started getting me down so I though 'What the hell? It's a big world out there, I'm getting to the age where I'll have to make my own decisions so I might as well get used to the idea.  It's worked out OK so far."
(Cashmore & Paxman 1996:100)

"It didn't make any difference to me. My foster family really treated me like their own kid... if I wasn't ready to go, I could stay but if I wanted to go, they'd still be there for me.
(Cashmore & Paxman 1996:109)

"I thought it was time to try living on my own place (leaving long term foster home)."
(Cashmore & Paxman 1996:109)

"I was having problems with foster family. Never really got along with them. The biggest problem was that the foster parent's natural child caused a lot of problems – different treatment; she goes to school and tells everyone we are wards and she didn't want us at her home [How did your foster parents treat you?] They used to put us down."
(Cashmore & Paxman 1996:100)

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## 8.   CARERS – THE OTHER CASUALTIES

Just over half the children in out-of-home care across Australia live with foster carers.  Overall, 39% were placed in relative or kinship care (usually grandparents) but this varies across the States and in NSW over half the children in out-of-home care are living with relatives (AIHW 2003).

There is very little data on the number of carers providing out-of-home care for children and young people.

### GRANDPARENTS

In 1997, the Australian Bureau of Statistics (ABS) found that approximately 12,000 children aged 14 years and under were living with their grandparents (ABS 1999:25).

Centrelink customer data shows that in December 2002, 26,415 people aged over 55 years received payments to assist with raising children, i.e. Family Tax Benefit (FTB). A proportion of these recipients would be grandparents, other family members or guardians who are looking after children on behalf of someone else (though a breakdown of numbers is not available).

The number of mature age recipients has grown since December 2000 ( with a 33% increase for recipients aged 55-59 years and a 15% increase for recipients aged 60 years and over).  The data also shows that a significant number of the mature age recipients have young children (Wallace-Green 2003:7-9).

Drug and alcohol use or addiction appears to be the common factor in the stories of the majority of grandparents caring for grandchildren.  Grandparents report their growing concern about the impact of the parent's addictive lifestyle has on their grandchildren (Kidlink 2002).

**Grandparents were particularly concerned about their grandchildren's:**

- safety (e.g. exposure to needles, vulnerability to sexual and physical abuse);

- health and poor hygiene standards (e.g. hunger, a lack of clean clothes, dental decay, irregular washing, untreated head lice, no immunisation);

- poor school attendance and performance;

- loss of childhood (grandchildren doing the parenting, looking after their parents through various drug induced states); and

- unmet social, emotional and developmental needs.

### Social Isolation

The responsibility of caring for grandchildren results in significant lifestyle changes for grandparents.

Grandparents can become isolated from their friends and no longer participate in their usual social networks as they focus their time and energy on caring for their grandchildren (Kidlink 2002:19).

They may also be deprived of their relationships with their own children. Grandparents talk of the difficulty of dealing with their children's long term effects

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Grandparents can become isolated from their friends and no longer participate in their usual social networks as they focus their time and energy on caring for their grandchildren (Kidlink 2002:19).

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of drug use such as ongoing mental health problems and the loss of intellectual ability (Kidlink 2002:17). Other children in the family may become resentful of the support being given to one child.

## Health issues

Grandparents face the particular challenges of raising a teenager in their later years or dealing with the challenging behaviours of traumatised children. A number of grandchildren have physical, mental or learning disabilities.

It is more difficult for grandparents to take care of their own age related medical issues; particularly as access to respite care while the grandparent was in hospital was problematic. Many grandparents express concern over who would take on the responsibility of caring for the grandchildren should the grandparent become sick or die.

## Financial Issues

Many grandparents are raising grandchildren with little or no financial support from the State, Territory or Commonwealth governments.

Grandparents are frequently required to use their superannuation and savings or sell their home to meet the financial costs of raising their grandchildren. Obtaining medical and other specialist services, such as counselling, education and legal costs place additional financial pressure on grandparents.

## Legal Issues

There is a need to recognise the legal status of grandparents caring for grandchildren who have not been involved in the child protection system, i.e. providing informal care. Currently, these grandparents do not have any recognisable documentation such as a court order which demonstrates that they have full time care of their grandchildren. This means it is very difficult for them to access financial support or information, such as birth certificates and immunisation records. This documentation is required for school enrolments, placing grandchildren on the grandparents' Medicare card and ongoing medical care.

## Lack of information

When grandchildren come into their care, many grandparents do not know where to go to get information or help. Nor is there any central point of contact for information regarding any difficulties they face, especially for crises that occur after hours. Grandparents found that they often were given incorrect information by a number of agencies. This led to confusion and exacerbated existing problems or created new ones.

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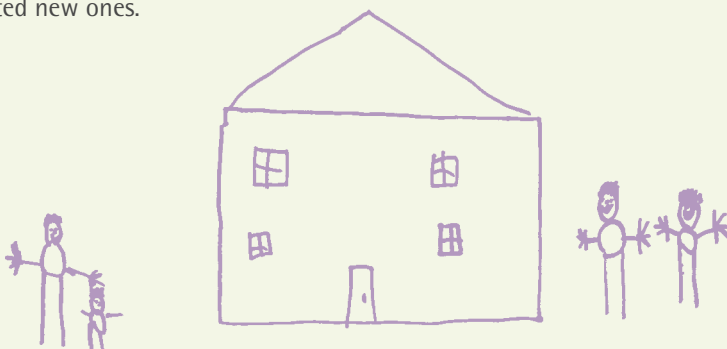
## VOICES

*"What's going to happen when we pass on...Who will care for our granddaughter?"* *(70 year old grandparent caring for a 13 year old grand daughter)*

*"I had to find private care for the grandchildren while I was in hospital.."* *(Grandmother with 2 grandchildren, eldest with significant physical disabilities)*

*"One grandmother stated she did not have money to buy shoes for her grandchild".*

*"GaGS (Grandchildren and Grandparents Society) Caboolture is trying to buy a freezer to start up a food bank after being approached by several grandparents who did not have enough money for food".*

(Council of Grandparents 2003)

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## FOSTER CARERS

Foster carers are volunteers. They give of their home, time and skills for no financial return. Yet foster carers are accorded a low status in our community.

The number of foster carers is in serious decline. In Victoria, for example, the number of new foster carers has dropped by 40% over the last five years. There has also been a large increase in the number of carers who ceased fostering, particularly in the last year (DHS 2003:xi).

One of the key reasons for the turnover of foster carers is that the expectations and demands placed on carers do not match the low status, financial compensation, lack of information or influence accorded to foster carers. Foster carers identify a number of reasons for leaving foster care: a lack of support from State welfare departments (financial and other support); the impact of fostering on the carers' family and difficulties with the foster child's behaviour. A number of carers have also left fostering following a disagreement with the State welfare department or following an allegation of abuse against them (AFCA 2001).

The shortage of foster carers is serious in many respects. Foster care depends on, firstly, the calibre and expertise of the fostering family household, and secondly, the quality and effectiveness of the surrounding support system.

The diminishing pool of carers puts pressure on those who remain involved. A lack of choice in carers means that there is an increased chance of placement breakdown because of the incompatibility between the child and the carer family.

## INDIGENOUS KINSHIP CARE

Kinship care is of great importance to Indigenous people. Most Indigenous children in out-of-home care are cared for by their grandmothers, other relatives or wider kin group.

There is very little or no data on the number of Indigenous kinship carers or Indigenous foster carers. Anecdotal evidence indicates that there is a serious shortage of Indigenous carers which is in part the reason why the Aboriginal Placement Principle is not being followed to the extent that it should be (AFCA 2001:84). This Principle recognises the importance of ensuring Indigenous children retain and develop their distinct Indigenous cultural identity and specifies that children who need to be placed outside their home should, as first preference, be placed with the child's extended family. If this is not possible, the child should then be placed within the child's Indigenous community or with other Indigenous people.

Recruiting non-relative Indigenous carers is more problematic than recruiting non-Indigenous carers. Aboriginal families have greater economic and other pressures and a fear of fostering based on the history of relationships between government and Aboriginal people (McHugh 2002:49).

Indigenous carer families appear to have more children placed in their care than non-Indigenous families. These families often are struggling financially and have no savings to provide essential items, even food, for additional children at time of

placement (McHugh 2002:24). Indigenous carers are more likely to live in public or Aboriginal housing when they begin fostering or to move there when the number of children living in their care exceeds their capacity to house them. Indigenous carers are more likely to live with their own extended families and to foster sibling groups (McHugh 2002:51).

Some States regulate that where Indigenous carers are kinship carers they receive less financial assistance than other carers in the community as well as lower levels of support essential to their caring role. Indigenous carers are not given the same level of training and access to services as other carers (McHugh 2002:24).

Indigenous agencies are concerned that carers who were related were more likely to have conflicts with birth parents e.g. family feuds develop as kin carers received monies once paid to birth families.

A forum of Indigenous grandmothers and great grandmothers expressed similar concerns and issues to non-Indigenous grandparents caring for children.

## SUPPORTING CARERS

Carers, including grandparents, relatives, kinship and foster carers have identified a number of support needs.

### Financial Issues

All carers expressed the need for greater financial support in recognition of the more complex needs of the children. It has been estimated that the costs of children in foster care are on average 52% higher than the costs of children not in care (McHugh 2002).

The level of financial support for foster carers varies between States and Territories. A study on the costs of caring for foster children (McHugh 2002) showed that no State or Territory is, overall, paying an adequate reimbursement to foster carers at the standard subsidy level, compared to the estimated costs of foster children. The research also confirmed that there is a high level of discontent among carers about reimbursement of costs across Australia.

While it is recognised that foster carers require a level of financial support which reflects the true costs of caring for children, many grandparents and other relative and kinship carers do not receive any financial support simply because the children have not been involved in the child protection system.

The case of a grandfather who cares for two grandsons yet only receives financial support for one grandchild who had come through the child protection system demonstrates the inequities in the system.

In addition to the State Government payments, some foster carers are eligible for family assistance through the Commonwealth Government, for instance Family Tax Benefit, Child Care Benefit and Parenting Payment. While these payments are not considered income for tax purposes, they are means tested. It is felt that in recognition of the higher level of costs involved in caring for children with high needs, these payments should be available to all children and young people in care, regardless of the carers income.

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VOICES

*"We do not know our rights if anything happens to the parents [current informal arrangement regarding care]. I can't sleep at night for worrying about it all."*
(Indigenous grandmother)
(COTA Queensland 2003)

*"The people in power need to realise we have our own culture. We will take all our family in regardless of our house size."*
(Indigenous grandmother)
(COTA Queensland 2003)

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## Respite care

Carers have expressed a need for supported respite care (CAFWAA 2002, COTA 2003). There is little doubt that as the level and complexity of need in children and young people grows, so too does the stress level and demand upon carers. Lack of respite leads to burn-out for many carers.

Planned respite care, which would provide home-based carers with necessary regular respite, is usually unavailable for long term placements. Lack of access to respite can jeopardise placement stability and threaten the continuity of care which is crucial to children and young people living in out-of-home care.

## National standards for out-of-home care

There has been much talk within the child welfare sector about standards and separate attempts have been, and are being, made in different jurisdictions to develop standards. The Australian National Baseline Standards for Out-of-home Care (covering residential and foster care) were agreed upon and published in 1996 by the then Standing Committee of Community Services and Income Security Administrators (SCCSISA). The standards were not adopted and applied throughout the sector (CAFWAA 2002:25).

The sector as a whole needs national baseline benchmarks for performance. This also includes the development of appropriate standards and practice protocols to deal with allegations of abuse in out-of-home care. Standards are a means of measuring performance and ensuring that poor practice is outlawed. They are also part of public accountability.

## Improved recruitment, training and accreditation of carers

Currently there is no national standard for recruitment, training or accreditation in out-of-home care. As the needs of children and young people requiring out-of-home care have changed and become more complex, carers require additional skills to the basic parenting skills (CAFWAA 2002:25). They also need ongoing specialised training when the need arises.

## Access to medical and other support services

Children come into out-of-home care with a range of health, emotional, educational, behavioural and social difficulties, which for some children are severe. These children need access to counselling and therapeutic services to help them deal with the trauma they have experienced in their lives. Carers also require support services such as counselling to assist them to care and support these children.

## Access to legal advice

Some carers, particularly grandparents, find they have to repeatedly return to court to fight to retain custody of the children as parents contest care and protection orders. This process is expensive, time consuming and emotionally stressful for all parties concerned.

Carers have identified the need for access to free legal assistance. Generally, carers are required to cover their own legal expenses, even when acting in the best interests of the child or when subpoenaed by another party to appear in court. This is seen as inequitable as birth parents are able to access legal aid to contest orders and the State departments cover their own legal costs and the costs of representation for the child, when this is provided.

The sector as a whole needs national baseline **benchmarks** for performance. This also includes the development of appropriate standards and practice protocols to deal with allegations of abuse in out of home care. Standards are a means of **measuring performance** and ensuring that poor practice is outlawed. They are also part of public accountability.
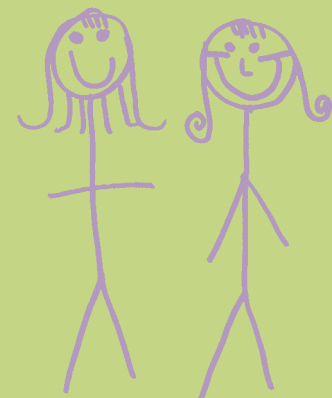
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## 9.   WHY AREN'T WE DOING MORE TO PREVENT CHILD ABUSE AND NEGLECT?

### STATE SYSTEMS ARE IN CRISIS

The numbers of notifications are overwhelming and State child protection authorities do not have the capacity to investigate each one.

In Victoria, for example, 36,966 notifications were received in 2000-01 with only 13,205 investigations conducted in the same period.  This represents 36% of notifications leading to investigations (DHS 2002:13).

The constantly high demand on resources in this part of the system limits what is available to other parts – for example, spending more resources on programs to support 'at risk' families before child abuse and neglect occurs.

Yet it is clear that the current approach to child welfare which focuses most resources on protecting the child once abuse has occurred has not been successful in preventing the incidence of child abuse and neglect, which continues to rise.

Research has shown the value of programs and policies that aim to prevent the occurrence of child abuse and neglect and provide support and interventions to families when problems first emerge (Ramey and Ramey 1998 as cited in Wise 2001).

### WHAT SORTS OF SERVICES CAN HELP CHILDREN WHO ARE VULNERABLE TO ABUSE AND NEGLECT?

There is a strong interface between family support services and the child protection system.  Family support services can play a vital role in providing interventions for families with children 'at risk' of abuse.

**A study of family support clients based on the 1998 Census of Family Support Services in NSW (Bullen and Onyx 1999) found that:**

- 50% have children who have been notified to the Department of Community Services as being 'at risk';

- 56% were 1 parent families (compared to 20% of population);

- 70% received a pension or benefit;

- 39% were in public housing (compared to 7% of population);

- 75% were renting (30% in population);

- 51% are in a situation where domestic violence is an issue.

The study concluded that clients accessing family support services are extremely disadvantaged.  These families have minimal financial and material resources. They often experience stress and are in crisis. They have difficulties with family functioning.  These families have relatively low levels of human capital (education, self esteem, proactivity) and low levels of social capital (participation in the local community, connections with the neighbourhood, family, friends and work) (Bullen and Onyx 1999:16).

Children's Welfare Association of Victoria (CWAV) recently conducted a survey on the availability of family support services. The survey found that 50% of families requesting family support services in August 2001 were placed on waiting lists due to a chronic lack of government funding. Only 7% of families were on waiting lists for less than two weeks. Of the remaining 93%, more than half were kept waiting up to five weeks despite the fact that appropriate help at the time of crisis can prevent later problems (CAFWAA 2002).

## What Do These Programs Do?

Family support services seek to benefit families by improving their capacity to care for children and in strengthening family relationships. These services can also act as a gateway to more specialist services.

Family support services use models of service delivery which are holistic, focus on the strengths of the family and are focused on solutions. Services are designed to fit around the specific needs of a family – there is no 'one solution to fit all'.

### The types of services provided include:

- information and referral e.g. media campaigns, parenting and family centres, parent and family telephone helplines;

- education/skills development e.g. research, development and production of resources and education programs, family relationship education and parenting skills programs, education and resources for family support workers;

- counselling, mediation, family therapy;

- residential and in-home support;

- advocacy; and

- other services e.g. playgroups, self help groups and networks, Best Start WA (for Indigenous families).

## A SECTOR IN SHARP DECLINE

Feedback to Families Australia from its member organisations indicates that whilst State-based early intervention programs are good they are fragmented and geographical coverage is inadequate. Where they exist, there isn't enough capacity for effective early intervention and prevention.

In real terms, the funding to family support services has been declining and the scale of investment is not adequate and nowhere near the investment and work in similar western countries (CAFWAA 2002).

Originally family support services were intended as a universal or primary prevention service available to any family in stress or crisis. However with limited resources, services are increasingly targeting those families most in need; that is situations where children and young people have been identified "at risk" or where child maltreatment has already occurred (ASSAF 2002:8).

These problems are exacerbated for family support services in rural and remote regions which have difficulties accessing specialist services; face additional costs for travel and use of telephone and internet; and experience greater problems in

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Family support services seek to benefit families by improving their capacity to care for children and in strengthening family relationships. These services can also act as a gateway to more specialist services.
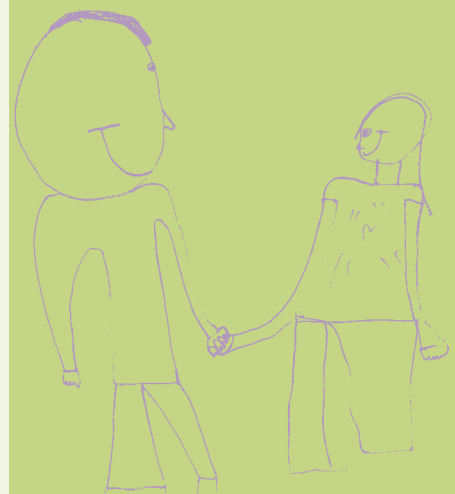
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recruiting and retaining staff and accessing professional supervision, training and professional development.

Families Australia's recommendation for the establishment of a national regional-based network of Family Centres would provide an opportunity to consolidate and strengthen the work of family support services, building on what already exists rather than starting a new infrastructure. A national regional network of Family Centres would also have the capacity to improve co-ordination between services in a region and to tailor itself to meet local need.
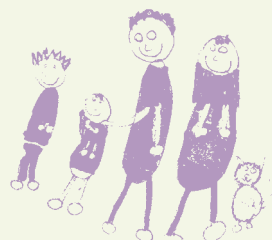
The Commonwealth already funds a range of services focusing on family and relationship support through programs such as the Stronger Families and Communities Strategy, the Family Relationship Service Program Child Abuse Prevention, Services for Families with Children and Indigenous Parenting and Family Wellbeing.

The Family Centres can be used as a means for coordinating and badging these programs to promote a more integrated approach to family support services. These Family Centres could also provide a platform for the delivery of the Early Childhood Agenda.

**The Family Centres could:**

- purchase services from existing family support service providers (brokerage capacity);

- identify and support vulnerable children and families;

- deliver innovative and locally focused programs for children and families who have been identified as vulnerable;

- strengthening neighbourhoods through encouraging families to help each other;

- assist and support young people during and after the transition from out-of-home care to independent living;

- provide support and programs for grandparents, relatives, kinship and foster carers who have taken responsibility for children who have been abused;

- contribute to a national research and evaluation agenda; and

- improve links with and between existing family based programs, both government and community based.

The centres could initially be located in regions of high need i.e. areas which have a large population of families with babies and young children, high rates of child abuse or neglect and which experience locational disadvantage.

*Families Australia's* recommendation for the establishment of a national regional network of Family Centres would provide an opportunity to consolidate and strengthen the work of family support services, building on what already exists rather than starting a new infrastructure.

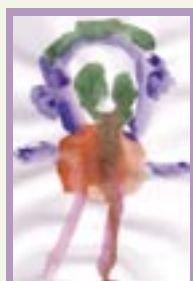**OUR CHILDREN**
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