

### 3. Child abuse prevention: a national overview

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There are a number of significant, interrelated trends currently shaping child abuse prevention and child protection policies and practice in Australia: the renewed popularity of early intervention prevention approaches, particularly those targeting the first three years of life (Tomison & Wise 1999), the concomitant development of ‘health promotion’ or enhancing child and family health and wellbeing initiatives (Tomison 1997a; Tomison & Wise 1999) and the shift to a ‘family support’ approach to child protection (Tomison 1996e; 1998a). In order to provide a context for the National Audit, each of these approaches will be briefly discussed, as will the significant policy and practice initiatives currently being implemented across the nation.

#### Trends in prevention

Across the prevention of a number of social ills, such as crime, domestic violence and child maltreatment, there have been three clear, interrelated prevention trends evident in policy and practice.

##### *Promoting resiliency*

As mentioned above, the enhancement of protective factors or ‘strengths’, (that is, the creation of resiliency), has become a key facet of strategies to prevent a variety of social ills, including child maltreatment. There has been government interest in further developing the concept of resilience and using it as the basis for Australian community-level interventions, and as a valued part of a policy of promoting family and community health and wellbeing.

It also appears that a similar trend has begun among professionals working in the child protection and child welfare arenas. In family support work, many agencies have begun to re-focus their work with families to empower clients, focusing on a family’s potential for change rather than on their problems, and attempting to engage family members in a truly cooperative venture to find solutions to their issues. A ‘strengths-based’ or ‘solution-focused’ approach to practice is based on the development of an effective collaborative relationship with children and their families (De Jong & Miller 1995). The underlying tenet of this perspective is that all families have strengths and capabilities. However, as Durrant notes, a ‘focus on strengths does not deny shortcomings – it suggests that focusing on the shortcomings is often not a helpful way in which to address them’ (Scott & O’Neill 1996:xiii).

##### *Early intervention*

Early intervention strategies, often closely linked with universal services, are one of the most effective ways to ameliorate the effects of maltreatment (Widom 1992; Tomison & Wise 1999). Early intervention initiatives are also allied with the promotion of health and wellbeing. When used as a preventative measure, it has been argued that early intervention approaches should incorporate both the promotion of health and wellbeing and the prevention of social ills like child maltreatment (LeGreca & Varni 1993) (see *Health promotion, Terminology*, page 11, for further discussion of health promotion approaches).

Much of the current approach to child abuse prevention results from a re-visitation and extension of the programs and tenets of early intervention programs, that were first begun in the United States 30 years ago (Tomison & Wise 1999). The US Civil Rights movement provided the impetus to develop new ways of thinking and to overhaul the existing social structure. Education was seen as the key to eliminating social and economic class differences (Zigler & Styfco 1996; Ochiltree 1999) and resulted in attempts to improve the cognitive and social competence of disadvantaged young children. Programs such as Head Start and the Perry Preschool projects were effectively secondary prevention programs, given that they targeted specific 'at risk' populations for service provision; more accurately however, their focus was one of health promotion and the development of resiliency.

The resurgence of interest in early intervention approaches has been strengthened by growing empirical evidence that early exposure to chronic violence, a lack of nurturing relationships and/or chaotic and cognitively 'toxic' environments (Garbarino 1995), may significantly alter a child's neural development and result in a failure to learn, emotional and relationship difficulties and a predisposition to violent and/or impulsive behaviour (Perry et al. 1995; Perry 1997; Shore 1997). That is, if a child's sensory, cognitive and affective experiences are significantly below those required for optimal development, such as may occur in a chronic violent environment, the brain may develop in ways that are maladaptive in the long term.

Specifically, the child may develop a chronic fear response, such that neural systems governing stress-response will become overactive, leading the child to be hypersensitive to the presence of cues signalling a threat. Although this 'survival' reaction may be an important adaptation for life in a violent home environment, it can be maladaptive in other environments, such as at school, when the child needs to concentrate and/or make friends with peers.

Thus, although early intervention to prevent child maltreatment or other social ills may be beneficial across the lifespan from birth to adulthood, the prenatal/perinatal period, in particular, has become a predominant focus for intervention. Infancy is a period of developmental transition that has been identified as providing an ideal opportunity to enhance parental competencies and to reduce risks that may have implications for the lifelong developmental processes of both children and parents (Holden, Willis & Corcoran 1992). In Australia, the National Investment For The Early Years (NIFTeY) group (Vimpani 2000) has been developed by a body of researchers and practitioners dedicated to promoting the benefits of early intervention in infancy.

Early intervention programs like Perry Preschool (Barnett 1993; Zigler & Styfco 1996), Head Start (Zigler & Styfco 1996), and the Elmira Prenatal/Early Infancy Project (Olds, Henderson, Chamberlin & Tatelbaum 1986a; Olds, Henderson, Tatelbaum & Chamberlin 1986b; Olds et al. 1997) have demonstrated some improvement in disadvantaged children's lives, and may reduce the number of 'at risk' or maltreating families who will require more intensive support in order to reach an adequate level of parenting and overall functioning. Early intervention is therefore a vital, cost-effective component of any holistic approach to preventing social ills or promoting social competence (Barnett 1993; Emens et al. 1996; Zigler & Styfco 1996).

### *'Whole of community' approaches*

The African proverb, *'It takes a village to raise a child'*, epitomises the importance of the role of the wider community in raising children and young people. The larger socio-economic system in which child and family are embedded can influence family functioning, child development and the availability of helping resources, such as

universal child and health services, within communities and neighbourhoods, (Martin 1976; Garbarino 1977; Garbarino & Sherman 1980; Schorr 1988; US Advisory Board on Child Abuse and Neglect 1993; Hashima & Amato 1994).

The importance of community is currently undergoing a resurgence of interest (Korbin & Coulton 1996), with governments and the child welfare and family support sectors redesigning services to become more community-centred, and forging alliances with local communities to help improve the physical and social environment of communities (Cohen, Ooms & Hutchins 1995; Argyle & Brown 1998) and to develop 'social capital' (Coleman 1988; Fegan & Bowes 1999).

Until recently, despite the development of ecological theories of child maltreatment (for example, Garbarino 1977; Belsky 1980), researchers, policy makers and practitioners working to prevent child maltreatment have often perceived such structural forces as being beyond the scope of prevention. The tendency has been to tailor prevention activities to run within environmental or structural constraints (Parton 1991; Garbarino 1995). However, there has been growing recognition that truly to prevent child maltreatment requires the development of the means to address the societal factors underpinning child maltreatment and other family violence (Altepeter & Walker 1992; Tomison 1997a).

This in turn, has led to the adoption of holistic prevention strategies with a focus on 'whole of community' approaches and early intervention strategies designed to influence a broad network of relationships and processes within the family and across the wider community (Wachtel 1994; Hay & Jones 1994; US Advisory Board on Child Abuse and Neglect 1993; Tomison 1997a; NSW Child Protection Council 1997; National Crime Prevention 1999b).

## Child protection: the shift to a 'family support' approach

In the late 1990s, statutory child protection services within Australian States/Territories, like those of other western countries, struggled to cope with ever-increasing numbers of reports of suspected child maltreatment and fewer resources (Tomison, 1996e). These pressures, some caused or exacerbated by an overemphasis on cost effectiveness and bureaucratic structures at the expense of professional practice (Corby 1987; Liberman 1994; Parton 1996; Tomison 1999), led governments and child protection services to seek alternative solutions. It can be argued that it was the recognition that traditional child protection services could not, in isolation, prevent child maltreatment that provided a climate favourable to the prevention initiatives described above.

It was apparent that a substantial proportion of the child maltreatment reports (notifications) were inappropriately labelled as allegations of child maltreatment by those who referred cases to child protection services (Dartington Social Research Unit 1995; Tomison 1996e; DHS 1997). Many of the notifications involved families who had not maltreated their child but who had more generic problems, such as financial or housing difficulties, an incapacitated caregiver, or serious stress problems. Although such 'at risk' cases may require assistance, they do not require child protection intervention. Their labelling as cases of child abuse or neglect further taxed the generally limited child protection resources (Little 1995; Tomison 1996e).

Despite the fact that legal action was not taken for the majority of families with whom child protection services were involved, it was argued that the style of intervention for all families had become 'forensically driven', (Little 1995; Tomison 1996e; Armytage, Boffa & Armitage 1998). One consequence of this 'forensic' or legalistic approach was to 'cast child protection services as the "expert" and to alienate essential community professionals from a partnership approach to the prevention, support and protection of children' (Armytage et al. 1998:2).

Such an approach had also led to the shifting of scarce child protection resources away from substantiated child maltreatment cases, and raised general questions in relation to both child protection services' screening or 'gatekeeping practices' and the nature and availability of broader primary and secondary prevention services in the community. Within this, the dilemma was described as one of distinguishing protection problems from broader welfare concerns and, in all instances, delivering an appropriate response matched to client need.

In developing alternative service models as a response to these critiques, attention has therefore focused on both the operations of child protection services *and* the broader child and family welfare system that the statutory protective service operates within (Little 1995; Dartington Social Research Unit 1995). Most Australian State and Territory governments are currently trialing or operating 'new' models of child protection and family support<sup>6</sup> (Tomison 1996e; Mackieson 1997), based on the recommendations proposed in *Messages from Research* (Dartington Social Research Unit 1995).

Under the new approach, the balance between child protection and the role of family support is altered such that child protection no longer drives the system but becomes merely one important facet in an overall welfare assessment. Good practice and adequate protection thus both emerge from adopting a wider perspective on child protection by means of which underlying problems in the family that may put a child 'at risk' or have a detrimental effect on the child's long-term welfare are addressed (Little 1995; Tomison 1996e).

Three major changes have subsequently been implemented, to varying degrees, in most Australian child protection systems, typically supported by the enactment of new child protection legislation. First, informed predominantly by a research program implemented by the United Kingdom's Department of Health and coordinated by the Dartington Social Research Unit, University of Bristol (Dartington Social Research Unit 1995)<sup>7</sup>, there has been a shift in practice away from restrictive, narrowly defined investigative approaches to include an assessment of the broader context of the child and family, their wider needs, strengths and resources, and their relationships with both formal and informal support services and networks. The overall intention of the new approach is to prevent maltreatment and protect children by addressing family problems holistically. This is to be done in a way which promotes cooperation between workers and families, achieving greater levels of parental cooperation and, subsequently, a better outcome for children and families.

Second, influenced somewhat by US child protection services' widespread development and adoption of structured risk assessment measures to more effectively screen child protection reports (for example, Dalgleish 1997; Department of Family and Community Services 1997), most services have adopted some form of risk assessment guide or system of structured risk assessment tools/checklists. Third, concomitant with the adoption of risk assessment aids, attempts have been made to more efficiently tailor the child protection response to child maltreatment reports, either by the introduction of some form of differentiated response system (for example, Enhanced Client Outcomes, Department of Human Services Victoria), or the streaming of reports based on an initial assessment of the extent to which the reported concerns require/do not require a child protection assessment (for example, New Directions, Family and Children's Services, Western Australia).

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<sup>6</sup> Armytage et al. (1998) notes that such approaches are often not new, but are a revisiting or recapitulation of solutions previously tried and tested.

<sup>7</sup> Western Australia's child protection services also used commissioned research that assessed their child protection system (Cant & Downie 1994).

The benefits of such a system are that, ideally, families are not unduly stigmatised or traumatised by inappropriate or unnecessary protective investigations, and are therefore more likely to accept assistance. In addition, family problems can be comprehensively assessed and appropriate services put in place to address them, thus preventing the development of maltreating behaviour, or reducing conditions detrimental to a child's long-term development. Equally importantly, the models recognise the need for effective collaboration between child protection services and other family support agencies in order to more effectively assess family needs and to provide a response that can positively affect family wellbeing and ensure the protection of children from abuse and neglect. Such models, if appropriately resourced, enable agencies to regain prominence in child abuse prevention and the early detection of 'at risk' children, a role which many services have been unable to perform substantially in the 1990s because of a lack of resources, exacerbated by the high demands for services that accompanied the recession of the late 1980s and early 1990s (Tomison 1996e; 1999; Armytage et al. 1998).

In the following sections, current policies and practices in child abuse prevention and child protection from across the nation are described in order to provide a context for the National Audit.

## The Commonwealth's role in prevention

Under the Australian Constitution, the provision of statutory child protection services (tertiary prevention) remains a State/Territory responsibility. However, the Commonwealth Government has a national leadership role in the primary and secondary prevention of child abuse and neglect.

The Government provides \$3 million annually for Early Intervention Parenting projects, the National Council for the Prevention of Child Abuse, which advises the Commonwealth on the development of primary and secondary child abuse prevention strategies that can reduce the incidence of child maltreatment<sup>8</sup>, and the National Child Protection Clearinghouse. The Commonwealth also provides funds to the National Association for the Prevention of Child Abuse and Neglect (NAPCAN) to organise and run National Child Protection Week, which is held annually. A number of other significant family support initiatives are currently being undertaken. These include:

- the *Stronger Families and Communities* strategy (Department of Family and Community Services 2000), announced by the Commonwealth in April 2000, invests \$240 million to help support and strengthen Australian families and communities. The Strategy takes a prevention and early intervention approach to helping families and communities build resilience and a capacity to manage problems before they become severe. It recognises the importance of local community and the wider social and economic environment for the wellbeing of citizens, the special protective role strong communities have for the very young, and the importance of supporting families to care for their members.

The Strategy focuses on the importance of early childhood development, the needs of families with young children, improving marriage and family relationships, balancing work and family responsibilities and helping young people in positive ways. It also includes new initiatives to encourage potential community leaders, to build up the skills of volunteer workers, to help communities develop their own solutions to problems and promote a 'can do' community spirit.

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<sup>8</sup> One initiative currently being developed by the National Council is the creation of a National Research Strategy for the Prevention of Child Abuse and Neglect, a task that has been contracted to the National Child Protection Clearinghouse.

- the provision of \$63 million towards the funding of a range of initiatives in response to the 1997 report *Bringing Them Home, National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*. Specifically, the Commonwealth allocated \$5.8 million over four years for further development of indigenous family support and parenting programs (Ministerial Council for Aboriginal and Torres Strait Islander Affairs 2000);
- the prevention of family violence, including the prevention of child maltreatment (especially children's witnessing of domestic violence), has been addressed in a number of national prevention strategies, including the \$50 million *Partnerships Against Domestic Violence*, an initiative between the Commonwealth (Office for the Status of Women) and the States and the Territories. *Partnerships* has the aim of working towards the common objective of preventing domestic violence across the nation. One of the six priority areas identified in *Partnerships* is to work with children and young people to break the cycle of violence (intergenerational transmission) between generations; \$5 million of *Partnerships* funding being committed towards addressing the needs of children who are affected by domestic violence.

## Australian Capital Territory

The ACT government has been active in committing to a number of 'community building' initiatives through the *Building Social Capital Project* (ACT Government 2000) and the *Family Support Plan for 2000–2002* (ACT Department of Education and Community Services 2000). The government has announced the allocation of \$3.5 million to the *Building Social Capital Project for 2000–2001* for specific initiatives that build social capital in Canberra. The initiatives cover three broad areas including: *Supporting Families and Local Communities*; *Investing in Caring Communities Program*; and *Towards Future Communities Program*.

The *Supporting Families and Local Communities Program* includes the *Schools as Communities Project* (\$700,000 per year) which will aim to enhance educational and social opportunities for those families at risk. It will be centred around schools and will link families with health, community and education services. There is also the *Community Renewal Project* (\$500,000 per year) which will involve precinct community groups developing partnerships that tackle broader community issues such as safety, environment and opportunities for local employment.

The *Investing in Caring Communities Program* has an emphasis on the needs of young people and has allocated funds to a broad range of projects some of which include:

- the *Well Babies Project* (\$90,000 per year) with the aim of improving the birth weight of children born to mothers at risk;
- the *Postnatal Depression Project* (\$70,000 per year) for the needs of women experiencing postnatal depression and their families;
- the *Healthy Aboriginal and Torres Strait Islander Young People Project* (\$120,000 per year) addressing issues relating to mental health and improving levels of services to these young people;
- the *Preventing Youth Suicide Project* (\$120,000 per year) aims to enhance professional awareness of the risk factors in youth suicide and youth resilience measures;
- the *Healthy Families – Drug and Alcohol Project* (\$200,000 per year) support for children and families with problematic alcohol and other drug use. It involves specific interventions to support parents and address early behavioural problems in children in families with drug and alcohol problems;

- the *Healthy Families – Complex Needs Project* (\$125,000 per year) with a focus on home and community support for mothers and babies with complex or special needs. This will involve supportive, professional home visiting services;
- *Counselling Young Sex Offenders Project* (\$200,000 per year) which will provide specialist resources for the purchase, implementation and evaluation of programs for young sex offenders;
- the *Good Beginnings Project* (\$80,000 per year); and,
- *Focusing on Teenagers through Kids Friends Project* (\$40,000 per year) which will fund the inclusion of teenagers in the Barnardos (Canberra) Kids Friends Program. The Kids Friends program matches appropriate adults with disadvantaged children and young people to provide friendship and mentoring.

The *Towards Future Communities Program* is designed to promote Canberra's social partnerships in action, and includes the *Community Mentoring Project* (\$100,000 per year), the *Community Online Project* (\$50,000 per year) and the *Community Links Portal Project* (\$80,000 per year). The Family Support Plan 2000–2002, produced by the ACT Department of Education and Community Services 'sets out a number of principles, goals and actions to provide support to families as needed, so that they can manage their own lives effectively' (Department of Education and Community Services, 2000:3). Similar to other state strategic plans and policy statements the plan has an emphasis on early intervention, health promotion and building community capacity and partnerships.

The Prevention and Education Unit within the department is directing a number of programs under the Family Support Plan, including the introduction of the ParentLink parent education campaign, which incorporates an extended hours telephone support service, a parent web site, and a series of parent education guides. Funding for the campaign has come jointly from the ACT government and through sponsorship from the NRMA. The Unit has also extended training to staff from community services and other agencies providing services to children and families. Both the Family Support Plan and the Building Social Capital project will be evaluated in the year following implementation.

Finally, the ACT Council of Social Service Inc. and the ACT Government have also attempted to address the issue of poverty in the community. The *ACT Poverty Project* commenced in early 1999 with the aim of describing the nature and extent of poverty in the ACT and how best to respond to it. While the project will not be completed until December 2000, the Task Group has already identified a number of significant findings and will shortly provide recommendations for practical responses that may alleviate or reduce the level of poverty in the community (Vassorotti 2000).

## New South Wales

The NSW Department of Community Services provides funding:

- to assist with the delivery of a range of service responses, but particularly in order to ensure that children who are vulnerable, disadvantaged, have special needs or who are otherwise 'at risk', are able to access services; and,
- as a contribution towards the daily operating costs of services, to reduce fees for families on low incomes, where applicable, and to assist children who have special needs including children at risk, children with a disability, children of Aboriginal and Torres Strait Islander descent, and children from diverse cultural backgrounds.

In 1997–98, an estimated 235,000 children under five years of age (45 per cent of the age group) attended an early childhood service in New South Wales. Department of Community Services funding annually helps more than 24,000 children from economically disadvantaged families to access a good quality early childhood service and thus provides them with a head start in life. In excess of 3300 services are licensed by the department to provide child care services for children who are yet to start formal schooling.

Some 1800 of these services receive direct financial assistance from the Department of Community Services. Above and beyond the provision of day care, child care services are designed to assist families with their childrearing. For example, child care services on the Central Coast, together with local health and family support services, are participating in an innovative scheme that involves vulnerable ‘at risk’ families and their children attending the child care service to learn about parenting skills and how to play and develop together. The department has also initiated a number of child abuse prevention campaigns.

### *Never Shake A Baby campaign*

To raise further awareness of the implications of Shaken Baby Syndrome (SBS), the NSW Department of Community Services re-launched the *Never Shake a Baby* campaign in May 2000. The campaign seeks to reduce the number deaths and injuries resulting from babies being shaken or thrown.

### *NSW Parenting Campaign*

The *NSW Parenting Campaign* acknowledges the difficulties faced by parents and carers when raising children and seeks to provide them, and the wider community, with practical information on parenting issues. Since the launch of the campaign in August 1999, over one million magazines have been distributed throughout New South Wales. Building on this success, the Department of Community Services has developed many initiatives to further expand the reach of the parenting information. Projects have been undertaken in conjunction with Tresillian Family Care Centres, medical practitioners and children’s services to ensure that all parents and carers have access to the magazines.

For example, in conjunction with the NSW *Never Shake a Baby* campaign and Tresillian, an information morning was organised for fathers by Tresillian Family Care Centre staff. The morning provided fathers with practical information on being a dad, gave useful tips on settling and comforting a crying baby and highlighted the importance of never shaking a baby. The Parenting Campaign supports the new legislation that strengthens the role of the department in working with families and parents. It also complements other important government initiatives such as the *Families First* program.

### *NSW Government Initiative on the First Three Years of Childhood*

The NSW Government has committed \$1.15 million over 4 years towards improving outcomes for children during the first three years of childhood. This commitment is in response to recommendations made by the NSW Drug Summit.

Objectives of the Initiative include developing:

- effective ways of supporting the first three years of childhood;
- a set of indicators on child wellbeing to inform debate on the effectiveness of approaches to supporting children in their early years;

- a communication strategy on the importance of the first three years of childhood including advice to families, government, corporations and community groups on effective ways of supporting children in their early years; and,
- a longitudinal study focusing on the first three years of childhood;

Intended outcomes of the Initiative include the development of:

- parenting that makes a positive difference to the first three years of childhood;
- government and business policies that support the first three years of childhood;
- programs that make a positive difference to the first three years of childhood; and,
- a contribution to the knowledge base on the impact of the first three years of childhood on later life chances.

### ***Families First***

The *Families First* strategy in NSW aims to increase the effectiveness of early intervention and prevention services in helping families to raise healthy well-adjusted children. The \$55.6 million strategy will be implemented in all areas of NSW over the next three years. The overall aims and objectives of *Families First* are, through a coordinated network of services, to support parents and carers raising children and help them to solve problems early, before these problems become entrenched.

*Families First* will coordinate early intervention, prevention services and community development programs to form a comprehensive service network capable of providing wide-ranging support to families rearing children. This will be achieved by:

- building on and broadening existing services structures so that a wider range of needs may be met;
- changing the practices of some services; and,
- coordinating service planning and the establishment of new services for families (using programs previously shown to be effective) where service gaps have been identified.

In 2001, the *Families First* strategy will also enable the further expansion of the NSW *Schools as Community Centres* program, funding an additional five centres.

### ***Child protection***

The new *Children and Young Persons (Care and Protection) Act 1998* is currently set to be proclaimed in the NSW Parliament in early December, 2000. As part of a major re-development of child protection services (*Service 2000*), the Department of Community Services has undertaken an Initial Service Response Project designed to assist workers' decisions as to how best to respond to the needs of families. It is comprised of:

- a central telephone intake service or TeleService Centre, known as the 'DoCS Helpline'. This service is currently being trialed by responding to 'after hours' child protection reports and reports of domestic violence. The service is scheduled to formally begin operation once the new Act is proclaimed;
- the development of risk assessment measures, based on the Victorian Risk Assessment Framework (VRF) a series of decision aids developed and used by the Victorian Department of Human Services. The NSW version consists of three measures:
  - an assessment tool for use by intake workers staffing the central intake service (DoCS Helpline);
  - a comprehensive risk assessment tool for workers investigating reports; and
  - a re-assessment tool to be used to monitor the risk to the child after the caseplan has been enacted;

- development of a revised version of the *Child and Family Handbook* for workers. This has been sent out for comment by the Department's Community Partners; and,
- the introduction of a new Client Information System to support and improve data recording.

Additional legislation, the *Children and Young Persons (Care and Protection) Regulation 2000*, has been developed to better ensure the care and protection of children and young people, particularly those in care, through a statutory regulation. The main areas covered by the regulation are:

- expanding the organisations with whom the Director-General may exchange information and who are required to report children suspected of being at risk of harm;
- the content of care and alternative parenting plans;
- the accreditation of agencies arranging and providing out-of-home care services; and,
- the authorisation of persons who have the day to day care of children and young persons in out-of-home care.

### *Commission for Children and Young People*

By an Act of Parliament, the NSW Government has created the Commission for Children and Young People, an independent organisation with the objective of promoting and monitoring the safety, welfare and wellbeing of children in New South Wales. The Commission's establishment was a key recommendation of the 1997 Wood Royal Commission and it reports directly to the NSW Parliament.

Under the direction of the Commissioner for Children and Young People, Gillian Calvert, the Commission works to strengthen relationships between children, young people, their families and their communities in order to ensure that young people have better opportunities to reach their full potential. Children and young people play a central role in the work of the Commission.

The Commission holds inquiries, or investigations, into important issues relating to children and young people that need solutions, and makes recommendations to Parliament, government and non-government agencies on legislation, policies, practices and services that affect children and young people (after consulting with children and young people to obtain their views). This includes issues such as health, sports, welfare, accommodation, education, arts and recreation. For example, the Commission recently updated the Interagency Guidelines for Child Protection Intervention (NSW Commission for Children and Young People et al. 2000).

## Northern Territory

The Territory Health Services encompasses both the Health and Community Services portfolios. As with many other states and territory welfare departments, the Territory Health Services recently underwent a restructure (May 2000), leading to the adoption of a funder/purchaser/provider model of service delivery. Family and Children's Services (FACS) is a program within Territory Health Services that has explicit responsibility for child and family welfare. Services provided through the Family and Children's Services program include primary, secondary and tertiary child abuse prevention services. The program provides \$3 million a year to about 60 non-government agencies across the Northern Territory (THS 1999). These agencies offer a broad range of primary and

secondary family support services such as counselling, home visitor programs, parenting skills enhancement (for example, Triple P programs) advocacy, and mediation. In addition, the program funds the employment of Family Violence Workers in each district. While the focus of their activities is to reduce violence among adult family members (domestic violence), the workers also work to prevent children's witnessing of domestic violence. There is also a substantial family violence awareness media campaign in operation<sup>10</sup>.

### *PECAN*

Much of the child abuse prevention activity undertaken by the Territory Health Services has its origins in the PECAN (Prevention and Education [Child Abuse and Neglect]) unit. Located within the FACS program, PECAN is a unique unit established to develop and coordinate primary and secondary child abuse prevention initiatives. It maintains an overview of prevention initiatives in the Territory and with this knowledge is better able to coordinate resources and develop strong interagency links with other departments and the wider community. In 1999, PECAN's work was recognised by their receipt of a National Child Abuse Prevention Award in the rural and remote category.

PECAN has initiated a number of projects including:

- the coordination of Child Protection Week across the Territory;
- a parent education calendar for new parents. The calendar utilises cartoons to normalise aspects of the highly stressful experiences of being a new parent, promotes the role of fathers and provides service referral information. The calendar is currently being replicated in two other states);
- research into the role of the media in the NT in perpetuating community misconceptions regarding intervention agencies and the nature and causes of child abuse and neglect;
- interactive interagency workshops on early intervention in child abuse;
- the NT Planning and Evaluation framework for all child abuse prevention activities (for government and non-government services);
- changes to service delivery to ensure effective intervention with high risk groups within the community (for example, families with young children in caravan parks);
- a strong Family Day intervention framework – designed to assist non-Aboriginal workers to work with isolated and remote Aboriginal communities to implement prevention activities able to be maintained by the community. The model is underpinned by 'strengths-based' and 'whole of community' approaches; and,
- the NT introduction of the *Positive Parenting Program (Triple P)* behaviour management program designed by Associate Professor Matt Sanders and colleagues at the University of Queensland.

The FACS program is in the process of developing a new Family and Children's Services Action Plan 2000–2005. The plan is designed to integrate program activities in order to achieve better outcomes for families, children and the communities in which they live. With a greater emphasis on preventive and early intervention initiatives, the plan will establish five strategic directions (and expected outcomes), these are:

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<sup>10</sup> For service delivery purposes THS divides the Territory into two regions – the Top End Service Network and the Central Australian Service Network. Each Region is further divided into districts.

- *Direction 1: Enhance the capacity of individuals, families and communities to improve their wellbeing.*  
Expected outcome: Individuals, families and communities are supported to achieve independence and an enhanced capacity to improve their own well being.
- *Direction 2: Strengthen the ability of individuals and families to successfully manage stresses that impact on their well being.*  
Expected outcome: Individuals and families are supported through crises.
- *Direction 3: Support children and young people where families are not fulfilling their caring responsibilities.*  
Expected outcome: Children are protected from harm and their future wellbeing is enhanced.
- *Direction 4: Ensure that organisational infrastructure and management systems within FACS facilitate and support the achievement of program outcomes.*  
Expected outcome: Individuals, families and children receive quality services, appropriate to their needs.
- *Direction 5: Develop relevant partnerships to improve the wellbeing of Territory families and children.*  
Expected outcome: Community service integration is improved through participation and collaboration.

Primary and secondary child abuse prevention activities clearly fit into the first two strategic directions while tertiary child abuse prevention is captured in the third strategic direction.

In addition to the FACS program, other program areas in the Territory Health Services provide services that are aimed at increasing the capacity of families to provide care for their children. The Community Health program, while not having child abuse prevention as an explicit program goal, undertakes a range of activities which enhance the capacity of parents to care for their children. Community Health services are provided from 81 community health centres in urban, regional and remote centres. Services include maternal and child health services, school health services, the *Strong Women, Strong Babies, Strong Culture*, program which focuses on improving maternal nutrition and reducing pregnancy-related problems among Aboriginal women living in remote communities; and the *Healthy Kids, Healthy Families* program which focuses on teaching families management skills and promoting the healthy development of infants in remote Aboriginal communities. Maternal and Child Health nurses based in some Community Health Centres also provide parenting skills enhancement programs (*Triple P*).

A clear advantage of a combined health and community services department is the opportunity for better integration of 'traditional' government child welfare/child protection services with other service areas such as health, mental health, and disability services to ensure that families receive the best possible service response.

### *Child protection*

Family and Children's Services has recently introduced new intake, assessment, and case planning processes which incorporate structured danger and risk assessments. In addition, a single NT-wide Freecall 1800 number has been introduced for people wanting to make child protection reports.

## Queensland

Like other States and Territories, the Queensland Government has developed a number of initiatives that reflect the current focus on early intervention, the building of 'social capital' or community development (for example, the *Community Renewal Project*). First, recognising that the availability of good quality child care and early education services are important for both social and economic reasons, the Queensland Government has developed the Queensland *Child Care Strategic Plan 2000–2003* to ensure a responsive, high quality and sustainable child care system.

Second, a *Putting Families First* draft policy has been released, where the focus is on giving children the best start possible (early intervention); valuing and supporting the nurturing role of families (promoting resiliency); and creating safe, supportive communities for families (social capital). Funds of \$500,000 were allocated in 1999–2000 for media and information about services and support available for families, such as the Parentline telephone support service. Finally, the *Queensland Crime Prevention Strategy: Building Safer Communities* incorporates a broad-based package of short and long-term programs, in conjunction with new coordination mechanisms designed to deal with the causes of crime. It includes a number of programs aimed at preventing child abuse and neglect, including the *Triple P Positive Parenting Program* delivered through child health clinics, and youth crime prevention grants.

### *Child protection*

Families, Youth and Community Care Queensland has statutory responsibility for the protection of children from harm, as set out in the *Child Protection Act 1999* (amended April 2000). The Act is the first major reform of Queensland child protection legislation in 34 years (Families, Youth and Community Care 1999). The Act shifts the emphasis from merely determining acts of child abuse or neglect to an assessment of whether a child or young person has suffered harm or is likely to suffer harm from which a parent is unable to protect them. This has facilitated a more inclusive and child-focused approach. The principles of the Act emphasise supporting families in their care of children, but with the safety of the child remaining paramount. The Act also provides standards of care for alternative care services, along with Australia's first statutory Charter of Rights for a Child in Care.

Alongside the proclamation of the *Child Protection Act 1999* in March 2000, there has been substantial reform of child protection service delivery. Additional funds have been provided to implement the recommendations of the Forde Inquiry into the abuse of children in institutional care. A total of \$100 million over four years, through to 2002–03, will provide a range of new initiatives within the Department and in the community sector. Concomitantly, there has been a major boost to frontline child protection staffing.

Partnerships with other agencies and the community sector are essential to promoting a more effective and holistic response to child protection concerns. The recently established Queensland Child Protection Council has a strong focus at the whole-of-government level on coordinating government and non-government child abuse prevention and intervention services. Similarly, cross-sectoral responses and interdepartmental coordination are key features of the well-known Suspected Child Abuse and Neglect (SCAN) teams to ensure effective information sharing and case planning at the service delivery level.

In 2000-01, new funds of \$4.6 million were distributed to community-based agencies, with over half allocated to prevention and early intervention services. An additional

\$1.1 million was allocated to Aboriginal and Torres Strait Islander child and family welfare services. This is in addition to the pre-existing Remote Area Aboriginal and Torres Strait Islander Child Care program<sup>11</sup>. The department also embraced the development of 'one-stop shops' (child and family centres), with funds of \$300,000 allocated to pilot one-stop community service centres ('hubs') aimed at improving access to child and family support in a number of communities. They will have a cross-agency focus and be located in a variety of agencies, such as child care centres.

Finally, a major review of the service delivery system commenced in 2000, aimed at developing a risk and needs assessment model for children and families; flexible funding that links children's needs to resources; and improved alignment of professional and business processes.

### *Children's Commission*

By an Act of Parliament, the Queensland Government has created the Commission for Children and Young People, an independent agency with the objective of protecting and promoting the wellbeing of all children and young people in Queensland. Under the direction of the Commissioner, Robyn Sullivan, the Commission undertakes to: monitor and review, in collaboration with relevant entities, the provision of children and young people's services; foster a community culture that focuses on children and young people's interests needs, rights and responsibilities; and enhance informed decision making through research into the evaluation of issues involving the wellbeing of children and young people. These objectives are achieved via:

- an Official Visitors Program designed to safeguard the welfare of children and young people living in State-funded residential facilities by working with administrators to ensure the adequacy and appropriateness of services provided to residents;
- the review and assessment of expressions of concern relating to the delivery of children's services, where the Commission liaises with relevant authorities to resolve matters impacting on the life experience of children, young people and families;
- a strategic research and development program facilitates greater appreciation of the issues impacting on the life experience of all children and young people; and,
- a communication and policy program which ensures the Commission has a key role in advancing public education about young people's interests, needs, rights and responsibilities. The Commission endeavours to facilitate the voice of children and young people at the highest levels.

## South Australia

The introduction of the *South Australian Children's Protection Act* in 1993 established a new partnership approach to child abuse prevention with families, communities and across government. This paved the way for 'whole of community' responsibility for children and the development of a range of primary, secondary and tertiary responses. The formation of the Department of Human Services (DHS) in 1997 further strengthened cross-sectoral collaboration between health, housing and community services when responding to child abuse and neglect concerns.

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<sup>11</sup> RAATSICC is a highly flexible and innovative network of integrated child care, family support and child protection services are funded in remote Aboriginal and Torres Strait Islander communities in north Queensland. The communities themselves determine the types of services that best suit their needs.

The primary statutory work in child protection, including the receipt, assessment and investigation of notifications of child abuse and neglect, is undertaken by the department through Family and Youth Services (FAYS) branch. Specifically, FAYS hospital-based Child Protection Services and Child and Adolescent Mental Health Service provide assessment, intervention and case management to children and families on an individually assessed client basis. In addition, the department, like most child welfare/ child protection departments, funds government and non-government organisations to provide a variety of family support services which encompass parent education services, as well as social and relationship skills development programs. The Aboriginal Services Division within the department funds Out of Home Care and Family Preservation services for Aboriginal people in South Australia, through the Aboriginal Family Support Services (AFSS). AFSS has services in the metropolitan, Southern Country, West Coast, Central SA and Cooper Pedy District Centres.

Other State prevention initiatives include a strong maternal and child health program, which is well established in the community. The *Never Shake a Baby* campaign, initiated by the hospital based-Child Protection Services in 1992, has been successful in reducing injuries to infants resulting from shaking<sup>12</sup>. The successful ongoing *Building Good Relationships* clinical intervention/research collaborative project undertaken by Child Protection Services and the Neonatal Unit and the Postnatal wards of the Flinders Medical Centre is based on evidence that relationship-based interventions early in the parenting process are essential components of successful prevention of later parent-child difficulties (DHS 1999b).

South Australia has also produced a number of model parenting programs, including the *Parenting Network*, *Good Beginnings Home Visiting program*, and the *Parent Help Line*. Parenting SA, a program administered by DHS, coordinates a grants scheme to parenting groups (150 funding recipients each year), the production of Parenting Easy Guides (also accessible on the DHS web site) and community education initiatives, such as: television and radio commercial series; the video production *Right from the Start* and teen-parenting peer-support programs.

Finally, South Australia has been active in initiating programs with a focus on family wellbeing within the community. In 1998-99, \$1 million was provided to support neighbourhood development programs; \$2.5 million was provided to a wide range of non-government to further the development of family support services; and \$3 million is provided annually in the form of one-off grants to agencies, with many grants allocated to programs supporting families suffering poverty or other hardships. The increased interest in early intervention and health promotion approaches is further reflected in the DHS 1999–2002 strategic plan, where there is a clear emphasis on developing interagency and community partnerships, health promotion and early intervention initiatives (DHS 1999b). In addition, the Department of Human Services is currently developing a whole-of-department Policy and Planning Framework for Children and Young People.

The policies and practices of the department are informed by a number of representative structures that provide advice regarding the best interests of children and young people. These include the Coordinating Committee for Advisory Bodies for Children, the Children's Protection Advisory Panel, the Children's Interests Bureau Advisory Committee and the Child Health Advisory Committee. Youth representative and advisory groups within department agencies and service providers also inform service provision and policy.

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<sup>12</sup> The campaign material has since been adopted for use by other Australian states.

### *Child protection*

The Department of Human Services in South Australia implemented a major reform of its child protection service in 1997 and early 1998 (Heatherington 1998). The reform had five main elements, which were:

- the establishment of a central telephone intake team (CIT) of skilled and experienced social workers so that all child abuse and neglect reports from across the state were received on a single 24-hour child abuse report telephone line. A central Aboriginal consultation and response team, Yaitya Tiramangkotti, was established at the same time;
- the introduction of a three-tier response system to child protection notifications, that differentiated between children in immediate danger (Tier 1), children at risk (Tier 2), and children primarily in need where the risk of future abuse was low (Tier 3);
- formal interagency strategy discussions with police investigators and the hospital based Child Protection Service were introduced for Tier 1 cases. The strategy was designed to improve interagency communication, case-planning and case coordination; and,
- the use of formal, structured assessment measures in child protection was introduced. These measures included a safety assessment tool to be completed on all Tier 1 and 2 notifications, and measures to facilitate a full risk and needs assessment, designed to be completed on all confirmed abuse cases. Service provision is then targeted towards families where there is a very high or high risk of re-notification and re-abuse. In addition, reassessments of risk and family needs and strengths are conducted every three months and prior to closure so that the family's progress and risk level can be monitored (Heatherington 1998).

### Tasmania

The Family Child and Youth Health Service (Department of Health and Human Services), provides a range of primary health care services to meet the needs of families, children and young people. These include: parent support and education for families with preschool age children; a Parent Information Assistance Service that provides free telephone information and referral on issues of concern to parents; parenting centres for families with young children who are experiencing parenting difficulties; Child Development Units that provide a multidisciplinary assessment of children aged from birth to 5 years; Child Health Screening which monitors the health of children aged from 0 to 12 years; and Youth Health Teams, which have undertaken a number of youth-specific activities, including a young offenders program; health promotion in schools; and a self-esteem program for school refusal children and young people.

Arguably one of the most significant advances in child abuse prevention in Tasmania has been the introduction of the new *Children, Young Persons and Their Families Act 1997*, which replaced the *Child Welfare Act 1960* and *Child Protection Amendment Act 1986* earlier this year. The new Act (for which \$1.5 million has been allocated for its implementation) is firmly based on a 'family strengths' philosophy and will result in the official appointment of the first Tasmanian Commissioner for Children (Ms Patmalar Ambikapathy) and the establishment of an Advisory Panel on child protection cases. A community education campaign about the new legislation was made available to interested community members (approximately 2000 people attended the information sessions across the state).

Finally, like other states and territories, Tasmania has shifted its focus to early intervention and has recently begun to implement a number of early intervention

programs. The department will also shortly commence a review of current programs to ensure they are meeting the needs of the community. Conducted in partnership with the non-government sector, the review will examine family support, out-of-home care and challenging behaviours programs. With regard to statutory child protection services, Tasmania has recently adopted a model similar to that by Western Australia (see below).

## Victoria

Like the other States and Territories, Victoria has embraced the recent shift in favour of child abuse prevention, early intervention and an enhanced family support system. Similarly, the Department of Human Services Victoria has also been involved with the redevelopment of its services and funding structures.

In 1998–99 work was undertaken to prepare for the phasing in of new purchasing arrangements for targeted child, youth, and family services. The redevelopment focused on strengthening preventative services to balance and complement the statutory intervention services, and the development of accountability measures based on improving client outcomes (DHS 1999a). More recently, the new Labour government in Victoria has released a discussion paper outlining a *Community Partnerships* approach to service development which has a focus on strengthening communities, encouraging an equal start in life, early intervention and the improvement of services for the most vulnerable sections of the population (Community Care Division 2000). The approach has also resulted in, among other things, the removal of the requirement for compulsory competitive tendering for community services contracts.

The enhancement of the family support system is currently strongly emphasised in Victoria, resulting in the bolstering of existing services and structures as well as the development of new initiatives like *Strengthening Families* (1998), through which the Victorian Government has provided approximately \$7 million for State-wide case management services for ‘at risk’ families. In the past few years the Parentline service (24 hour State-wide telephone parent support) has become fully operational and a number of parent support centres have commenced operation across Victoria. Further, the Victorian government recently allocated an additional \$1.7 million to the family support sector as parts of its *Enhanced Support to Families* initiative.

Recognising the importance of enhanced cross-sectoral collaboration, coordinated caseplanning and service delivery, the Department of Human Services has been involved in developing a number of initiatives to improve coordination activities. For example, the *Working Together Strategy* is aimed at improving case planning, coordination and service provision for young people who are the clients of more than one of the following services: Child Protection, Placement and Support, Juvenile Justice, Drug Treatment and Mental Health (DHS 1999a). In addition, as a result of the recommendation of the Youth Suicide Task Force in 1997, School-focused Youth Services have been established across the State. Forty-one School-focused Youth Service workers have been placed to service ‘clusters’ of Victorian schools, with a view to facilitating access to services by schools and young people, and to assist in the prevention of youth suicide.

Finally, there have also been a number of initiatives to enhance services provided to the Koori community. Some of these include: the extension of the Aboriginal Family Preservation Service in Loddon Mallee Region to cover the Swan Hill–Mildura community; a home-based placement support service in the Grampians Region; and planning has begun to establish a Southern Metropolitan Region Aboriginal Family Preservation service. Due to a successful *Koori Early Childhood Program* (commenced in February 1998), the Koori preschool participation rate for Victoria increased from 35.8

per cent in February 1998 to 60.3 per cent in February 1999. This increase can largely be attributed to the nine Koori Early Childhood Field Officers who work with Koori communities to identify barriers to preschool participation and developed strategies to overcome them (DHS 1999a).

### *Child protection*

The principal developments in child protection services in the 1998–1999 period were: the completion of the outsourcing of placement and support services; the further development of interventions for high-risk infants and high-risk adolescents; and the implementation of the *Victorian Risk Framework* (Boffa & Armitage 1999; DHS 1999a) the *Enhanced Client Outcomes (ECO)* differentiated response system and a quality audit tool developed to enhance the monitoring of regional child protection practices and to provide the basis for further service refinement (DHS 1999a).

The *Enhanced Client Outcomes* differentiated response model of child protection practice was developed to:

- provide a decision-making framework for cases in the initial stages of child protection intake and investigation which incorporates the principles of partnership and collaboration and, within this, provides access to a range of differential response options ensuring sensitive and flexible responses to the full range of presenting problems;
- promote interagency relationships that ensure maximum knowledge of local resources and networks and use of advanced collaborative practice; and,
- build on the principles of child-centred, family-focused practice to ensure that the principles of partnership, strengths, sensitivity and respect underpin all transactions with families and other professional service providers.

Under the ECO approach, upon receipt of a notification workers are able to select from any of 19 different investigative responses ranging from phone consultation to a joint Police-child protection forensic investigation. The response made is dependent upon the worker's assessment of the level of risk to the child, the urgency of the required response, the wider assessment of family functioning and strengths and via the establishment of the type of intervention most likely to engage the family in addressing the child and family's needs. The Victorian Risk Framework is used to guide workers during the investigatory and initial caseplanning decisions.

Based on an earlier framework developed in Victoria by McPherson, Macnamara and Hemsworth (1997), the VRF is a complex, generic (across types of maltreatment) risk, safety and needs assessment guide. It was developed, in part, to provide a common conceptual framework to aid the assessment and decision making of various professionals who had some involvement in the management of cases of children at risk of child maltreatment throughout the intake phase of case practice. It was hoped that this would minimise interagency threshold disputes and result in the creation of more 'consistent decision making across workers and, with the same worker, across cases' (McPherson et al. 1997:22).

## Western Australia

Western Australia has made significant advances in prevention work over the past eight years. The Department of Family and Children's Services (FCS) developed a prevention section which subsequently initiated the development of a prevention and early intervention strategy. This in turn has translated into the creation of a number of parent

support services, including Parenting Information Centres (set up in 1993–1995), which have been located in a number of shopping centres across the State; and parent skilling services, with the latter attended by over 4200 parents each year.

Family and Children's Services has also created a new Care for Children Advisory Committee, which commenced in February 1999. Reporting to the Director-General (FCS), the committee has the objective of promoting good quality outcomes for children and young people who are in, moving from, or at risk of, entering out-of-home care. Additionally FCS has recently committed \$3.3 million over four years for intensive home visiting services to families with infants aged from birth to two years who are in need of early intervention support.

In addition, the WA Education Department directs and provides a personal safety and child empowerment curriculum for school-aged children, and conducts child abuse education for school personnel via the provision of written resource materials that include a section outlining the process of making a report of child abuse or neglect and the child protection service response.

### *Men's issues*

In the last few years, men's issues have come to the fore in a number of programs across the nation. In Western Australia, a number of initiatives have sprung from the community's concern over the alarmingly high incidence of men's depression and suicide, particularly in rural areas (FCS 1999). A community consultation by the new Family and Children's Policy Office (FCS) identified 'support to fathers' and 'promoting male help-seeking' as important ways to strengthen the family (Ibrahim 2000). The recognition of the need to provide support to males has resulted in the development of a Men's Domestic Violence Helpline (established in 1998) and the *Strong Men, Strong Families* program of the Mawarnekarra Health Service Aboriginal Corporation which reflects both the move to address men's issues and the continued development of Aboriginal services.

### *Child protection*

Western Australia was the first Australian state to restructure child protection services to reflect a 'family support' model of service delivery. *New Directions* in child protection, is the term used to summarise the various significant changes made to the way in which the department has dealt with child protection and family support referrals since 1995 (Parton 1999). Based on research commissioned by the department (Cant & Downie 1994) and the UK Department of Health studies, the most significant component of this shift was the development of an initial differentiated response system, such that upon receipt, notifications were initially assessed by a child protection worker (with the endorsement of a senior designated officer) as either 'child maltreatment allegation', which would be given a full protective investigation by departmental officers or, in the interim, as a 'child concern report'.

The latter case designation was to be assigned when there was concern regarding the quality of a child's home environment or standard of care s/he received, and where the precise nature of the concerns was unclear and required further assessment. Following further assessment a case would be reclassified as 'no further action', family support or become a 'child maltreatment allegation' and be investigated accordingly (Parton 1999). Regardless of designation applied at intake, the intention was to ensure that a comprehensive assessment of children's safety and child and family needs was undertaken, with the expectation that the professional response would facilitate the provision of services to families (Tomison 1996e; Parton 1999).

Other facets of *New Directions* included: an increased emphasis on a strengths-based approach to working with families; new definitions of child maltreatment with a greater emphasis on the *harms* suffered, in conjunction with a consideration of the nature of the maltreatment; greater consideration of the cultural context of referrals, particularly as applied to Aboriginal families; and, the introduction of a three-tier priority response system.

## The non-government sector

No overview of child abuse prevention policies and practice is complete without due acknowledgment of the roles played by the non-government sector in each State/Territory and across the nation. In addition to undertaking the bulk of the education, counselling and support work in this field (often under contract to governments), non-government agencies and professional associations – in conjunction with academics/researchers and the media – play a vital role in identifying issues in child welfare, family support, child maltreatment and other social ills that require a government and professional response.

The non-government sector develops and refines new systems of service provision and innovative professional responses (programs) that translate research and policy into action. The sector assists with (or drives) the refinement of existing policies and the development of new policies and frameworks for action. For example, the Create Foundation (formerly the Australian Association of Young People in Care ), has played a significant role in gaining government acknowledgment of the need to give children and young people a voice in issues that concern them, ranging from their experiences in the out-of-home care system to the development of youth policies and recognition of child rights.

Second, as mentioned above, the National Investment For The Early Years (NIFTeY) group (Vimpani 2000) has been developed by a body of researchers and practitioners dedicated to promote the benefits of early intervention in infancy. Thus, while policy remains the responsibility of the Commonwealth and State/Territory governments, the contribution of the non-government sector is vital to the successful implementation of prevention initiatives and the future development of policy and practice. [An example of the range of non-government agencies involved in child abuse prevention policy and practice is provided in the Audit Programs database, also see *Index 1: Service providers and child abuse prevention programs included in the Audit by geographical location*].