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Submission to the:

Productivity Commission on its consultation paper

“What is known about systems that enable the
‘public health approach’ to protecting children”

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About Anglicare Australia

Anglicare Australia is a unique national network of independent, for purpose community service organisations, all with links to the Anglican Church. With a combined budget of \$1.59 billion, and a workforce of 20,000 staff and 9,000 volunteers, the Anglicare Australia Network contributes to more than 50 service areas across Australia. One in every 20 Australians access Anglicare services each year. Our services are delivered in partnership with people, the communities in which they live, and other like-minded organisations in those areas.

Through our services and advocacy, the Anglicare Australia Network partners with people, families and communities to build resilience, inclusion and justice. Anglicare Australia is charged to influence social and economic policy across Australia, informed by research and the practical experience of the Network.

We would like to acknowledge the work of Brotherhood of St Lawrence, Anglicare Tasmania and AnglicareSA for their important contribution to this submission. Please note that our Network members are happy to elaborate further if you require any additional information.

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Introduction

Anglicare Australia welcomes this opportunity to comment on the Productivity Commission's consultation paper, *What is known about systems that enable the 'public health approach' to protecting children*. We believe it is an essential piece of work as the safety and wellbeing of children is a paramount outcome for government services – and, our community as a whole.

We agree with the need to adopt a public health approach to keeping children safe in families. System reforms are needed if we are to change the current trajectory of the rising number of children entering our statutory care systems. However, we believe that it is important to ensure that children are not only safe and protected, but that they are also well and thriving. A public health approach for keeping children safe must therefore capture everyone's responsibility for enhancing children's wellbeing. This will broaden our conversation from a reactive to a proactive one, from a focus on compliance to enablement. It will allow us to go beyond keeping children away from 'bad people' to exploring and addressing issues happening in families and communities.

This submission is based on the extensive work Anglicare Australia's Network members do with communities, families and children in need, and their research into intergenerational disadvantage and current service gaps. We will elaborate on some of the system characteristics and models already listed in the paper, and highlight the aspects that are needed for 'top-down' strategies to support the work that is undertaken on the ground with families and communities.

As the consultation paper defines, a 'public health approach to protecting children means a focus on preventing child abuse and neglect from occurring in the first place by addressing underlying risk factors that increase the likelihood that a child will experience abuse or neglect, or where problems do occur, to intervene as early as possible to minimise harm.' We emphasise addressing the system causes of disadvantage that families experience as a public health approach, because these are associated with children experiencing abuse or neglect.

The experience of poverty and social disadvantage is associated with higher risk of harm of children, particularly from neglect (Higgins, 2010). However, we recognise that the experience of poverty is not fully captured by income measures alone. For this reason, Anglicare Australia member the Brotherhood of St Laurence has developed the Social Exclusion Monitor. The Monitor measures exclusion in the following domains: Material resources, employment, education and skills, health and disability, social connection, community and personal safety. Consideration of income poverty as well as social exclusion indicators provides the start of a prevention approach to keeping children safe by responding to the earliest risk factors. By providing early responses to vulnerabilities, it is possible to increase children's wellbeing. Such an approach can help us provide the support that is needed to be able to parent and care for children (Spratt 2001; Tomison and Stanley 2001, cited in Higgins 2010).

To work in the best interests of children, we must ensure the wider support networks are strong and supportive. This means purposeful investment in supporting families to provide a safe and nurturing environment in which children can develop (Bowlby 1951, cited in Cocks 2018). Research shows that outcomes are worse for children in care than those who have never entered the care system (Osborn

and Bromfield 2007). Hence the best way to give children and young people the best possible start in life is to support parents and families to provide loving and secure homes.

Research into child maltreatment shows that one of the clearest risk factors are problematic parenting behaviours (Child Family Community Australia, 2013). Findings by Mullan and Higgins (2014) suggest that these potentially harmful parenting behaviours can be found across all socio-economic groups. Addressing parenting practices across the population may therefore be an effective means of improving the safety and wellbeing of children. Universal services that come in contact with many parents (such as maternal and child health, early childhood education) should have a role in addressing vulnerabilities stemming from both problematic family dynamics and economic and social disadvantage.

Our Network members have a deep commitment to working with people in a way that builds capabilities – including the human capital of people and the communities they belong to. This approach is aligned with the intentions of a public health strategy for protecting children. The voice of the service user and their lived experience should form a vital component in any system design. This means listening to the voices of children, young people and their families, and developing systems which can hear and be responsive to their needs.

Responses to specific questions from the Productivity Commission are below.

1. The main barriers and enablers to implementing the public health approach in a system to protect children in Australia (with a focus on working across the entire system)

Missing authorised leadership to steward a significant change process

One of the main barriers for enhancing the safety and wellbeing of our children on a systemic level is the missing authorised leadership at a governmental level to steward a significant change process across the nation. It would ideally be supported at the federal level to be best implemented through to the local levels of practice with children and families and the settings in which children and families most spend their time.

Collaboration is necessary, but difficult because of overburdened leadership in the sectors that serve children and families. A *collaboration workforce* needs to be established at the federal level that coordinates with states and territories to build capacity for collaboration across service sectors.

As such, we support ‘system stewardship’ (Wise 2017) as described in the consultation paper as one approach to achieving effective and sustainable leadership. We also support the consultation paper’s consideration of the following examples of systemic collaboration and prioritising universal services for a public health approach:

- Children’s Trust (UK) and Getting it right for every child (Scotland)
- Strong Communities for Children (US)
- US’ Family First Prevention Services Act (First Focus: Campaign for Children 2018)

Lack of child and family lens in mainstream services

A lack of child and family lens is needed to identify and respond to the vulnerabilities that increase child abuse and neglect. Many Network members refer families for financial assistance, and staff note that financial stress experienced by clients affects other areas of their lives. This causes mental distress and strained family relationships. System initiatives to reduce financial stress for families could therefore contribute to child safety.

The evidence also suggests that a lack of stable housing can be a factor in child protection. Where that is the case – a strong co-ordinated response of housing with support would reduce risk factors. This should include increasing the supply of affordable and safe housing for families.

Investment is needed to increase the capability of mainstream and early identifier agencies. These include housing, Centrelink, and community services. John Lynch's research (2018), shows that 56% of all children known to child protection in South Australia are also known to Housing SA, and that 40% of children who become known to child protection, were known first to Housing SA. This trend would likely be replicated across all early identifier agencies, such as hospitals, GPs, childcare, Centrelink and community centres. There is a need to upskill these front line services with the capability to identify and respond to abuse and neglect, and form relationships that support and enable families to seek help earlier. This requires investment. For example, the average Housing SA Tenancy Officer's caseload is 1:500. As a Community Housing Provider, the caseload of an AnglicareSA tenancy officer is approximately 1:180. This poses immense challenges for Tenancy Officer's to engage in a relational way, and undertake additional duties beyond their core role. A cultural shift and an investment in skill building is needed to move beyond this.

Procurement approach

Current contracts typically provide a solution to a particular symptom, such as drug and alcohol, food relief, financial counselling, parenting. Instead, providers should be encouraged to consider families in their whole context, and address safety and family functioning within it.

A more comprehensive intake approach within mainstream services could also be used to identify complexity in families that present with higher risk, to put complexity and risk on the table earlier and connect them to needed services sooner. Again, resource and cultural shifts would be needed to drive this. The Protecting and Nurturing Children: Building Capacity Building Bridges initiative is one positive example of this.

Federal funding and policies should support the enhancement of states and territory infrastructure and existing systems. This can address barriers in a localised way through the relevant design features identified in the consultation paper (for example, increase staff skills, services in multiple settings, better data collection, strong interagency collaboration, service integration, and consistent regulations, norms and values across sectors to keep children safe).

Culture

Culture change is needed in front line service systems to embed the notion that 'children's safety and

wellbeing is everyone's business'. The first step to doing this is to form relationships that support and enable families to seek help earlier, and to develop staff skills to respond before risk escalates.

2. Examples of approaches to address system design and implementation challenges and their applicability to, or success in, the Australian context (including across different cultural groups and locations)

Universal service delivery

A coherent national response to child and family disadvantage is needed at both population and local levels. It should rest on a strong universal system that leverages services and recognises that some children, families and communities require different and greater support. Measures that identify and prevent vulnerabilities, and in turn improve early learning and development outcomes must be in the frame. This is the foundation of wellbeing and reducing the risks of harmful circumstances to children. Keeping children safe so that they can experience wellbeing over a lifetime will require mutually reinforcing support early in a child's life, provided over a sustained period.

There is an opportunity to strengthen key services, regardless of which level of government funds them, and connect these with more intensive, targeted and specialist services. This would create a navigable continuum of support. It is critical that a service response takes place immediately after the birth of a child, as the highest likelihood of family violence occurs at this transition stage for a family (Campo, 2015).

With the goal of identifying emerging vulnerabilities and connecting families with additional supports, the earliest public health responses could take shape through expansion and collaboration of the following systems:

- Strengthening the universal platform of maternal and child health, which is so variable across the nation, would better assist families in the earliest stages of their children's life. Interventions aimed at improving and sustaining the parenting capacity and family environment are particularly important to improving the safety and wellbeing of children (Higgins, 2015).
- Early childhood education and care could provide a crucial soft entry point to engage with families. Anglicare Australia supports proposals to ensure that every three year-old Australian can get access to fifteen hours of subsidised early childhood education. Other strategies to increase participation of vulnerable groups in early learning settings are also needed.
- Social security and housing reforms are needed to ensure adequate income support and stable homes so that children are not living in poverty and housing insecurity.
- The NDIS platform could be leveraged to support the development and wellbeing of children of parents with disability, and siblings of children with disability.

Placed-based service delivery

Anglicare Australia is a strong advocate for place based service delivery, person-centred care and community development principles in system design and implementation. Our Network members can validate the important role of place-based approaches in building informal networks and social capital in communities, particularly those with entrenched and systemic disadvantage. This approach builds connections, individual and community agency. For example, AnglicareSA's Better Places Stronger Communities community development service works with tenants from 479 properties in the Elizabeth Grove region, which ranks in the lowest two percent of disadvantage (ABS, 2016). Facilitating a community leadership group, initiatives now include women's wellbeing groups, tool libraries, gardening competitions, craft groups, cuppa crews and community picnics. Crime statistics have reduced and people are attributing the initiative with creating big change in the community, where people are connecting to each other and it's making a real difference.

Place-based community hubs also provide informal entry pathways for community members. They provide a platform for known pockets of the community who are experiencing multiple and complex disadvantage, to engage and connect. Place-based approaches break down the fear and stigma by engaging families and children in their own environment, and creating a soft entry touchpoint to introduce services, programs and activities and build the first stages of worker and individual engagement. The outcome of this approach is that we often see the same families engaging with other programs and then further engage with support such as financial counselling and emergency assistance, housing, drug and alcohol, domestic violence and parenting.

Community hubs and integrated service provision further provide connection and refuge for many experiencing isolation and can be key engagement platforms for people living in poverty, as illustrated by 'Nadine', a single mother with a three year-old son who participated in the Peep Playgroup at an integrated early years community centre.

Nadine has separated from her husband following domestic violence and is navigating the process of separation, custody and divorce in the context of protection orders against her ex. Her son presents with delayed speech and delays in social reciprocity. Nadine has previously worked in the service industry on a part-time basis. Upon her first meeting with a program Coordinator, Nadine was unsure if she would be able to cope with a return to work and presented as depressed in affect. She described herself as overwhelmed and stressed and "a hopeless case". Nadine felt that she and her son would be unable to form a "real" family and she was experiencing grief for what she had hoped for her life prior to her husband's abuse and the relationship ending.

Nadine was an active participant in all aspects of the Program. She engaged with the Peep curriculum and was eager to learn parenting strategies to support her son. In parent groups, she talked openly about her life and challenges. She described herself as very socially isolated. Staff identified capacities such as her engagement with an online community of single mothers and her engagement with the program as signs of an alternative narrative, where despite her challenges she continued to seek out and exploit opportunities for social engagement.

Nadine was concerned that engaging with services to address her son's developmental delays was leading down a path which was too quick to label and define him. We discussed over the weeks the ways in which, to feel safety and control, Nadine needed to define herself and her own life. Nadine was studying community development online, and expressed the desire to eventually work to support women experiencing domestic violence as she had done. We talked about how this, as well as the changes she had made in her life, challenged the idea that hers was "a hopeless case".

Staff referred Nadine to a MyTime supported playgroup for families accessing early intervention services, where a space will be available for them next year. This service can also support Nadine to navigate the NDIS in the upcoming year.

There is scope to adopt place-based community development approaches within local service hubs, to cultivate local connection, relationships, a sense of purpose, and ownership of individuals solving their local issues. We believe that these service hubs should expand on our existing family hubs.

Home-based service delivery

There is also a systemic need to engage with harder to reach families. Gaps remain in effective outreach for formal early learning experiences, building cultural safety, strengthening inclusion and parenting skills and eliminating financial barriers. While some programs exist – such as the Brotherhood of Laurence's Refugee Child Outreach and HIPPO programs – they are few and far between. There is a clear need to invest in measures that increase participation of vulnerable groups in early learning as an effective and public health strategy (for example, outreach, readiness programs, and inclusive practices).

As the families who can benefit most from support are less likely to engage with formal early learning (Early Learning: Everyone Benefits, 2017), home-based options are the most effective for the prevention of harm to children (for example, the family nurse practitioner model). They offer a window into the home environment, which can provide the trigger for families to be linked to other services. Home-based options also offer a cost-effective and nimble approach that does not rely on physical infrastructure.

Existing preventative home-visiting programs exist but are only available to a small number of families in select locations. There is an opportunity to entrench these approaches to ensure they are available nation-wide for families and communities that would most benefit.

Such work is particularly important, as a child's family environment determines the child's social and emotional wellbeing. Work by the Parenting Research Centre highlights the gap between expert and public understandings of effective parenting. Parenting skills are learned and learnable—they can be practised and improved, which is contrary to a common belief that parenting is innate and therefore cannot be influenced. We echo the Centre's call for better support for parents (Parenting Research Centre, 2017).

The OECD has reported that the most effective way to boost a child's later achievement is to support their parents to engage in learning activities at home (OECD, 2012). Bringing an intentional focus on early education and parenting behaviours into the home enables parents to build skills as their child's first teacher. This empowering approach offers the chance to strengthen parenting capacity and confidence, and to enhance family relationships. Home learning programs can give families the extra assistance they need to narrow the gap in social and emotional wellbeing as well as developmental outcomes.

Even if it is not possible to have a major impact on the family's socioeconomic resources, a supportive and nurturing home environment can help to counteract the effects of poverty, making children less vulnerable (Kiernan and Mensah, 2011).

Intensive family support

Although this consultation paper's focus is on primary and secondary interventions, we believe that any public health approach for enhancing children's safety and wellbeing should also be concerned about preventing recurrent child removal and expedite family reunification. Internationally, the system-induced 'problems' of heightened poverty and trauma for families when children are removed have been gaining attention. Both have a major impact on families' abilities to address the issues which led to their children being removed and maintain contact with their children and on their chances of successful reunification. Understanding how these core emotional and material challenges manifest for families is the key to discovering what successful structural responses to family support should look like.

Research (Hinton 2018; Fidler 2018) by Anglicare Tasmania's Social Action and Research Centre shows several system failures:

- Cross-departmental collaboration is needed to ensure that intensive family support is available during pregnancy. This would help prevent child removal by addressing safety concerns where a baby alert is flagged by child protection services. For example, there needs to be tailored family support and therapeutic treatment for parents struggling with addiction who are at risk of permanently losing their child.
- Cross-departmental collaboration is needed to ensure that pre- and post- child removal family support services are available to all parents involved with child protection services. This would improve the chances of family preservation and expedite family reunification, and their ability to parent in the longer-term, whether or not their children are returned. This should include a continuous case management model of intensive therapeutic support for parents as well as practical support, delivered at arm's length from child protection services. The programs should be responsive to the differing needs of different demographic groups and enable support to be delivered at varying levels of intensity.
- Relevant federal and state government departments should explore programs that address continued parenting costs after child removal and the costs involved in family reunification.
- Federal and state government departments should ensure that there are options to support families involved with child protection services to maintain stable accommodation, especially where accommodation has been identified as either a risk to child safety or as a barrier to

family reunification. These may be tailored to where parents are in the reunification journey and their level of support needs.

Whilst there is a statutory obligation to remove children who experience serious abuse and neglect, there also needs to be a statutory obligation to support parents when a child is removed. Early therapeutic and parenting support is needed so that when child number two, three or four comes along, parents will have a chance to develop the skills they need to keep their children and provide a positive family environment.

3. Public health approaches used in other social service areas and the lessons they provide for designing a system to protect children

Integrated Family & Community Hubs

It is critical for early intervention support to sit outside the statutory child protection system, which often operates within a risk-adverse, crisis-driven culture. It also creates gaps in service responses and missed prevention opportunities to respond to children not screened into the system. John Lynch's data (2018) shows that children who are not screened in experience twice the level of vulnerability throughout their life (35%) compared to those without any contact with the child protection system (17%). We need to find ways to better respond to families who don't receive follow up responses and supports within the formal statutory system.

We believe that establishing Integrated Family & Community Hubs would provide an opportunity to align resources and efforts – federal, state, local and community – with the purpose of tackling developmental vulnerability in children living in locations of disadvantage.

A variety of early years and family hubs already exist across Australia. Their reach and impact could be strengthened by leveraging multiple funding streams, taking a multigenerational approach and incorporating community engagement in their design and operation. Some promising innovations include Doveton College and Tasmania's Child and Family Centres.

The hubs could provide a coordinated gateway into a range of support, making it easier for families to connect with the assistance they need. Hubs would also have an intentional approach to identify and engage harder to reach families. They would operate using a place-based approach, with their efforts tailored for local circumstances. For example, the Brotherhood of St Laurence has experience in these approaches through national programs such as HIPPY, Saver Plus, Transitions to Work, and Work and Learning Centres.

The table below maps some of the existing resources that could be brought together and re-oriented to support the operation of Integrated Family and Community Hubs.

Integrated Family and Community Hubs: Capacity to harness existing resources and

efforts			
Federal government	State government	Local government	Community
<ul style="list-style-type: none"> • <i>Child Care Subsidy</i> • <i>Preschool funding</i> • <i>Parents Next</i> • <i>Family Support Program (including CfC and HIPPY)</i> • <i>Child Care</i> • <i>Community Fund</i> • <i>Medicare</i> • <i>Child Dental Health</i> • <i>Financial Wellbeing</i> • <i>Schools funding</i> 	<ul style="list-style-type: none"> • <i>Capital contribution</i> • <i>Preschool funding</i> • <i>Specialist child and family support</i> • <i>Community Health</i> • <i>Schools funding</i> 	<ul style="list-style-type: none"> • <i>Capital contribution</i> • <i>Community Rent</i> • <i>Child and Maternal Health</i> • <i>Council services</i> 	<ul style="list-style-type: none"> • <i>Potential capital contribution</i> • <i>Community investment</i> • <i>Philanthropic funds</i> • <i>Community capacity building</i> • <i>Volunteer effort</i>

The federal government needs to develop funding models that support integrated early years hubs that engage with the circumstances of families and their local community.

The following case study illustrates well some of the benefits of integrated family and community hubs:

As Kylie's son attended Kindergarten, the staff had regular contact through the morning/afternoon greetings and during drop off and pick up. One day, the staff noticed that Kylie didn't look OK and offered a cup of tea to check in. Kylie shared with staff that her husband suffers from severe anxiety. Because of this, when times were difficult- with bills and worries looming, he would take off without a word. Kylie confided that her husband had been gone for over a week and she was worried about his health and had no way to know if he was ok. She also realised in this moment that with two kids and this ongoing behaviour something needed to change as there was no way she could afford to look after the children on her own.

Kylie grew up having exposure to alcohol abuse, mental health, family violence and the justice system. She wanted nothing more than to give her two sons a better future. It was this determination that helped her engage with 2 Gen's economic participation coordinator who supported Kylie to build her confidence back up to be able to get back into the workplace.

The first steps were to draw on Kylie's skills and interests which included working with children. Having done a Certificate III which was now out of date, Kylie was supported to build up current skills through volunteer work at other playgroups taking place at the Community Centre. The partnerships between the Brotherhood and the other services at the Centre were committed to helping Kylie.

Kylie was offered casual relief work in the children's programs at the Centre where she was supported by the staff to build her confidence. Being dedicated and hard-working and with a natural skill with the children, she was soon more securely employed as one of the playgroup support facilitators as well as in the Kindergarten as an educator.

Being involved at the Centre, Kylie has also now become involved in the community engagement initiatives. She helps to plan and organise activities for other community member. She is also the official social media volunteer and resident photographer for community events. With a regular income and her younger son in quality early childhood care, life looks completely different.

We also encourage the Productivity Commission to consider the opportunities with upcoming systems reforms in related social areas, such as the family law system currently under review. In the *Review of the Family Law System* discussion paper, the Australian Law Reform Commission proposes that "the Australian Government should work with state and territory governments to establish community-based Families Hubs that will provide separating families and their children with a visible entry point for accessing a range of legal and support services".

Human-centred design approaches have been used in the homelessness sector and can help navigate complex systems by seeing the system from the perspective of those in need and the barriers and enablers they experience in accessing support. Taking a systems approach to issues like homelessness and child protection requires paying attention to structural, policy, and environmental factors as well as the family and their needs.

Conclusion

The best approaches are those that are built around people and their needs, aspirations, and capabilities, and works to build up their autonomy and resilience. This allows for new ways of thinking and working beyond traditional commissioning boundaries.

Systems should enable strong links across service organisations that support families. They must also coordinate among government organisations and funding strategies. This can form a successful public health approach to ensuring children's safety and wellbeing. Current early childhood and family systems are siloed, uncoordinated and complex to navigate. The interplay of federal, state and local government programs and the disconnection between early learning programs, and family services illustrate this complexity. There is no effective gateway to connect families with the support they need, or a systemic approach to reach out to families who are missing out.

Investing in parents and families to provide loving and secure homes for children should be at the

core of any public health strategy to ensuring children's safety and wellbeing. There is enormous potential to better leverage early years services to prevent early childhood vulnerability – whether they stem from poverty and social disadvantage or from unhealthy parental family dynamics. They provide a crucial soft entry point to engage with families and a springboard from which to access support that would help reduce the potential for children to experience harm. Intervening early to prevent harm and increase wellbeing is much more effective than any treatment that may come after harm has already taken place.

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