Australian Government
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Scoping reportable measures for the *National Framework for Protecting Australia's Children 2009–2020*: supporting outcome 1

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Authoritative information and statistics to promote better health and wellbeing

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Abbreviations

ABS	Australian Bureau of Statistics
AEDI	Australian Early Development Index
AIHW	Australian Institute of Health and Welfare
CDSMAC	Community and Disability Services Ministers' Advisory Council
COAG	Council of Australian Governments
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
HILDA	Household, Income and Labour Dynamics in Australia
LSAC	Longitudinal Study of Australian Children
NFIWG	National Framework Implementation Working Group
NFPAC	National Framework for Protecting Australia's Children 2009–2020
MFAD	McMaster Family Assessment Device
SCCDSAC	Standing Council on Community and Disability Services Advisory Council
UN CRC	*United Nations Convention on the Rights of the Child*
WHO	World Health Organization

Symbols

–	nil or rounded to zero
. .	not applicable
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Summary

This working paper provides an overview of the work that AIHW completed for the Standing Council on Community and Disability Services Advisory Council (SCCDSAC)-funded project *Scoping the development of reportable measures to support the National Framework for Protecting Australia's Children 2009–2020 supporting outcome 1: Children live in safe and supportive families and communities*. SCCDSAC endorsed the final report on this project early in 2013.

The purpose of this project was to identify indicators and to develop options for future reporting against supporting outcome 1. It was carried out in three phases:

- a targeted review of relevant literature
- an in-depth review of existing frameworks and potential data sources
- a detailed review of identified potential indicators.

This paper presents recommendations for reporting against supporting outcome 1 'Children live in safe and supportive families and communities' under the *National Framework for Protecting Australia's Children 2009–2020* (the 'National Framework'). These recommendations are subject to discussion and endorsement by relevant committees in the Community Services Sector.

Recommendations for reporting in the short, medium and long term are summarised below. In short, eight indicators are recommended for reporting under supporting outcome 1—two for immediate reporting, four for the medium term and two for the longer term. Three existing indicators are recommended for removal.

Recommendations

For immediate reporting

- *The proportion of families who report 'good', 'very good' or 'excellent' family cohesion, by age of child* is recommended as a measure of family cohesion (1a).
- Measures of satisfaction in dyadic family relationships are recommended as an indicator of family functioning—*the proportion of children who report being 'highly satisfied' with their relationship with their parents* and *the proportion of parents who report being 'highly satisfied' with their relationship with their children* (1b).
- *Percentage of households with children aged 0–14 years where their neighbourhood is perceived as safe* is recommended as a key national indicator of neighbourhood safety (2).

For immediate action

- Removal of the existing four indicators under supporting outcome 1 (*Community attitude towards and value of children; Children's perception of their value within the community* (3); *Rate of hospitalisations for injury and poisoning for children aged 0–4 years* (4); and *Child homicides* (5) is recommended to allow their redevelopment and/or replacement with new indicators.

For medium term development (1–3 years)

- An item on children's self-perceived safety should be considered for inclusion in the biennial national survey of children and young people in care (6).
- *The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to* should be considered as an indicator (7).
- The *National Community Attitudes Towards Violence Against Women Survey* should be considered as a source for reporting a measure of whether adults take action to protect children, for example, *Proportion of adults who take action to protect children in family violence situations* (8).
- Development work is recommended for the current indicator 'deaths of children known to child protection'. This indicator may be refined to *Number of children whose deaths were registered in the reference period who had a child protection history, by cause of death* (9a).
- *Number of children whose deaths were registered in the reference period who had a child protection history, by cause of death* may be considered for reporting under the high-level outcome (9b).

For long term development (3+ years)

- An indicator of positive family functioning: *Proportion of children living in families with healthy family functioning (scoring two or below on the McMaster Family Assessment Device)* is recommended (10).
- A new national survey should be considered to source a measure of whether adults take action to protect children from abuse and neglect (11).

Overview

Key project outcomes

In this project, the AIHW investigated the nature, quality and frequency of data that could be used to source reliable indicators for reporting against supporting outcome 1. The key project outputs were a final report to the Standing Council on Community and Disability Services Advisory Council (SCCDSAC, formally the Community and Disability Services Ministers' Advisory Council) and an accompanying literature review summary.

In order to develop informed recommendations regarding indicator development, the AIHW conducted an extensive three phase review process, including:

- a targeted literature review
- a review of existing frameworks and potential data sources
- a detailed indicator review.

The recommended indicators to address this outcome are not all suitable for immediate reporting under a revised National Framework for Protecting Australia's Children 2009–2020 (NFPAC). This report provides a package of potential new indicators, including options for reporting against this outcome in the short, medium and long term.

Recommendations

All recommendations were based on extensive literature and data source reviews, coupled with a review of the aims and underlying logic of supporting outcome 1. Table 1 presents the key recommendations for immediate reporting.

Table 1: Summary of recommendations for immediate reporting

Indicator area	Recommendation	Time frame
Family functioning	1a. A measure of family cohesion—*the proportion of families who report 'good', 'very good' or 'excellent' family cohesion, by age of child* is recommended.	Currently available from the Longitudinal Study of Australian Children (LSAC)
	1b. Measures of satisfaction in dyadic family relationships—*the proportion of children who report being 'highly satisfied' with their relationship with their parents* and *the proportion of parents who report being 'highly satisfied' with their relationship with their children* are recommended as an indicator of family functioning.	Currently available from Household, Income and Labour Dynamics in Australia (HILDA) survey
Perceptions of safety	2. *Percentage of households with children aged 0–14 years where their neighbourhood is perceived as safe* is recommended as a robust key national indicator of neighbourhood safety.	Currently available from the ABS General Social Survey)

Note: Further development to refine these indicators may also be considered in the future.

It is also recommended that the 4 existing indicators under supporting outcome 1 (*Community attitude towards and value of children*; *Children's perception of their value within the community; Rate of hospitalisations for injury and poisoning for children aged 0–4 years;* and *Child homicides*) be removed to allow their redevelopment and/or replacement with new indicators (recommendations 3–5).

Noting the limitations of the three available indicator measures (both in terms of data source limitations and coverage of key issues), the AIHW also proposes that:

- consideration be given to the identified medium term development options in the areas of: perceptions of safety; children's participation in decision making; the value of children in the community; and child mortality (see Table 2).
- consideration be given to the identified long term development options in the areas of family functioning and the value of children in the community (See Table 3).

Table 2: Summary of recommendations for medium term development

Indicator area	Recommendation	Time frame
Perceptions of safety	6. An item on children's self-perceived safety should be considered for inclusion in the biennial, national survey of children and young people in care.	Medium term (1–3 years)
Children's participation in decision making	7. *The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to* should be considered as an indicator. This indicator has been proposed for reporting using the national survey of children in care (under the national standards for out-of-home care).	Medium term (1–3 years)
The value of children in the community	8. It is recommended that the *National Community Attitudes Towards Violence Against Women Survey* be considered as a source for reporting a measure of whether adults take action to protect children, for example *proportion of adults who take action to protect children in family violence situations.*	Medium term (1–3 years)
Child mortality	9a. Further development work is recommended for the current indicator deaths of children known to child protection. This indicator may be refined to *Number of children whose deaths were registered in the reference period who had a child protection history, by cause of death*.	Medium term (1–3 years)
	9b. *Number of children whose deaths were registered in the reference period who had a child protection history, by cause of death* may be considered for reporting under the high-level outcome.	

Table 3: Summary of recommendations for long term development

Indicator area	Recommendation	Time frame
Family functioning	10. An indicator of positive family functioning: *proportion of children living in families with healthy family functioning (scoring two or below on the McMaster Family Assessment Device)* is recommended.	Long term (>3 years)
The value of children in the community	11. It is recommended that a new national survey be considered to source a measure of whether adults take action to protect children from abuse and neglect. For example, *proportion of adults who report suspected abuse or neglect, by* – *type of abuse and neglect suspected* – *type of action taken.*	Long term (>3 years)

1 Introduction

The project to scope the development of reportable measures to support the *National Framework for Protecting Australia's Children 2009–2020* (the 'National Framework') 'supporting outcome 1: Children live in safe and supportive families and communities' commenced in July 2011. The purpose of this project is to gain a better understanding of the potential measures for reporting against supporting outcome 1 of the National Framework and to recommend indicators of change for future reporting. This report presents the recommendations for reporting against supporting outcome 1.

1.1 Background to project

Supporting outcome 1 of the National Framework recognises that safe and supportive families and communities for Australian children are elements in supporting progress towards a substantial and sustained reduction in child abuse and neglect.

The aims of this supporting outcome are to ensure communities are child-friendly; families care for children, value their wellbeing and participation and are supported in their caring role (COAG 2009).

In the early stages of this project, the AIHW noted that the following initial strategies were of most relevance to the overarching aims of supporting outcome 1:

- 1.1 Strengthen the capacity of families to support children.
- 1.2 Educate and engage the community about child abuse and neglect and strategies for protecting children.
- 1.3 Develop and implement effective mechanisms for involving children and young people in decisions affecting their lives.

Three indicators were originally included in the National Framework under this supporting outcome; however, none of these measures are reportable at a national level. The original three indicators were:

- community attitudes towards and value of children
- children's perception of their value within the community
- measure of children's and young people's participation in administrative and judicial proceedings that affect them.

Following reviews by the Performance and Data Working Group (PDWG) and the National Framework Implementation Working Group (NFIWG), *Children's and young people's participation in administrative and judicial proceedings that affect them* was removed and three new indicators were subsequently proposed:

- Child homicides
- Rate of hospitalisations for injury and poisoning for children aged 0–4 years
- Deaths of children known to child protection

Table 4 provides a summary of all previous and current indicators proposed under supporting outcome 1.

Table 4: Indicators of change proposed for supporting outcome 1

Supporting outcome 1 indicator	Development status/activities
Community attitude towards and value of children	Not reported to COAG; significant development required.
Children's perception of their value within the community	Not reported to COAG; significant development required.
Measure of children's and young people's participation in administrative and judicial proceedings that affect them	Not reported to COAG. NFIWG recommended removal of this indicator.
Child homicides	Not reported to COAG. Assault (homicide) death rate for children aged 0–17 years is an endorsed measure under the high-level outcome.
Rate of hospitalisations for injury and poisoning for children aged 0-4 years	Reported to COAG; no development required. Current indicator limited to reporting of community injury hospital separation rates in a narrow age group.
Deaths of children known to child protection	Not reported to COAG; significant development required. No agreed national data source.

The second 3-year action plan (2012–2015) for supporting outcome 1 focuses on the priority area of 'joining up service delivery'. Locally based responses will be targeted by bringing together the efforts of government and non-government organisations to meet the needs of vulnerable families. This is seen as a national priority to better support the most vulnerable children and families and prevent child abuse and neglect (FaHCSIA 2012).

Project objectives

The purpose of this project was to gain a better understanding of the potential measures for reporting against supporting outcome 1. A comprehensive review of existing frameworks and data sources identified suitable measures for this outcome. In addition, the aim of this project was to scope the feasibility of meeting the long term reporting requirements against this outcome and provide recommendations for the short term and ongoing long term reporting.

The objectives of this project were to:

- scope the potential for long term reporting for the existing indicators within the National Framework
- identify potential alternative measures for reporting against this supporting outcome; including proxy indicator measures and/or replacement indicators
- develop collection models for the reportable measures—including: collection methods, collection frequency (including potential existing sources and new collections)
- conduct small-scale reviews of readily available data for a proxy and/or replacement measures
- provide clear recommendations for reporting against supporting outcome 1—including short term and long term options and advice on feasibility of reporting against the existing indicator measures, as well as any new proposed measures.

Overall, this project sought to address the significant gap in reporting requirements for the National Framework by enhancing the capacity of COAG to measure progress towards this outcome.

Project outcomes and outputs

The main outcome of this project is a clearer understanding of the nature, quality and frequency of available data to report against the National Framework supporting outcome 1. This report and the accompanying literature review summary (1.2 below) are key outputs of the project.

This report provides recommendations for ongoing reporting against supporting outcome 1, including details of developmental requirements for the existing measures, details and specifications for proxy and/or replacement measures, and clear advice for how to progress reporting against this outcome.

1.2 Project methodology

In order to develop well-informed recommendations, an extensive three phase review process was conducted:

- a targeted literature review
- a review of existing frameworks and potential data sources
- a detailed indicator review.

Each of these processes is discussed in detail below.

Targeted literature review

The first stage of this project comprised a targeted review of the literature which provided an overview of recent theoretical developments and empirical research related to *Safe and supportive families and communities*, with special focus on the dimensions that have the greatest impact on child safety, wellbeing and positive development within the Australian child welfare context. Based on the literature review, the four key dimensions of *Safe and supportive families and communities* were identified as:

- children's rights and participation
- child safety and victimisation
- child wellbeing
- families' and children's environments.

Within each dimension, several 'key areas' highlight the relevant subject area from which indicators could be drawn (see Table 5). A summary version of a targeted literature review is provided in Appendix 1.

Table 5: Key areas relevant to children living in 'safe and supportive families and communities'

Key areas	Literature review summary
Children's rights and participation	
Children's rights and child-friendly communities	Communities support and uphold children's civil, cultural, economic, political and social rights as defined under the *United Nations Convention on the Rights of the Child.*
The value of children in the community	All members of the community take responsibility for children's welfare and wellbeing.
Children's participation in decision making	Children have the opportunity to participate in decision making processes about matters that may affect them.
Participation in education	Children attend and are engaged in education.
Participation in social, cultural and community activities	Children have the opportunity to participate in social, cultural, and community activities.
Child safety and victimisation	
Victimisation of children	Children do not experience physical or sexual assault or other forms of criminal victimisation.
Child abuse and neglect	Children do not experience physical, sexual, or psychological abuse or neglect.
Domestic and family violence	Children are not exposed to family violence.
Bullying	Children do not experience direct or indirect physical, social, verbal or reputational bullying.
	Children enjoy positive and supportive relationships with peers.
Perceptions of safety	Fear of crime and violence does not restrict children's activities.
Injury and poisoning	Children experience low rates of accidental injury or poisoning.
Child mortality	Preventable mortality among children is minimal, including mortality resulting from accidental deaths and deliberate acts such as assault, suicide and murder.
Child wellbeing	
Children's social and emotional wellbeing	Children have high levels of social and emotional wellbeing.
Identity in childhood	Children have a sense of positive cultural identity.
Families' and children's environments	
Family functioning	Children live in families that are cohesive, flexible, and communicate well.
Family social networks and social capital	Families access adequate support from community organisations and informal social networks of family and friends.
Family economic resources	Children do not live in poverty or experience significant material deprivation.
Shelter	Families have access to housing that is appropriate, affordable and secure.
Environment	The physical environment promotes children's participation in activities, social inclusion, safety and independence.
	Children's environments are free from physical, biological and chemical hazards.

Ecological model

An 'ecological approach' to understanding children's interaction with their environment informed the literature review, as a basis for understanding child wellbeing. Children's interaction with their environment affects all areas of development (AIHW 2011c; Lippman et al. 2009). Reporting frameworks for children (including the National Framework) often take into account the influence of family and the wider social and community context in which children live (AIHW 2011c). Effective frameworks require multiple actions (and indicators) at the individual child, family, and community levels to reduce risk factors and strengthen protective factors (Schorr & Marchand 2007). Similarly, indicators selected for

reporting against supporting outcome 1 should cover individual, family and community levels to ensure comprehensive coverage and holistic reporting.

Review of existing frameworks

A concurrent review of relevant Australian and international performance frameworks supported the literature review. The framework review aimed to identify the concepts and indicators commonly used to measure performance for similar outcomes related to child wellbeing. The review of existing frameworks examined a total of 29 key Australian and international performance frameworks, 25 of which were found to include indicators that were potentially relevant to the concepts of safe and supportive families and communities within the context of supporting outcome 1. In total, 501 indicators relevant to supporting outcome 1 were identified.

Review of potential data sources

Based on the key concepts of *safe and supportive families and communities* identified in the literature and frameworks review, the AIHW conducted an assessment of potential existing data sources for new indicators under supporting outcome 1. The sources were evaluated in terms of a number of features, including:

- data quality based on the ABS Data Quality Framework (see Appendix 2 for further information)
- the relevance of concepts measured
- availability for national reporting.

Several data sources were considered appropriate for further consideration within the indicator review.

2 Indicator review

Following the extensive review processes outlined above, a four-stage indicator review was conducted to determine the most relevant indicators and/or areas for indicator development for reporting under supporting outcome 1. The four stages were as follows:

- Stage 1, concepts identified as key indicator areas from the literature review were assessed to determine whether they were already captured by existing indicators within National Framework.
- Stage 2, all indicator areas were reviewed against key indicator selection criteria.
- Stage 3, all indicator areas were mapped to the initial outcome strategies and assessed for suitability to meet the aims of supporting outcome 1 (see Section 1.1).
- Stage 4, recommendations for potential indicators and/or areas for indicator development were compiled.

The aim of this review was not to simply identify reportable indicators but to highlight those that are consistent with the aims and/or intent of the outcome and the National Framework more broadly. Any new indicators proposed for inclusion in the National Framework must be relevant, sensitive and able to meet agreed criteria (see Appendix 3).

2.1 Indicator review: Stage 1

Stage 1 assessed concepts identified as key indicator areas from the literature review to determine whether they were already captured by existing indicators within the National Framework. Streamlined reporting of indicators is essential to avoid overlap or multiple reporting. Ten indicator areas were found to be captured by indicators elsewhere in the National Framework; these areas are summarised in Table 6. A review of these indicator areas mapped against relevant indicator selection criteria is provided in Appendix 4.

In the lead-up to the commencement of the second 3-year action plan for the National Framework, a program logic exercise was undertaken and the National Framework Implementation Working Group (NFIWG) reviewed the existing indicators of change. This parallel project informed reporting against all other outcomes of the National Framework. All indicators reviewed as part of this project are ministerially-endorsed and included in the second three-year action plan (FaHCSIA 2012). A full list of all current indicators for the National Framework is provided in Appendix 5.

The development of a robust set of indicators for reporting against supporting outcome 1 aligns with this broader evaluation of the National Framework.

Table 6: Indicator areas captured outside supporting outcome 1

Indicator area	Outcome	Current indicators (including new proposed indicators)
Victimisation of children	SO6	Rate of children aged 0–14 years who have been the victim of sexual assault
Child abuse and neglect	HLO	Rate of children aged 0–17 years who were the subject of a child protection substantiation
		Rate of children aged 0–17 years who are in out-of home care
	SO4	Rate of children aged 0–17 years who were the subject of a child protection resubstantiation in a given year
	SO6	Proportion of children aged 0–17 years who were the subject of a child protection substantiation for sexual abuse
Domestic and family violence	SO3	Proportion of adults who experienced current partner violence and their children saw or heard the violence in the previous 12 months
Child mortality	HLO	Assault (homicide) death rate for children aged 0–17 years
Family economic resources	HLO	Proportion of households with children aged 0–14 years where at least 50% of gross household income is from government pensions and allowances
Participation in education	HLO	Proportion of children developmentally vulnerable on one or more domains of the AEDI
	SO2	Attendance rate of children aged 4–5 years at preschool programs
	SO4	Proportion of children on guardianship and custody orders achieving at or above the national minimum standards for literacy and numeracy
Social and emotional wellbeing	HLO	Proportion of children aged 0–17 years scoring 'of concern' on the Strengths and Difficulties Questionnaire
	SO4	Proportion of children aged 0–17 years leaving care and scoring 'of concern' on the Strengths and Difficulties Questionnaire
Shelter	SO3	Rate of children aged 0–17 years who receive assistance through homelessness services (accompanied and unaccompanied)
	SO4	Proportion of child protection clients aged 0–17 years who enter juvenile corrective services or seek assistance from homelessness services
Family social networks and social capital	SO2	Number of children aged 0–17 years seeking assistance through treatment and support services
		Proportion of women who had at least five antenatal visits during pregnancy
	SO3	Rate of children aged 0–17 years who receive assistance through homelessness services (accompanied and unaccompanied)
Identity in childhood	SO5	Indigenous Child Placement Principle compliance indicator (to be developed)
		Proportion of Indigenous children aged 0–17 years in out-of-home care placed with extended family or other Indigenous caregivers
		Proportion of Indigenous children aged 0–17 years placed through Indigenous-specific out-of-home care agencies
		Proportion of Indigenous children in care who have a cultural support plan[(a)]

Note: SO = Supporting Outcome; HLO = High-level outcome '*Australia's children and young people are safe and well*'.

(a) Indicator currently specific to Aboriginal and Torres Strait Islander children, may be expanded to include all children with culturally and linguistically diverse (CALD) backgrounds in the future.

Source: FaHCSIA 2012.

Relationships between outcome areas

The review of all outcomes and indicators within the National Framework revealed some overlap between the high-level outcome of '*Australia's children and young people are safe and well'* and supporting outcome 1 '*Children live in safe and supportive families and communities*'. Both outcomes specifically address the concept of children's safety.

The distinction between these outcomes is in the level of specificity and scope. The high-level outcome suggests a more general and overarching principle of children's safety and wellbeing. 'Wellbeing' described in the high-level outcome encompasses children's physical, emotional, developmental and social wellbeing and 'safety' in the high-level outcome relates specifically to the overall target of *a substantial and sustained reduction in child abuse and neglect in Australia over time (*COAG 2009).

Supporting outcome 1 highlights that child safety must reflect shared responsibility across both families and communities to protect children. Further, supporting outcome 1 also addresses the notion of 'support', noting that communities must support families in their role of caring for children and include children in decision making processes.

Any indicators that attempt to capture child abuse and neglect reflect the overall target and would be best captured in the high-level outcome. Indicators that attempt to capture safe and supportive families and communities, and specifically processes that support these aims, would be best captured under supportive outcome 1. Further information regarding the positioning of indicators is discussed in Section 2.2 and Chapter 3.

2.2 Indicator review: Stage 2

In stage 2, all indicator areas identified in the literature review were reviewed against key indicator selection criteria. A summary of this review is provided in Table 7; full details regarding the indicator selection process are provided in Appendix 4. All criteria used in this indicator selection process were adapted from the ABS data quality standards (see Appendix 2) and the indicator selection criteria that the National Health Performance Committee produced (see Appendix 3). Similar criteria have been used to guide a range of indicator frameworks across the health and community sectors.

Where potential measures had been proposed for capturing an indicator area, these measures were assessed against criteria such as data quality, availability, accessibility, scope and timeliness.

As discussed in Section 2.1, ten indicator areas were considered to be sufficiently (and more appropriately) captured in other areas of the National Framework. Streamlined reporting under the National Framework is considered a priority: '*Reporting processes for the National Framework will provide an opportunity to streamline existing reporting processes*…' (p. 36 COAG 2010). Indicator areas captured elsewhere in the National Framework were not considered for indicator development under supporting outcome 1 in order to ensure streamlined reporting with minimal duplication. Mapping of these ten indicator areas against each indicator selection criteria is provided in Appendix 4.

As shown in Table 7, five indicator areas (children's rights and child-friendly communities, participation in social, cultural and community activities, bullying, injury and poisoning, and environment) demonstrate a lack of fit with the logic, aims and/or strategies of the outcome. Relevance, accuracy and interpretability were considered as the primary selection criteria, data source quality and availability were considered secondary. Potentially sound indicators that lacked appropriate data sources were considered for future development. The development of recommendations is discussed in Section 3.3.

Table 7: Selection criteria for potential indicators under supporting outcome 1

Indicator area	Proposed measure	Accurately captures SO1 aims and strategies?	High-quality data available?	Data relevant for diverse populations?	Data available annually?	Timely data available?
Children's rights and child-friendly communities	×	×	×	×	×	×
The value of children in the community	Community attitude towards and value of children	×	×	×	×	×
	Children's perception of their value within the community	×	×	×	×	×
	Proportion of adults who report suspected abuse or neglect, by type of abuse and neglect suspected, type of action taken	Partial	Requires significant development	TBD	×	×
	Proportion of adults who take action to protect children in family violence situations	Partial	Requires significant development	×	×	TBD
Children's participation in decision making	The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to	✓	TBD	TBD	×	×
Participation in social, cultural and community activities	None proposed; 'community participation rate' is a key national indicator in other national frameworks but these capture young people aged 18–24 years	×	×	×	×	×
Bullying	×	×	×	×	×	×
Perceptions of safety	Percentage of households with children aged 0–14 years where their neighbourhood is perceived as safe	✓	✓	TBD	×	✓ (Some lag)
	Children's perception of their own safety	Partial	TBD	TBD	×	×
Injury and poisoning	Rate of hospitalisations for injury and poisoning for children aged 0–4 years	×	✓ (Some limitations)	✓	✓	× (Significant lag)
Child mortality	Number of children whose deaths were registered (in the reference period) who had a child protection history, by cause of death	Partial	× (No national data)	×	×	×
Family functioning	Proportion of families who report 'good', 'very good' or 'excellent' family cohesion, by age of child	Partial	✓ (Some limitations)	×	×	TBD
	Proportion of parents who report being 'highly satisfied' with their relationships with their children; and The proportion of young people (over 15 years) who report being 'highly satisfied' with the relation with their parents	Partial	✓ (Some limitations)	×	Annual 'waves'	TBD
Environment	×	×	×	×	×	×

Key: TBD = To be determined.

Note: Shaded boxes represent those measures recommended for inclusion.

2.3 Indicator review: Stage 3

In stage 3 of the indicator review process, the indicator areas were mapped to the outcome strategies and aims of supporting outcome 1 and recommendations for the inclusion, removal (or revision of) potential indicators were compiled. Table 8 provides a summary of this mapping process.

Overall, the indicator review process led to the following recommendations:

- Four existing indicators were recommended for removal
- Five indicators were recommended for future development (including new and existing indicators)
- The development of new indicators was not recommended across 11 possible indicator areas (out of a total 16).

Table 8: Mapping indicator areas against the strategies and aims of supporting outcome 1

Aim and/or underlying logic	Strategy	Relevant indicator area	Notes and recommendations
Safe and supportive communities			
Communities have a shared understanding of, and responsibility for, tackling the problem of child abuse and neglect.	1.2 Educate and engage the community about child abuse and neglect and strategies for protecting children.	The value of children in the community	**Recommend removal of existing attitudinal indicators:** (1) Community attitude towards and value of children. General attitudes towards children and young people are unlikely to be greatly influenced by community awareness campaigns regarding child abuse and neglect. An alternative attitudinal indicator may be considered (see box below). (2) Children's perception of their value within the community: Children's 'perceived value' is a vague construct that would be difficult to clearly define and measure. The concept of children being valued through their participation in decision making could be captured elsewhere (see Children's participation in decision making below).
			New indicator recommended. The relevant measure should address attitudes (and behaviours) specifically regarding protecting children.
Creating conditions of safety for children.	A key outcome of strategy 1.2.	Victimisation of children	**New indicator not recommended**; concept already captured under supporting outcome 6 (rate of children aged 0–14 years who have been the victim of sexual assault). Measures that capture other forms of victimisation of children could be considered.
		Child abuse and neglect	**New indicator not recommended**, concept already captured elsewhere in the framework: Rate of children aged 0–17 years who were the subject of a child protection substantiation (high-level outcome) Rate of children aged 0–17 years who are in out-of home care (high-level outcome) Rate of children aged 0–17 years who were the subject of a child protection resubstantiation in a given year (supporting outcome 4) Proportion of children aged 0–17 years who were the subject of a child protection substantiation for sexual abuse (supporting outcome 6).
		Domestic and family violence	**New indicator not recommended**, concept already captured elsewhere in the framework: Proportion of adults who experienced current partner violence and their children saw or heard the violence in the previous 12 months (supporting outcome 3).
		Bullying	**New indicator not recommended.** While families and communities do have a responsibility to i) protect children from bullying, and ii) support children who are exposed to bullying, an indicator related to bullying would be too narrow in scope and not directly related to the aims or actions and thus unlikely to change as a result of targeted action. Development of a key indicator is happening elsewhere (see AIHW 2011d).
		Perceptions of safety	**New indicator recommended.** This is a key outcome of strategy 1.2 and also of the supporting outcome overall; this indicator area could also provide an important measure from a child's perspective.

Table 8 (continued): Mapping indicator areas against the strategies and aims of supporting outcome 1

Aim and/or underlying logic	Strategy	Relevant indicator area	Notes and recommendations
Creating conditions of safety for children.		Injury and poisoning	**Recommend removal of existing indicator** from supporting outcome 1: (4) Rate of hospitalisations for injury and poisoning for children aged 0–4 years. If targeted injury prevention programs were included in the scope this indicator may be considered in the future. This indicator may be considered for reporting under the high-level outcome. Expansion of the reported age range may also be considered.
		Child mortality	**Recommend removal of existing indicator:** (3) Child homicides. Child mortality rates (and causes of mortality) are a key indicator of the overall health and wellbeing of children and are currently included as a measure of the high-level outcome: Assault (homicide) death rate for children aged 0–17 years.
			Recommend development of existing indicator: (5) Deaths of children known to child protection.
		Environment	**New indicator not recommended.** Not directly related to the aims or actions and thus unlikely to change as a result of targeted action. If targeted strategies to facilitate safe and inclusive physical environments, an indicator may be considered in the future.
Upholding children's right to participate in decisions that affect them is a key signal of valuing and supporting children.	1.3 Develop and implement effective mechanisms for involving children and young people in decisions affecting their lives.	Children's participation in decision making	**New indicator recommended**. Develop indicator relevant to the specific strategies implemented to improve children's involvement in decision making.
Businesses have family-friendly policies and practices	These aims relate to the development of a 'child friendly community'	Children's rights and child friendly communities	**New indicator not recommended**. Not directly related to the initial actions and thus unlikely to change as a result of targeted action. If targeted strategies to encourage, for example, child-friendly facilities in businesses, are included in the scope, relevant indicators may be considered in the future.
		Participation in education	**New indicator not recommended**. Measures of education are elsewhere under the National Framework: Proportion of children developmentally vulnerable on one or more domains of the AEDI (high-level outcome) Attendance rate of children aged 4–5 years at preschool programs (supporting outcome 2) Proportion of children on guardianship and custody orders achieving at or above the national minimum standards for literacy and numeracy (supporting outcome 4).

Table 8 (continued): Mapping indicator areas against the strategies and aims of supporting outcome 1

Aim and/or underlying logic	Strategy	Relevant indicator area	Notes and recommendations
		Participation in social, cultural and community activities	**New indicator not recommended**. Not directly related to the aims or actions and thus unlikely to change as a result of targeted action.
Safe and supportive families			
Families are supported in their caring role.	1.1 Strengthen the capacity of families to support children.	Family social networks and social capital	**New indicator not recommended**. Measures of formal family support services are already captured under supporting outcome 2: Number of children aged 0–17 years seeking assistance through treatment and support services. Proportion of women who had at least five antenatal visits during pregnancy.
		Family functioning	**New indicator recommended.** Positive 'family functioning' is a key indicator of a safe and supportive family.
		Family economic resources	**New indicator not recommended.** The following measures already captured under the high-level outcome: Proportion of households with children aged 0–14 years where at least 50% of gross household income is from government pensions and allowances.
		Shelter	**New indicator not recommended**. Access to appropriate, affordable and secure *housing* is not directly related to the aims or actions and thus unlikely to change as a result of targeted action. Although appropriate shelter is a highly relevant aspect of a *safe and supportive family*, there are significant limitations to the available shelter data (no single data source are available for reporting). Data on *homelessness* are however already included under supporting outcomes 3 and 4: Rate of children aged 0–17 years who receive assistance through homelessness services (accompanied and unaccompanied). Proportion of child protection clients aged 0–17 years who enter juvenile corrective services or receive assistance from homelessness services.

Notes

1. Measures of i) children's social and emotional wellbeing, and ii) identity in childhood are not included in this table. These measures are key Indicators of both safe and supportive families and communities. These concepts are relevant but are captured elsewhere under the National Framework.

2. The second three-year action plan focuses on 'joining up service delivery' through joining up service delivery with mental health, domestic and family violence, drug and alcohol, education, health and other services and targeting locally-based responses by bringing together the efforts of government and non-government organisations to meet the needs of families with multiple/complex needs. An indicator's ability to capture this national priority was also considered.

3 Potential areas for indicator development

Based on an extensive literature and data source review coupled with a review of the underlying aims and strategies of supporting outcome 1, and the National Framework more broadly, the AIHW proposes the following potential indicators for future reporting (Table 9). Meaningful indicators could be developed across five areas. Measures of these indicator areas purposefully include those at the child, family, and community levels (Schorr & Marchand 2007).

Table 9: Summary of potential indicators under supporting outcome 1

Indicator area	Potential indicators	Potential data source	Notes	Time frame to reporting
The value of children in the community	Proportion of adults who report suspected abuse or neglect, by type of abuse and neglect suspected; type of action taken; or	New survey	A national survey may be considered for reporting in the future.	Long term (3+ years).
	Proportion of adults who take action to protect children in family violence situations.	*National Community Attitudes Towards Violence Against Women Survey*	Existing surveys such as the *National Community Attitudes Towards Violence Against Women Survey* may be considered as an alternative.	Requires development. Data may be available in the medium term (1–3 years).
Perceptions of safety	Percentage of households with children aged 0–14 years where their neighbourhood is perceived as safe; and/or	ABS General Social Survey (four yearly)	Data are available for immediate reporting.	Short term (currently available from ABS General Social Survey).
	Children's perception of their own safety.	New survey	Items may be considered for inclusion in the biennial, national survey of children and young people in care.	Medium–long term if children's perceptions are sought.
Children's participation in decision making	To be developed.	National survey of children in care	An indicator may be reportable from the national survey of children in care.	Medium–long term.
Child mortality	Number of children whose deaths were registered in the reference period who had a child protection history, by cause of death.	Jurisdictional child death review committees	Limitations of the currently available data must be considered.	Medium term. Development required for national data.
Family functioning	Proportion of children living in families with healthy family functioning (scoring 2 or below on the MFAD).	No national data	No data for a single overarching measure of family functioning are currently available.	Medium–long term for national reporting.
	The proportion of families who report 'good', 'very good' or 'excellent' family cohesion, by age of child.	LSAC	Only captures family cohesion.	Short term (currently available).
	Sub-indicators of dyadic relationship satisfaction.	HILDA	Only captures dyadic relationship satisfaction.	Short term (currently available).

Indicator area: The value of children in the community

Potential measures: A relevant measure could assess whether adults take action to protect children from abuse and neglect. For example:

- Proportion of adults who report suspected abuse or neglect, by type of abuse and neglect suspected and type of action taken (requires development)

and/or

- Proportion of adults who take action to protect children in family violence situations (requires development).

Background

In recent years, Australia has promoted the safety and wellbeing of children by applying a public health model to care and protection services (Horsfall et al. 2010; O'Donnell et al. 2008; World Health Organization 2006; COAG 2009. This places priority on the availability of universal health and welfare services for all families and children; targeted secondary prevention services for vulnerable families; and early intervention and tertiary child protection services as a last resort (O'Donnell et al. 2008). International research suggests that shared community responsibility can achieve higher safety and wellbeing for children (Calvert 2000).

The National Framework highlights the importance of educating and engaging the community to influence attitudes and beliefs about abuse and neglect, and also more broadly about children and their needs (COAG 2009). There is limited research on the broad community attitudes towards children and the value of children in Australian society. However, community attitudes specifically regarding the protection of children from abuse have been recently surveyed.

Existing data

National Association for the Prevention of Child Abuse and Neglect (NAPCAN) survey

In 2009, the National Association for the Prevention of Child Abuse and Neglect (NAPCAN) conducted a community-based (online/telephone) survey on behalf of the Australian Government. In the survey, respondents were presented with three scenarios representing physical abuse, neglect and sexual abuse (NAPCAN 2010). The results indicated that many respondents showed reluctance to take definitive action. Just under half stated that they would definitely contact the child protection department for each scenario; one-third or less would definitely call a helpline; and in a sexual abuse scenario, only one-third reported that they would definitely contact the police (see Table 10).

Table 10: Proportion of adults who reported they would 'definitely' respond to child abuse scenarios

Proportion who 'definitely would':	Physical abuse[(a)]	Neglect[(b)]	Sexual abuse[(c)]
		Per cent	
Discuss it with a friend or partner	80	76	76
Call the families/child protection department	45	44	49
Phone a helpline for advice	31	27	36
Call the police	28	13	34
Talk to the child	20	28	14
Call a child health nurse/teacher	11	13	15
Talk to the parents	7	6	42

Note: Analysable questionnaires were obtained from 21,050 respondents.

(a) Physical abuse scenario: 'Your neighbour's 7-year-old child often has bruises. You hear a lot of yelling and screaming coming from the house. You see the child with a new black eye'.

(b) Neglect scenario: 'When walking past a house in your neighbourhood you often notice 3 children in their front yard. They are skinny and always look dirty. One of the children, who is about 10 years old, regularly asks you for money for food'.

(c) Sexual abuse scenario: 'A 12-year-old child, who is a member of your extended family, tells you that an adult relative has been touching him/her on the genitals'.

Source: NAPCAN 2010.

Although these survey results provided an indicator of concerned people, it was not representative of the general population. The self-selected sample was over-represented by women (80%, compared with 51% nationally); people with tertiary qualifications (60%, compared with 11% nationally); and 35–44 year olds (29%, compared with 15% nationally).

The New South Wales Government Department of Community Services conducted another survey of adult attitudes towards child protection in 2006. This survey of 1,500 adults revealed that willingness to report varied significantly by the type of abuse or neglect scenario presented. For example, 90% of respondents would report a three year-old left wandering the streets unsupervised but only 33% would report a parent constantly yelling abuse at their child.

The survey also revealed the importance of surveying actual reporting behaviour in past situations. While around one in three adult participants had reason to suspect that a child they knew may have experienced abuse or neglect, 43% did not report it to anyone. Again, reporting behaviour varied according to the type of abuse and neglect suspected (NSW DOCS 2006).

National Community Attitudes Towards Violence Against Women Survey (NCAS)

In 2009, the Commonwealth Government commissioned the Victorian Health Promotion Foundation (VicHealth) to undertake a national survey on community attitudes to violence against women. The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs are the data custodians. The Australian Institute of Criminology and The Social Research Centre were also key research partners (ABS 2011a).

A survey was run in 2009 establishing a benchmark against which changes in attitudes can be more closely monitored over time; future surveys will be conducted four-yearly from 2014.

The project focuses on several areas of community attitudes towards violence against women:

- Perceptions of what constitutes domestic violence, sexual violence and sexual harassment
- Understanding of the consequences and harms caused by violence
- Beliefs regarding whether violence against women is justifiable or excusable
- Myths and beliefs about victims and offenders (ABS 2011a).

The 2009 survey investigated respondent's (n = 10,105) preparedness to intervene in a situation of domestic violence (Victorian Health Promotion Foundation 2011). Of the males surveyed:

- 83% agreed they would intervene when a woman they don't know was being physically assaulted
- 86% agreed they would intervene when a neighbour they don't know well was being physically assaulted
- 94% agreed they would intervene when a family member or close friend was a victim of domestic violence.

Of the females surveyed:

- 78% agreed they would intervene when a woman they don't know was being physically assaulted
- 86% agreed they would intervene when a neighbour they don't know well was being physically assaulted
- 95% agreed they would intervene when a family member or close friend was a victim of domestic violence.

Future versions of the survey could be explored as a potential measure of community willingness to protect children in violent situations.

For consideration

Overall, a survey to capture protective adult behaviours would fit the program/indicator logic of the outcome. However, developing a survey for this purpose would require significant time and resources to implement. Further, any self-reported survey regarding sensitive subject matter would be highly susceptible to sampling and response biases.

Feedback during the consultation phase of this project confirms that the development of a new meaningful survey would require significant research, development and pilot testing to ensure data were reliable, valid and able to inform ways to improve children's safety.

If a new survey was considered for future development the following should be considered:

- Jurisdictional legislation, policy and practice are diverse which can create challenges for presenting an accurate national picture. An extensive understanding of jurisdictional differences in child protection legislation, policy and reporting requirements (including mandatory reporting) would be required.

- Survey development should incorporate:
  - a sample that is nationally representative of the adult population
  - background factors including demographics and mandatory reporting requirements
  - an examination of behaviour in response to all types of abuse and neglect.
- The suggested indicator would measure self-reported *behaviour;* other potential areas for consideration could include attitudes and values towards child protection such as:
  - factors that impact on willingness to report child abuse and neglect
  - level of concern regarding child abuse and neglect
  - understanding of the scope of child abuse and neglect
  - personal confidence in recognising child abuse and neglect
  - knowledge of risk factors for child abuse and neglect.
- Consultation with the jurisdictional children's commissioners and the incoming national children's commissioner.
- A new survey should be evaluated in terms of its ability to inform other areas of supporting outcome 1, the National Framework more broadly and other relevant national projects such as the *National Standards for out-of-home care* (FaHCSIA 2011).

Indicator area: Perceptions of safety

Potential measures:

- The proportion of households with children aged 0–14 years where their neighbourhood is perceived as safe or very safe. This is a key national indicator of neighbourhood safety (see AIHW 2009b).
- Children's self-reported perception of their safety (requires development).

Background

Parental perception of neighbourhood safety affects children's activities and can have a significant impact on children's health, development and wellbeing. Low levels of perceived neighbourhood safety may be contributing to the decline in children's independent mobility over time. Increasing restrictions on outdoor activities, particularly unsupervised activities, could lead to negative effects on mental, social and physical development, a more sedentary lifestyle and poorer health outcomes overall (AIHW 2009b; Zubrick et al. 2010a).

Perceptions of safety when alone at home often relates to crime levels in the local vicinity; previous experience as a victim of assault or household break-in; relationships with people living nearby; sense of strength and capacity to be in control; perceptions of crime levels generally; and level of trust in the local community (ABS 2010b).

Existing data

The ABS General Social Survey (GSS), conducted every four years, provides reliable estimates at a national level of data for the key national indicator of neighbourhood safety.. During personal interviews respondents are asked about their feelings of safety when home alone during the day and at night. In 2006, 86% of respondents in households with children aged 0–14 years reported feeling safe or very safe all the time (during the day and at night) (AIHW 2009b).

For consideration

The key national indicator of neighbourhood safety is a robust indicator of perceived neighbourhood safety. However, annual data cannot be sourced from the GSS. Further, the data items on the GSS are at the person-level (not household-level) therefore it must be noted that it is the household respondent (aged over 18 years) who is asked about their perceptions of safety (not the household as a whole). It is possible that the household respondent may be any adult in the household and not necessarily a parent.

As the survey only includes those over 18 years (capturing respondent's perceptions of neighbourhood safety) an indicator of children's perceptions would need to be sourced via a developmentally appropriate national survey. Children's perception and understanding of their own safety would give valuable insight from a child's perspective which is likely to significantly differ from adults' (Murray 2009). The 2011 Mission Australia Survey of over 45,000 young people aged 11–24 years suggests that 1 in 5 of respondents felt their personal safety was an issue of concern to them (Mission Australia 2011).

Overall, data from the General Social Survey would provide a broad measure of perceived neighbourhood safety. Although the results may enable analyses of differences between

demographic groups, the survey does not ask respondents what factors may have enhanced or compromised neighbourhood safety (or whether there were child safety concerns).

An item may also be considered for inclusion in the biennial national survey of children and young people in care, currently being scoped under the National Standards for Out-of-Home Care (FaHCSIA 2011). The target population for the National Standards for out-of-home care are *children and young people whose care arrangements have been ordered by the Children's Court and where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive*. Therefore, this survey would only provide a subset of children in care and would not be able to provide a population measure of perceived safety. This survey is in the early phases of development; a timetable for implementation and items for inclusion have not yet been agreed.

Other related surveys have been conducted and could also inform national data development. For example:

- At a jurisdictional level, the perceived safety of young people has been surveyed in the Victorian Adolescent Health and Wellbeing Survey and indicator data (*proportion of children and young people who feel safe*) are reported as part of the Victorian Child and Adolescent Outcomes Framework. In 2010, 82% of young people aged 12–17 years reported feeling safe in their community.
- The Household, Income and Labour Dynamics in Australia (HILDA) survey is conducted annually across various 'waves'. However, the questionnaire only includes those over 15 years. Subjective safety is captured by reported levels of satisfaction (scale of 0–10) with 'how safe you feel'. During 2001–2007, 4.3% of respondents aged 15 years and over reported low subjective safety (Kostenko et al. 2009).
- The National Foundation for Educational Research in the United Kingdom was commissioned to conduct an independent survey of children and young people (aged 7–19 years) in Kent. The purpose of the research was to provide information to support self-evaluation and planning for improvement (Chamberlain et al. 2007). The main areas of safety included: understanding of staying safe; perceptions of staying safe in the local area; what makes children and young people feel unsafe; and internet safety

  In 2006–07, most children and young people surveyed thought that they knew how to stay safe and most reported feeling safe travelling to school, in the area they lived, and at school or college. There were, however, a range of safety concerns reported:

  - Approximately two-fifths of children aged 7–11 years reported that broken glass on the ground and people hanging around were a concern in the area they lived.
  - People carrying knives, people on drugs, groups of people hanging around and dark or unlit places made the highest proportion (24–39%) of 11–16 year olds feel unsafe in the areas they lived.
  - Around a quarter of those aged 11–16 years felt they needed more information on internet safety.

Indicator area: Children's participation in decision making

Potential measure: Requires development

Background

Children's rights to express their views and participate in decision making processes about matters that may affect them are among the central and underlying principles of the *United Nations Convention on the Rights of the Child* (UN CRC), and are essential to a child friendly community (UNICEF 2011). The Convention requires that children's voices be heard in all matters affecting them and that their views are taken seriously and respected in accordance with their age and maturity. Children must be provided with the opportunity to express their views in any judicial or administrative proceeding that affects the child, either directly or through an appropriate representative (Office of the United Nations High Commissioner for Human Rights 1989). The right to participate is a procedural right, considered central to the child's ability to exercise all other rights (Lansdown 2005; UNICEF 2011).

Research suggests that children substantially benefit from being meaningfully included and listened to in regards to legal and administrative proceedings that affect them (Hoffmann-Ekstein et al. 2008; MacNaughton et al. 2003). Including children's perspective may also encourage adults, agencies and children's services to think more flexibly or consider a wider range of alternatives.

Recent policy frameworks and practice standards have explicitly acknowledged that children and young people should be active participants, with opportunities for their views, ideas and opinions to be heard and acted upon where appropriate. For example, the National Framework states that upholding children's right to participate in decisions that affect them is a key way of valuing and supporting children (COAG 2009). Similarly, the National Standards for Out-of-Home Care state that participation of children and young people must be encouraged and reinforced through positive experiences of having their contributions taken seriously by workers and the system as a whole. Participation is meaningful when a child or young person is supported in developing the skills and confidence to speak out, to give their views and assert their wishes. It is anticipated that children and young people's views about what works, what can be done better and what should change, will help drive continuous improvement in out-of-home care (FaHCSIA 2011).

Data

Measuring children's participation in child welfare domains may be carried out in two ways: surveys of children's perceived participation in, for example, child protection case planning; administrative data documenting children's participation. Each is discussed below.

Surveys

An assessment of whether children and young people have meaningfully participated in decision making is best achieved by surveying them directly. A relevant project is currently underway under the National Standards for out-of-home care to scope a biennial, national survey of children and young people in care (see above indicator for further details). The target population for the National Standards for out-of-home care are *children and young people whose care arrangements have been ordered by the Children's Court and where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive*. If the national survey of children and young people in care were chosen as a primary data source, only a subset of children in care would be included.

It is anticipated that the survey would enable reporting against *Standard 2: Children and young people participate in decisions that have an impact on their lives*. The current proposed measure

for reporting against this standard is 'the proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to'.

Overall, the national survey of children and young people in care will explore whether children's views have been taken into account in case planning and the means by which this was done. This survey will build on existing work that state and territory governments, non-government organisations and jurisdictional children's commissioners have conducted. Further information on some of this existing work in this area is outlined in Table 11.

Table 11: Existing surveys on children and young people's participation

Organisation	Results
CREATE Foundation	The 2011 survey asked young people to rate their levels of involvement in the preparation of their leaving care plan (using a 6-point scale: 1 – Not at all involved; 6 – Very involved). Analyses showed that overall the degree of involvement differed for the three concerned parties, with carers (M = 4.03) appearing significantly more involved than caseworkers (M = 3.60) or the young people themselves (M = 3.42). Young people were also asked to indicate the types of activity they engaged in with caseworkers during the planning process. The most common experience was meeting face to face with a caseworker (73%).
Queensland Child Guardian	The Queensland Child Guardian report on the Queensland child protection system revealed that in 2009–10, more than three-quarters of children subject to ongoing intervention had a current case plan. Just over half (54%) of the children who reported having a case plan said they were involved in its development.
SA Guardian for children and young people	In 2011, 92 children and young people (aged 4–18) were surveyed on their views about participation in decisions. In answer to the question : Does your social worker ask for your views on important things like school, home, seeing your family or sport?, 39% said they were asked 'most of the time' and 33% said they were asked all of the time. In answer to the question: Does your carer ask for your views on important things like school, sport, when you must be home, clothes and photos?, 43% said they were asked all of the time and 33% said most of the time. In answer to the question: Do people explain decisions made about you?, 36% said all of the time and 33% said most of the time. In answer to the question: Do people listen to what you want?,40% said all of the time and 33% said most of the time.
Victorian Government	The *proportion of Victorian young people who believe they have the opportunity to have a say in issues, and decide on activities, that matter to them in their neighbourhood,* is an indicator reported in the Victorian Child and Adolescent Outcomes Framework, based on data from the Victorian Adolescent Health and Wellbeing Survey (HOWRU). Data from the survey revealed that 61% of Victorian young people believe that adults in their neighbourhood listen to what young people have to say.

Sources: Commission for Children and Young People and Child Guardian 2011b; CREATE Foundation 2011; Vic DEECD 2011.

Administrative data

Data on children's participation in, for example, case planning within the child protection system, could potentially be extracted from state and territory administrative data systems.

There are however, several significant limitations to reporting using such administrative data:

- 'participation' could include a diverse range of activities depending on the age and circumstances of the child; the occurrence of meaningful, informed, age-appropriate participation would not be captured by a single data field on, for example, 'participation in case file development'
- jurisdictional policy, practice and data systems are likely to be diverse, making a nationally comparable indicator difficult via these means

- the potential for reporting bias in the pursuit of compliance.

For consideration

A meaningful indicator should be directly related to the aims and actions of the outcome when measured over time. One specific aim of the outcome is to develop and implement effective mechanisms for involving children and young people in decisions affecting their lives, including:

- judicial proceedings in care and protection
- juvenile justice and family court matters
- child protection and out-of-home care services.

Participatory processes for children and young people can take a number of forms including (but not limited to) case planning within the child protection system. Clarity regarding the priority area(s) for children's participation in decision making would inform appropriate data collection methodology and indicator selection.

Administrative and survey data can be used concurrently to obtain a comprehensive indicator of children's participation. The Guardian for Children and Young People in South Australia monitors *children's knowledge of and participation in decisions that affect them* across several domains including participation in their annual review and their views about sibling contact. This was achieved through several data collections' methodologies including an audits of annual reviews, case file audits, records of presenting issues in requests to the Office for assistance, and a survey of children's views (South Australian Guardian for Children and Young People 2012).

Indicator area: Child mortality

Current measure: Deaths of children known to child protection

The current measure may be refined to, for example: Number of children whose deaths were registered in the reference period who had a child protection history, by cause of death.

Note: The population scope (children with a child protection history), reference period and potential cause of death disaggregation requires significant further development.

Background

Due to the complex circumstances often present in their lives, children known to the child protection system are a particularly vulnerable cohort. Mortality rates (and cause of death) regarding children known to child protection not only reflect circumstances around the time of death, but also help to identify any underlying factors that may have been involved in their quality of life and any overall systemic issues related to the child protection system.

Jurisdictions use data about deaths of children known to the child protection system to improve programs and systems of prevention, early intervention and service to children, including the development of standards and protocols for child protection teams and training and support of case workers.

Existing data

Jurisdictional child death review teams investigate the circumstances of individual child deaths, including deaths of children formerly known to the department responsible for child protection. Child death review teams collate data from numerous sources in order to better understand the circumstances of each child's death. This information is used for the benefit of future prevention and action. They do not aim to determine the culpability of alleged offenders or comment on the performance of workers.

In most cases, child death review teams rely on document and case note analysis; however, teams may conduct interviews or meet with staff or families of the deceased. There is currently no uniform structure or legislation for child death review team responsibilities across jurisdictions (AIFS 2012).

Table 12 presents a summary of currently available published data relating to child deaths known to child protection agencies in Australia, including the child death review committee (or relevant body) that provides the child death review function. New South Wales, Victoria Queensland, Western Australia and South Australia currently report annual data on the deaths of children known to child protection.

Table 12: Deaths of children known to departments responsible for child protection

Jurisdiction	Most recent published data	Child death review committee/body	Population	Frequency of reporting
NSW[(a)]	The NSW Department of Community Services *Child Deaths* report states that in 2010, 139 children and young people who died were known to Community Services.	The NSW Department of Community Services Child Deaths Annual Report focuses exclusively on child deaths known to Community Services.	The NSW Department of Community Services data includes the deaths of children and young people who had been reported to Community Services in the three years prior to their death; whose sibling had been reported within three years of the death; or, who was in care.	Annual.
	The Ombudsman-convened NSW Child Death Review Team (CDRT) reported that 105 of the 589 children whose deaths were registered in 2010 had a child protection history[(b).]	The Ombudsman-convened NSW Child Death Review Team (CDRT)[(c)] reviews the deaths of all children and young people in NSW from all causes, and has a research focus that aims to prevent or reduce the likelihood of child deaths.	The Ombudsman-convened NSW Child Death Review Team (CDRT) data include: Children who had been the subject of a report of risk of harm or significant risk of harm to Community Services within the three years prior to their death, or the subject of report of risk to a Child Wellbeing Unit.	Annual.
	The NSW Ombudsman *Report of Reviewable Deaths* states that. in 2008 and 2009, 30 children whose deaths occurred as a result of abuse or neglect (or in suspicious circumstances) had been the subject of a report to Community Services that they were at risk of harm at some point in the three years prior to their death.	The Ombudsman monitors and reviews reviewable deaths, maintains a register of these deaths, and formulates recommendations as to policies and practices to be implemented by government and service providers.	The Ombudsman reviews all child deaths where: the child died as a result of abuse or neglect; their death occurred in suspicious circumstances; at the time of their death, the child was in care; or at the time of their death, the child was in detention.	Biennial.
Vic	In 2011, 28 child deaths occurred (death rate of 0.53 per 1,000 active Child Protection Clients)[(d)]	Victorian Child Death Review Committee	Children who were a Child Protection client within 12 months of death (excludes the child's siblings).	Annual.

Table 12 (continued): Deaths of children known to departments responsible for child protection

Jurisdiction	Most recent published data	Child death review committee/body	Population	Frequency of reporting
Qld[(e)]	Child Death Case Review Committee reported 65 deaths of children known to child protection (cases considered during 2010–11)[(f)]	Child Death Case Review Committee	Children known to Child Safety Services in the three years prior to their death (excludes the child's siblings).	Annual.
	Commission for Children and Young People and Child Guardian reported 61 deaths of children known to child protection (2010–11).	Commission for Children and Young People and Child Guardian	A child is deemed to have been known to the child protection system if, within 3 years before the child's death, the Department became aware of child protection concerns, alleged harm or alleged risk of harm to the child or took action under the *Child Protection Act 1999* in relation to the child.	Annual.
WA	60 (2010–11); 31 were considered 'reviewable or investigable' by the child death review committee.	Ombudsman Western Australia	Children who in the two years before the date of the child's death: –The CEO of the Department for Child Protection had received information that raised concerns about the wellbeing of the child or a child relative of the child –The CEO had determined that action should be taken to safeguard or promote the wellbeing of the child or a child relative of the child, and –Any of the actions listed in section 32(1) of the *Children and Community Services Act 2004* was done in respect of the child or a child relative of the child, or –The child or a child relative of the child is in the CEO's care or protection proceedings are pending in respect of the child or a child relative of the child.	Annual.
SA	31 (2010)	Child Death and Serious Injury Review Committee	Children or their families had had contact with Families SA in the 3 years prior to their death.	Annual.
Tas	10 (2005 and 2006)[(g)]	Subcommittee of the Council of Obstetric and Paediatric Mortality and Morbidity	n.a.	There are currently no mechanisms in place for routine group analysis and reporting of child deaths.
ACT	0 (1992–2003); published in 2006 by the ACT Health Clinical Audit Committee.	The ACT Children and Young People Death Review Committee[(h)]	The Children and Young People Death Review committee is required to keep a register of deaths of children and young people which includes information as to whether, within 3 years before the death occurred, the child or young person or a sibling were the subject of a child protection report.	Child death review is conducted for clients known to Care and Protection Services and ACT Health. However, there are no publicly available recent statistics.

Table 12 (continued): Deaths of children known to departments responsible for child protection

Jurisdiction	Most recent published data	Child death review committee/body	Population	Frequency of reporting
NT	No data available.	Child Death Review and Prevention Committee	The Child Death Reviews and Prevention Committee's Annual Report (2011) provided information on all infant and child deaths registered in the Northern Territory in 2010. Information on whether children were known to child protection is not recorded in the Northern Territory.	n.a.

(a) The number of child deaths of children known to Community Services, as detailed in the CDRT annual report, differs slightly from Community Services' data. This reflects the important differences in the functions of CDRT and Community Services' annual reporting. The CDRT reports on the deaths of children and young people that were registered in a calendar year with NSW Registry of Births, Deaths and Marriages. Community Services reports on deaths that occurred in a calendar year. For example, a child who died in late 2010, but whose death was not registered until 2011, would not be included in the 2010 CDRT report. As the death occurred in 2010, Community Services has included it in the Child Deaths 2010 Annual Report. Community Services also reports on NSW children, known to Community Services, who died in another state. CDRT reports child deaths registered in NSW. Further, Community Services will also undertake a review where a child was under the Parental Responsibility of the Minister for Family and Community Services but was not subject to a report to Community Services within three years. The CDRT has not previously reported on children in care. Based on these differences in function, there are 16 cases in 2010 where either: Community Services has reviewed a case that was not included by CDRT in that year; CDRT has included a case that was not reviewed by Community Services; the death did not fit CDRT criteria due to the death occurring outside of NSW; the death was not included in CDRT figures due to the death occurring outside of NSW unless the death was registered in NSW.

(b) An additional 38 children did not have a child protection history themselves, but had a sibling who did. Thirty-six children had a sibling who had been the subject of a report of risk of harm or significant risk of harm to Community Services within the three years prior to their death, and two children had a sibling who was the subject of report of risk to a Child Wellbeing Unit. Children who had a child protection history were 4.9 times more likely to suicide, 2.6 times more likely to die suddenly and unexpectedly in infancy and 2.1 times more likely to die as a result of fatal assault.

(c) In April 2009, the *Children Legislation Amendment (Wood Inquiry Recommendations) Act* was passed by the NSW Parliament. The Act transferred the Child Death Review Team from the NSW Commission for Children and Young People to the Office of the NSW Ombudsman. This transfer was completed in 2011.

(d) The cases discussed in the Commission for Children and Young People and Child Guardian's annual report (2011) are not the same cohort of cases referred to in the Child Death Case Review Committee (CDCRC) Annual Report. The CDCRC Annual Report discusses cases of children known to the child protection system that were considered by the CDCRC during 2010–11 (which may be different to the cases that actually occurred during this period, as a result of the time frames associated with the review process).

(e) Twelve deaths were attributed to an acquired/congenital illness; 4 deaths were due to accidents; 2 deaths were drug/substance related; and 2 deaths were due to suicide. Eight deaths were categorised as 'cause of death pending determination by the coroner'.

(f) One child was known to Child Safety Services in response to the incident causing the death of the deceased child. Thirty-two children and young people reviewed died from diseases and morbid conditions. Deaths from diseases and morbid conditions were most common in children aged under 1 year (16 deaths). Drowning was the leading external cause of death (seven deaths). Six children and young people suicided. Five children died from sudden infant death syndrome and undetermined causes. Five children died from causes unknown—pending test results. Four children and young people died due to other non-intentional injury-related causes. Four children and young people died in transport incidents. One child died as a result of a fire. One child was fatally assaulted.

(g) Of the 10 deaths of children known to the child protection system, in two cases the child protection system was only alerted to the child after his or her death; in three cases, child deaths were classified as resulting from suspected abuse or neglect; in two cases, child deaths resulted from sudden infant death syndrome; and in three cases, child deaths were attributed to natural causes or as a consequence of disability that was unrelated to the child protection system. Two child death reviews have been conducted since 2006, one involving an infant/child who died of sudden infant death syndrome and another involving a child known to Child Protection Services. The findings of these reviews remain confidential.

(h) The ACT Children and Young People Death Review Committee has been established; data are yet to be published. The Committee must provide a report to the Minister, within the first six years of operation, about deaths of children and young people that occurred between 1 January 2004 and 17 September 2011.

Sources: AIFS 2012; AIFS 2010; New South Wales Child Death Review Team 2011; New South Wales Department of Family and Community Services 2011; New South Wales Ombudsman 2011;Victorian Child Death Review Committee 2012; Commission for Children and Young People and Child Guardian 2011a; Queensland Child Death Case Review Committee 2011; Ombudsman Western Australia 2011;South Australian Child Death and Serious Injury Review Committee 2011; Department of Health and Human Services 2006; Northern Territory Chld Deaths Review and Prevention Committee 2011.

For consideration

- Not all deaths of children known to child protection are due to abuse or neglect. However, reporting data on the deaths of all children that were known to child protection (even when their deaths were not suspected as being associated with abuse or neglect) can help to identify any factors that may have been involved in their quality of life and any overall systemic issues related to the child protection system.
- Mortality data on children who have child protection histories are highly sensitive, particularly for those personally affected. The appropriate management of these data

with potentially small cells is paramount, especially in regard to privacy and confidentiality. The issue of the confidentiality of data involving small cells are particularly significant for smaller jurisdictions.

Several limitations of currently available data should be noted:

- Not all deaths of children known to child protection are due to abuse or neglect; cross-tabulations by cause of death would reveal the proportion attributed to abuse or neglect.
- The number of deaths attributed to abuse or neglect is likely to be an under-count. For example, some child deaths labelled 'accidental' might actually be attributable to child abuse and neglect (AIFS 2010).
- There are often significant delays in the availability of data relating to child deaths, particularly those that are referred to the coroner.
- No annual, comparable national data are currently available; comparability of data across jurisdictions are compromised due to the following factors:
  - The definition of 'known to child protection' varies across jurisdictions; most jurisdictions include those who were known to the department in some capacity within the 3 years before the child's death (excludes Victoria which is within 12 months of the child's death and Western Australia which is 2 years).
  - Differences in coding may result in different death classifications and levels of detail reported.
  - Practice varies in terms of reporting interstate deaths (i.e. when a child dies outside of the state/territory in which they reside).
  - The reference period for data collection currently varies—some jurisdictions collect financial year data, others collect according to the calendar year.
  - Comparing figures is problematic due to the variance of the child to adult population ratio in different states, differing thresholds for reporting and differences in the numbers of mandated reporters.
  - The three smallest jurisdictions (Tasmania, Northern Territory and Australian Capital Territory) currently do not have publically available annual reporting mechanisms in place.
- This indicator may overlap with existing National Framework indicators. The high-level outcome currently includes the following mortality indicators:
  - Mortality rate for infants less than 1 year of age
  - Assault (homicide) death rate for children aged 0–17 years.

Indicator area: Family functioning

Potential measures

Family functioning:

- Proportion of children living in families with healthy family functioning (scoring two or below on the McMaster Family Assessment Device).

Family cohesion:

- The proportion of families who report 'good', 'very good' or 'excellent' family cohesion, by age of child.

Dyadic relationship satisfaction:

- the proportion of parents who report being 'highly satisfied' with their relationships with their children
- the proportion of young people (over 15 years) who report being 'highly satisfied' with the relation with their parents

Background

Family functioning relates to a family's ability to interact, communicate, make decisions, solve problems and maintain relationships. Models of strong families usually describe those that are cohesive, flexible and communicate well (Olson & Gorall 2003). Components of family functioning commonly identified in the literature include: positive communication; spending time together; affection, support and commitment to the family and adaptability (AIHW 2009b; Zubrick et al. 2000).

There are a number of factors that may impact on the level of functioning within a family. These include, but are not limited to, changes in family circumstances, relationships between family members, the balance between employment and family life, and external factors that affect family life (AIHW 2009b).

As a result, family functioning can be considered a dynamic process—the level of functioning of all families will change over time, as families often go through stages of strength and instability (AIHW 2009b). In these instances, resilience can often develop in children and adolescents. Research has shown that, regardless of the family structure, strong family relationships and communication positively influence adolescent sociability and academic achievement, and also reduce the incidence of substance misuse and risky behaviour among young people (AIHW 2011d). A family with high levels of family functioning interacts effectively to provide the ideal environment for children to be strong, resilient, emotionally healthy and able to cope well with adverse conditions (DeFrain 1999). Children also benefit from positive role models for building relationships, the ability to cope with stress and change, and better levels of self-esteem (Geggie et al. 2000; Shek 2002).

Existing data

Family functioning is not readily measured and lacks easily defined concepts because it is a measure of a process (or context). Additionally, a single measure would not capture the complexity of family functioning. As a result, there are currently no national data available on a single overarching measure of family functioning in families with children.

National data are, however, available on specific components of family functioning, such as family cohesion, communication, closeness between family members and satisfaction with their family (AIHW 2011d).

Several data sources are available to measure aspects of family functioning. Alderfer et al. 2008 provides a review of other well-established measures include the Family Assessment Measure-III (FAM-III) and the Family Relationship Index (FRI) of the Family Environment Scale (FES). This project focuses on three potential measures with a strong Australian evidence-base. The strengths and weaknesses of these data sources are discussed below.

McMaster Family Assessment Device (MFAD)

The McMaster Family Assessment Device (MFAD) is a widely used survey instrument which consists of seven scales that measure problem solving, communication, roles, affective responsiveness, affective involvement, behaviour control and general functioning.

The General Functioning Scale of the MFAD provides a single summary indicator of family functioning, derived from a number of questions about communication, problem solving, support and closeness within the family. This scale was recommended as an indicator of overall family functioning and has been used in state-level surveys in NSW and Victoria.

The Victorian Child and Adolescent Monitoring System includes an indicator of positive family functioning—*proportion of children living in families with healthy family functioning*—which is defined as the percentage of children aged 0–12 years, living in families scoring 2 or below on the General Functioning Scale of the MFAD. Family functioning in this scale generally reflects whether a family discusses concerns, worries or fears; if family members are able to support, trust and accept each other; and whether the family unit has difficulty making decisions and planning.

The 2009 Victorian Child Health and Wellbeing Survey reported that the vast majority (almost 90%) of Victorian children aged under 13 years lived in households with healthy family functioning. However, almost 7% of children lived in families characterised by unhealthy family functioning (Vic DEECD 2011).

The General Functioning Scale of the MFAD has not yet been used in any national surveys in Australia (AIHW 2010b) but, if considered for inclusion within a national survey, could provide a useful overarching measure of family functioning.

Growing up in Australia: the Longitudinal Study of Australian Children (LSAC)

'Family cohesion' is a conceptually relevant underlying component of family functioning which reflects the ability of the family to get along with each other (AIHW 2009b). *Growing up in Australia: the Longitudinal Study of Australian Children* (LSAC) is currently one of the best available data sources for measuring family cohesion in an Australian context. Use of the LSAC would enable reporting on measures of family, for example: *the proportion of families who report 'good', 'very good' or 'excellent' family cohesion, by age of child.*

According to the study (as reported in AIHW 2009b), the vast majority of surveyed families reported their family cohesion to be 'excellent', 'very good' or 'good'— 95% for families of 2–3 year olds, and 93% of families with 6–7 year olds.

However, LSAC is not highly appropriate for measuring change over time for national indicators. This is because it is a longitudinal study based on a cohort with a certain characteristic (i.e. children aged either 0–1 or 4–5 at wave 1), rather than a longitudinal panel study sampling a cross-section of the population (like the HILDA survey discussed below).

LSAC is therefore capturing the same families at each wave as the children grow older, rather than providing a more representative cross-section of the population over time. Also, a further limitation of LSAC for reporting on national indicators is its limited ability for disaggregation by population groups.

Household, Income and Labour Dynamics in Australia (HILDA)

During each wave of the HILDA survey, respondents are asked to rate the satisfaction with their relationships (including the respondent's partner, children and parents) on a scale of 1 to 10 (completely dissatisfied to completely satisfied). The survey also asks how well the respondent believes the children in the household get along with each other. Use of the HILDA survey would enable reporting on measures of satisfaction in dyadic relationships, for example:

- the proportion of parents who report being 'highly satisfied' with their relationships with their children
- the proportion of young people (over 15 years) who report being 'highly satisfied' with their relationships with their parents.

In 2008, HILDA data on young people aged 15–24 years revealed that 89% of young people aged 15–24 years reported that they were 'highly satisfied' with their relationship with their parents. An even higher proportion of parents (93%) reported the same level of satisfaction in their relationship with their children (AIHW 2011d).

However, as children under 15 years are not interviewed, this survey would not capture younger children's relationship satisfaction with their parents. Also HILDA data on households with children have limited disaggregation by population groups.

If the abovementioned measures of the parent–child relationship are selected to represent the functioning of the family as a whole, this would not capture other aspects of familial functioning such as the dynamics between siblings or between parents.

4 Recommendations

Based on extensive reviews of the literature, existing frameworks and data sources and an examination of the underlying logic of the National Framework, the AIHW proposes the following recommendations for reporting short term (currently available or available or within 1 year), medium term (1–3 years) and long term options (3+ years, which would require the development of a new national survey).

The following recommendations present a package of potential indicators that are not all suitable for immediate reporting. Two indicator areas (family functioning and perceived safety) are recommended for immediate reporting. Although these options are the best available indicators in the short term, development options to improve reporting should also be considered in the longer term.

4.1 Short term recommendations (for immediate reporting)

Family functioning indicators

Recommendation 1a:

A measure of family cohesion such as *the proportion of families who report 'good', 'very good' or 'excellent' family cohesion, by age of child* is recommended for inclusion as a partial indicator of family functioning. Although data for this measure would be available from the Longitudinal Study of Australian Children (LSAC), the cohort nature of this study limits the usefulness as an indicator over time.

Recommendation 1b:

Data from the Household, Income and Labour Dynamics in Australia (HILDA) could be used to source an indicator of one aspect of positive family functioning—satisfaction in family relationships. The following indicators are recommended:

- The proportion of children who report being 'highly satisfied' with their relationship with their parents.
- The proportion of parents who report being 'highly satisfied' with their relationship with their children.

HILDA data relating to children are however limited to those aged over 15 years.

Perceptions of safety indicator

Recommendation 2:

An indicator of perceived safety fits the program/indicator logic of this outcome and is recommended for inclusion. *Percentage of households with children aged 0–14 years where their neighbourhood is perceived as safe* is recommended as a robust key national indicator of neighbourhood safety.

4.2 Recommended indicator removal or revision (for immediate action)

AIHW proposes the following recommendations as ways to streamline and/or refine current reporting through the removal (or revision) of existing indicators.

Value of children in the community indicators

Recommendation 3:

AIHW recommends that the following existing indicators be removed:

(1) Community attitude towards and value of children and *(2) Children's perception of their value within the community*

Community awareness campaigns regarding child abuse and neglect are unlikely to greatly influence general attitudes towards children and young people. Children's 'perceived value' is a vague construct that would be difficult to clearly define and measure. Although there have been a number of surveys undertaken to measure personal values using rating scales, pursuing this option would take significant time and resources to develop and timely data would not be available. The concept of children being valued through their participation in decision making could instead be captured elsewhere (see recommendation 7).

Injury and poisoning indicator

Recommendation 4:

It is recommended that the existing indicator *rate of hospitalisations for injury and poisoning for children aged 0–4 years* be removed for reporting under supporting outcome 1. No specific aims or actions under this outcome address child injuries. This indicator may however be considered for reporting under the high-level outcome, and expansion of the reported age range should also be considered.

Child mortality indicators

Recommendation 5:

It is recommended that the existing indicator *child homicides* be removed from supporting outcome 1. Child mortality rates (and causes of mortality) are key indicators of the overall health and wellbeing of children and the following are currently included as measures of the high-level outcome:

- Mortality rate for infants less than 1 year of age
- Assault (homicide) death rate for children aged 0–17 years.

4.3 Medium term recommendations (1–3 years)

Perceptions of safety indicator

Recommendation 6:

To enable reporting on children's self-perceived safety (to complement reporting of the indicator proposed under recommendation 2), an item may be considered for inclusion in the biennial, national survey of children and young people in care. This survey is however limited to children and young people whose care arrangements have been ordered by the Children's Court and where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive. The nature and scope of the survey is yet to be determined.

Children's participation in decision making indicator

Recommendation 7:

An indicator of children's participation in decision making fits the program/indicator logic of this outcome and is recommended for inclusion. *The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to* may be reportable pending scoping work into a national survey of children in care under the National Standards for out-of-home care. This survey is limited to children and young people whose care arrangements have been ordered by the Children's Court and where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive. The nature and scope of the survey is yet to be determined.

Value of children in the community indicators

Recommendation 8:

It is recommended that the *National Community Attitudes Towards Violence Against Women Survey* be considered as a source for reporting a measure of whether adults take action to protect children, for example *proportion of adults who take action to protect children in family violence situations.* A survey to capture protective adult behaviours fits the indicator logic of the outcome. Redevelopment of an existing survey such as the *National Community Attitudes Towards Violence Against Women Survey* may be considered as an alternative to a new survey which would require significant development (see recommendation 11).

Child mortality indicators

Recommendation 9a:

Further development work is recommended for the current indicator *deaths of children known to child protection*. This indicator may be refined to *Number of children whose deaths were registered in the reference period who had a child protection history, by cause of death.* Six jurisdictions currently report annual data relevant to this indicator. Significant development would be required to enable reporting of nationally comparable data but the reporting of such data are considered a relevant priority.

Recommendation 9b:

Number of children whose deaths were registered in the reference period who had a child protection history, by cause of death may be considered for reporting under the high-level outcome.

4.4 Long term recommendations (3+ years)

Family functioning indicator

Recommendation 10:

An indicator of positive family functioning fits the underlying outcome aim of 'supportive families'. A comprehensive measure of family functioning would best be captured in a national survey using a well-validated instrument such as the General Functioning Scale of the McMaster Family Assessment Device (MFAD). Based on state-level research, an indicator such as *proportion of children living in families with healthy family functioning (scoring 2 or below on the MFAD)* is recommended. If a national survey is not feasible, sub-measures of family functioning may be captured using existing data sources (see recommendations 1a and 1b).

Value of children in the community indicator

Recommendation 11:

It is recommended that a national survey be considered to source a measure of whether adults take action to protect children from abuse and neglect. For example, p*roportion of adults who report suspected abuse or neglect, by*

- *type of abuse and neglect suspected*
- *type of action taken.*

A survey to capture protective adult behaviours fits the indicator logic of the outcome. However, a new survey for this purpose would require significant time and resources to implement. Redevelopment of existing surveys such as the *National Community Attitudes Towards Violence Against Women Survey* may be considered as an alternative (see recommendation 8).

Appendix 1: Literature review

Introduction

The following presents a summary version of a targeted review of the literature which aimed to develop a broad understanding of the concepts defined within supporting outcome 1 under the *National Framework for Protecting Australia's Children 2009–2020*. The review provides an overview of recent theoretical developments and empirical research related to *safe and supportive families and communities*, with a focus on the key areas that have the greatest impact on child safety, wellbeing and positive development within the Australian child welfare context (Table A1).

Table A1: Key areas relevant to children living in 'safe and supportive families and communities'

Key areas	Related concepts found in literature
Children's rights and participation	
Children's rights and child-friendly communities	Communities support and uphold children's civil, cultural, economic, political and social rights as defined under the *United Nations Convention on the Rights of the Child.*
The value of children in the community	All members of the community take responsibility for children's welfare and wellbeing.
Children's participation in decision making	Children have the opportunity to participate in decision making processes about matters that may affect them.
Participation in education	Children attend and are engaged in education.
Participation in social, cultural and community activities	Children have the opportunity to participate in social, cultural, and community activities.
Child safety and victimisation	
Victimisation of children	Children do not experience physical or sexual assault or other forms of criminal victimisation.
Child abuse and neglect	Children do not experience physical, sexual, or psychological abuse or neglect.
Domestic and family violence	Children are not exposed to family violence.
Bullying	Children do not experience direct or indirect physical, social, verbal or reputational bullying.
	Children enjoy positive and supportive relationships with peers.
Perceptions of safety	Fear of crime and violence does not restrict children's activities..
Injury and poisoning	Children experience low rates of accidental injury or poisoning.
Child mortality	Preventable mortality among children is minimal, including mortality resulting from accidental deaths and deliberate acts such as assault, suicide and murder.

Table A1 (continued): Key areas relevant to children living in 'safe and supportive families and communities'

Key areas	Related concepts found in literature
Child wellbeing	
Children's social and emotional wellbeing	Children have high levels of social and emotional wellbeing.
Identity in childhood	Children have a sense of positive cultural identity.
Families' and children's environments	
Family functioning	Children live in families that are cohesive, flexible, and communicate well.
Family social networks and social capital	Families access adequate support from community organisations and informal social networks of family and friends.
Family economic resources	Children do not live in poverty or experience significant material deprivation.
Shelter	Families have access to housing that is appropriate, affordable and secure.
Environment	The physical environment promotes children's participation in activities, social inclusion, safety and independence.
	Children's environments are free from physical, biological and chemical hazards.

As a basis for understanding child wellbeing, this review acknowledges the importance of children's interactions with the environment—often termed an 'ecological approach'. Children are continually interacting with their environment, and this interaction affects all areas of a child's development, including physical, cognitive, psychological and social development (AIHW 2011c; Lippman et al. 2009). The interplay between the resources available and the risk factors they are exposed to affect child outcomes; as such, children's capabilities need to be understood in terms of their environment and how they relate to it (ARACY 2008).

One of the most commonly cited ecological approaches to child wellbeing is Bronfenbrenner's ecological theory, which conceptualises a child's individual development within concentric circles of environmental influence, including family, school, peer, neighbourhood, community and nation (AIHW 2011c; ARACY 2008). This theory provides the overarching conceptual framework for understanding the factors that influence children's safety, development and wellbeing as explored in the literature review.

The key components of these ecological systems highlight the relevant subject area from which indicators may be sourced for reporting against supporting outcome 1 in the future. Each of these key areas is discussed in detail below.

1 Children's rights and participation

1.1 Children's rights and child-friendly communities

The central theme of child friendliness involves making cities and communities better places for children and youth by recognising and realising their rights (UNICEF 2004; Woolcock & Steele 2008). The *United Nations Convention on the Rights of the Child* (UN CRC) establishes a range of civil, cultural, economic, political and social children's rights including participation and civic life and the promotion of systems of governance committed to children's rights (Australian Human Rights Commission 2011; Howard 2006; Office of the United Nations High Commissioner for Human Rights 1989; Woolcock & Steele 2008).

Since ratification of the UN CRC in Australia in 1990, major initiatives include the development of the Office of Youth Affairs (or their equivalent) and the appointment of independent children's commissioners or guardians in each state and territory (Kenney & Tait 2005; Lamont & Holzer 2011) On 29 April 2012, the creation of a National Children's Commissioner within the Australian Human Rights Commission was announced. Following the passage of legislation to establish this statutory position, the Prime Minister announced the appointment of a new Commissioner in February 2013.

In Australia, much of the research focus on child friendliness has been at the community, neighbourhood and family level, with particular consideration for children's development, health and wellbeing (Woolcock & Steele 2008). For example, the National Association for the Prevention of Child Abuse and Neglect (NAPCAN) defines a child friendly community as one in which children are valued, supported, respected, provided for and actively included. Similarly, the Australian Research Alliance for Children and Youth (ARACY) note that relationships within and between families, between families and the wider community, and with the service system are the drivers of, and essential to, the success of developing child-friendly communities (Howard 2006).

1.2 The value of children in the community

In recent years, Australia has promoted the safety and wellbeing of children by applying a public health model to care and protection services (Horsfall et al. 2010; O'Donnell et al. 2008; World Health Organisation 2006; COAG 2009). This places priority on the availability of universal health and welfare services for all families and children; targeted secondary prevention services for vulnerable families; and early intervention and tertiary child protection services as a last resort (O'Donnell et al. 2008). Social marketing campaigns encouraging help-seeking behaviour are also part of the public health approach. International research suggests that shared community responsibility for children can achieve higher safety and wellbeing for children (Calvert 2000).

There is limited research on the broad community attitudes towards children and the value of children in Australian society. However, community attitudes towards the protection of children from abuse have been surveyed recently. While most survey respondents were concerned about child abuse and neglect, it was ranked at a relatively low level on a list of community issues unless prompted. Community understanding of the nature and extent of child abuse is limited (Tucci et al. 2003, 2006, 2010) and many people believe children lie or make up stories about being abused (NSW Department of Community Services 2006; Tucci et al. 2010).

Research on how children perceive their value in the community is also limited. Bolzan (2003) conducted a series of 76 in-depth interviews with young people aged 12 to 25 years. This sample of young people generally held positive attitudes towards other young people but 'overwhelmingly' believed the general community held negative perceptions of them (Bolzan 2003).

1.3 Children's participation in decision making

The principles of the UN CRC affirm children's rights to express their views and participate in decision making processes in all matters that may affect them and require that children's views be taken seriously and respected in accordance with their age and maturity. Views can be expressed by children or by an appropriate representative. Article 12 of the convention required these children's rights be applied in decision making processes in any judicial and

administrative proceeding (UNICEF 2011; Office of United Nations High Commission for Human Rights 1989).

Research, though limited, supports a number of benefits for children and communities where children are active participants in the decision making processes. Lansdowne (2005) argues that the greater levels of competence children acquire through participation makes them better able to protect themselves from abuse. Future democracy of communities may also be strengthened due to children's increased abilities to engage and make a contribution (Hoffmann-Ekstein et al. 2008; MacNaughton et al. 2003).

There has been increasing participation of children in projects, policy development and community interventions such as the development of early childhood programs, parks, schools and policies, which have led to improved use and effectiveness (Hoffmann-Ekstein et al. 2008; Lansdown 2005; MacNaughton et al. 2003).

In Australia, many children's commissioners and guardians promote children's participation in decision making, producing for example information and guidelines on how to involve children and young people in consultation and decision making processes.

However, research indicates that children's involvement in decision making, including law and policy development, remains limited (Hoffmann-Ekstein et al. 2008). Barriers include adults' reluctance to listen seriously to children and to accommodate their needs (Taylor & Ashford 2011).

In 2005 the UN Committee recommended that the family law reform expressly provide for the right of children to express their views and that a national roundtable for children be established. The Australian Human Rights Commission (2011) recommended that a national children's commissioner be established with a key function to ensure that children's views are heard and respected in the decision making process—particularly children with special needs. The Prime Minister announced the appointment of a new Commissioner in February 2013 . Participation of children in the areas of disability services, mental health, family law and out-of-home care were highlighted as requiring development.

Osborn and Bromfield (2007) concluded that ensuring children's views are heard and decisions made with the consideration of their wishes may promote children's greater cooperation with out-of-home care placements and in obtaining more preferable placement options.

1.4 Participation in education

Children's experiences of school and learning are central to their health, wellbeing and future outcomes, as well as being fundamental to the productive capacity of Australian society in the future (AIHW 2009b). Key aspects of young children's educational development include participation in early childhood education programs, transition to primary school, attendance at primary school and achievement in primary and high school, particularly in the areas of literacy and numeracy.

Experiences of learning in early childhood provide the foundation for later academic and social success (AIHW 2011b). Most (82%) children aged 4–8 who attended school at the time of the survey in 2008 had attended preschool or preschool programs in long day care in the year before starting school (ABS 2009b). Importantly, early childhood education often prepares children for the transition to primary school.

Children entering primary school with social competence, capacity for engagement with others and resilience in meeting the challenges of schooling are more likely to experience a successful transition to primary school (AIHW 2009b). Those who have difficulty making the transition may experience difficulties throughout their school years and into adulthood, experiencing higher rates of mental health problems and poorer educational and employment outcomes (Farrar et al. 2007).

Regular participation in primary school is critical for success in education, promoting learning and educational attainment, as well as the development of social skills, communication skills and self-esteem (AIHW 2009b, 2011b). School attendance can be measured in terms of enrolments and attendance. Most children in Australia attend primary school. In 2009, the AIHW reported that attendance rates in state and territory schools were 92–95% for Year 5 students in all school sectors (government, Catholic and independent schools); except in the Northern Territory where rates were slightly lower, ranging from 81% to 89%.

A substantial amount of research identifies links between socioeconomic disadvantage and educational outcomes. While education can improve social and economic disadvantage by providing better employment prospects, educational failure can reinforce it, leading to inter-generational poverty and less equality of opportunities (Machin 2006). Research indicates that educational achievement in Australia remains significantly determined by socioeconomic status (based on factors such as parental education, parental occupation and assets) or social background (Walsh & Black 2009).

In Australia, children who are most at risk of exclusion or low educational attainment include Indigenous children, those from culturally diverse backgrounds or who speak languages other than English, and children from low socioeconomic backgrounds. The AIHW reports that children from non-English speaking backgrounds are less likely to attend preschool, and are, on average, more likely to be developmentally vulnerable when starting school and have lower rates of literacy achievement (AIHW 2011b).

Indigenous children are more likely to be developmentally vulnerable at school entry, have generally lower and more variable rates of attendance at primary school, and are less likely to meet the minimum standards for literacy and numeracy (AIHW 2009b, 2011b; Kronemann 2007; Zubrick et al. 2006). Zubrick and colleagues (2006) suggest the substantial disparities are related to deep-seated issues with social and emotional wellbeing and the ongoing consequences of past policies of exclusion from school-based education.

1.5 Participation in social, cultural and community activities

Children's rights to participate in a range of community-based and civic activities are mandated in the UN CRC and are among the key principles of the child friendly community (UNICEF 2004). For example, UNICEF states that a child friendly city guarantees the right for every young person to participate in family, community and social life and to participate in cultural and social events.

Participation in community activities can help children to build community networks, which may benefit overall social and emotional wellbeing by building self-esteem, confidence, interpersonal and critical thinking skills (ARACY 2008; Williams 2004).

Data indicate that most children in Australia participate in cultural and leisure activities. An ABS survey of Australian children aged 5–14 years found that close to two-thirds (63%) had played an organised sport outside of school hours in the previous 12 months and around

one-third (34%) were involved in one of four selected cultural activities (playing a musical instrument, singing, dancing and drama) outside of school hours (ABS 2009c). Children born overseas in non-English-speaking countries were less likely to participate than those born in Australia or main English-speaking countries. In addition, children in one-parent families were less likely to participate than those in couple families.

2 Child safety and victimisation

2.1 Victimisation of children

Being a victim of violence or crime can have significant impacts on a child's health, wellbeing and future development. Victimisation of children may lead to physical injury, death, mental health problems including depression and anxiety, increased risk of psychiatric disorders, loss of self-esteem, lack of socialisation, increased aggression, poor engagement with education, increased risks of alcohol and substance abuse, and other signs of physical and psychological trauma (AIHW 2009b; Finkelhor & Hashima 2001; House of Representatives Standing Committee on Family Community Housing and Youth 2010; Mitchell et al. 2007).

Children may be victims of all of the conventional crimes that adults are subject to (such as assault); and they may be subject to acts that violate child welfare statutes, usually termed abuse, neglect or maltreatment (Finkelhor & Hashima 2001). In addition, children are particularly vulnerable to internet victimisation including sex crimes, exposure to pornography, and harassment and cyber bullying (Finkelhor 2007; Mitchell et al. 2007). Finkelhor (2007) argues that children are one of the most highly victimised groups in society, in part due to the number of different types of victimisation children are vulnerable to. However, obtaining accurate and comprehensive statistics on children's victimisation and experiences of crime is problematic. Figures on reported levels of crime are likely to underestimate actual levels due to the reluctance of some children to report crimes to adults, and because perpetrators may be adults in a position of power.

In Australia, there is no national data source for crimes against children under 15 years of age that are not reported to the police or child protection services (AIHW 2009b). The main source of data on the criminal victimisation of children (apart from substantiations of child abuse) is the ABS *Recorded Crime – Victims* publication (ABS 2010a; AIHW 2009b). Data are available for selected offences; however, national data are not available for assault. Available data from 2010 show 93 children per 100,000 aged 0–9, and 318 children per 100,000 aged 10–14 were victims of sexual assault. Further, 4 children per 100,000 aged 0–9; and 9 children per 100,000 aged 10–14 were victims of kidnapping or abduction (ABS 2010a).

The Australian Institute of Criminology's National Homicide Monitoring Program (NHMP) also provided information about child homicide. Data indicate that, in each year between 1989–90 and 2006–07, the proportion of homicide victims that were aged 0–17 years ranged between 9% and 15% (Tomison & Richards 2010).

2.2 Child abuse and neglect

Child maltreatment refers to any non-accidental behaviour (intentional or unintentional) which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm towards a child or young person (AIFS: Bromfield and Holzer 2008; Price-Robertson & Bromfield 2009). Child maltreatment includes physically abusive behaviour,

sexually abusive behaviour, neglectful behaviour, and psychologically abusive or neglectful behaviour.

Child abuse and neglect can affect any or all of the interrelated domains of a child's physical, psychological, cognitive, behavioural and social development (Jordan & Sketchley 2009; Lamont 2010). Adverse outcomes include attachment problems in infants, health problems, learning and development difficulties, post-traumatic stress disorder and persistent mental health problems, suicide, criminal behaviour, teenage pregnancy and housing instability (Jordan & Sketchley 2009; Lamont 2010). Long term consequences may extend into adolescence and adulthood.

Factors associated with the occurrence of child abuse and neglect include parental alcohol and substance abuse; parental and child mental health problems; family and domestic violence; poor parenting skills; large families; children with health, disability or behavioural problems; poverty; social isolation; past experiences of trauma; and parents with histories of being abused or neglected (AIFS: Bromfield and Holzer 2008; Wood 2008). Many of these factors are interrelated and chronic in nature, and occur within the broader context of social exclusion and disadvantage.

On the basis of the available evidence, Price-Robertson et al. (2010) suggested that the prevalence of child physical abuse in Australia is between 5% and 10%; emotional maltreatment is 11%; and witnessing family violence is between 12% and 23%.

Data on children's involvement with state and territory child protection services are also available. During 2010–11, there were 237,273 notifications (allegations of suspected child abuse or neglect made to authorities) relating to 163,767 children; over the period, there were 40,466 substantiations (where it was concluded, following investigation, that the child had been, was, or is likely to be, abused, neglected or otherwise harmed) relating to 31,527 children (AIHW 2012). This equates to 6.1 children per 1,000 aged 0–17 who were the subject of a substantiation of a notification during 2010–11.

Indigenous children and infants aged less than 1 year are consistently over represented in the Australian child protection system. In 2010–11, the rate of children with a substantiation of a notification for children aged less than 1 (12.0 per 1,000) was around twice the rate for children aged 1–4 (6.9 per 1,000), 5–9 (6.1 per 1,000) or 10–14 (5.8 per 1,000) (AIHW 2012). Infants are particularly vulnerable to maltreatment due to their dependence on others for survival, physical immaturity, under-developed communication skills, and social invisibility (Jordan & Sketchley 2009).

Indigenous children were almost 8 times as likely to be the subject of a substantiation as non-Indigenous children (34.6 and 4.5 per 1,000, respectively). Issues that have been associated with child abuse and neglect among Indigenous communities include their relative socioeconomic disadvantage; mental health issues; substance abuse; cultural disintegration, including the intergenerational effects of large-scale removal of Indigenous children from their families; racism; silence and denial; and the influence of the media (HREOC 1997; Memmott et al. 2001; Stanley et al. 2003).

2.3 Domestic and family violence

Family and domestic violence includes physical injury or abuse; direct or indirect threats and intimidation; sexual assault; emotional and psychological torment; economic control and deprivation; social isolation; and any behaviour which causes a person to live in fear (DHS Vic 2011; Laing 2000; Morgan & Chadwick 2009). Domestic and family violence not only

occurs between intimate partners and ex-partners, but can include parental abuse of children, older children abusing siblings and parents, as well as abuse of family elders (NSW Police Force 2008).

Family violence is associated with a range of adverse effects and outcomes for children including behavioural and learning difficulties; increased risk of mental health issues; and difficulties with education and employment (Morgan & Chadwick 2009). In particular, some of the psychological and behavioural impacts of exposure to domestic violence during childhood include depression, anxiety, post-traumatic stress disorder, increased aggression, antisocial behaviour, loneliness, lowered self-worth and increased likelihood of substance abuse (AIC: Richards 2011; Goddard & Bedi 2010).

There is a notable lack of reliable and regularly available national data on the prevalence of family and domestic violence in Australia. Further, sampling is an issue when it comes to determining how many children domestic and family violence affects. The majority of academic research is based on children who are attending refuges and shelters and only represents a minority of the population involved in family violence (Laing 2000).

There are however a range of data sources that provide information on aspects of family and domestic violence such as women's experience of partner violence (see ABS 2011b). Results of the ABS Personal Safety Survey (2006) showed that 49% of men and women who reported that they experienced violence by a current partner had children in their care at some point. It is likely that this is also under-reported.

More recently, the terms 'affected by' and 'living with' have been used to more accurately describe the experience of children involved in domestic violence (Laing 2000). An increased understanding of the concept of 'witnessing' domestic violence has led to wider acceptance of it as a form of child (emotional) abuse (Tomison 2000). Further, children's exposure to domestic violence may be just one feature of families where other forms of violence are present (AIC: Richards 2011).

2.4 Bullying

Children's relationships with their peers, whether positive or negative, can have a substantial impact on their wellbeing and development. Negative interactions include bullying, which is considered a distinct form of aggressive behaviour (DEST 2006). A commonly cited definition is the 'repeated oppression, psychological or physical harm of a less powerful person by a more powerful person or group of persons' (AIHW 2009b; DEST 2006).

Bullying may be physical, social, verbal, electronic or reputational (NSW Parliament: Legislative Council inquiry conducted by the General Purpose Standing Committee No. 2 2009) and can be considered direct (for example, hitting or verbal teasing) or indirect (for example, spreading gossip or deliberately excluding or enforcing social isolation) (AIHW 2009b). Recent years have seen an increased interest in cyber-bullying: a form of covert bullying used primarily by young people to harm others using technology, such as social networking sites and internet chat rooms, instant messaging, and mobile phones (Cross et al. 2009; Spears et al. 2008).

Children who are bullied can experience a range of negative effects including injuries, somatic symptoms, psychological effects such as anxiety, depression and suicidal ideation, poor self-esteem and morale, reduced happiness, and lower quality of life and general wellbeing. Children who are bullied also have higher rates of absenteeism from school and

higher risk of school failure. They are also at risk for prolonged social withdrawal and problems such as alcohol and substance abuse in adolescence (AIHW 2009b, 2011c; Cross et al. 2009; DEST 2006; Lobo 2009; NSW Parliament: Legislative Council inquiry conducted by the General Purpose Standing Committee No. 2 2009).

There is limited research on the prevalence of bullying in Australia; however, bullying appears to be relatively widespread. Several large studies have attempted to estimate bullying prevalence. The Australian Covert Bullying Study found that around one in four students in Years 4 to 9 were bullied every few weeks or more (Cross et al. 2009; NSW Parliament: Legislative Council inquiry conducted by the General Purpose Standing Committee No. 2 2009

2.5 Perceptions of safety

Traditionally, fear of crime refers to an individual's sense of danger about being harmed, often by criminal violence (Vanderveen 2006). Fear of crime is now commonly recognised as an umbrella term that encompasses a range of concepts including feelings of safety, perceptions of the risk of victimisation and responses to the threat of crime and unwanted behaviour to an individual and their loved ones (Tulloch et al. 1998; Vanderveen 2006). Data from the Household Income and Labour Dynamics in Australia (HILDA) survey found that during 2001–2007, 4.3% of respondents aged 15 years and over reported low subjective safety (low level of reported satisfaction with 'how safe you feel') (Kostenko et al. 2009).

Research suggests that parents are often excessively concerned for the safety of their children, with Australian and international research indicating that parents overestimate the risks of abduction and assault by strangers in particular (de Vaus & Wise 1996; Stokes 2009; Tulloch et al. 1998). De Vaus and Wise (1996) found that parents were most concerned for the safety of younger and female children, despite the fact that older male children were the most at risk for assault. Around half of parents of primary school children were concerned that their children may be kidnapped on the way to school. However, data could not indicate how high parents believe this risk to be, to what extent it is a source of worry and whether it impacts on family behaviour (de Vaus & Wise 1996; Tulloch et al. 1998).

Research into parents' (and communities') fears for the safety of children is limited by a potential social desirability bias, in that parents may be reluctant to suggest that they are *not* worried about potential risks to their children's safety, when the prevailing social expectation is that they should or might be (Zubrick et al. 2010a). Finally, children's perception and understanding of safety and risk may significantly differ from adults' (Murray 2009). However, research into children's fears regarding their own safety is limited (Zubrick et al. 2010a).

Parents' perception of neighbourhood safety and fear of crime can have substantial effects on children's daily activities, and negative effects on development and wellbeing. In particular, children's independent mobility within the community is believed to contribute to a sense of independence, competence and wellbeing, along with fostering a sense of belonging within the community (de Vaus & Wise 1996; Zubrick et al. 2010a). Research has found that children's independent mobility has declined over time. Increasing restrictions from outdoor activities, particularly unsupervised activities, could lead to negative effects on mental, social and physical development, a more sedentary lifestyle and poorer health outcomes overall (AIHW 2009b; Zubrick et al. 2010a). Despite this, evidence that this is due to parental fear for the security of their children is mixed (Zubrick et al. 2010a).

2.6 Injury and poisoning

Injury is a major cause of preventable death, distress, and disability across the Australian population (DOHA 2009). Declines in the incidence of childhood death due to unintentional injury have not kept pace with decreases in mortality from other causes. It remains a leading cause of child hospitalisation and mortality among Australian children; however, the vast majority of injuries are preventable and occur as a result of hazards in the environment which can be controlled (AIHW 2011b). In 2006–07, the most common injuries leading to hospitalisation among Australian children aged 0–14 years included falls, land transport accidents, accidental poisoning, burns, scalds, and assault (AIHW 2009b). Injuries among children are relatively common. For every death and hospitalisation, there are many more visits to emergency departments and other health professionals outside the hospital setting. Injuries can have short term and/or long term effects on children's health and development (AIHW 2009b).

A child's stage of development can determine their vulnerability to injury. Preschool-aged children are more prone to injury than older children, and their injuries are more likely to be more serious. This is partly due to natural curiosity which can lead them to potentially hazardous places, impulsivity and immature reasoning skills (AIHW 2011c; Ballesteros et al. 2003). Older children are more equipped to assess environments and make decisions about their safety, partly due to an increased exposure to potentially hazardous settings such as schools, sporting environments and neighbourhoods.

In 2005–2007, the child death rate due to injury was 6 deaths per 100,000 children. This represents 13% of all deaths among children aged 0–14. When deaths from the first 12 months of life are excluded (there are many other causes of death in this age group), this number jumps to 37% of deaths for 1–14 year olds (AIHW 2009b). Road transport accidents accounted for the most injury deaths of 1–14 year olds in 2005–07.

Indigenous children in Australia are overrepresented in both injury hospitalisations and deaths due to injury. In 2007–08, the overall injury hospital separation rate among Indigenous children aged 0–17 years was 1.3 times the rate for non-Indigenous children.

Children living in *Outer regional*, *Remote*, and *Very remote* areas are also overrepresented in deaths due to injury. These groups accounted for 30% of all child injury deaths, yet make up only 13% of the population. The high proportion of Indigenous children living in these areas (17%) and distance from health services may also contribute to these proportionately higher rates. Socioeconomic status also impacts on a child's risk of injury. Regardless of cause of death due to injury, the likelihood of a child being injured is '…strongly associated with such factors as poverty, single parenthood, low maternal education… and parental drug or alcohol abuse' (UNICEF 2001, p.14). In 2005–2007, Australian children from low socioeconomic areas were almost 3 times as likely as those living in high socioeconomic areas to die from injury (3.9 and 1.4 deaths per 100,000 children, respectively) (AIHW 2011b).

2.1 Child mortality

A number of individual, family and neighbourhood characteristics may impact upon child mortality. Individual factors include sex, genetic factors and birthweight; family factors include family financial situation, housing, parental characteristics (including health, employment status and education) and family size; and neighbourhood factors include location, characteristics of local population (such as income and occupation) and access to

health services. Family factors are argued to have the greatest effect, and often influence the child's individual factors (Yu 2008).

'Infant death rate' is used as an indicator of overall population health due to its propensity to reflect the factors that are likely to influence the health of whole populations including economic development, general living conditions, social wellbeing, rates of illness, and the quality of the environment (Reidpath & Allotey 2003). In 2006, there were 1,262 infant deaths in Australia—a rate of 4.7 per 1,000 live births (AIHW 2009b). Half of all infant deaths were due to perinatal conditions, attributable to short gestation and low birthweight, maternal complications, congenital abnormalities, and sudden infant death syndrome.

In 2006, the death rate for children aged 1–14 was 13 per 100,000 children (15 and 12 deaths per 100,000 for boys and girls, respectively). The death rate for 1–4 year olds (21 per 100,000 children) was twice the rate for 5–9 and 10–14 year olds (each 10 per 10,000 children).

Childhood deaths in Australia are declining (there was a 55% decrease between 1986 and 2006) but this could be improved even further for preventable deaths such as injuries. In the period 2004–06 the leading causes of death for Australian children aged 1–14 were injuries (37%), cancer (17%) and diseases of the nervous system (10%). The rates were 5.1, 2.6 and 1.4 per 100,000 children, respectively (AIHW National Mortality Database; AIHW 2009b).

Child mortality rates for Indigenous children are between two to three times as high as the rest of the Australian population (Yu 2008; ABS 2007b) and in the bottom third of OECD countries for infant and under 5 mortality (Leeds et al. 2007; ABS & AIHW 2008).

Children from families living with a low income and a long duration of receiving income support have a death rate twice the rate of the high income population (Yu 2008). This may be due to less income to spend on nutritious food, accessing medical services and housing; and increased financial stress which may affect the quality and stability of care for children.

3 Child wellbeing

3.1 Children's social and emotional wellbeing

Children's social and emotional wellbeing has the potential to affect a wide range of outcomes in childhood, adolescence and later adulthood. These include children's physical and mental health such as the incidence of depression, anxiety, eating disorders and mental illness; behavioural problems and aggression; improved learning and cognitive skills; educational and work success; social cohesion, inclusion and social capital; and relationships (AIHW 2011c; Weare & Gray 2003). Those with positive social and emotional wellbeing are more likely to successfully manage tasks such as problem-solving and adapting to change throughout childhood and adolescence (Bernard et al. 2007).

Social and emotional development includes a number of skills that are important for success in school (and beyond), which form the basis for self-regulation. These enable children to withstand impulses, maintain focus and undertake tasks despite competing interests (AIHW 2009b).

Factors that contribute to children's social and emotional wellbeing tend to be considered in terms of both individual and environmental dimensions. Individual characteristics may be internal, such as the ability to experience, manage and express emotions, regulate behaviour, possess resilience and persistence; or they may involve relations with others, such as developing social skills, empathy and relationships. Environmental dimensions may include

those related to the home, school and community environments; for example relationships with parents and caregivers and opportunities for suitable and stimulating activities at school (Bernard et al. 2007; Hamilton & Redmond 2007; Hoi Shan et al. 2008; Schonert-Reichl et al. 2009).

Additional risk factors for the emotional wellbeing of Indigenous persons include the existence of widespread grief and loss; cultural dislocation and identity issues; economic and social disadvantage; physical health problems; incarceration; child removal under the child protection and juvenile justice systems; violence; and substance use (AIHW 2009a, 2011c; Zubrick et al. 2010b).

Further research is required to understand the normative levels of social and emotional wellbeing in Australian children and over time. However, issues currently explored in the literature include positive and negative approaches to measuring children's social and emotional wellbeing (Hamilton & Redmond 2007). Positive approaches emphasise children's capabilities, such as resilience, attentiveness, confidence, social skills, and positive affect and self-concept (AIHW 2011c; Bernard et al. 2007; Hamilton & Redmond 2007). Negative approaches tend to emphasise mental ill health, such as depression and anxiety, behavioural problems such as bullying and disruptive behaviour, and under-achievement at school.

3.2 Identity in childhood

Identity development begins in childhood when the child realises that they are a unique individual. From birth, children begin to construct a personal and social identity and, by the time they are preschool-aged, many demonstrate a clear understanding of their role and status at home, preschool and in their neighbourhood (Brooker & Woodhead 2008).

The development of a positive identity during childhood enables a child to feel a sense of individuality as well as a sense of belonging within their social environment (Brooker & Woodhead 2008).

Family relationships allow a child to develop culturally valued and relevant skills, knowledge and behaviours. Cultural identity embodies the notion of being a part of, or being influenced by a group or culture, and is particularly significant for people from culturally and linguistically diverse backgrounds. The Western Australian Aboriginal Child Health Survey found that Aboriginal children living in remote communities had better mental health than their counterparts in metropolitan areas which suggests that adherence to traditional values and practices in very remote communities may be protective against social and behavioural problems (Commissioner For Children and Young People WA 2011).

Participants (staff and parents) who were involved in research at Aboriginal community-controlled health organisations in Sydney agreed that a sense of identity is important for Aboriginal children and young people. There were reports of identity issues emerging at very young ages in some children and subsequently becoming a major source of difficulty after going undetected (Williamson et al. 2010).

There are high rates of Indigenous children in out-of-home care in Australia, with approximately 1 in 3 Indigenous children not placed with relatives/kin or Indigenous caregivers (AIHW 2012). In the first year of the *Footprints in Time* longitudinal study of Indigenous children, parents of Aboriginal and Torres Strait Islander children reported making an effort to ensure that the children were strong in their culture (FaHCSIA 2009). Two-thirds (67%) of parents took their child to a cultural event, ceremony or sorry business. Further, more than 2 in 5 parents (44%) reported teaching their children arts such as

painting, dance, singing and ceremonial dress-making; and a similar proportion (41%) of parents taught their child traditional practices such as collecting food or hunting.

Issues of identity are also particularly important to the development and wellbeing of children from culturally and linguistically diverse backgrounds. The 2006 ABS Census of Population and Housing showed 35% of children in Australia lived in migrant families. Half of these children were under 9 years of age. Making the transition to a new cultural environment can lead to confusion and restricted access to linguistic, cultural and religious knowledge; norms; practices; people and institutions. An integration of both cultural worlds where children can have multiple identities is ideal (Brooker & Woodhead 2008).

4 Families and children's environments

4.1 Family functioning

Family functioning relates to a family's ability to interact, communicate, make decisions, solve problems and maintain relationships. Models of strong families usually describe those that are cohesive, flexible and communicate well (Olson & Gorall 2003). A family with high levels of family functioning interacts effectively to provide the ideal environment for children to be strong, resilient, emotionally healthy and able to cope well with adverse conditions (DeFrain 1999).

Family functioning is not easily measured and lacks easily defined concepts because it is more a measure of a process or context. Additionally, a single measure would not capture the complexity of family functioning. The use of independent observers to score natural interactions between parent and child is the optimal measure of family functioning; but time and burden costs make parent self-report instruments more valid and efficient (Zubrick et al. 2008). As a result, there are currently no national data available on a single overarching measure of family functioning in families with children. It is therefore difficult to understand the prevalence of poor family functioning or the risk factors (AIFS: Bromfield & Holzer 2008).

National data are, however, available on specific components of family functioning, such as family cohesion and closeness between family members. Although the *Longitudinal Study of Australian Children* (LSAC) collects a significant amount of data on components of family functioning such as parental conflict and cohesion between siblings, it does not report on an overall measure of family functioning. Further development around an integrative concept may be beneficial. However, LSAC does measure an aspect of family functioning—family cohesion—which reflects the ability of the family to get along. As the AIHW reported (2009b), the majority of surveyed families reported their family cohesion was 'excellent', 'very good' or 'good'—95% for families of 2–3 year olds, and 93% of families with 6–7 year olds.

A survey instrument used in smaller scale research is the McMaster Family Assessment Device (MFAD) which consists of seven scales used to measure various aspects of family functioning. The General Functioning Scale of the MFAD has previously been reported on in families with children aged 0–12 in Victoria. In 2006, 82% of families with children reported healthy family functioning and 16% reported unhealthy functioning (remaining 2% unknown). Family structure was found to have an impact—one-parent families were more likely than couple families to report unhealthy family functioning (24% and 14% respectively) (DHS Vic 2007) which has previously been strongly associated with poor emotional and behavioural outcomes in children.

4.2 Family social networks and social capital

'Family social network' encompasses both the child's relationships and interactions with the immediate family, and the family's relationship and interactions with the wider social environment that the child may not be involved with directly. The term is multidimensional and not commonly used in policy or research. Related terms include access to social support, social cohesion, social capital and contact with family and friends (AIHW 2010a).

Social capital refers to networks of social relationships characterised by trust and reciprocity (AIHW 2009b) and is aligned very strongly with the concept of family social network (AIHW 2010a). Research indicates that families with high social capital, including family capital and community capital, are more likely to produce children with high levels of general wellbeing, mental and physical health, and educational attainment than those with lower social capital (AIHW 2009b, 2010a; Ferguson 2006; Putnam 2000; Zubrick et al. 2008). This is consistent across multiple studies and disciplines.

Social capital can be measured in a range of different ways. Being able to get support from a person living outside the household is an indication of a positive aspect of social networks. In 2006, more than 94% of Australian households with children aged 0–14 were able to get support in times of crisis from someone outside the household. A family member was most often contacted (87%), followed by friends (76%) (ABS 2007a).

Topics considered by the AIHW when proposing an indicator for family social network included being able to get support in a time of crisis; being able to get help when needed; being able to ask for small favours; contact with friends and relatives; having people to confide in; generalised trust; access to services; community participation; and parental engagement with children's schooling. The first 5 indicators reflect the quality of interactions, and the remaining 3 indicators relate to the quality of interactions in more formal social institutions such as community and educational organisations (AIHW 2010a).

4.3 Family economic resources

The economic resources of the family and specifically, families in poverty, can have substantial impacts on children's health, development and wellbeing. Regular adequate income is the most important determinant of the economic situation for most families, and children living in low-income families are more likely to have insufficient economic resources to support a minimum standard of living (AIHW 2009b). This may have a range of effects on children's access to healthy and nutritious food and medical care, the safety of their environment, parents' physical and mental health, the level of family stress, parenting quality, the quality and stability of their care, the provision of a stimulating learning environment and the provision of appropriate housing, heating and clothing (AIHW 2009b; ARACY 2007, 2009; Katz et al. 2007). In Australia, family economic resources may also help to determine where a child lives, and therefore the characteristics of children's peer groups and quality of local services (Bradbury 2007).

The definition and measurement of economic wellbeing and poverty is controversial, and has been subject to considerable debate, both in Australia and around the world. Key approaches to conceptualising and measuring economic resources include income poverty, deprivation and social exclusion.

One measure relating to social exclusion and economic resources is whether or not a parent or caregiver in the household is employed. In 2010, almost half (45%) of all one-parent

families and 5% of all couple families with children aged 0–14 were jobless families (AIHW 2011a).

4.4 Shelter

A child's access to stable and adequate shelter is a basic human need. It provides a clean environment in which to live and safety from harm, as well as a ready supply of clean water and food (AIHW 2005). Having adequate housing enables adults and children to engage with the wider community and can influence both their physical and mental health (AIHW 2010c). Children's right to adequate shelter is legislated under the *United Nations Convention on the Rights of the Child*, and the related concept of the child friendly city (UNICEF 2004).

While there is a range of evidence for the relationship between housing and health and wellbeing in general, little research concentrates specifically on housing and children's health, development and wellbeing outcomes.

The AIHW has identified three key aspects of shelter that are most important for children's health, development and wellbeing in Australia:

- housing affordability: refers to the capacity of households to meet housing costs while maintaining the ability to meet other costs of living (AIHW 2010c). In Australia, households paying more than 30% of income on rent or mortgage payments are considered to be under housing stress. Spending disproportionate amounts of family income on housing can mean cutting back on basic necessities including food, clothing, health care and heating.
- security of tenure: refers to the extent that occupants have the right to continue living in that dwelling. Owning a home without a mortgage may be considered the most secure form of tenure, and homelessness is the least secure (AIHW 2010c). Stress, higher levels of psychological distress, developmental delays and lower rates of attendance at school may affect homeless children (AIHW 2010c; Dockery et al. 2010). Children who have experienced homelessness are also at greater risk of a range of health problems, have poorer health status overall, and have greater rates of hospitalisation and more frequent visits to hospital emergency departments.
- appropriateness of housing: can be evaluated by considering the quality and safety aspects of the dwelling and neighbourhood location. AIHW (2010c) defines appropriateness (or adequacy) as the suitability of a residential dwelling to permit a reasonable quality of life and adequate access to employment and education, health and community services, public amenities and social supports.

Due to the multidimensional nature of shelter, the identification of a single data source to measure progress is particularly challenging. A large-scale national survey that supports disaggregation by state and territory for subpopulations of children would be the most appropriate data collection methodology for reporting in the future (AIHW 2011b).

4.5 Environment

In recent decades there has been increased recognition of the role of the physical environment for children's development and wellbeing. Interest in the importance of the physical or built environment for children's development and wellbeing is underpinned by the *United Nations Convention on the Rights of the Child* and the associated concept of the child friendly city. Research in Australia suggests that ways of developing child-friendly physical environments include changing adult spaces to welcome and support children, including the

use of child-friendly facilities; expanding the number of spaces where children are safe and able to go; making play spaces challenging and imaginative; creating activities in public spaces to encourage families to use them; and designing and building spaces in collaboration with children and families (Howard 2006).

The Planning Institute of Australia supports the principles of the child-friendly city as defined by UNICEF and advocates for a number of actions to support the development of child-friendly built environments (Planning Institute Australia 2011). These include consultation with children, the development of guidelines for public space, greater consideration and recognition of children's needs and prioritising issues such as overweight and obesity, creating a sense of belonging and place, fostering social connectedness, enhancing freedom to explore, and encouraging engagement with the environment.

The nature and quality of the environment in which children live can impact on children's development and wellbeing in a range of ways. In a recent Inquiry into Children, Young People and the Built Environment, the New South Wales Parliament noted that children's development is intimately connected to the built environment; for example, adventurous, stimulating play spaces promote cognitive development and the development of fine and gross motor skills, while socialisation occurs within public spaces (Parliament of New South Wales Committee on Children and Young People 2006).

Appendix 2: ABS Data Quality Framework

Table A2: The seven dimensions of the ABS Data Quality Framework

Dimension	Notes
Institutional environment	The institutional and organisational factors which may have a significant influence on the effectiveness and credibility of the agency producing the statistics.
Relevance	How well the statistical product or release meets the needs of users in terms of the concept(s) measured, and the population(s) represented.
Timeliness	The delay between the reference period (to which the data pertain) and the date at which the data become available; and the delay between the advertised date and the date at which the data become available (i.e. the actual release date).
Accuracy	The degree to which the data correctly describe the phenomenon they were designed to measure.
Coherence	The internal consistency of a statistical collection, product or release, as well as its comparability with other sources of information, within a broad analytical framework and over time.
Interpretability	The availability of information to help provide insight into the data.
Accessibility	The ease of access to data by users, including the ease with which the existence of information can be ascertained, as well as the suitability of the form or medium through which information can be accessed

Source: ABS 2009a.

Appendix 3: Indicator selection criteria

Table A3: Performance indicator selection criteria

Criteria	Notes
Be worth measuring	The indicators represent an important and salient aspect of the public's health/welfare or the performance of the health/welfare system.
Be measurable for diverse population	The indicators are valid and reliable for the general population and diverse populations (i.e. Aboriginal and Torres Strait Islander populations, sex, rural/urban, socioeconomic etc.)
Be understood by people who need to act	People who need to act on their own behalf or that of others should be able to readily comprehend the indicators and what can be done to improve health/welfare.
Galvanise action	The indicators are of such a nature that action can be taken at the national, state, local or community level by individuals, organised groups and public and private agencies.
Be relevant to policy and practice	Actions that can lead to improvement are anticipated and feasible—they are plausible actions that can alter the course of an indicator when widely applied.
Reflect results of actions when measured over time	If action is taken, tangible results will be seen indicating improvements in various aspects of the nation's health/welfare.
Be feasible to collect and report	The information required for the indicator can be obtained at reasonable cost in relation to its value and can be collected, analysed and reported on in an appropriate time frame.
Comply with national processes of data definitions	

Note: These criteria are a slightly modified version of those produced by the National Health Performance Committee, and have been used to guide a range of indicator frameworks across the health and community sectors.

Appendix 4: Review of National Framework indicators

Table A4: Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure		Selection criteria								
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework?	**Accurately captures the indicator concept?**	**Relevant to *Safe and supportive families and communities*?**	**Reflects the results of SO1 actions when measured over time?**	**Data quality limitations?**	**Data currently available for annual reporting?**	**Data easily accessible for reporting?**	**Data measureable for relevant and diverse populations?**	**Any significant time lag from the reference period to data availability?**	
Children's rights and child-friendly communities	n.a.	No	n.a.	Indicator area not directly related to the actions. 'Children's rights' may be better captured by a measure of children's participation in decision making.		n.a.	n.a.	n.a.	n.a.	n.a.	Development of a new indicator not recommended. Other indicator areas more accurately capture the SO1 construct.
The value of children in the community	Community attitude towards and value of children.	No	Partial: Includes self-reported attitudes, not behaviours that reflect children's value.	Yes	No	Yes. Indicators are not adequately defined. Concepts of community, attitudes, value and children require further definitional specificity.	n.a.	n.a.	n.a.	n.a.	Recommend removal of existing indicators under this area to allow replacement with new indicators of protective adult behaviours (see below).
	Children's perception of their value within the community.	No	Partial: Includes self-reported perceptions	Yes	No		n.a.	n.a.	n.a.	n.a.	

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure	Streamlined reporting	Selection criteria								Summary
			Relevance, accuracy and interpretability				Scope/coverage			Timeliness	
		Already captured under the National Framework ?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting ?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
The value of children in the community	Proportion of adults who report suspected abuse or neglect, by type of abuse and neglect suspected, type of action taken	No	Partial. Captures self-reported behaviour which reflects a value of children.	Yes	Yes	Yes Requires significant development as part of a new survey	No	n.a.	n.a.	n.a.	New indicator recommended (see 'proposed measure').
	Proportion of adults who take action to protect children in family violence situations.	No		Yes	Yes. Reflects the focus on 'joining up service delivery' across child protection and domestic and family violence.	Requires development potentially under the *National Community Attitudes Towards Violence Against Women Survey*.	No	TBD	Sample only. The previous survey was not representative of the Indigenous population.	TBD	New indicator recommended (see 'proposed measure').

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure		Selection criteria								Summary
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?		Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?
Children's participation in decision making	The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to.	No (is an indicator under the National out-of-home care standards)	Yes	Yes	Yes	Yes (see Section 2.4)	No national data currently available. Data may be reportable from the national survey of children in care.				New indicator recommended (see 'proposed measure').
Participation in education	Proportion of children developmentally vulnerable on one or more domains of the AEDI.	Yes (HLO)	Partial: also related to child social and emotional wellbeing.	Yes	May reflect efforts to join up service delivery. More appropriate as a measure of early childhood development under the HLO.	Yes: AEDI is based on the scores from a teacher-completed checklist in the children's first year of formal schooling. Home-schooled children are not included.	No	Yes	Yes. Disaggregation available by sex, Indigenous status, state and territory, remoteness, socioeconomic status and language diversity	Some lag (approx. 6 months).	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure		Selection criteria								
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Participation in education	Attendance rate of children aged 4–5 years at preschool programs.	Yes (SO2)	Partial (restricted age)	Yes (although limited)	May reflect efforts to join up service delivery.	Yes, data development underway.	No	Not at present.	TBD pending implementation of the Early Childhood Education and Care National Minimum Data Set.	TBD	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.
	Proportion of children on guardianship and custody orders achieving at or above the national minimum standards for literacy and numeracy.	Yes (SO4)	Partial (restricted cohort)	Yes	May reflect efforts to join up service delivery.	Yes, data source development underway.	No	n.a.	n.a.	n.a.	

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure		Selection criteria								
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Participation in social, cultural and community activities	None proposed; 'community participation rate' is a key national indicator in other national frameworks but these capture young people aged 18–24 years.	No	n.a.	Yes (although limited). Participation may best be captured in regards to decision making.	No aims, actions or strategies support this indicator.	The ABS General Social Survey has been sourced to capture community participation but not for children under 18.	n.a.	No	n.a.	n.a.	Development of a new indicator not recommended. Other indicator areas (such as participation in decision making) more accurately capture the SO1 construct.
Victimisation of children	Rate of children aged 0–14 years who have been the victim of sexual assault. *Source*: ABS Recorded Crime—Victims.	Yes (SO6)	Partial. Other indicators of child victimisation could be explored for reporting under the HLO.	Reflects the overall target and may be best captured in the high-level outcome.	Yes but also relates to actions under SO6 and the HLO.	Yes. Data relate to victims of a selected range of offences that have been recorded by police.	Data available annually. National totals for sexual assault are available from 2010 onwards.	Yes	Disaggregation available by: age, sex, Indigenous status (NSW, Qld, SA and NT only) state and territory, relationship of offender to victim.	Some lag (2011 data available at June 2012).	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure	Streamlined reporting	Selection criteria								Summary
			Relevance, accuracy and interpretability				Scope/coverage			Timeliness	
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Child abuse and neglect	Rate of children aged 0–17 years who were the subject of a child protection substantiation. *Source*: AIHW National Child Protection Data Collection.	Yes (HLO)	Partial. Only captures abuse and neglect reported to state and territory departments.	Reflects the overall target and is best captured in the high-level outcome.	More accurately reflects the HLO	Data reflects departmental activity. Administrative data captures incidence of substantiations of harm rather than abuse prevalence.	Yes	Yes	Disaggregation available by age, sex, Indigenous status and state and territory. Further data may be available following the national unit record collection implementation.	TBD following unit record data collection implementation.	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.
	Rate of children aged 0–17 years who are in out-of home care. *Source*: AIHW National Child Protection Data Collection.	Yes (HLO)	Partial. Only captures children in funded out-of-home care placements.	Reflects the overall target and is best captured in the high-level outcome.	More accurately reflects the HLO	Data reflects children provided with funded alternative overnight accommodation for children and young people who are unable to live with their parents.	Yes	Yes	Disaggregation available by age, sex, Indigenous status, state and territory and placement type. Further data may be available following the national unit record collection implementation.	TBD following unit record data collection implementation.	

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure		Selection criteria								
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Child abuse and neglect	Rate of children aged 0–17 years who were the subject of a child protection resubstantiation in a given year. *Source*: AIHW National Child Protection Data Collection.	Yes (SO4)	Partial. Only captures abuse and neglect reported to state and territory departments.	More accurately reflects the aims of SO4 as an indicator of governments' objective to reduce the risk of harm and prevent the recurrence of abuse, neglect or harm. This indicator also partly reveals the extent to which intervention by child protection authorities have succeeded in preventing further harm to a child who is known to be at risk.		Yes. Data not comparable across jurisdictions	Yes	Yes	No.	TBD following unit record data collection implementation.	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.
	Proportion of children aged 0–17 years who were the subject of a child protection substantiation for sexual abuse. *Source*: AIHW National Child Protection Data Collection.	Yes (SO6)	Partially. Reflects reported rates of substantiated sexual abuse.	Most relevant to the prevention of sexual abuse (SO6).		Data reflects departmental activity. Administrative data captures incidence of substantiations of harm rather than abuse prevalence.	Yes	Yes	Disaggregation available by sex, age, state and territory, Indigenous status and abuse type.	TBD following unit record data collection implementation.	

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure		Selection criteria								
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Domestic and family violence	Proportion of adults who experienced current partner violence and their children saw or heard the violence in the previous 12 months. *Source*: ABS Personal Safety Survey.	Yes (SO3)	Partially. Reflects self-reported partner violence.	Most relevant as an indicator of risk factors for abuse and neglect (SO3).		Yes: 2012 Survey is currently under development.	No: every 4 years from 2012.	TBD	Sample only. The previous survey was not representative of the Indigenous population.	TBD.	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.
Bullying	n.a.	No	Captures one facet of an unsupportive (and potentially unsafe) peer network.	No		There is currently no nationally agreed data source or definition of bullying in Australia.	n.a.	n.a.	n.a.	n.a.	Significant development work to develop a new indicator is not recommended. Other indicator areas more accurately capture the SO1 construct.

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure		Selection criteria								
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework?	**Accurately captures the indicator concept?**	**Relevant to *Safe and supportive families and communities*?**	**Reflects the results of SO1 actions when measured over time?**	**Data quality limitations?**	**Data currently available for annual reporting?**	**Data easily accessible for reporting?**	**Data measureable for relevant and diverse populations?**	**Any significant time lag from the reference period to data availability?**	
Perceptions of safety	Percentage of households with children aged 0–14 years where their neighbourhood is perceived as safe. *Source*: ABS General Social Survey (GSS).	No	Yes	Yes	Yes but lacks children's perception.	Yes: Data items on the GSS are at the person-level; the 'household respondent' (aged over 18 years) is asked about their perceptions of safety.	No: Currently four yearly.	Must be requested.	Disaggregation by other variables may be explored.	Approximately 10–13 months.	New indicator recommended for immediate reporting (see proposed measure).
	Children's perception of their own safety	No	No	Yes	Yes	TBD. Some data may be available from the survey of children in care. A new survey may also be considered.					An item on children's self-perceived safety is recommended for consideration in the biennial, national survey of children and young people in care.

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure		Selection criteria								
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework ?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities* ?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting ?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Injury and poisoning	Rate of hospitalisations for injury and poisoning for children aged 0–4 years. *Source*: AIHW National Hospital Morbidity Database.	No	Partial: Limited age group.	Yes	No specific actions or strategies focus on injury prevention.	Yes: Limited to community injury hospital separation rates in a narrow age group.	TBD	Must be requested..	Disaggregation previously available by Indigenous status.	Time lag (several years) is likely.	Recommend removal of existing indicator. Lack of fit with SO1 strategies.

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure		Selection criteria								
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Child mortality	Number of children whose deaths were registered (in the reference period) who had a child protection history, by cause of death.	No	Partial: focus on deaths within the child protection system.	Yes	Reflects aim to promote safe families and communities. May best be captured under the HLO.	No national data available.	No	No	n.a.	Yes, particularly regarding cases referred to a Coroner.	New indicator recommended (see 'proposed measure').
	Child homicides	Superseded by assault (homicide) death rate: see below.									
	Assault (homicide) death rate for children aged 0–17 years. *Source*: Australian Institute of Criminology (AIC) National Homicide Monitoring Program (NHMP).	Yes (HLO)	Partial: captures one aspect of child mortality.	Captures extreme interpersonal violence experienced by children. Most relevant as a measure of the HLO and overall target.		Yes: The current data source is subject to review following changes to the ABS Causes of Death Collection. These data are not comparable to the AIHW National Mortality Database.	Yes	TBD	Currently disaggregation is available by age, sex, Indigenous status and relationship to perpetrator.	Yes: 2009–10 data were available as at August 2012.	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure		Selection criteria								
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting ?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Children's social and emotional wellbeing	Proportion of children aged 8–17 years scoring 'of concern' on the Strengths and Difficulties Questionnaire.	Yes (HLO)	More accurately an outcome measure of the high-level target.			Data source TBD. Currently there is no satisfactory source of national SDQ data.	No	n.a.	TBD	n.a.	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended
Identity in childhood	A 'positive sense of cultural identity' is an important outcome of *safe and supportive families* and communities but other measures considered are more proximal to the aims of SO1. Several measures relating to the cultural identity of Indigenous children have also already been included under Supporting Outcome 5: –Indigenous Child Placement Principle compliance indicator (to be developed) –proportion of Indigenous children aged 0–17 years in out-of-home care placed with extended family or other Indigenous caregivers –proportion of Indigenous children aged 0–17 years placed through Indigenous-specific out-of-home care agencies **–p**roportion of Indigenous children in care who have a cultural support plan (may be expanded to include all children with Culturally and Linguistically Diverse backgrounds in the future).					Some of the current measures still require significant development, with some developmental work currently underway under the *National Standards for out-of-home care*.					Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure	Streamlined reporting	Selection criteria								Summary
			Relevance, accuracy and interpretability				Scope/coverage			Timeliness	
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Family functioning	Proportion of families who report 'good', 'very good' or 'excellent' family cohesion, by age of child. *Source*: LSAC.	No	Partial: captures family cohesion.	Directly relevant to strategy 1.1 *strengthen the capacity of families to support children*.		LSAC (cohort study) is not appropriate for measuring change over time for national indicators.	No. Data are collected from two cohorts every two years.	TBD	LSAC has limited ability for disaggregation by population groups.	TBD	New indicator recommended for immediate reporting (see proposed measures).
Family functioning	Proportion of parents who report being 'highly satisfied' with their relationships with their children; and The proportion of young people (over 15 years) who report being 'highly satisfied' with the relation with their parents. *Source*: HILDA.	No	Partial: captures dyadic relationship satisfaction:			Children under 15 years are not interviewed in the HILDA.	New 'waves' conducted yearly.	TBD	HILDA data on households with children has limited disaggregation by population groups.	TBD	

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure	Streamlined reporting	Selection criteria								
			Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework ?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities* ?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Family social networks and social capital	Number of children aged 0–17 years seeking assistance through treatment and support services. *Source*: AIHW Treatment and Support Services NMDS (not yet implemented).	Yes (SO2)	Partial: captures children who have had some contact with the statutory child protection system.	More relevant to the aims and strategies of SO2 *children and families access adequate support to promote safety and intervene early.*	Reflects the underlying aim that families are supported in their caring role.	The TSS NMDS has been developed, but has not yet been implemented. This indicator is currently reported using a proxy.	No. Annual data are available for the proxy indicator: number of children aged 0–17 years who commenced intensive family support services.	Proxy data only.	May include: age, sex, Indigenous status, client group (child only, family), main service activity type, service intent and presenting issue (pending TSS NMDS implementation).	TBD pending implementation of the TSS NMDS.	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.
Family social networks and social capital	Proportion of women who had at least five antenatal visits during pregnancy.	Yes	Partial: captures specific formal support service use.			Collection of all births in all states and territories from 2012.	Yes	Yes	Disaggregation available includes: state and territory and maternal characteristics.	Yes: up to three years.	

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure	Selection criteria								
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Family economic resources	Proportion of households with children aged 0–14 years where at least 50% of gross household income is from government pensions and allowances. *Source*: ABS Survey of Income & Housing.	Yes (HLO)	Partial: captures family reliance on income support.		No	Data are collected from usual residents of private dwellings in urban and rural areas of Australia, excluding *Very remote* areas.	No: every 2 years from 2003–04.	Must be requested.	Indigenous identification is not available. Disaggregation by family composition (couple family, one parent family) is available.	Yes	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.
Shelter	Rate of children aged 0–17 years who receive assistance through homelessness services. *Specialist Homelessness Services collection*.	Yes (SO3)	Most relevant as an indicator of risk factors for abuse and neglect (SO3).		No	Only those who sought and received assistance are included.	Yes (from July 2011 onwards).	Must be requested.	Sex, age, Indigenous status, main reason for seeking assistance, accompanied and unaccompanied children. Residential & tenure type.	TBD	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.

Table A4 (continued): Mapping of National Framework indicators against indicator selection criteria

Indicator area	Proposed measure	Selection criteria									
		Streamlined reporting	Relevance, accuracy and interpretability				Scope/coverage			Timeliness	Summary
		Already captured under the National Framework?	Accurately captures the indicator concept?	Relevant to *Safe and supportive families and communities*?	Reflects the results of SO1 actions when measured over time?	Data quality limitations?	Data currently available for annual reporting?	Data easily accessible for reporting?	Data measureable for relevant and diverse populations?	Any significant time lag from the reference period to data availability?	
Shelter	Proportion of child protection clients aged 0–17 years who enter juvenile corrective services or receive assistance from homelessness services.	Yes (SO4).	Partial: Captures the relationship between involvement in the child protection system and homelessness.		No	A relevant data item has been included in the AIHW National Child Protection Data Collection. Data for this indicator are expected by 2014, for 2012–13 data, pending data availability, data quality assessment and endorsement by jurisdictions to publish.			TBD	TBD	Indicator area is captured elsewhere under the National Framework. A new SO1 indicator in this area is not recommended.
Environment	n.a.	No	n.a.		No targeted strategies to facilitate safe and inclusive physical environments.	No agreed data source. The concept of a child's physical environment is multifaceted including e.g. homes, recreational facilities, transport infrastructure and aspects of the natural environment. The presence and nature of hazards in the home, school and community environments affects for example, children's risk of injury and poisoning which may be partially captured in hospitalisation/mortality data.					Development of a new indicator not recommended. Other indicator areas (such a participation in decision making) more accurately capture the SO1 construct.

Key: SO = Supporting Outcome; HLO = High-level outcome '*Australia's children and young people are safe and well*'; TBD: To be determined.

Note: Shaded cells highlight indicator areas that are already captured under the National Framework (outside supporting outcome 1)..

Appendix 5: National Framework indicators

Table A5: National Framework indicators and data sources

Domain	Indicator		Data source
High-level outcome: Australia's children and young people are safe and well			
Child protection substantiations	0.1	Rate of children aged 0–17 years who were the subject of child protection substantiation	AIHW National Child Protection Data Collection
Out-of-home care	0.2	Rate of children aged 0–17 years who are in out-of-home care	AIHW National Child Protection Data Collection
Teenage births	0.3	Age-specific fertility rate for women aged 15–19 years	AIHW National Perinatal Data Collection
Low birthweight	0.4	Proportionof live born infants of low birthweight	AIHW National Perinatal Data Collection
Child homicide	0.5	Assault (homicide) death rate for children aged 0–17 years	AIC National Homicide Monitoring Program
Early childhood development	0.6	Proportion of children who are developmentally vulnerable on one or more domains of the AEDI	Australian Early Development Index
Child social and emotional wellbeing	0.7	Proportion of children aged 0–17 years scoring 'of concern' on the Strengths and Difficulties Questionnaire	To be determined
Family economic situation	0.8	Proportion of households with children aged 0–14 years where at least 50% of gross household income is from government pensions and allowances.	ABS Survey of Income and Housing
Supporting outcome 1: Children live in safe and supportive families and communities– pending AIHW development work.			
Supporting outcome 2: Children and families access adequate support to promote safety and intervene early			
Family support service use	2.1	Number of children aged 0–17 years seeking assistance through treatment and support services	*Proxy data source:* AIHW National Child Protection Data Collection
Early childhood education	2.2	Attendance rate of children aged 4–5 years at preschool programs	ABS Early Childhood Education and Care national data collection
Antenatal care	2.3	Proportion of women who had at least five antenatal visits during pregnancy	AIHW National Perinatal Data Collection
Supporting outcome 3: Risk factors for abuse and neglect are addressed			
Parental substance use	3.1	Proportion of parents with children aged 0–14 years who used any illicit drug within the last 12 months	AIHW National Drug Strategy Household Survey
	3.2	Proportion of parents with children aged 0–14 years who drank alcohol at risky levels	AIHW National Drug Strategy Household Survey
Parental mental health	3.3	Proportion of parents with children aged 0–14 years who have a mental health problem	Household, Income and Labour Dynamics in Australia (HILDA) Survey
Homelessness	3.4	Rate of children aged 0–17 years who receive assistance through homelessness services (accompanied and unaccompanied)	AIHW Specialist Homelessness Services data collection

Table A5 (continued): National Framework indicators and data sources

Domain	Indicator		Data source
Supporting outcome 3: Risk factors for abuse and neglect are addressed			
Domestic violence	3.5	Proportion of adults who experienced current partner violence and their children saw or heard the violence in the previous 12 months	ABS Personal Safety Survey
Supporting outcome 4: Children who have been abused or neglected receive the support and care they need for their safety and wellbeing			
Child protection resubstantiations	4.1	Rate of children aged 0–17 years who were the subject of a child protection resubstantiation in a given year	AIHW National Child Protection Data Collection
Placement stability	4.2	Proportion of children aged 0–17 years exiting out-of-home care during the year who had 1 or 2 placements	AIHW National Child Protection Data Collection
Carer retention	4.3	Proportion of out-of-home carer households that were retained in a given year	AIHW National Child Protection Data Collection
Rebuilding resilience of abuse survivors	4.4	Proportion of children aged 0–17 years leaving care and scoring 'of concern' on the Strengths and Difficulties Questionnaire	To be determined
Literacy and numeracy	4.5	Proportion of children on guardianship and custody orders achieving at or above the national minimum standards for literacy and numeracy	To be determined
Leaving care plans	4.6	Proportion of young people aged 15 years and over who have a leaving care plan	AIHW National Child Protection Data Collection
Cross-sector clients	4.7	Proportion of child protection clients aged 0–17 years who enter juvenile corrective services or seek assistance from homelessness services	AIHW National Child Protection Data Collection
Supporting outcome 5: Indigenous children are supported and safe in their families and communities			
Placement of Indigenous Children	5.1	To be developed (Indigenous Child Placement Principle compliance indicator)	To be determined
	5.2	Proportion of Indigenous children aged 0–17 years in out-of-home care placed with extended family or other Indigenous caregivers	AIHW National Child Protection Data Collection
	5.3	Proportion of Indigenous children aged 0–17 years placed through Indigenous-specific out-of-home care agencies	AIHW National Child Protection Data Collection
Cultural support plans	5.4	Proportion of Indigenous children aged 0–17 years in care who have a cultural support plan	AIHW National Child Protection Data Collection
Supporting outcome 6: Child sexual abuse and exploitation is prevented and survivors receive adequate support strategies			
Sexual abuse substantiations	6.1	Proportion of children aged 0–17 years who were the subject of a child protection substantiation for sexual abuse	AIHW National Child Protection Data Collection
Child sexual assault	6.2	Rate of children aged 0–14 years who have been the victim of sexual assault	ABS Recorded Crime—Victims Collection

Source: FaHCSIA 2012.

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List of tables

This working paper provides an overview of the work that AIHW completed for the Standing Council on Community and Disability Services Advisory Council in relation to the *National Framework for Protecting Australia's Children* (NFPAC). Based on targeted literature and extensive data source reviews, coupled with analyses of the aims and underlying logic, this paper outlines recommendations for new indicators and options for future reporting against supporting outcome 1 of the NFPAC.