Chapter 7:

Preventing child abuse and neglect

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Key points

- Victoria has a strong infrastructure of universal services for infants, children and young people, including through maternal and child health, kindergarten and schools.

- While there are high participation rates for maternal and child health and kindergarten the most vulnerable children and families are often excluded from these services.

- There is a lack of definitive research and evidence linking universal services to the reduction of abuse and neglect, however, the Inquiry makes the assumption that increasing participation in universal services such as maternal and child health, kindergarten and schools, will have an overall impact on reducing abuse and neglect.

- Within the non-stigmatising nature of universal services there are further opportunities for preventative activities for vulnerable children and families.

- Antenatal services are well placed to identify and reduce the risks of child abuse and neglect.

- Parental alcohol abuse is a significant risk factor for child abuse and neglect.

- Further efforts to prevent child abuse and neglect need to include the:

  - targeting of future government investment in the early years to communities that have the highest concentration of vulnerable children and families;

  - provision of early support to vulnerable pregnant women and infants;

  - implementation of strategies to encourage greater participation by the families of vulnerable children in universal services;

  - examination of current funding and infrastructure arrangements for services such as kindergartens, maternal and child health services and community playgroups that operate in locations where there are high numbers of vulnerable children and families;

  - development of a consistent statewide approach for antenatal psychosocial assessment;

  - development of a universal parenting information and support program that can be delivered by maternal and child health services and schools in communities with high concentrations of vulnerable children and families, at key ages and stages across the 0 to 17 age bracket; and

  - development of a wide-ranging education and information campaign targeted to parents and caregivers for all school-aged children to prevent child sexual abuse.

7.1   Introduction

This Inquiry has been asked to develop recommendations to reduce the incidence and negative impact of child abuse in Victoria, with specific reference to the factors that increase the risk of abuse and neglect occurring, and effective prevention strategies. There are a number of definitions of prevention. The Inquiry has adopted the following definition.

> **Inquiry definition of prevention**
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> Activities that enhance child wellbeing and reduce the likelihood of child abuse and neglect.

Drawing on public health concepts, it is common when talking about prevention to distinguish between primary, secondary and tertiary prevention activities. Head and Redmond (2011, p. 7) differentiate between prevention activities by suggesting that:

- Primary prevention reduces the likelihood or the development of a problem, and is generally linked to universally available services;

- Secondary prevention interrupts, prevents or minimises the progress of a problem at an early stage, and is thus targeted towards groups with greater risks or vulnerabilities through early intervention programs; and

- Tertiary prevention services focus on treating and halting progression of damage already done.

This distinction between service 'tiers' is also recognised in the public health approach, which has been discussed previously in Chapter 6.

Recognising their common use, the Inquiry has chosen to adopt the distinctions between primary, secondary and tertiary prevention strategies as articulated above, while recognising that it has some limitations. For example, schools can be seen as sites of primary prevention, as well as secondary and tertiary prevention in relation to child abuse and neglect. As such, this chapter will consider primary prevention activities, while Chapter 8 is primarily concerned with secondary prevention, and Chapters 9 and 10 will consider tertiary prevention.

This Inquiry definition of prevention recognises that the application of a preventative approach includes activities that enhance child wellbeing outcomes, as well as the absence of negative outcomes such as child abuse and neglect.

It is clear from the consultations held by the Inquiry that prevention of abuse and neglect remains a priority for the community. A submission to the Inquiry from Child Wise argued that:

> … the biggest threat to children's futures is abuse. It destroys lives and communities … Child abuse affects everyone and therefore, it is everyone's responsibility to take action to prevent abuse from ruining the lives of children (Child Wise submission, p. 2).

The complexities associated with the effective implementation of prevention activities are also widely acknowledged, and captured well by another submission to the Inquiry:

> Ambulances do not prevent injury and death on the roads. Rather, the road toll has been effectively reduced by a mix of strategies including better road design, public awareness campaigns and better driver training. We need a change in paradigm from reacting to abuse and neglect, to preventing abuse and neglect (Parenting Research Centre submission, p. 5).

This chapter considers both the current efforts in relation to the prevention of child abuse and neglect (section 7.2), including population-based approaches and the role of the universal services system, and future opportunities to expand those efforts (section 7.3) through services provided early in a child's life, services for school-aged children and adolescents, support services for parents, and the importance of the community environment.

The preventive impact of the law was considered by the Inquiry in Chapter 3.

7.2   Current prevention efforts

Efforts to prevent child abuse and neglect include strategies aimed at the whole community through mechanisms such as social marketing campaigns (for example, pool safety awareness campaigns and summer warnings about children left in cars in hot weather), as well as using universal services to reduce the risk factors associated with child abuse and neglect. This section will consider population-based approaches and the role of universal services.

7.2.1   Population-based approaches

A population-based approach seeks to affect the behaviours and attitudes of the population through the use of interventions such as information social marketing campaigns and interventions that address the causes of problems, in this case, the risk and protective factors outlined in Chapter 2 (VicHealth 2008, p.17).

Social marketing campaigns

Improving parenting skills is one way to prevent child abuse and neglect and the Inquiry has considered how good parenting can be enhanced at a population level. Unfortunately, as noted in the Parenting Research Centre submission, there is currently little or no evidence as to the effectiveness of public awareness campaigns related to parenting (Parenting Research Centre submission, p. 7).

Saunders and Goddard (2002, p. 1) note that, while the media can play a significant role in forming and influencing people's attitudes and behaviour, the effectiveness of mass media in the prevention of child abuse and neglect is debatable. On the one hand, the mass media has an opportunity to reach large numbers of people, but on the other hand media driven campaigns can be expensive and their impact is difficult to measure.

A broader sweep of recent social marketing campaigns might suggest that campaigns can be effective in influencing public knowledge and attitudes about issues such as work safety, drug and alcohol use, drink-driving, speeding and cigarette smoking, but it is also suggested that behavioural change can lapse when campaigns end (Saunders & Goddard 2002, p. 2). Saunders and Goddard conclude that, to be effective, mass media campaigns will need to be part of a broader prevention program that includes the provision of supports and services for all children and families.

This finding is reiterated by an Australian Institute of Family Studies literature review of social marketing campaigns directed to preventing child abuse and neglect. The review concludes that there is relatively little evidence regarding the effectiveness of social marketing campaigns in preventing or reducing child maltreatment but also notes that the empirical evaluation of social marketing campaigns is challenging. The review therefore suggests that any future social marketing campaigns that aim to address child maltreatment in Australia involve comprehensive evaluation and pairing mass media with a community-level strategy (Horsfall et al. 2010, pp. 23-24).

There is currently insufficient evidence to support social marketing campaigns focused generally on child abuse and neglect. However, in relation to deaths and injuries related to supervisory neglect there is evidence of success of social marketing campaigns that are focused on specific behaviours (such as safety of children near water, in driveways and ingesting medications). Such opportunities could be taken up by the proposed Commission for Children and Young People recommended in Chapter 21.

> **Matter for attention 1**
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> The Inquiry draws attention to the opportunity in broader government-sponsored community awareness campaigns to include child-focused dimensions, for example, family violence campaigns. These campaigns could include the impact of family violence on the children and young people in the family.

Interventions targeting the cause of problems

A population-based approach also focuses on interventions that address the cause of problems. As noted in Chapter 2 there are a number of factors that are known to have a direct link to child abuse and neglect. Several of these factors lend themselves to a population-based focus, in particular family violence, alcohol and other substance misuse and mental health problems, as argued in a number of submissions to the Inquiry:

> Efforts to reduce child abuse need to acknowledge and reflect the pervasiveness of family violence in our community. Violence within families underpins many social ills, injustices and harms that occur in Australian communities; it can be considered a 'rock in the pond' issue that ripples out and is prevalent in all human service systems (Domestic Violence Victoria submission, p. 2).

> … we know from the research that [the issues affecting families and adolescents coming into care] are mental health, drug and alcohol and family violence. They are the three key presenting factors to family services, as they are for out-of-home care and child protection, so those three issues are very significant, but added to that is intergenerational stuff and very profound problems of attachment (Ms Butler, Ballarat Public Sitting).

There are a number of plans across the Commonwealth and state governments that address family violence, mental health and drugs and alcohol at a population level. These policies promote the use of primary prevention strategies, such as social marketing campaigns and school-based programs. These actions are consistent with the Inquiry's objective of seeking to reduce key risk factors.

Family violence

The *National Plan to Reduce Violence against Women and their Children 2010-2022* has been endorsed by the Council of Australian Governments (COAG) and sets out a framework for action over the next 12 years to reduce the levels of violence against women and children.

As highlighted in Chapter 2, a child witnessing family violence is child abuse and therefore this strategy to reduce family violence is considered a preventative measure for child abuse and neglect. It has a significant focus on primary prevention, with suggestions for strategies such as social marketing and school-based programs (COAG 2009d, p. 14).

Mental health

In relation to the risk factors associated with child abuse and neglect, parental mental health is a key issue. Supporting parents with a mental illness is both an important prevention and intervention strategy. The specific programs that seek to identify and respond to specific parental mental health issues are considered in more detail in Chapter 8.

Mental health promotion includes any action taken to maximise mental health and wellbeing among populations and individuals by addressing potentially modifiable determinants of mental health.
This includes:

- Influencing the social and economic factors that determine mental health, such as income, social status, education, employment, working conditions, access to appropriate health services and the physical environment; and

- Strengthening the understanding and the skills of individuals in ways that support their efforts to achieve and maintain mental health.

Mental health promotion aims to minimise the risk factors and increase the protective factors that influence mental health and wellbeing (Department of Health 2011a).

The *Because mental health matters: Victorian Mental Health Reform Strategy 2009-2019* identified promoting mental health and wellbeing as a distinct priority reform. Reform area 1 of the strategy identifies the goals for promoting mental health and wellbeing and preventing mental health problems by addressing risk and protective factors. The four goals are to:

1. Lead an organised and collaborative effort to promote positive mental health in targeted community settings;

2. Promote a socially inclusive society to strengthen recognised protective factors for mental wellbeing;

3. Renew Victoria's suicide prevention focus through a wide range of government programs; and

4. Reduce the risk factors for mental health problems associated with substance misuse (Department of Health 2009).

Alcohol

The Australian National Council on Drugs (ANCD) was established in 1998 as the principal advisory body to the Australian Government on drug and alcohol policy. It plays a critical role in ensuring the views of the many sectors involved in addressing drug and alcohol problems, as well as the community, are heard. An important component of the ANCD's work is to also ensure that policies, strategies and directions in the drug and alcohol field are consistent with the *National Drug Strategy 2010-2015*.

The *National Drug Strategy 2010-2015* includes an action to implement and support well-planned social marketing campaigns that address the risks of alcohol and promote healthy lifestyles and safer drinking cultures, including targeted approaches and local complementary initiatives for different population groups (Ministerial Council on Drug Strategy 2011, p. 10). Such targeted social marketing campaigns are promising for the preventative influence on a key risk factor for child abuse and neglect.

However, when a parent is intoxicated, their ability to provide adequate care and protection of young children is compromised (Dawe et al. 2008, p. 1). Accordingly, it is disappointing that the *National Drug Strategy 2010-2015* does not specifically identify the impact of alcohol use on parental capacity in its stated priorities.

Finding 3

Parental alcohol misuse is a significant risk factor for child abuse and neglect. The Inquiry considers that further investigation of the potential preventative benefits of public education and mechanisms such as minimum pricing of alcohol and volumetric taxing has merit.

The Victorian Government is in the process of developing a whole-of-government Alcohol and Drug Strategy. This could be an effective vehicle to address the negative impact of alcohol on parental capacity.

Recommendation 5

In preparing the whole-of-government Victorian Alcohol and Drug Strategy, the Department of Health should consider the impact of alcohol and drug abuse on the safety and wellbeing of children in families where parents misuse substances.

7.2.2 The universal service system

Universal services that have a role to play in reducing risk factors and strengthening protective factors for abuse and neglect include maternal and child health (MCH), child care, kindergarten, schools and primary health care.

The Inquiry notes that there is a lack of definitive research and evidence linking universal services to the reduction of abuse and neglect. While it is acknowledged that MCH nurses have a role to play in enhancing breastfeeding rates and securing parent-child attachment, and schools have a role to play in delivering safety awareness education to children, these organisations have goals and priorities that are much more expansive than the prevention of child abuse and neglect.

In the absence of evidence linking universal services to reducing child abuse and neglect, the Inquiry makes the assumption that increasing participation in universal services such as MCH, kindergarten and schools, will have an overall impact on reducing abuse and neglect. This is because of the increased access to and support provided by frontline health and education professionals, and the potential of services such as MCH, kindergartens and schools to bring families together and reduce social isolation. Moreover, universal services increase the 'visibility' of vulnerable children and families to the broader community, which in turn have an opportunity to respond to the needs of these children and families.

Efforts to prevent child abuse and neglect are most likely to be effective when a coordinated range of mutually reinforcing strategies is employed. The Inquiry suggests that further progress to prevent child abuse and neglect needs to be focused on communities with a high concentration of vulnerable children and families, and through the universal service platform, including MCH, early childhood education and care and broader educational settings.

Recommendation 6
The Department of Education and Early Childhood Development should implement strategies designed to encourage greater participation by the families of vulnerable children in universal services.

7.3 Opportunities to expand prevention efforts

Victoria has a good infrastructure of services with the potential to help prevent child abuse and neglect (see Appendix 7). From the MCH service, to early learning environments (including child care and kindergarten), to primary and secondary school, there are substantial opportunities available for child wellbeing to be enhanced and child abuse and neglect to be prevented.

7.3.1 Early years services

Victorian maternal and child health

Victoria has invested heavily, over many decades, in an effective and universally accessible MCH service. It is widely considered a cornerstone of the preventative effort that is required to support all Victorian children and families. MCH services provide a wide range of activities for all children aged 0 to 4 and their families, including intervention and referral, promotion and education, and support for families.

> Maternal and child health nurses ... provide care to families around the core risk factors of child abuse such as social isolation, such as lack of parenting skills, maternal and ill health, postnatal depression, sleep deprivation, breastfeeding difficulties, post-traumatic birth, all of these are the known risk factors that may contribute to child abuse and neglect ... (Ms Clark, Broadmeadows Public Sitting).

The MCH service is built around 10 key visits with an MCH nurse. According to the *Competency Standards for the Maternal and Child Health Nurse in Victoria* (Victorian Association of Maternal & Child Health Nurses 2010) MCH nurses are required to assess and monitor the health, growth and development of children from birth to school age through:

- Collecting a comprehensive medical, obstetric and family history;
- Identifying protective and risk factors in the child's environment;
- Identifying a child at risk of or experiencing neglect and abuse and acting on professional observation and judgment; and
- Responding to a child at risk of or experiencing abuse, and making reports in accordance with the *Children Youth and Families Act 2005*.

MCH nurses also undertake physical and developmental assessment of the child, promote breastfeeding, appropriate nutrition, and maternal physical and emotional health and wellbeing.

MCH nurses also play a key role in facilitating community linkages and support, including through establishing new parent groups, to reduce social isolation and improve social connectedness. They promote effective and safe parenting styles and assist parents to understand the needs of their infant or child in relation to their child's stage of development. They also promote the importance of the family in the health and development of the child.

The most recent independent evaluation of MCH (KPMG 2006) found numerous successes associated with this service including client satisfaction (in excess of 95 per cent), progressive introduction of system innovations and planning processes that integrate MCH within municipal and other local service systems. The evaluation concluded that MCH is achieving its objectives for most Victorian parents and children (KPMG 2006, p. 2). However, as noted recently by the Victorian Auditor-General's Office (2011b), participation in MCH, particularly after the age of 12 months, is an issue, with declining proportions of families not participating in the service, as shown in Table 7.1.

Table 7.1 Participation in maternal and child health checks, Victoria, 2005-06 to 2009-10

Visit	2005–06 participation levels, per cent	2009–10 participation levels, per cent
Home consultation	96.0	99.8
2 weeks	93.1	96.9
4 weeks	91.3	95.4
8 weeks	91.7	94.7
4 months	89.4	91.5
8 months	82.4	82.7
12 months	78.3	80.3
18 months	68.0	71.6
2 years	64.7	69.1
3.5 years	58.0	63.1

Source: DEECD 2007a, DEECD 2011c

The Victorian Auditor-General noted that by 18 months, almost 30 per cent of all children and families no longer participate in the service. The report concludes that the Department of Education and Early Childhood Development (DEECD) needs to better understand the reasons for the drop off in the universal service after the eight-week check. (A summary of the Auditor-General's findings in relation to early childhood development services are shown in the box).

Early childhood education and care

The Commonwealth Government is a partner with the Victorian Government in providing comprehensive and quality early childhood education and care, having a critical role in early childhood support through care and family payments. The reforms that have been pursued through COAG in recent years are critical to the progressive development of these services, in particular through:

- Development of a national early childhood development strategy called *Investing in the Early Years;*
- The *Closing the Gap: National Partnership Agreement for Indigenous Early Childhood Development* to 'close the gap' in Indigenous early childhood development outcomes and improve participation;
- The *National Partnership Agreement on Early Childhood Education* to provide universal access by 2013 to a high-quality kindergarten program for 15 hours a week, 40 weeks a year in the year before school; and
- The *National Early Years Learning Framework* for all educators who work with children from birth to five years.

A number of long-term studies have demonstrated that high quality early childhood education and care can help to prevent or mitigate the problems that emerge for children being raised in disadvantaged families (Centre for Community Child Health 2007). The long-term savings for society are also widely argued, including by United Nations Children's Fund (UNICEF), which states there is no convincing reason in contemporary society for spending less on early childhood education and care than on the educational needs of older children (Adamson 2009, p. 31).

The engagement of vulnerable children in universal early childhood services is widely acknowledged as one of the biggest challenges facing policy makers and service providers (McDonald 2010, p. 1). This challenge is not limited to the Victorian or Australian context, as UNICEF notes that the lack of statistics regarding early childhood education for disadvantaged and vulnerable children makes it more difficult to craft effective policy responses (Adamson 2009, p. 23).

The 2006 Organisation for Economic Co-operation and Development (OECD) *Starting Strong* review of early childhood services found: '…that direct public funding of services brings more effective governmental steering of early childhood services, advantages of scale, better national quality, more effective training for educators and a higher degree of equity in access' (Adamson 2009, p. 20).

The report states that, in 2003, Australia was spending just 0.4 per cent of gross domestic product on early childhood services, well below the OECD average of 0.7 per cent. The countries at the top of the expenditure table (Iceland at 1.8 per cent, Denmark at 1.7 per cent, Finland at 1.3 per cent, Sweden at 1.3 per cent and France at 1.2 per cent) spend approximately double the OECD average. These same OECD countries meet eight or more of the OECD early childhood benchmarks (Adamson 2009, p. 27).

What this OECD data doesn't show well is that Australia is unique in that a large proportion of spending on early childhood education and care occurs in the private sector, meaning that access to most early childhood educational settings is restricted by cost. The Commonwealth Government contributes towards the cost of child care through two funding mechanisms: the Child Care Benefit and the Child Care Rebate.

The Child Care Benefit is available for families that access a family tax benefit and place their child in approved care for up to 24 hours per week. The Child Care Rebate is available only to families that pass a test designed to encourage workforce participation. The subsidy approach to child care means that, for many families, cost remains a barrier to accessing child care.

Appendix 7 provides the number and the proportion of Victoria's children who are attending child care, principally long day care and family day care. The Inquiry sought to also include material regarding the levels of Victorian children's non-participation in early childhood education and care, particularly for children aged one to three years. Unfortunately this is not information that is collected by DEECD.

In Victoria attempts to overcome this exclusion are being trialled through the new pilot program Access to Early Learning. The primary focus of the Access to Early Learning initiative is the engagement of vulnerable children in three year old early childhood education and care programs. This program is discussed in more detail in Chapter 8.

Although acknowledging that Victoria's current 95 per cent kindergarten participation rate meets the nationally agreed target for universal access, the Victorian Auditor-General argues for further improvements to meet the needs of the most vulnerable (refer to box). The UNICEF report card on early childhood services suggests that governments need to plan, deliver and monitor early childhood services in a way that is able to guarantee the inclusion of the most disadvantaged and vulnerable (Adamson 2009). This may mean greater government subsidisation, flexible budgets, regional or location-based solutions, more training and skills development in the places of greatest need.

Early years services

This analysis of MCH and early childhood education and care not only shows the value of these early years services to children, but they also show the lack of universal service offerings to children and their families between the ages of one and three. MCH services include only three visits with a MCH nurse after the age of one, 18 months, two years and 3.5 years.

Most reports to child protection occur within the first year of a child's life. As shown in Figure 2.3 in Chapter 2, the number of reports to child protection that originate when a child is aged 1 to 3 are around 3,000 per age group, per year. This is a significant number and begs the question: Can more be done to prevent this high number of children being referred to the tertiary end of the service spectrum?

As an existing and strong service platform, MCH has enormous potential to promote health, development and wellbeing for the 0 to 3 age group; however, it is noted by the Inquiry that participation levels among this age group in the last three visits are less than 70 per cent. The reasons why approximately 30 per cent of families are not participating are multifaceted and complex, relating to issues such as location of centres, appointment times, costs of travel and parental work commitments. In this context, it may not be appropriate for the traditional service method to continue for the later MCH visits. Strategies such as linking later MCH checks to immunisation clinics, playgroups, child care, family day-out activities, local libraries and shopping centres could be explored as ways of 'reaching out' to families.

That these services are not currently accessed by all Victorian children who are eligible for the service is a problem in need of priority attention.

Playgroups

The Inquiry has heard evidence of Victoria's long history of formal and informal playgroups. Playgroup Victoria is a statewide organisation established in 1974 to achieve outcomes for all Victorian children, parents, families and communities through the platform of a playgroup.

> Playgroups are a cost effective, flexible and responsive model that can be replicated without the need for extensive infrastructure in the heart of any community, including Indigenous and CALD communities. Playgroups play a vital role in responding to the needs of children and families at risk of child abuse and neglect and build more connected and resilient communities (Playgroup Victoria submission, p. 3).

Victorian Auditor-General's report into early childhood development services: access and quality

Summary of relevant findings and recommendations

Key findings

- Access to universal MCH and kindergarten services and services for vulnerable children has improved over the five years to 2010.

- Despite the increase in MCH participation rates, attendance at the 10 health and developmental checks progressively declines after the first check.

- This pattern of progressive decline in the take-up of health and developmental checks has not improved and remains consistent with 2005-06.

- These checks play an important role in the early detection and treatment of health and developmental problems. Checks must be timely as any delay in detection increases the likelihood that children remain vulnerable and at risk, resulting in a greater cost to the community and government.

- While the current 95 per cent kindergarten participation rate meets the nationally agreed target for universal access, DEECD has not established who the non-participants are and, most importantly, whether they include the children and families most in need of the service.

- Local governments collect information and data on children and families that could better inform DEECD's understanding of demand (DEECD does not use it).

- While DEECD has information on the number of vulnerable children and families that use the targeted services, variable service referral processes, inconsistent data collection methods, unreliable data on population projections, and the department's narrow definition of vulnerability means that DEECD is not in a position to know whether the information it has accurately reflects real demand.

- The narrow definition of vulnerability used by DEECD means that it is not in a position to know whether the information it has accurately reflects real demand.

- Consequently, DEECD does not know whether it is reaching all vulnerable children and families, and it does not know the reasons why or extent to which children and families experience problems accessing early childhood services.

- DEECD does not sufficiently understand or effectively manage demand for early childhood services. It needs to better identify which children and families do not use its services, and why, and then act to remove barriers to participation.

- As local governments also have statutory responsibility to plan and provide services for the local community, which include MCH and kindergarten services, there is a risk that ambiguity of roles can result in a lack of clear accountability for performance. DEECD has not actively managed this risk and needs to take a stronger leadership role in this regard.

Recommendations

- That DEECD develop a better understanding of service demand, particularly for the vulnerable and disadvantaged by:

- Reviewing its definition of vulnerability to guard against children and families 'slipping through the net';

- Working in partnership with service providers to identify and act to remove barriers to access and participation, especially for the vulnerable and disadvantaged; and

- Working in partnership with service providers to identify and act to mitigate the reasons for the fall in attendance at MCH checks after the first visit (VAGO 2011b, pp. viii-xi).

It is noted that the form of playgroups can vary, from a community-based format, to supported/facilitated formats and intensive formats. The latter two formats will be discussed in more detail in Chapter 8, given their focus on targeting vulnerable children and families. Community playgroups are considered universal in their reach, as they are available to anyone who wishes to access them. They tend to be organised and led by parents at a local neighbourhood level. Playgroup Victoria has estimated that it supports more than 17,000 families that attend these playgroups across the state.

Playgroups are for babies, toddlers and preschoolers, and their parents or carers. They offer a cost-effective and universal platform for child and family support, and provide parents and carers with the chance to meet other people going through similar experiences, which can ease the isolation that can come with caring for young children. Families can be introduced to community, health and support services while they are at playgroup.

An international evaluation of playgroups found they can be the first service that a family engages (however, in Victoria, the existence of MCH services means that it is not the case). For many parents, participation in their local community playgroup represents a first step towards further training and education, and the beginning of their community involvement. Playgroups provide ready access to a listening ear, advice and support, as well as information on accessing other supports and agencies (French 2005, p. 61).

The Telethon Institute for Child Health conducted research on the association between playgroup participation, learning competence and social-emotional wellbeing for children aged 4 to 5 years in Australia, and found that boys and girls from disadvantaged families scored 3 to 4 per cent higher on learning competence at age 4 to 5 if they attended a playgroup at age 0 to 1 and 2 to 3 years, when compared with children from disadvantaged families who did not attend a playgroup (Hancock et al. in press, p. 2). Demographic characteristics analysed in the research also showed that disadvantaged families were the families least likely to access playgroups.

The *Take a Break* child care program lapsed at the end of the 2010-11 financial year, following a review that suggested it was inefficient and poorly targeted. With a state government investment of more than $800,000 per annum, the Inquiry considers that action be taken fill the void for families left without access to affordable support. The Inquiry recommends that DEECD invest funding into community playgroups in communities where there are high numbers of vulnerable children and families.

Recommendation 7

The Government, through the Department of Education and Early Childhood Development, should:

- Examine the capacity of local governments in low socioeconomic status areas to provide appropriate Maternal and Child Health and Enhanced Maternal and Child Health services, consistent with the concentration of vulnerable children and families, particularly as the current funding formula for Maternal and Child Health is based on a 50 per cent contribution by local government; and

- Increase investment and appropriate infrastructure in universal services including maternal and child health, kindergarten and community playgroups, to communities that have the highest concentration of vulnerable children and families to increase the participation of vulnerable children in these services.

The increased investment in maternal and child health and enhanced maternal and child health should focus on:

- Enhanced support to families whose unborn babies are assessed as vulnerable to abuse or neglect, especially as a result of pre-birth reports; and

- A more intensive program of outreach to families of vulnerable children who do not attend maternal and child health checks, particularly in the first 12 months of life.

Recommendation 8

The Department of Health should develop and lead a consistent statewide approach for antenatal psychosocial assessment so that problems such as family violence, parental mental illness and substance misuse in pregnancy can be more effectively addressed.

7.3.2 School age children and adolescents

Schools have an important role to play in promoting general child wellbeing and reaching out to families in the local community. The universal and compulsory nature of school attendance, places a school in a unique position relative to a family. For many children, teachers are a significant figure in their lives, with enormous potential to impact on their wellbeing and life outcomes. For vulnerable children in particular, schools have a unique opportunity to identify signs of vulnerability early, as well as implement strategies to impact positively on these factors.

DEECD recognises that 'protecting children from significant harm caused by abuse and/or neglect is a shared responsibility involving parents, child care providers, schools, communities, government organisations, police and community agencies' (DEECD 2011b).

DEECD's approach to the protection of all children and young people involves operational practice, educational and student services, and partnerships with families and communities. As shown in Appendix 7 the main program dedicated to assessing the wellbeing of primary school children is through the Primary School Nursing Program. This program offers a free health care and referral service to all Victorian children attending government, independent and Catholic primary schools, and English Language Centres. The universal health assessment relies on concerns expressed by parents or teachers to provide a more focused health consultation. Nurses will refer children and families for whom they have concern to other relevant health or social services, including general practitioners, Child FIRST agencies and statutory child protection.

In addition to its role in overseeing the capability of the broader teaching and early childhood education workforce, DEECD has a range of further programs designed to facilitate partnerships with families and communities. For example, four extended school hubs are being piloted in Victoria under the Smarter Schools National Partnerships. The goal of the hubs is to strengthen partnerships between schools, community and business to support students to achieve their education potential by:

• Reducing barriers to learning; and

• Connecting and coordinating external activities delivered before, during and after school hours to provide complementary learning for students and families.

DEECD also has a range of further programs designed to keep vulnerable children/youth engaged in the school environment. For example, as part of the East Gippsland Youth Mentoring Project young people at risk of leaving school early are matched with a volunteer mentor for one hour per week for one term to one year. The mentoring program has been operating for six years and has a proven track record of success at keeping young people engaged with school. In 2010, 53 of the 54 young people who had a mentor stayed at school.

Government secondary colleges employ student welfare coordinators who are responsible for helping students with issues stretching from truancy to parent-adolescent conflicts to depression. This reflects that needs of children between primary and secondary school settings are distinctly different, and the challenges of adolescence necessarily need to be taken into account when determining what an appropriate service response would look like. Many of the programs in secondary schools are designed to address risk factors for child wellbeing and are aimed at those identified as vulnerable. They are described in Chapter 8 which examines early intervention.

The opportunities for schools to impact upon the prevention of child abuse and neglect are multifaceted. From the delivery of personal safety and sex education programs, to building strong family school relationships and operating as centres for the broader community, they have enormous value. As described in brief above, DEECD has a number of programs that operate at a local level to increase the connections between schools and vulnerable children, their families and the community. The challenge is to harness the knowledge and evidence gained through their local level programs and, wherever possible, apply it to other similar schools and environments.

Additionally, the Commonwealth funded 'headspace' and National Mental Health Foundation suicide prevention initiatives operate in schools, creating a vehicle for reaching secondary school students with mental health and related problems. Chapter 8 considers school-based programs in further detail.

7.3.3 *Support and information for parents, carers and families*

Valuing parenting

As noted in Chapter 6, the preamble to the United Nations *Convention on the Rights of the Child* establishes the family as 'the fundamental group of society and the natural environment for the growth and development of all its members and particularly children'. The Inquiry received several submissions suggesting that there should be a much greater focus on primary prevention activities by enhancing the quality and nature of parenting support provided through universal services, especially in early education and care:

> The family is the key site of intervention for child protection. Vulnerable children are a product of vulnerable families, and multiple interventions may be required which support the whole of family as well as individual members (Drummond Street Services submission, p. 3).

> Support the development and expansion of practical parenting information, with a view to increasing accessibility of information to higher risk groups and integrating research informed information with service delivery. Build the capacity of universal education and care services to provide evidence based parenting interventions (Parenting Research Centre submission, p. 8).

Improving parental capacity to manage the behaviour of their children can reduce the risk of child physical abuse. A review of parent education programs undertaken by the National Child Protection Clearinghouse (Holzer et al. 2006) found there is a range of education programs operating internationally that have improved parenting competence, and that effectively address risk factors for child abuse and neglect, and in some instances, where direct measurements were made (for example, through child protection service data), resulted in fewer incidents of child abuse and neglect.

Parents face new challenges as children develop, from feeding and settling problems in infants, to children starting school, travelling to school by themselves, bullying, social networking, entering adolescence, to forming adult relationships. These challenges can be overwhelming, and for some parents to navigate through all of these alone, without dedicated information and support, may be difficult.

The Triple P – Positive Parenting Program was developed by Matthew Sanders and colleagues at the Parenting and Family Support Centre in the School of Psychology at The University of Queensland. It is a multi-level, evidence-based parenting and family support strategy designed to prevent behavioural, emotional and developmental problems in children and provide support for parents and families. It aims to help to develop a safe, nurturing environment and promote positive, caring relationships with children, and to develop effective, non-violent strategies for promoting children's development and dealing with common childhood behaviour problems and developmental issues. The emphasis is on positive parenting principles, promoting children's development and managing specific child behaviour concerns rather than on developing a broad range of child management skills (Sanders & Turner 2005).

In Victoria there are new parent groups available for parents and carers of infants through MCH services. The purpose of the groups is to:

- Enhance parental and emotional wellbeing;

- Enhance parent-child interaction;

- Provide opportunities for first-time parents to establish informal networks and social supports; and

- Increase parental confidence and independence in child rearing.

There is also a range of low-intensity information, education and parenting support services provided through universal platforms and managed by DEECD. These include:

- Services provided to parents and professionals by regional parenting services (nine services, one in each DEECD region) and the Council of Single Mothers and their Children;

- Parenting supports provided to parents of children with disabilities and the professionals who work with them through the Strengthening Parents Support Program (services located in each of the nine DEECD regions);

- Signposts – a tailored parenting program for parents of children with disabilities and/or learning difficulties; and

- Parentline – a telephone service for parents and carers of children aged 0 to 18 years and professionals that operates seven days a week/365 days per year between the hours of 8.00 am and midnight.

The Australian Government funded Raising Children Network website also offers a resource to support families in the day-to-day raising of children from birth to their teens, via the information and resources on the website. It is also a resource for relevant practitioners. The website arose from the Parenting Information Project in 2004, which found that parents wanted a single source of reliable and easily accessible information on parenting that was government-sponsored and therefore credible and trustworthy. The website was launched in 2006 and has received more than 17 million visits to date. Since its launch, the website has been expanded to include information for parents of teenagers (aged up to 15 years), information for parents of children with disabilities, and other interactive products and online forums. The website has the following objectives:

- Providing assistance in caring for children;

- Providing information on being a parent;

- Assisting professionals;

- Facilitating parents in the use of professional services;

- Facilitating community connectedness; and

- Facilitating community and professional partnerships (Department of Families, Housing, Community Services and Indigenous Affairs 2011).

Providing additional support to families is a key step in securing the future safety and wellbeing of Victoria's children. Targeted support is needed for families in need, such as families with a parent with mental illness. This is discussed further in Chapter 8.

Notwithstanding the importance of these services, the Inquiry's analysis suggests there is an opportunity and need to increase the universally available/accessible parenting supports available in Victoria. Such supports should be built on existing evidence (such as Triple P) of what works, and provide support to parents appropriate to their child's life stage. These supports should leverage off the capacity and expertise already contained within universal service platforms including MCH, kindergarten, primary and secondary schools, major employers and training providers.

Recommendation 9

The Department of Education and Early Childhood Development, in partnership with the Department of Human Services, should develop a universal, evidence-based parenting information and support program to be delivered in communities with high concentrations of vulnerable children and families, at key ages and stages across the 0 to 17 age bracket.

Preventing child sexual abuse

The risk of child sexual abuse is a critical issue requiring reconceptualisation and further action. The Inquiry received several submissions calling for an increased focus on the prevention of child sexual abuse, as demonstrated by this verbal submission to the Inquiry:

> I had no knowledge, skills or resources to help me protect children against a paedophile. Nobody had ever given me any clue about the indicators of a paedophile. Nobody had ever told me that it would most likely be a close friend that would be my children's abuser. Nobody taught me how to talk to my young children about their bodies and sex in a way that was appropriate for their young age or how to talk to them about appropriate adult behaviour (Ms L, Bendigo Public Sitting).

Research conducted by Smallbone and Wortley (2001) provides five key findings about child sexual abuse. These are:

1. Child sexual abuse overwhelmingly involves perpetrators who are related to or known to the victim;

2. It is more common for offenders to employ strategies to gain the compliance of children, such as giving gifts and lavishing attention, rather than physical coercion;

3. Serial child sexual offending is relatively uncommon;

4. Perpetrators of child sexual abuse are three times more likely to abuse female than male children; and

5. Child sexual abuse offenders do not necessarily form a distinct offender category, with many having previous non-sexual offences (Smallbone & Wortley 2001, p. 5).

These findings are particularly helpful in challenging child sexual abuse myths, such as the prevalence of 'stranger danger', and for effective focusing of future prevention strategies.

Research into the primary prevention of child sexual abuse suggests there are two distinct points of focus: first to prevent children from being sexually abused for the first time; and second to prevent potential offenders from committing a first child sexual abuse (Smallbone et al. 2008, p. 48). The research authors consider approaches directed to the offender, the victim, the situation and the community.

Offender-focused approaches

Current approaches to preventing potential offenders from first sexually abusing a child rely heavily on formal deterrence strategies. These strategies rely on the assumption that public dissemination of successful prosecution outcomes for known offenders will dissuade would-be offenders from first committing such an offence themselves. Smallbone et al. conclude that while the ongoing existence of relevant laws and penalties are important for the preclusion of increasing child sexual abuse, it is doubtful that continuing to increase formal penalties for sexual offences will contribute anything further to primary prevention (Smallbone et al. 2008, p. 198).

An alternative strategy is described as 'developmental prevention' to forestall some of the developmental deficits that may lead a person to become a sexual abuser – such as early attachment failures in childhood, poor school adjustment, and the non-involvement in early parenting as an adult (Finkelhor 2009, p. 184). The contention in practical terms is that increasing investment in universal developmental crime prevention programs would yield positive benefits for preventing sexual abuse and, at a broader level, whole-of-government policy can contribute by striving to create the economic and social conditions necessary for families and communities to provide optimal care and support for children (Smallbone et al. 2008, p. 200).

Victim-focused approaches

This approach has focused on education, with the central goal of imparting skills to help children identify dangerous situations and prevent abuse, as well as to teach them how to refuse approaches, how to break off interactions and how to summon help (Finkelhor 2009, p. 179). Smallbone et al. (2008) found little convincing evidence for the effectiveness of these programs for preventing sexual abuse. They suggest that if these programs are to remain part of a broader prevention strategy, revisions are needed to better align their aims and content with knowledge concerning child sexual abuse offender modus operandi. They suggest a shift from the traditional 'resistance training model', where children are taught to 'resist' potential child sexual abuse offenders, to a 'resilience training' model, where attempts are made to reduce general psychological and emotional vulnerabilities, such as low self-esteem and excessive neediness (Smallbone et al. 2008, p. 201).

Situation-focused approaches

Parents and carers employ many commonsense precautions to reduce children's exposure to a range of hazards, including the risk of sexual abuse. Similarly, institutional child care may take precautions against sexual abuse. However, it is likely that these precautions may be based on misconceptions (for example, that the greatest risk is from strangers; that offenders are likely to look 'sleazy'; or that criminal history checks on prospective employees will make child-related organisations safe) (Smallbone et al. 2008, p. 202).

Smallbone et al. suggests that situational prevention in home settings may be supported by universal education strategies designed to better inform the public about specific risk and protective factors. However, he contends that it is at an institutional level that situational techniques are most conducive, recommending the requirement of systematic assessment of risks and the development of risk management plans within child-related organisations (Smallbone et al. 2008, p. 202).

Community-focused approaches

Universal awareness and education strategies are the mainstay of current community-focused approaches to primary prevention (Smallbone et al. 2008, p. 202). An alternative approach is universal community capacity building, such as universal parenthood education, neighbourhood family support services and home visiting programs (Smallbone et al. 2008, p. 204).

Awareness raising campaigns such as White Balloon Day, founded during Child Protection Week in 1997, have succeeded in giving the problem of child sexual abuse a public profile, and the support that is offered through its umbrella organisation Bravehearts is an important service for those requiring help. Bravehearts is an advocacy and support organisation comprising survivors, parents, friends, partners, professionals and non-abusive members of the community who share in the belief that child sexual assault must stop (Bravehearts 2010).

Similarly, the Love Bites program, developed by the National Association for Prevention of Child Abuse and Neglect (NAPCAN) in 2008 and run in schools to educate young people about respectful relationships and reducing the incidence of relationship violence in the community, plays an important role in both preventing and addressing child sexual abuse.

The *National Framework for Protecting Australia's Children 2009-2020* states that the prevention of child sexual abuse requires a different response to that of neglect, emotional and physical abuse. It states that:

- The vast majority of child sexual abuse perpetrators are family members or someone well known to the child or young person;

- Risk factors for child sexual abuse are exposure to family violence, other types of abuse and neglect, pornography, highly sexualised environments and inadequate supervision;

- Raising awareness and knowledge with children and in the broader community about risks can foster protective behaviours and may help to increase detection of abuse;

- The importance of educating young people about healthy relationships is increasingly being recognised;

- Raising awareness about the role of the internet as a mechanism for the sexual abuse or exploitation of children and young people is important; and

- Organisations, businesses and institutions can also play an important role in protecting children through the development of policies and procedures to create child-safe organisations (COAG 2009e).

In Victoria schools do not deliver educational warnings about sexual abuse in schools as part of the formal curriculum. The sexuality education curriculum (compulsory from Year 3) includes a focus on protective behaviours and personal safety. In secondary schools, there is a focus on supporting respectful relationships and teachers cover topics such as: respect and relationships; gender identity; sexual intimacy; understanding sexual harassment; consent and the law; and developing respectful practices. Child Wise is also contracted by DEECD to provide the Wise Child Personal Safety Training Program to all school staff across primary, secondary and special school settings, with the aim that they are able to deliver a whole-of-school approach to personal safety. Child Wise is an international child protection charity committed to the prevention and reduction of sexual abuse and exploitation of children (Child Wise 2011).

The Inquiry believes more can be done to prevent child sexual abuse, particularly through the provision of information and education to parents and caregivers of children. Research undertaken by Babatsikos found that, while many parents wanted to talk to their children about the prevention of child sexual abuse, many felt they did not have the skills or language to do so. This study suggested that prevention programs, best delivered through educational environments, could focus on providing parents with language and experience that would increase their confidence and skills in discussing such sensitive issues with their children (Babatsikos 2010, p. 124). The range of existing expertise and resources already available through organisations like Child Wise and Bravehearts would enable this action to be implemented without delay.

Recommendation 10
The Department of Education and Early Childhood Development should develop a wide-ranging education and information campaign for parents and caregivers of all school-aged children on the prevention of child sexual abuse.

7.3.4 The importance of the community environment

The ecological model of child development described in Chapter 2 includes reference to the community environment of a child, including their relationship to networks and formal services. A person's connection with their broader family, work, interests and local community has been identified by the Australian Government as one of five key domains of opportunity that assist people to be socially included (Australian Social Inclusion Board 2008). Promoting connectedness with the broader community environment is important because children and families that are socially excluded have less support, lack positive role models, and feel less pressure to conform to social norms relating to parenting, are at greater risk of abuse and neglect.

The state government, together with local governments, has a major role in promoting community connectedness and social inclusion, principally through their planning and transport responsibilities. These responsibilities include the need to plan local communities well for public transport, access to services, shared spaces and precincts that can acts as a community hub. Infrastructure such as parks, public libraries, galleries, museums and sporting facilities allow families to access low-cost or free activities, social infrastructure (MCH centres, playgroups etc), schools and education, as well as get involved with their community.

For vulnerable or isolated families, this can assist in providing emotional support or positive role models that they may be lacking.

> Programs such as Neighbourhood Renewal give promise to what can be done to support vulnerable families in vulnerable communities. These programs enable families to be connected to, and supported by, their local community through community building activities and local employment initiatives (St Luke's Anglicare submission, p. 8-9).

The communities that make up Victoria differ in many ways. From metropolitan to regional, from high-density living to farmlands, from communities with large numbers of recently arrived immigrants, to the communities of our first Australians. The needs of each community will be different, and the supports that they offer each other will also differ. When considering ways that communities can support vulnerable children and families, these local differences need to be taken into account.

The Department of Planning and Community Development (DPCD) supports a range of programs and initiatives that respond to disadvantage and the needs of vulnerable children and families in communities. Approximately $150 million will be distributed over four years (2011-2015) through programs such as community support grants, advancing country towns and the regional growth fund to strengthen communities.

Matter for attention 2

The Inquiry draws attention to the community building activities of the Department of Planning and Community Development and considers they represent a significant opportunity to directly link with and support efforts to reduce the incidence and impact of child abuse and neglect on an area basis.

7.4   Conclusion

Victoria has a strong infrastructure of universal services for infants, children and young people, including through MCH services, playgroups, kindergarten and schools. There are a number of opportunities to strengthen Victoria's prevention approach, in particular, by identifying and providing early support to vulnerable children and families, focusing on communities that have the highest concentration of vulnerable children and families, increasing parenting education programs and providing increased education and information about how to prevent child abuse and neglect.