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Keeping kids safe and well – your voices

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Acronyms used in this report

ACCO	Aboriginal Controlled Community Organisation
ADHD	Attention Deficit Hyperactivity Disorder
AMS	Aboriginal Medical Service
ANROWS	Australia's National Research Organisation for Women's Safety Limited
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
DSS	Australian Department of Social Services
CFC	Child and Family Centre
CRC	United Nations Convention on the Rights of the Child
CRPD	United Nations Convention on the Rights of Persons with Disabilities
DES	Disability Employment Services
JET/ JETCCFA	Jobs, Education and Training Childcare Fee Assistance Scheme
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and all ways to be gender, sexually or body diverse
NCC	National Children's Commissioner
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation

OOHC	Out-Of-Home Care
P&C	Parents & Community/Parents & Citizens Committee
PANEL	Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality framework
SNAICC	Secretariat of National Aboriginal and Islander Child Care
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
VCAL	Victorian Certificate of Applied Learning
VET	Vocational Educational and Training



1

Foreword

The vision of *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031* (the National Framework) is that 'children and young people in Australia reach their full potential by growing up safe and supported, free from harm and neglect'.

'Listening and responding to the voices and views of children and young people, and the views of those who care for them' is one of the six underlying principles of the new National Plan.

As Australia's National Children's Commissioner, I was asked to consult with children, young people and families to inform the first five-year action plans.

Hearing the insights and experiences of those whom the National Framework is meant to be helping will assist in building better policies and enable us to monitor their effectiveness.

They are experts in their own lives and understanding the complexity of issues through their insights is critical.

This report synthesises the views of children, young people and families collected in face-to-face and online consultations and surveys. It presents key issues, identifies priorities, and recommends actions about how these can be incorporated into the action plans to be developed by the Australian, State and Territory Governments.

Thank you to all the service providers and key stakeholders who provided practical support and advice.

And thank you to all the children, young people, parents, carers and grandparents, who courageously shared their experiences and their wisdom, so that children in Australia can be safe and well. These are your voices.



Anne Hollonds
National Children's Commissioner

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Seeking Support



Crisis and suicide prevention

- If you or someone else are in immediate danger call Triple Zero 000
- Lifeline: 13 11 14 or visit www.lifeline.org.au

Mental health support and advice

- Kids Helpline: 1800 55 1800 or visit www.kidshelpline.com.au
- Beyond Blue: 1300 22 4636 or visit www.beyondblue.org.au
- MensLine Australia: 1300 78 99 78 or visit www.mensline.org.au

Family and domestic violence support

- 1800Respect: 1800 737 732 or visit www.1800respect.org.au

Child sexual abuse support and advice

- BraveHearts Support Line: 1800 272 831 or visit www.bravehearts.org.au

Links and contact details for support services for parents and carers

- **New South Wales:** Parentline NSW on 1300 130 052 or visit <https://www.parentline.org.au/>

- **Australian Capital Territory:** Parentline ACT on (02) 6287 3833 or visit https://raisingchildren.net.au/_media/external-links/p/parentline-act
- **Northern Territory:** FACES Family Support Line on 1800 999 900 or visit <https://tfhc.nt.gov.au/children-and-families/territory-faces>
- **Queensland:** Parentline Queensland and Northern Territory on 1300 301 300 or visit <https://parentline.com.au/>
- **South Australia:** Parent Helpline South Australia on 1300 364 100 or visit <https://www.cafhs.sa.gov.au/services/parent-helpline>
- **Tasmania:** Parentline Tasmania on 1300 808 178 or visit https://www.health.tas.gov.au/service_information/children_and_families/parentline
- **Victoria:** Parentline Victoria on 132 289 or visit <https://services.dffh.vic.gov.au/parentline>
- **Western Australia:** Ngala Helpline on (08) 9368 9368 (metropolitan) or 1800 111 546 (regional callers) or visit <https://www.ngala.com.au/service/ngala-parenting-line-2/>

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Executive Summary



In March 2020, all Australian Community Services Ministers agreed that ensuring the voice of the child is included in decision making would be one of the key principles underpinning the development of the next National Framework.

The National Framework focuses on areas of collective effort, where there is a demonstrable benefit in having a national approach. Additionally, while the National Framework is for all children, young people, and families, it focuses on children and families who are experiencing disadvantage and/or are vulnerable.

The National Framework has four priority groups:

1. children and families with multiple and complex needs
2. Aboriginal and Torres Strait Islander children and young people experiencing disadvantage or who are vulnerable
3. children and young people and/or parents/ carers with disability experiencing disadvantage or who are vulnerable
4. children and young people who have experienced abuse and/or neglect including children in out-of-home care, and young people leaving out-of-home care and transitioning to adulthood.

The National Framework seeks to improve outcomes for these groups through actions in four focus areas:

1. a national approach to early intervention and targeted support for children and families experiencing vulnerability or disadvantage
2. addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems
3. improving information sharing, data development and analysis
4. strengthening the child and family sector and workforce capability.

The inclusion of the voices of children and young people in the development of policies and services is gaining traction internationally. In Australia, we have some way to go to authentically involve children and young people, but there is a noticeable trend towards elevating the voices of children and young people in law and policy-making processes.

The right of children and young people to participate in decisions that affect them is one of the four guiding principles in the *Convention on the Rights of the Child* (CRC). Participation is also a key principle in the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) and the *Convention on the Rights of Persons with Disabilities* (CRPD).¹ Having a genuine voice and being heard is fundamental to claiming all other rights, with participation being both protective and empowering for children and young people.

To this end, the Department of Social Services (DSS) asked the National Children's Commissioner (NCC) to seek input from children, young people and families across Australia about how to keep them safe and well in their homes and communities.

The recommended actions and information provided by the NCC is intended to guide the first five-year action plans.

3.1 What we did, and why

To seek the views of those in the identified priority groups, the NCC conducted consultations in person and online across the country and distributed short surveys to children, young people and parents/carers. The consultations occurred between May and July 2021.

In order to reach children, young people and families in the priority groups, participants were recruited through support services. This ensured support for participants during and after the



consultations, however it also meant that we only heard the views of those already engaged with services.

The aim of the consultations and surveys was to gather the insights of children, young people and families in the priority groups on issues of importance to them, using three key questions:

1. Who or what services and supports help to keep children, young people and families safe and well, and what helps families to keep their kids safe and well? How and why are they helpful?
2. What makes it hard to get help? What are the barriers or gaps? What needs to change? How can governments improve services and supports?
3. What is the best way to ensure the views of children and young people are considered in the design and delivery of services, and the implementation of the National Framework?

A detailed discussion of the project methodology is presented in Appendix 4.

3.2 Who did we hear from?

We held **45** consultations with **400** children, young people and families across all Australian jurisdictions between May and July 2021, including regional, rural and remote areas.

COVID-19 related restrictions impacted on the way consultations in late June and July were conducted and the locations that were included. In total, there were **29** face-to-face consultations, with **316** participants. These covered all the priority groups, including five consultations conducted exclusively with Aboriginal and Torres Strait Islander children, young people and families. These consultations predominantly occurred in the Northern Territory and New South Wales. Three (**3**) consultations included children, young people or parents with disabilities or their families.

Sixteen (**16**) online consultations were also conducted with **84** participants. One online consultation was conducted exclusively with Aboriginal and Torres Strait Islander children. A further two online consultations were hosted at

organisations that primarily work with Aboriginal and Torres Strait Islander children and families. Of these, one was with children, and one was with young people. Three (3) online consultations included children, young people or parents with disabilities or their families.

426 survey responses were received from children, young people and parents/carers from diverse backgrounds. Thirty-four (34) survey respondents were children aged 5–10 years, 64 were aged 11–14 years, 63 were aged 15–17 years, 58 were aged 18–25 years and 203 were aged 26 years or older.

More information on the demographics of participants can be found in Appendix 3.

3.3 Statistical overview of key issues that children, young people and families raised with us

This section provides a high-level overview of the responses received to the survey and the key issues that emerged in consultations.

In section 3.3(a), we present the survey responses of all participants, as well as a breakdown of the responses by age group, Aboriginal and Torres Strait Islander participants and those identifying as having disability. For an overview of the demographics of survey participants, refer to Appendix 3: section 3.5.

While some survey questions were asked of all age groups, others were only asked of those aged 5–12 years, and others only asked of those 13 years and older. For more information on the survey process, refer to Appendix 4: section 4.6.

This section should be read together with the relevant discussion in section 5.

The limitations outlined in Appendix 4: section 4.9 apply to this section and should be referred to when reading this section.

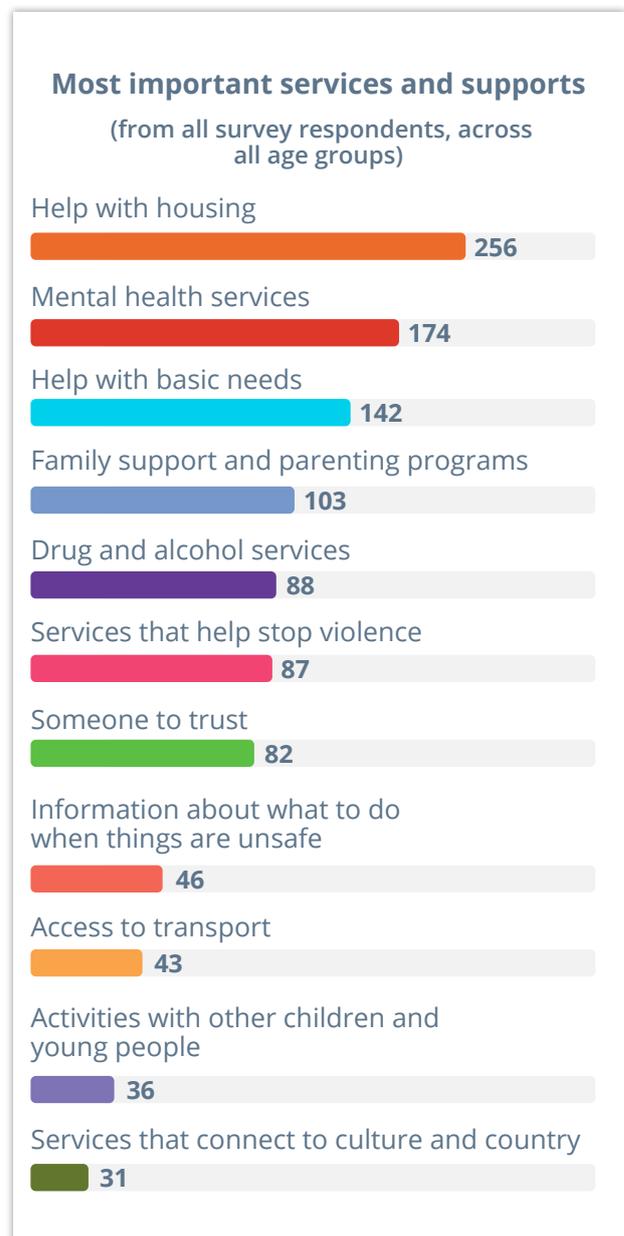
(a) Summary of survey responses

(i) Services and supports that keep children and young people safe

We asked all participants: what are the three most important services and supports that you think could help children and young people and families to be safe?

Overall, participants said:

1. Help with housing (60%, $n=256$)
2. Mental health services (41%, $n=174$)
3. Help with basic needs (33%, $n=142$).



Breakdown by age group:

Children aged 5–12 years said:

1. A safe place to live (84%, $n=61$)
2. Talking to an adult they can trust (47%, $n=34$)
3. No violence (38%, $n=28$).

Children aged 13–17 years said:

1. A safe place to go when needed (75%, $n=66$)
2. Help with basic needs (like food and clothes) (53%, $n=47$)
3. Mental health services (39%, $n=34$).

Young people aged 18–25 years said:

1. A safe place to go when needed (69%, $n=36$)
2. Mental health services (62%, $n=32$)
3. Help with basic needs (like food and clothes) (52%, $n=27$).

Parents and carers said:

1. Mental health services (51%, $n=108$)
2. Help with housing (44%, $n=93$)
3. Family support and parenting programs (37%, $n=79$).

Children, young people, and parents and carers who identified as **Aboriginal and Torres Strait Islander** said:

1. Help with housing (72%, $n=110$)
2. Help with basic needs (42%, $n=46$)
3. Mental health services (35%, $n=39$).

Children, young people, and parents and carers who identified as having **disability** said:

1. Help with housing (59%, $n=42$)
2. Mental health services (49%, $n=35$)
3. Help with basic needs (38%, $n=27$).

(ii) Qualities of service delivery

We asked participants aged 13 years and older: what are the three most important things that make a service or support helpful for you or your family?

Overall, participants said:

1. Treating everyone equally and with respect (50%, $n=176$)
2. It is easy to get to (42%, $n=149$)
3. Friendly people (41%, $n=145$).

The most important things that make a service or support helpful

(from all survey respondents, aged 13+)

Treat everyone equally and with respect



It's easy to get to



Friendly people



Dealing with same person(s) the whole time



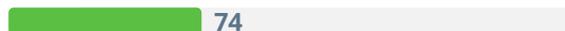
No or low cost



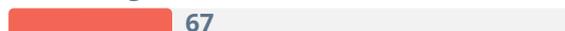
They get us the things we need



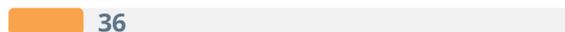
Everyone has a say



No waiting times



I can access it online



Breakdown by age group:

Children aged 13–17 years said:

1. Friendly people (58%, $n=51$)
2. It is easy to get to (47%, $n=41$)
3. Treating everyone equally and with respect (40%, $n=35$).

Young people aged 18–25 years said:

1. Treating everyone equally and with respect (67%, $n=35$)
2. It is easy to get to (60%, $n=31$)
3. Friendly people (60%, $n=31$).

Parents and carers said:

1. Treating everyone equally and with respect (50%, $n=106$)
2. Dealing with the same person(s) the whole time (45%, $n=96$)
3. It is easy to get to (36%, $n=77$).

Children, young people, and parents/carers who identified as Aboriginal and Torres Strait Islander said:

1. Friendly people (60%, $n=54$)
2. Treat everyone equally and with respect (53%, $n=48$)
3. It is easy to get to (43%, $n=39$).

Children, young people, and parents/carers who identified as having disability said:

1. It is easy to get to (48%, $n=31$)
2. No or low cost (44%, $n=28$)
3. Treat everyone equally and with respect (42%, $n=27$).



We asked participants aged 13 years and older: what are the three most important reasons you and your family *don't* use some services and supports?

Overall, participants said:

1. It costs too much (38%, $n=134$)
2. There is a long wait to get in (33%, $n=115$)
3. It is too hard to get to (32%, $n=113$).

The most important reasons that children and families don't use services and supports

(from all survey respondents, aged 13+)



Breakdown by age group:

Children aged 13–17 years said:

1. It costs too much (30%, $n=26$)
2. It is too hard to get to (25%, $n=22$)
3. You can't trust them (20%, $n=18$).

Young people aged 18–25 years said:

1. It costs too much (56%, $n=29$)
2. It is too hard to get to (40%, $n=21$)
3. There is a long wait to get in and they don't listen to us (27%, $n=14$).

Parents and carers said:

1. There is a long wait to get in (39%, $n=84$)
2. It costs too much (37%, $n=79$)
3. It is too hard to get to (33%, $n=70$).

Children, young people, and parents/carers who identified as **Aboriginal and Torres Strait Islander** said:

1. They don't listen to us (28%, $n=25$)
2. It is too hard to get to (26%, $n=23$)
3. It costs too much (26%, $n=23$).

Children, young people, and parents/carers who identified as having **disability** said:

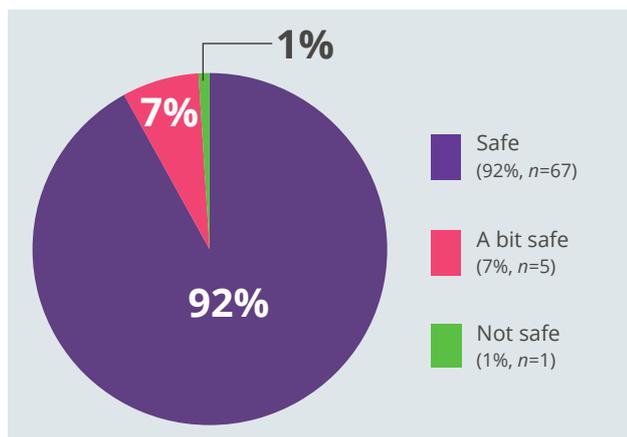
1. It costs too much (48%, $n=31$)
2. They don't listen to us (33%, $n=21$)
3. It is too hard to get to (30%, $n=64$).

(iii) Safety

We asked children aged 5–12 years: How safe do you feel at home?

Overall, children aged 5–12 years said:

1. Safe (92%, $n=67$)
2. A bit safe (7%, $n=5$)
3. Not safe (1%, $n=1$).



Children aged 5–12 years who identified as **Aboriginal and Torres Strait Islander** said:

1. Safe (84%, $n=16$)
2. A bit safe (11%, $n=2$)
3. Not safe (5%, $n=1$).

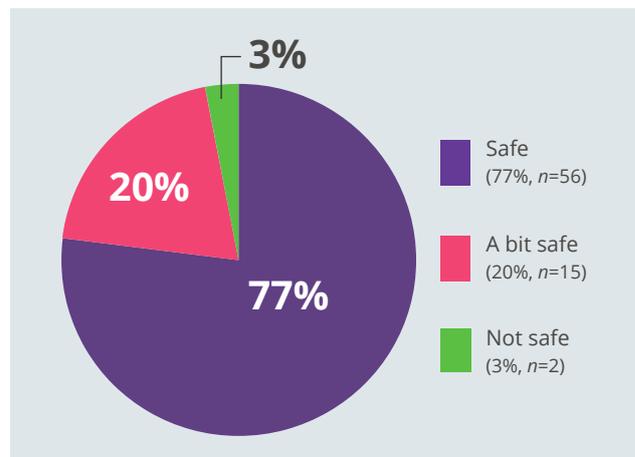
Children aged 5–12 years who identified as having **disability** said:

1. Safe (86%, $n=6$)
2. A bit safe (14%, $n=1$)
3. Not safe (0%, $n=0$).

We asked children aged 5–12 years: How safe do you feel at school?

Overall, children aged 5–12 years said:

1. Safe (77%, $n=56$)
2. A bit safe (20%, $n=15$)
3. Not safe (3%, $n=2$).



Children aged 5–12 years who identified as **Aboriginal and Torres Strait Islander** said:

1. Safe (53%, $n=10$)
2. A bit safe (42%, $n=8$)
3. Not safe (5%, $n=1$).

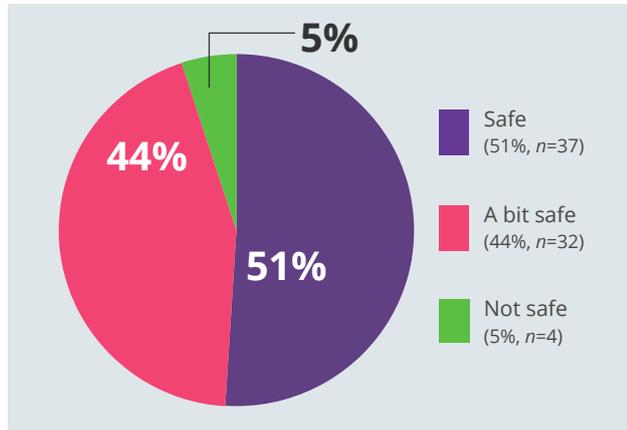
Children aged 5–12 years who identified that they had a **disability** said:

1. Safe (86%, $n=6$)
2. A bit safe (0%, $n=0$)
3. Not safe (14%, $n=1$).

We asked children aged 5–12 years: how safe do you feel in places you go to in your community?

Overall, children aged 5–12 years said:

1. Safe (51%, $n=37$)
2. A bit safe (44%, $n=32$)
3. Not safe (5%, $n=4$).



Children aged 5–12 years who identified as **Aboriginal and Torres Strait Islander** said:

1. Safe (53%, $n=10$)
2. A bit safe (37%, $n=7$)
3. Not safe (11%, $n=2$).

Children aged 5–12 years who identified that they had a **disability** said:

1. Safe (57%, $n=4$)
2. A bit safe (29%, $n=2$)
3. Not safe (14%, $n=1$).

We asked children aged 5–12 years: who are the people that help you feel safe?

Overall, children aged 5–12 years said:

1. My parent or carer (90%, $n=66$)
2. My friends (84%, $n=61$)
3. My teachers (75%, $n=55$)
4. Other people in my family or community (64%, $n=47$)
5. Health workers (41%, $n=30$)
6. My case worker (12%, $n=13$)
7. My support worker (12%, $n=9$)
8. Someone else (18%, $n=9$).



Children aged 5–12 years who identified as **Aboriginal and Torres Strait Islander** said:

1. My parent or carer (95%, $n=18$)
2. My teachers (79%, $n=15$)
3. My friends (68%, $n=13$)
4. Other people in my family or community (58%, $n=11$)
5. Health workers (32%, $n=6$)
6. My support worker (32%, $n=6$)
7. My case worker (26%, $n=5$).

Children aged 5–12 years who identified that they had a **disability** said:

1. My teachers (86%, $n=6$)
2. My parent or carer (71%, $n=5$)
3. My friends (71%, $n=5$)
4. Other people in my family or community (43%, $n=3$)
5. Health workers (29%, $n=2$)
6. My case worker (29%, $n=2$)
7. My support worker (14%, $n=1$).

(iv) Hearing the voices of children and families

We asked children and young people aged 5–25 years: how important is it that the government listens to what you have to say?

Overall, children and young people aged 5–25 years said that it was very important (88%, $n=182$).

Breakdown by age group:

1. Children aged 5–12 years said: very important (84%, $n=58$)
2. Children aged 13–17 years said: very important (87%, $n=75$)
3. Young people aged 18–25 years said: very important (96%, $n=49$).

Children and young people aged 5–25 years who identified as **Aboriginal and Torres Strait Islander** said that it was very important (91%, $n=63$).

Children and young people aged 5–25 years who identified that they had a **disability** said that it was very important (89%, $n=34$).

We asked children and young people aged 5–25 years: what is the best way that children and young people can share their views on how to keep kids safe?

The top three responses from participants were:

1. Group discussion outside school (33%, $n=71$)
2. A survey (33%, $n=70$)
3. Discussion in class (31%, $n=67$).



Breakdown by age group:

Children aged 5–12 years said:

1. Discussion in class (40%, $n=29$)
2. A survey (34%, $n=25$)
3. Talk with you on the phone (22%, $n=16$).

Children aged 13–17 years said:

1. Group discussion outside of school (42%, $n=37$)
2. A survey (35%, $n=31$)
3. Discussion in class (26%, $n=23$).

Young people aged 18–25 years said:

1. Group discussion outside of school (40%, $n=21$)
2. Discussion in class (29%, $n=15$)
3. A survey (27%, $n=14$).

Children and young people aged 5–25 years who identified as **Aboriginal and Torres Strait Islander** said:

1. Group discussion outside of school (41%, $n=32$)
2. A survey (35%, $n=27$)
3. Discussion in class (32%, $n=25$).

Children and young people aged 5–25 years who identified that they had a **disability** said:

1. Group discussion outside of school (29%, $n=11$)
2. A video call (24%, $n=9$)
3. Discussion in class / Discussion over the phone (21%, $n=8$).

We asked parents and carers: how should families be asked about their views on this national plan?

Parents and carers said:

1. Interviews with individual families (68%, $n=144$)
2. Group discussions with multiple families (46%, $n=99$)
3. A survey (46%, $n=98$).

Parents and carers who identified as **Aboriginal and Torres Strait Islander** said:

1. Interviews with individual families (69%, $n=22$)
2. Group discussions with multiple families (44%, $n=14$)
3. Telephone interviews (34%, $n=11$).

Parents and carers who identified that they had a **disability** said:

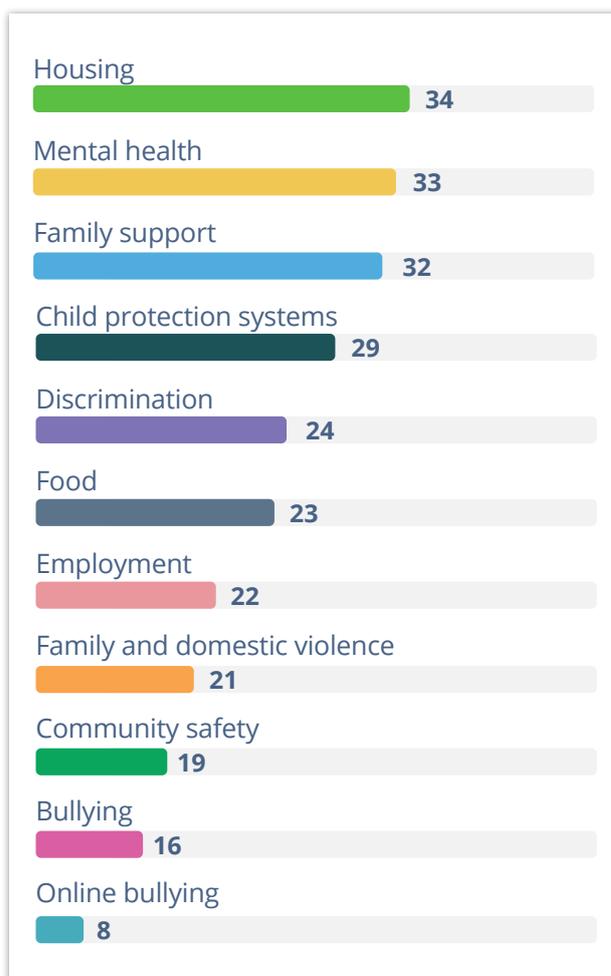
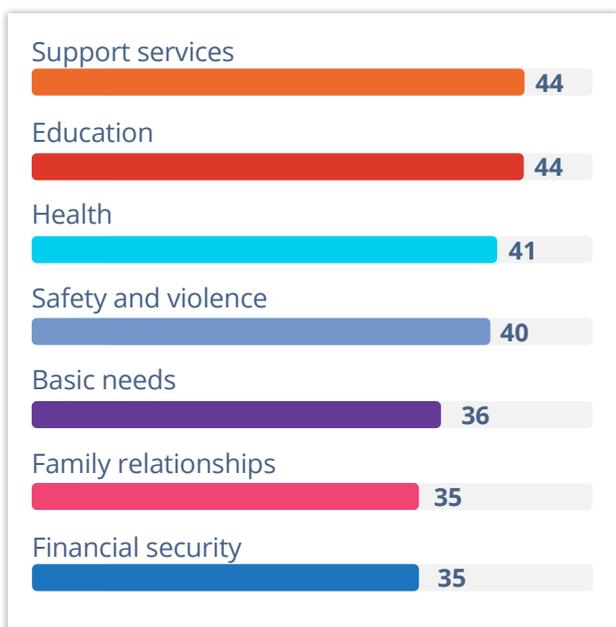
1. Interviews with individual families (64%, $n=21$)
2. Group discussions with multiple families (55%, $n=18$)
3. A survey (52%, $n=17$).

(b) Summary of issues in face-to-face and online consultations

(i) What did participants talk about in the consultations?

The questions asked in the consultations were very broad, allowing participants to raise issues of importance to them, without bias from those facilitating the consultations. For more details on the consultation process, refer to Appendix 4.

The most commonly raised issues in consultations (number of times raised across all consultations) were:



These are discussed in more detail in section 5.

In almost all consultations (89%, $n=40$), participants discussed the quality of services and supports. The most commonly raised areas requiring improvement across all consultations included:

1. qualities of staff (42%, $n=19$)
2. cost (33%, $n=15$)
3. wait times (29%, $n=13$)
4. siloed service provision (20%, $n=9$)
5. referrals (16%, $n=7$).

The qualities of service delivery are discussed in more detail in section 5.1.



3.4 Understanding this report

Section 4 of this report provides recommended actions for inclusion in the first five-year action plans to the National Framework. They are aligned to specific thematic areas and mapped to the four focus areas in the National Framework.

It is important that these recommended actions are contextualised with an understanding of what we heard on specific issues of importance to children, young people, and their families, which can be located in section 5 of this report.

Section 5 delivers information gathered about service delivery and support. This is followed by two sub-sections presenting the specific views of Aboriginal and Torres Strait Islander children, young people and families who are vulnerable, and the specific views of children, young people and/or parents/carers with disability experiencing disadvantage or who are vulnerable.

Section 5 also includes the six key issues that emerged from participant responses to our open-ended questions including what works to keep children and young people safe and well, what doesn't work, and the barriers and challenges faced by them.

It is important to keep in mind the broad-brush nature of our questions. We deliberately did not ask leading questions or deep dive into any specific issues as they related to individuals or priority groups. The intent of our three key questions, as stated in section 3.1, was to report authentically on the issues that participants raised with us.

The six emerging issues are: basic living conditions; family support and out-of-home care; violence and safety; health; education; and youth community

activities. The issues are not exhaustive or mutually exclusive but represent what emerged from the combined sources of consultations and surveys.

Direct quotes are used to shine a spotlight on the voices of participants. At times, the locations of the participants that are quoted are not reported because these participants were part of a national online consultation, and jurisdictional detail for each individual contribution was not available at that time. In these cases, location is not included. Where possible, in reporting all other quotes, we have identified the participants as child (aged 5–12 years), young person (aged 13–25 years) or parent and/or carer for ease of reading. The term young parent is used for parents aged 25 years or under.

3.5 Synopsis of information included in section 5

(a) Service delivery and support

This section identifies common issues raised by children, young people and families accessing services and supports to keep children safe and well. It also includes what they say 'works' in terms of service delivery for children, young people and families.

Children, young people and families shared their experiences of complex multilayered issues and their efforts to find and navigate disconnected services not well-suited to their needs.

Consultations allowed us to draw out some key qualities that helpful services have in common. These include availability, affordability, accessibility, responsive and holistic, respectful, caring and reliable, culturally safe and inclusive, and open to listening to the voices of children and their families.

(b) Aboriginal and Torres Strait Islander children, young people, and their families

In our consultations with Aboriginal and Torres Strait Islander peoples, we were told they wanted to be actively involved in decisions that affect them and their families, to have agency and to be truly heard. Some wanted involvement to extend beyond the design of services to include policy development. In consultations, they shared that their cultural beliefs and sensitivities, and practices, were largely absent in policy making.

SNAICC is working with Aboriginal and Torres Strait Islander representatives, experts and governments to facilitate a process of co-design that ensures Aboriginal and Torres Strait Islander community participation and leadership are central to the development of the National Framework. SNAICC is also undertaking a second phase of co-design that will determine the specific actions for the implementation of the National Framework.

In our survey, Aboriginal and Torres Strait Islander young people, and parents/carers most commonly chose 'they don't listen to us' in their top three reasons for not accessing services. In consultations, they called for more access to information, greater cultural inclusivity and cultural safety in service delivery, and increased investment in existing successful and local programs. They had ongoing concerns about the involvement of child protection authorities in their families, as well as experiences of racism and discrimination. We heard about experiences of systemic racism where they told us that they felt white or non-Indigenous superiority is assumed. One parent told us that 'racism is basically everyday life'.

In our consultations, some Aboriginal and Torres Strait Islander parents and young people identified the impact of intergenerational trauma and subsequent disconnection between generations and across families. Aboriginal and Torres Strait Islander young people described a pervasive fear of state intervention in their families 'even if they're doing well', which prevents them from asking for help.

Where services employed staff that understood culture and preferably were Aboriginal and Torres Strait Islander peoples, children, young people and parents/carers felt supported and connected. We were told about the importance of having Aboriginal and Torres Strait Islander staff as they had a better understanding of how to help, combined with respect and accountability within the local community.

Some of the issues raised by Aboriginal and Torres Strait Islander children, young people and parents were shared by non-Indigenous families, such as the challenges of living in regional, rural and remote areas with less access to employment, housing, education, health services, and after-school activities. They shared similar concerns about violence, being targeted by child protection authorities and police, and fears of their children being taken away. This conveys a lack of trust in the systems designed to help them to keep their families safe and well.

It is recommended that locally-led and culturally-appropriate services are codesigned and funded by government, consistent with the Closing the Gap National Agreement and the SNAICC codesign reports to ensure that Aboriginal and Torres Strait Islander families are supported to keep their children safe and well.

(c) Children, young people and parents with disabilities

When speaking with children and young people with disabilities and their families, we heard of significant barriers that stopped them from accessing the services and supports they need to be safe and well. This includes access to supports at school or work, as well as navigating complex systems like Centrelink, housing and the NDIS. At times, services provided within these systems were not supportive, respectful, consistent or responsive to individual needs.

Parents of children with disabilities spoke of lack of responsiveness to the needs of their children, and of unsafe restrictive practices causing their children distress and harm. From their perspective, the education system was not able to safely meet the needs of their children.

We were told that, when given the chance, young people with disabilities appreciated being active participants in decisions that affect them. Supports that were introduced through 'warm referrals' were valued highly, as were advocates. Clear communication and positive and responsive relationships with staff were also attributes that defined helpful services.

It is recommended that government address issues of concern by ensuring that there are more mechanisms for children and young people with disabilities to have a say on what they need, and that families have access to early screening and diagnosis at no out-of-pocket cost to them. Schools require additional support and training to enable them to provide for the needs of children with disabilities.



(d) Basic living conditions

Poverty or material deprivation can prevent children, young people and their families from accessing what they need to keep children safe from abuse and neglect.

We heard from many young people and parents/carers that families require access to an adequate income to support children in their care, with current Centrelink payments being inadequate to meet the needs of families and there being significant barriers to finding employment.

Similarly, we heard that housing is often an issue for families, with many citing long waitlists for public housing and difficulties navigating the application process. Other issues raised included a lack of access to affordable and healthy food, transport and necessary technology.

It is clear from our survey results and consultations that vulnerable families need assistance obtaining an adequate standard of living for their children. Key to this is ensuring that they are not materially deprived of essential items.

It is recommended that governments address issues of concern through reviewing income support payments to families, greater provision of basic needs such as housing and food for those families in need, and the expansion of evidence-based programs that support young people leaving care to manage independent living. Many young parents and their children are at risk because of lack of access to the basics for keeping kids safe and well, such as secure housing.

(e) Family support and out-of-home care

Children and young people often told us that their families take care of them, support and protect them. However, many children, young people and parents/carers told us that families require additional support to keep children safe and well at home.

Some parents/carers told us that they had experienced barriers to getting support when they needed it, including not meeting certain criteria, and long waitlists which made parents feel that they could not get help before they reached a crisis point. Some parents also said that they were worried about seeking help because they were concerned that child protection authorities would take their children away. Parents wanted services that could respond with more flexible support when needed, especially wraparound services where they could access help for different family members and their complex needs.

Children and young people living in out-of-home care told us that they needed more support to be safe while in care and afterwards. Some told us that their carers lacked understanding, others said that they simply did not receive enough support from their caseworkers. For example, access to mental health support. A group of relative carers shared that they needed more support to help them look after children in their care.

Children in out-of-home care told us they wanted more of a say in the decisions that affect them and acknowledgement and support for the particular challenges they face. Concerted effort across all jurisdictions is needed to make this a reality for them.

The point was often made that support must continue to be provided well after children and young people are reunified with their families or leave care.

It is recommended that governments address issues of concern through increased investment in early intervention and prevention supports for children and young people at risk of entering the child protection system and providing individualised support to families to meet their needs.

Finally, it is recommended that a longitudinal study be commissioned to better understand the key outcomes for young people transitioning from out-of-home care.

(f) Violence and safety

Concerns about violence at home and in the community arose in consultations in all jurisdictions with children, young people and parents/carers. Issues identified related to responses from police, child protection and social services, including in family law contexts. Children, young people and parents/carers felt that many police, school and social services staff that they had encountered lacked adequate knowledge or training in responding to family and domestic violence, particularly in the absence of visible physical violence, and how to help children and young people who have experienced trauma.

Participants frequently suggested victim-survivors of domestic family violence should have access to a 'one-stop shop' of services, including legal advice. They stressed the importance of being able to continue working with a single person with whom they had built rapport to avoid having to repeat their stories and navigate fragmented service systems. A specialised approach was also identified as necessary for people with disabilities and people from culturally or linguistically diverse backgrounds experiencing family and domestic violence.

There are few family and domestic violence services that specialise in helping children and young people who have experienced violence at home. More child-specific services are required to support children to recover alongside their parent or carer.

It is recommended that there is more emphasis on co-located, wraparound services for children and families experiencing violence, as well as ensuring that these services are inclusive, culturally responsive and meet the needs of people with disabilities. It is further recommended that children and young people are provided appropriate opportunities to learn about respectful relationships and consent throughout school education.

(g) Health and mental health

Children, young people and parents/carers identified difficulties in accessing health services, particularly mental health services, due to long wait times, assessments that their medical needs are not sufficiently severe, a lack of local services, the cost of healthcare and a lack of understanding by medical professionals.

Some children, young people and parents/carers also raised concerns about police responses to mental health incidents and discrimination in health settings.

Young people and parents/carers spoke positively about inclusive, holistic and multi-disciplinary health supports that work flexibly with individuals to meet their needs. Health services, including mental health services, must be accessible to all, including those in regional, rural and remote areas.

It is recommended that governments address issues of concern through the provision of flexible, holistic, wraparound health services with a significantly greater investment in mental health services, especially for children under 15 years old, parents and families in regional, rural and remote areas.

It should be noted that many of the mental health recommendations align with the objectives of the National Children's Mental Health and Wellbeing Strategy, recently introduced by the Australian Government. For example, the emphasis on holistic, culturally responsive and family-centred practices, as well as the additional focus on equity and improved access for all children and families.

(h) Education

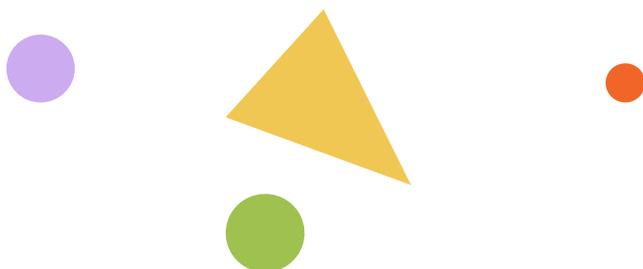
Schools were frequently raised in consultations as being a source of support for some children and young people, while presenting significant challenges and barriers to safety and wellbeing for those with multiple and complex needs.

For some children and their families, schools are a community 'hub' of support for the wellbeing of children and young people. Teachers are valued not just for academic learning but as someone they can turn to for help. However, for other children, their experiences of school are marred by bullying and discrimination.

Teachers were seen as needing more support and training. Schools in some communities were not considered welcoming to Aboriginal and Torres Strait Islander children and their families. They were perceived as lacking flexibility and not engaging in culturally-appropriate pedagogy.

For our most disadvantaged young people, such as those in youth detention, vocational education was nominated as the one thing that would help them break the cycle of recidivism. These young people said they wanted to find jobs, but they could not access training.

Schools and education systems need to be codesigned to better fit the needs of children and young people with multiple and complex needs, including in regional and remote areas. Engagement with families should be a priority, and schools should provide multidisciplinary wellbeing support services, in conjunction with relevant services in the local area.



Early childhood education and care was considered important by families, offering benefits for both parents and children's development. However, barriers to access exist for families including cost and availability.

(i) Youth community activities

Children, young people and parents/carers spoke about the importance of having access to safe and local community spaces, such as drop-in centres, sports clubs, and community hubs. They valued the supportive staff who they engaged with

at these places, as well as peer support. These community programs provided support for mental health, physical health, homework and basic needs, such as dinner. Where several services were co-located, families could address their multiple needs at the one location.

It is recommended that these 'outside-of-school' services be more widely available, and integrated where possible with schools, so that children and young people can access multidisciplinary support for their development, wellbeing and learning.



4

Recommended Actions



The recommended actions are directly based on what we heard from children, young people and families across Australia. Direct quotes from children, young people, and their families were used to infer policy responses and develop recommended actions. The direct quotes are located in the text in section 5.

A number of the recommended actions in this report are relevant to multiple portfolios, across Commonwealth, state, and territory governments.

The National Framework focuses on areas of collective effort, where there is a demonstrable benefit in having a national approach where it takes a targeted approach, focusing on the four priority groups, early intervention, and targeted supports in the child abuse and neglect context, rather than primary prevention.

It is expected that through the new National Framework, governments will be able to support alignment with other related national strategies, such as the *National Plan to Reduce Violence against Women and Children 2010–2022* and its successor plan, the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*, the *National Agreement on Closing the Gap 2020*, the *National Aboriginal and Torres Strait Islander Early Childhood Strategy* and the *National Youth Policy Framework 2021*, wherever possible.

Where recommended actions are considered to be outside the scope of the new National Framework and its action plans, these may be addressed in other policy development by Commonwealth, State and Territory Governments.

The recommended actions are presented as subject-specific actions that should be considered when drafting the action plans.

Relevant section titles and section numbers are included in brackets following each recommendation. These point to where in the report the issue relevant to the recommendation has been discussed.

Each recommended action is matched to the following focus areas for national effort under the National Framework:

- Focus Area 1: A national approach to early intervention and targeted support for children and families experiencing vulnerability or disadvantage
- Focus Area 2: Addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems
- Focus Area 3: Improving information sharing, data development and analysis
- Focus Area 4: Strengthening the child and family sector workforce capability.

Section 4.10 contains a table which maps each recommended action to the relevant focus area and the relevant section of this report.

4.1 Service delivery and support

1. Ensure availability of family support services that provide holistic, place-based and wraparound supports for children and families, at each developmental stage, such as Child and Family Centres, youth centres and school-based wellbeing hubs. (Focus Area 1; Focus Area 2; section 5.1(g)(ii))
2. Key data, disaggregated by age, socio-economic status, cultural background, disability, LGBTIQ+, on children's rights and wellbeing are able to be disaggregated at the local level, to support service design and delivery, and is publicly available and accessible. (Focus Area 3; section 5.1(e))
3. Evidence-based early intervention services are expanded in areas of identified need, based on regional and community-level service mapping. (Focus Area 1; Focus Area 2; Focus Area 3; section 5.1(e))
4. Longer term funding contracts are made available for evaluated programs achieving positive outcomes for children and families,

to help improve certainty, and to secure and retain quality staff. (Focus Area 1; Focus Area 2; Focus Area 4; section 5.1(b))

5. The views and experiences of children, young people and families are systematically sought to inform the monitoring of future action plans, consistent with the underlying principles of the National Framework, including direct engagement through consultations, interviews, forums, youth groups, advisory groups, and surveys. (Focus Area 3; section 5.1(k))
6. Services are required to operate under the *National Principles for Child Safe Organisations* and be available; affordable; accessible; responsive and holistic; respectful, caring and reliable; culturally safe and inclusive; and open to the voices of children, young people and their families. (Focus Area 1; Focus Area 2; Focus Area 3; Focus Area 4; section 5.1(l))

4.2 Aboriginal and Torres Strait Islander children, young people and their families

7. Early intervention services for children, young people and their families are trauma-informed, locally led, culturally-appropriate, and codesigned. (Focus Area 1; Focus Area 2; section 5.1(i)(ii))
8. Incorporate Indigenous languages in the school curriculum in line with the Australian Curriculum Framework for Aboriginal and Torres Strait Islander languages. (Focus Area 2; section 5.8(e))
9. Evidence-based mentoring programs are funded, with particular focus on men and boys, and their role as fathers for Aboriginal and Torres Strait Islander children and young people. (Focus Area 2; section 5.2(f); section 5.2(g))

Also see recommended actions: numbers 25, 32, 33, 43, 44, 55.

4.3 Experiences of children, young people and parents with disabilities and their families

10. Service providers that receive government funding ensure that children, young people, and families with disabilities are supported to navigate the services and supports they need. (Focus Area 1; Focus Area 2; section 5.3(c))
11. Services for diagnosing disability in children and young people are affordable, accessible, and available to diagnose in a timely manner. (Focus Area 1; Focus Area 2; section 5.3(d))

4.4 Basic living conditions

12. Level of income support payments for families with children and young people are reviewed for adequacy to ensure child safety and wellbeing. (Focus Area 1; Focus Area 2; section 5.4(b))
13. Young people and families are supported to navigate Centrelink and access existing income support payments and its employment services. (Focus Area 1; Focus Area 2; section 5.4(b))
14. Access to safe, affordable, and stable housing is urgently increased for children, young people and families at risk or currently experiencing family and domestic violence. (Focus Area 1; Focus Area 2; section 5.4(d))
15. Families in contact with child protection authorities are prioritised for public housing to facilitate stability and security for the child and family. (Focus Area 1; Focus Area 2; section 5.4(d)(i))

16. Supported accommodation, both long-term and crisis options, is made available to more young people, particularly those exiting out-of-home care and young parents. (Focus Area 1; Focus Area 2; section 5.4(d)(ii))
17. Services providing food assistance, including food hampers, food trucks, food banks, school-based food programs, food programs at youth clubs and community centres are accessible in communities where children, young people and families need them. (Focus Area 1; Focus Area 2; section 5.4(e))
18. Increase and improve access to transport for children, young people, and families, where this is identified as an area of need. (Focus Area 1; Focus Area 2; section 5.4(f))
19. Improve access to basic technology, including computers and wi-fi for children, young people and families in low socio-economic and geographically isolated areas, to reduce the growing digital divide. (Focus Area 1; Focus Area 2; section 5.4(g))
20. Increase access to programs that support young people to learn independent living skills, such as learn-to-drive courses, cooking, first aid and how to manage their finances. (Focus Area 1; Focus Area 2; section 5.4(h))

4.5 Family support and out-of-home care

21. Improve access to evidence-based early intervention services by providing them in more locations. (Focus Area 1; Focus Area 2; section 5.5(b)(ii))
22. Referral pathways are customised to specific needs, with children, young people, and parents actively supported to navigate and access these services. (Focus Area 1; Focus Area 2; section 5.5(b)(iii))
23. Child protection systems are integrated with place-based prevention services, such as

- multidisciplinary child and family services, with evidence-based early intervention programs focused on keeping children safe with their families; supplemented with appropriate training and support for child protection frontline staff. (Focus Area 1; Focus Area 2; Focus Area 3; section 5.5(b)(ii))
24. Families who have children removed are provided with a range of co-ordinated support services to facilitate reunification, including mental health support, drug and alcohol rehabilitation and family counselling, with ongoing support provided post reunification where need is identified. (Focus Area 1; Focus Area 2; section 5.5(c)(i))
25. The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) is implemented to its full intent (Focus Area 2; section 5.2(b))
26. Children and young people in out-of-home care, consistent with their evolving capacities, are included in decisions about their lives, including placement decisions, care plans and transition from out-of-home care. (Focus Area 1; Focus Area 2; section 5.5(c)(i))
27. Children and young people in out-of-home care are provided priority access to relevant services, including mental health services, family counselling, and educational tutoring assistance. (Focus Area 1; Focus Area 2; section 5.5(c)(i))
28. Kinship and relative carers are provided with support to navigate and access services and supports that assist them in looking after the children and young people in their care. (Focus Area 1; Focus Area 2; section 5.5(c)(ii))
29. Commission a longitudinal study to understand outcomes for young people transitioning from out-of-home care up to age 25, including connection to family and/or carers, education and employment, housing, health and mental health. (Focus Area 3; section 5.5(c)(i))

30. For children and young people in out-of-home care, mentoring programs are evaluated with a view to supporting those that are most effective. (Focus Area 1; Focus Area 2; section 5.5(c)(i))

4.6 Violence and safety

31. Families have access to wraparound family and domestic violence services which are co-located with related services such as housing, health, mental health, drug and alcohol, and legal support. (Focus Area 1; Focus Area 2; section 5.1(g)(i))
32. Family and domestic violence services for Aboriginal and Torres Strait Islander children, young people and families are locally-led, culturally-appropriate and codesigned. (Focus Area 2; section 5.6(c))
33. Family and domestic violence services employ a range of staff capable of meeting the needs of their local community, including Aboriginal and Torres Strait Islander peoples, those with disabilities and those from specific cultural and language groups. (Focus Area 4; section 5.6(c))
34. See recommended action 14 (Focus Area 1; Focus Area 2; section 5.4(d))
35. Provide evidence based early intervention services for families where a child or young person exhibits violent behaviour. (Focus Area 1; Focus Area 2; section 5.6(e))
36. All children and young people receive *Respectful Relationships Education* and consent education programs in schools. (Focus Area 1; Focus Area 2; section 5.8(b))

4.7 Health and mental health

37. All health services for children and young people, including mental health services, follow a holistic, wraparound model of service provision. (Focus Area 1; Focus Area 2; section 5.7(f))

38. Implementation of tailored programs focused on improving children's mental health and wellbeing based on the key characteristics of successful place-based approaches. (Focus Area 1; Focus Area 2; section 5.7(c))

39. Increased access to public mental health services for children, young people and families, including in regional and remote areas. (Focus Area 1; Focus Area 2; section 5.7(b))
40. Service provision is made more flexible to encourage greater uptake, including face-to-face, telehealth consultations, digital interventions, and phone helplines where they are evaluated as providing positive outcomes. (Focus Area 1; Focus Area 2; section 5.4(g))
41. Increase parent and carer mental health literacy and their skills to support child mental health and wellbeing through education programs in schools, antenatal and parenting courses in other community settings. (Focus Area 1; Focus Area 2; section 5.7(c))

4.8 Education

42. Schools are integrated or co-located with health and family support services, with teachers receiving training and support to enable strong collaboration with multidisciplinary service providers for student wellbeing and trained mental health professionals available to students. (Focus Area 1; Focus Area 2; Focus Area 4; section 5.8(c))
43. Schooling models are codesigned and resourced to provide flexible learning to children and young people, including enabling Aboriginal and Torres Strait Islander children and young people to access education in language, and through evidence-based culturally-safe programs operated by teachers engaged with the community and trusted by them. (Focus Area 2; section 5.8(e))

44. Schools promote and provide flexible learning options to address the needs of children, people and families, supporting them to stay engaged with schools, including 'learning support assistants' who provide a culturally-safe and trusted points of contact for children and their families. (Focus Area 1; Focus Area 2; section 5.8(j))
45. Funding is made available to all schools in low socio-economic areas, and where need is identified, to provide breakfast/lunch programs and homework clubs, to support the safety and wellbeing of children and young people. (Focus Area 1; Focus Area 2; section 5.8(m); section 5.8(n))
46. Increase access to more inclusive sexual health education programs in primary and secondary schools, including for LGBTIQ+ students. (Focus Area 1; Focus Area 2; section 5.8(k))
47. Increase access to learning supports at school for children and young people with disabilities to help them achieve their full potential. (Focus Area 1; Focus Area 2; Focus Area 4; section 5.8(g))
48. Peer support and mentoring programs for children and young people are evaluated with a view to supporting those that are most effective. (Focus Area 1; Focus Area 2; section 5.1(g)(ii))
49. Evidence-based anti-racism education programs are developed for use with children, young people, families, and for child and family service providers. (Focus Area 1; Focus Area 2; Focus Area 4; section 5.1(i)(i))
50. Vocational education is made accessible to those in rural and remote areas, youth detention centres and family and domestic violence shelters. (Focus Area 1; Focus Area 2; section 5.8(o))
51. Young people are supported to access vocational education pathways at schools, where appropriate. (Focus Area 1; Focus Area 2; section 5.8(o))
52. Vocational education is directly linked with employment and further education opportunities, including providing placement opportunities for those undertaking vocational education and supporting them to apply for jobs when they complete their course, with regular evaluation of the effectiveness of employment services programs. (Focus Area 1; Focus Area 2; section 5.8(o))
53. All families with children under five years have access to affordable and high-quality early childhood education and care, including families in rural and remote areas using flexible delivery methods. (Focus Area 1; Focus Area 2; section 5.8(r))

4.9 Youth community activities

54. All children and young people, including those in rural and remote areas, have access to a range of safe community spaces outside school, such as libraries, youth clubs and sporting facilities. (Focus Area 1; Focus Area 2; section 5.9(b))
55. Community services for children and young people are inclusive and promote cultural safety. Where appropriate these programs should be integrated or co-located with schools to facilitate school engagement. (Focus Area 1; Focus Area 2; section 5.9(f))



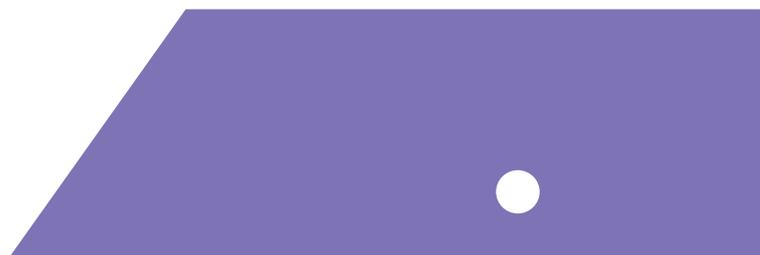
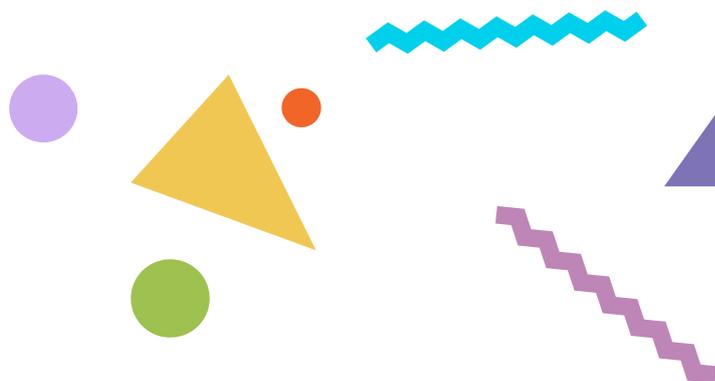
4.10 Table of recommended actions

This table maps the recommended actions under each focus area.

Recommended Actions	Focus Area 1	Focus Area 2	Focus Area 3	Focus Area 4	Section reference
	A national approach to early intervention and targeted support for children and families experiencing vulnerability or disadvantage	Addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection	Improving information sharing, data development and analysis	Strengthening child and family sector workforce capability	
1	✓	✓			5.1(g)(ii)
2			✓		5.1(e)
3	✓	✓	✓		5.1(e)
4	✓	✓		✓	5.1(b)
5			✓		5.1(k)
6	✓	✓	✓	✓	5.1(l)
7	✓	✓			5.1(i)(ii)
8		✓			5.8(e)
9		✓			5.2(f); 5.2(g)
10	✓	✓			5.3(c)
11	✓	✓			5.3(d)
12	✓	✓			5.4(b)
13	✓	✓			5.4(b)
14	✓	✓			5.4(d)
15	✓	✓			5.4(d)(i)

Recommended Actions	Focus Area 1	Focus Area 2	Focus Area 3	Focus Area 4	Section reference
16	✓	✓			5.4(d)(ii)
17	✓	✓			5.4(e)
18	✓	✓			5.4(f)
19	✓	✓			5.4(g)
20	✓	✓			5.4(h)
21	✓	✓			5.5(b)(ii)
22	✓	✓			5.5(b)(iii)
23	✓	✓	✓		5.5(b)(ii)
24	✓	✓			5.5(c)(i)
25		✓			5.2(b)
26	✓	✓			5.5(c)(i)
27	✓	✓			5.5(c)(i)
28	✓	✓			5.5(c)(ii)
29			✓		5.5(c)(i)
30	✓	✓			5.5(c)(i)
31	✓	✓			5.1(g)(i)
32		✓			5.6(c)
33				✓	5.6(c)
34	✓	✓			5.4(d)
35	✓	✓			5.6(e)
36	✓	✓			5.8(b)
37	✓	✓			5.7(f)
38	✓	✓			5.7(c)
39	✓	✓			5.7(b)

Recommended Actions	Focus Area 1	Focus Area 2	Focus Area 3	Focus Area 4	Section reference
40	✓	✓			5.4(g)
41	✓	✓			5.7(c)
42	✓	✓		✓	5.8(c)
43		✓			5.8(e)
44	✓	✓			5.8(j)
45	✓	✓			5.8(m); 5.8(n)
46	✓	✓			5.8(k)
47	✓	✓		✓	5.8(g)
48	✓	✓			5.1(g)(ii)
49	✓	✓		✓	5.1(i)(i)
50	✓	✓			5.8(o)
51	✓	✓			5.8(o)
52	✓	✓			5.8(o)
53	✓	✓			5.8(r)
54	✓	✓			5.9(b)
55	✓	✓			5.9(f)



5

What we heard from children, young people and families





This section synthesises the views of children, young people and families expressed in both face-to-face and online consultations and through surveys. It also integrates our findings with the existing evidence base. Survey results are discussed throughout the following sections and more detailed survey information can be located in section 3.3.

5.1 Service delivery and support

(a) Snapshot

Australia has agreed to undertake ‘all appropriate legislative, administrative and other measures’ to implement the rights recognised in the *Convention on the Rights of the Child* (CRC).² This means taking action to ensure that children can enjoy all their civil, political, economic, social and cultural rights.

This includes the provision of services and supports for children, needed to protect them from harm and keep them safe and well.

When asked what are the three most important services that are needed to keep children safe, survey participants identified housing, mental health services and help with basic needs as their top three priorities.

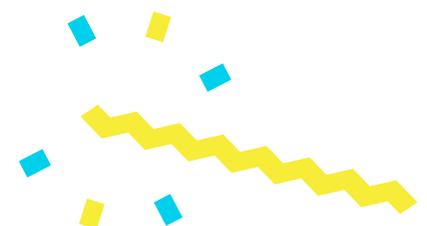
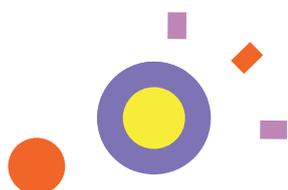
Family support and parenting programs were also identified as one of the top supports needed by parents and carers in the survey. However, these were also the main types of services and supports that children, young people and parents/carers commonly told us they needed more of.

This section identifies some common issues faced by children, young people and families when accessing the services and support needed to keep children safe and well.

(b) Funding for services

In every consultation, children, young people and parents/carers identified services that they said were helping children and families. These included food relief programs, Child and Family Centres (CFCs), accessible health services, sporting facilities and youth activities, services that facilitate peer support, flexible and responsive schooling models, child and youth-specific mental health services and social housing programs.

In some cases, they praised programs that they were involved with and recommended that they be better funded, or that the criteria for accessing them be expanded, so that more children and families could access them.



Several young people and parents/carers made the point that there is no need to invent new types of services when good models already exist. For example, one young person responding to the survey said:

We don't need a new program or another service, we need the right money and resources for the programs that are actually working and doing better for the youth and community.

Young person, NSW

Some parents/carers recommended better funding for services and service models that are already working to help children and families:

Please review the services available to vulnerable families. There are too many services failing us that are receiving more funding and resources than services that are actually building capacity and bettering our lives. Thank you for hearing our stories and working to truly help us!

Parent or carer, NT

Invest in proven services such as early intervention services. Put far more investment into drug and alcohol and mental health services so that people can access services freely and quickly.

Parent or carer, NSW

Children, young people and parents/carers also commonly reported long waitlists for services and supports. 'There's a long wait to get in' was the second most common barrier to accessing services and supports raised in the survey by children and young people aged 13 years and above and parents/carers. In relation to service delivery, in some consultations the issue of wait times was raised as an area that needs improvement ($n=13$, 29%). For more information on survey results see section 3.3. For example, some parents told us:

I was supposed to see a psychologist in March and I'm still waiting – about a month ago I went to [mental health service] and asked the admin for an appointment they only had appointments if you are really struggling like if you have psychosis or something.

Young parent, NSW

No access to counselling and support for children and families – everyone is at capacity and waitlists. [A service] 12 months waitlist currently. [Another service]: only seeing kids with psychosis or eating disorders. Where do others go? NOWHERE – HELP!!

Parent or carer, TAS

In response to these concerns, it is recommended that governments commit to long-term funding of services that have been proven to help children and families. Most importantly, children, young people and families need to be included in any assessments of 'what works' to support them and their families.

(c) Prevention and early intervention

Children, young people and parents/carers spoke frequently about the lack of services, especially mental health services, available for early intervention and ongoing support. Families themselves recognise that they need prevention and early intervention services to support them before problems deteriorate. For example, parents told us:

I didn't get any help until I had a breakdown. But I don't want it to constantly get to that stage before I am able to get help. It's really frustrating that you have to get to breaking point before you can get help. We need a more proactive approach.

Parent, QLD

The need for prevention and early intervention for children, young people and families at risk of or in contact with child protection has been raised numerous times in recent years, notably in the recommendations of the Royal Commission and Board of Inquiry into Protection and Detention of Children in the Northern Territory in 2017 (NT Royal Commission) and the 2020 Family Matters report.³ These have argued for a public health model of service delivery, with new and innovative thinking about how and when it is most effective to intervene, informed by a proper understanding of the issues faced by families and their communities.⁴

The emphasis on early support is also reflected in the *Wiyi Yani U Thangani (Women's Voices): Securing our Rights, Securing our Future 2020* report (Wiyi Yani U Thangani report). Women and girls called for investment in Aboriginal and Torres Strait Islander community development for prevention and early intervention.⁵

The new National Framework, as did the previous one, recognises early intervention as a key means of reducing the rates of child abuse and neglect in Australia. As noted in section 3.1, the National Framework focuses on early intervention and targeted supports as opposed to primary prevention. Participants in our consultations spoke about prevention and early intervention, so both are included in this report.

However, despite this focus, state and territory expenditure on delivering out-of-home care services continues to far outweigh expenditure on family support and early intervention services. In our consultations, parents and carers from a number of states and territories told us that they felt funding for services was too limited to reach families before they are in crisis:

I haven't seen my worker for three weeks because she's fully booked up – there's a lot of families out there who need it more than me so I feel like I shouldn't take away from more desperate families.

Parent, TAS

Outside of NDIS there needs to be more services that are funded to help families so that families don't break down and children don't get neglected because of crisis.

Parent, VIC

The Family Matters Report in 2020 analysed real recurrent funding for child protection in 2018–2019 and found that 84.1% of current expenditure is allocated to the tertiary end of the sector (care services and protective intervention services), compared to 15.9% in measures that seek to prevent, support and restore or reunify children to their families.⁶ It concluded that governments are not only under-investing in intensive family support services and family support services, but also not shifting the balance despite rhetoric about the value of prevention and early intervention.⁷

Further, a 2019 report using data analysis and modelling from the Early Intervention Foundation showed that late intervention on issues like child protection, youth crime, youth unemployment, youth justice, homelessness and mental health, costs Australian governments a purported \$15.2 billion each year.⁸ This equates to \$607 for every Australian, or \$1,912 per child and young person.⁹

In addition to early intervention for children and families that are struggling, there needs to be a commitment at the national level to address the basic material needs of all children and families, including increasing the rates of income support payments above the poverty line. The COVID-19 pandemic has only served to highlight the urgent need to support children and families in vulnerable situations with housing, income support and food security.¹⁰

(d) Services in areas of need

Children, young people and parents/carers also identified that more services are needed to support families in all areas of life. For services that help to meet basic needs, such as accommodation, or that were needed for mental health or early support, the demand was greater. This was particularly the case in regional, rural and remote areas, but not exclusively.

We heard about the limited provision of child and youth-specific health and mental health

services including school-based counsellors and psychologists, drug and alcohol services and youth mental health care in hospitals. For example, these concerns are shown in the below quotes from parents and carers:

We've got no hub – there's no dentist out here, there's one doctor's surgery. Sometimes doctors aren't taking any new patients so we have to go even further.

Parent, TAS

There's a lack of child health services in regional areas. For example, access to cancer treatment – we have to travel from regional Tasmania to the main hospital. Family separation is hard on the kids, and lack of support for family left up North. Then there are mental health impacts of that too.

Parent or carer, TAS

We also heard that it is important for families to access services, such as housing support, within their local community, whether in a rural or urban location. Services that were in the local area were far more likely to be accessed. 'Too hard to get to' was the third most common reason given in the survey by children and young people aged 13 years and above and parents/carers for not accessing services and supports ($n=133$, 27%). It was the second most common reason for Aboriginal and Torres Strait Islander children, young people and parents/carers ($n=23$, 25%). For more information on survey results see section 3.3.

In some consultations in the Northern Territory, Aboriginal children, young people and parents/carers raised the lack of services in remote communities.

Parents/carers raised the need for better housing, women's shelters, childcare, mobile counsellors and clinics in communities. Young people wanted sporting activities and programs for youth. To properly address availability of services, we must better understand the comprehensive needs of children and families by taking a 'place-based approach', and match these to the current service provision in those areas.¹¹

Some parents and carers in other areas also told us they travelled long distances to attend services they valued. However, this was problematic when transport was limited and they were unable to afford a car.

The lack of basic and specialised services for vulnerable children and families in rural and remote areas has also been raised in multiple inquiries and research reports.¹²

Currently, there are significant and serious gaps in available data on child wellbeing. This has been identified in the most recent Children's Rights Report published by the Commission,¹³ and has been identified as a priority issue for the new National Framework. In particular, there is a need for intersectional information required for effective policy development. We need to better understand at a geographical level the broad range of services and supports required, over time, by children and their families with multiple and complex needs.

Robust data collection is essential to guide service provision that meets the needs of children and their families. In our consultations in Tasmania and Western Australia, informal kinship carers highlighted the importance of collecting data that accurately reflect their position as carers. They told us that because informal kinship carers were not 'counted' in data, they were not recognised as needing assistance. This is also discussed in section 5.5.

In addition to data collection, there needs to be service mapping at the local level. Service mapping

was recommended by the NT Royal Commission as a key step needed to implement a public health approach to child abuse and neglect in the Northern Territory. This involves mapping existing services and testing their accessibility, quality and relevance to determine whether they match what children and their families need.¹⁴

(e) Affordable and accessible services

In the survey, cost was the most common reason given by children and young people aged 13 years and older and parents/carers for not accessing a service ($n=134$, 31%).

Cost was the top reason for not accessing services across all age groups for children, young people and parents/carers self-identifying as having disability in the survey. In relation to service delivery, cost was raised as an area that needs improvement in one-third of all consultations ($n=15$, 33%). For more information on survey results see section 3.3.

Younger children identified cost as a problem for families wanting to keep children safe and well. For example, primary school children in New South Wales told us that dentists, orthodontists, doctors, housing and school uniforms were expensive and should be free or low cost.

Young people and parents/carers also raised cost as a significant barrier to accessing universal and targeted services, including:

- private rental and social housing
- health and mental health services, especially psychologists and psychiatrists
- disability/mental health diagnosis
- legal services
- childcare
- driving lessons.

Children, young people and parents/carers told us they need access to free, low cost or subsidised services.

Young people and parents/carers also spoke about their difficulties accessing services, including social housing and income support and job seeking services, due to complicated application and communication processes. For example, one parent in a survey told us that 'it's hard to know what you're eligible for. Once you do know, the application process can be onerous'. A young person in South Australia told us 'Centrelink needs improvement with reporting, time it takes, not enough staff, the complicated nature of the system. It's stress-inducing'.

Some Aboriginal children and parents and carers in the Northern Territory told us that the need to produce identity documents, in particular birth certificates, was a barrier to accessing services. They said that they needed birth certificates for getting the pension, housing applications, bank accounts and for 'white cards' required for construction work.

Queensland Health reported in 2014 that 15–18% of births to Aboriginal and Torres Strait Islander mothers were not registered, compared with 1.8% of births to mothers who were non-Indigenous.¹⁵

In our consultations, we also heard about the barriers faced by children in out-of-home care and their families who are unable to access their identity documents. This is discussed in section 5.5.

Some children and young people spoke positively about online help through helplines and online hubs or chats. In a consultation with LGBTIQ+ young people, we heard about the benefits of getting information online through specialised hubs:

[Online hub] – an online website that connects young trans people with gender specialists and queer specialised GPs. It has helped me find specialists who can support me with my transition. I know other people who have found trans-specialists through [the hub] as well.

Young person, NSW

Others saw face-to-face or personalised contact as a more trustworthy option for engaging with mental health services:

There isn't enough face to face, with people you know and can relate to.

Young person, NT

Provide appropriate mental health and other support services for children, young people and families that involves real people and real support rather than a phone number who listens once, says they don't deal with that and gives you another phone number who does the same thing.

Parent or carer, TAS

This mirrors what young people have said in other consultations about service provision. While online services, apps and websites can be essential first points of contact for young people, and may facilitate easier access for many people, these can be perceived as generic and de-personalised. Personal and direct communication was preferred, even if a service is offered digitally.¹⁶

(f) Information about services and supports

Children, young people and parents/carers told us that some people miss out on services because they don't know what services are available, due to a lack of information. For example, many young people told us about a variety of well-liked programs. However, as one young person told us in Tasmania, young people will not often ask for help, and instead find out about suitable services through word of mouth.

Another young person in New South Wales, with experiences of homelessness, told us that ‘when I was homeless, I didn’t ask for help. When I was younger, I just blocked it off, and everyone said you need to ask – I guess I learned’. Some parents also told us they had no idea where to go for help.

Information needs to be provided in an accessible form, especially for children and young people, parents with disabilities and those from culturally and linguistically diverse backgrounds. Some young people had important insights to share on this point:

I feel unsafe when I can't access important information I need to say safe – for example, when COVID or bush fire/safety information isn't provided in clear/plain English, without Auslan interpreters, with busy/distracting graphics.

Young person, National

There is not enough information about services, people don't know where to go. We do not have or know what services are available. We require recruiters. You gotta know what services are for employment and housing.

Young person, SA

Some said that the main way that they find out about these services, especially family and domestic violence, or mental health services, was through word of mouth and referrals from organisations prepared to help them. Referrals are critical gateways to available services for families.

Children, young people and parents/carers spoke positively about ‘warm referrals’ from other trusted services. Using warm referrals means that a person’s complex needs are considered in a supportive environment, ensuring a better

referral and helps reduce the need to retell their experiences. This is a point made by both young people and parents/carers:

You don't have to reiterate your experiences, it's more encouraging and it's less traumatising. I've had old support workers contact on my behalf and take me to new services, it makes such a difference.

Young person, National

However, traditional gateways to services may also function as barriers in themselves:

You have to have a referral to get into services and getting referrals from GP's can be hard – can't self-refer, if you're not linked into a service you can't get in anywhere.

Parent or carer, QLD

I had to ask for my own referral to the refuge I heard about.

Young parent, ACT



Young people and parents/carers felt that more could be done to inform them about available services. A few participants suggested that direct information about specific services could be provided through mainstream services, such as at school or in the health context:

Having a social group, a community of people and leaders who openly talk about mental health and specific places to access mental health support is really helpful. We sometimes had a speaker come to school who acknowledged mental health but didn't give concrete or specific examples.

Young person, VIC

More information about family support services at hospitals and GPs. This can come with your Blue Book.

Parent or carer, NSW

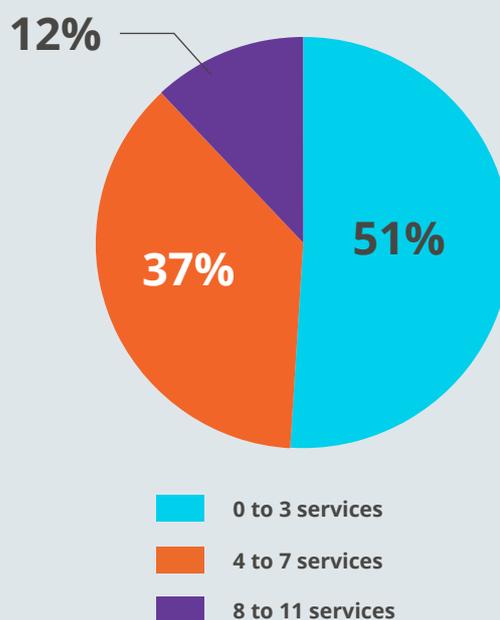
Young parents in South Australia also said that earlier information provision could help young people know about support services before becoming pregnant. One young person suggested that it should be talked about at school so that people 'know these services exist'.

(g) Meeting multiple needs

Navigating a number of different support services for their complex needs is particularly stressful for vulnerable young people and families. We heard that vulnerable young people and families can get lost in the system as they need to go to so many services to get their needs met. As one young person with out-of-home care experiences said, 'support services are all over the place (people who need help with lots of things have to constantly hop from one service to another)'. We heard that this becomes overwhelming when already dealing with trauma.

Our survey indicated that many of the respondents aged 13 years and older and parents/carers are accessing a high number of specialised services, in addition to universal services such as early childhood, schools and GPs. The graph below displays the proportion of respondents who are involved with multiple services:

Number of services respondents have been in contact with (excluding universal)



Young people in vulnerable situations needing extra support to find and navigate service systems are reflected in a recent Monash University survey of young people's use of public services. This survey found that 'heavy service users', including young parents and young people with disabilities, feel 'intimidated when they first interact with services, experience inconsistent knowledge from staff and often struggle to advocate for themselves'.¹⁷

We also heard from young people and parents/carers that some services are inflexible and not designed to meet the needs of individuals.

This is especially problematic when children, young people and parents/carers are struggling with multiple and complex needs that mean they do not fit into a particular client 'box', within both universal and targeted services support systems.

Children, young people and parents/carers identified a need for more responsive services that focus holistically on the complex needs of individual children and their families.

(i) 'One-stop shops'

A number of young people and parents/carers identified 'one-stop shops' as providers of 'warm referrals' that can assess the specific needs of a child and their family and link them into multiple services tailored to their needs. They can also provide a safe and supportive environment. In relation to service delivery, the benefits of 'one-stop shops' was raised in some of the consultations ($n=10$, 22%). For example, we heard about service providers that supported families with primary healthcare, allied healthcare, counselling and social connection, and helped them link into other services as needed.

Not only are other services co-located at the same site as a 'one-stop shop', but in some cases a 'one-stop shop' may help a person physically get to another service. For example, one young person told us that they attend a young parents service that has 'everything you need, so much support, they help you out, pick you up and take you to appointments'.

Community-based holistic support services that can meet a range of needs, were seen as more supportive than 'standard government services'. As one parent in the survey said:

Needs better accessibility to smaller services, for example, family support services. Not just the standard government services available through MyGov etc ... We need further, more niche support services made accessible or aware.

Parent or carer, NSW

Children and young people also spoke about the benefits of youth-focused 'one-stop shops', and how they can provide a safe place to go when things are not safe at home. This is also discussed in sections 5.2 and 5.9.

Young people and parents also suggested services being located in convenient and commonly frequented locations helps to promote them. For example, one parent in Tasmania told us she found out about her local CFC, that has become her main support, by walking past and being invited in. Co-locating services in shopping centres, schools or other community locations that are easily accessible by public transport or walk-ins helps to draw in cohorts that otherwise may not access these services.¹⁸

The importance of place-based 'one-stop shops', that can help children and families connect to resources, support and social networks, is highlighted in research on early intervention and support needs of vulnerable population groups. For example, recent research by ANROWS on violence prevention and early intervention for mothers and children with disabilities, shows that the mothers' concept of safety was very connected with resources which were identified as 'having basic needs met and access to supports, community networks and people to talk to'.¹⁹

*More support for families
- extra \$
- help them get on their feet*

Responding effectively to the complex needs of an individual requires services to be child and family centred in their approach. As one parent said:

The speech therapist believed in us. The service was flexible. At first, the speech therapist came to the house. The therapist needs to see the kids in their own environment.

Parent, QLD

The importance of child-centred service delivery has been raised in other research and inquiries.²⁰ The NT Royal Commission described how this aligns with a public health approach:

To adopt a public health approach there needs to be fundamental shift away from a service-driven system where a patchwork of services are funded to address an issue in isolation and towards a child centred system where the unique needs of the families and communities within which they grow up are understood and matched to an effective response.²¹

(ii) Community support

Children, young people and parents also told us that they found services and programs that connect them with people in their community, including their peers and mentors, helpful.

Some young people spoke about programs that provide peer support and how they help in building self-esteem and respect for difference. For example, LGBTIQ+ young people told us that peer support programs are especially important for children and young people who are struggling to find a safe space in their homes or in mainstream services. We also heard about the importance of peer support for LGBTIQ+ young people and for young people needing mental health support.

One young person described the benefits of these being delivered online:

Online Spaces – they are easy to access. There are a lot of other people you can relate to. Things that you thought you were alone in, you can find other people like that online. Just knowing that there are other people is supportive. If you can find a safe space, it is amazing and it can help you. Even just having an anonymous space where you can be yourself.

Young person, NSW

Another young person described how peer support allowed them to learn about their identity and to feel accepted:

I started coming about four years ago and I am still very socially awkward but in this group I can be more open because it's a space where there's no fear of judgement. Not just about queer topics but also about everything. A very accepting group. I feel better socially than I used to and I've learnt a lot more about my identity. Knowing that there are labels helps you know you're not alone but you also don't have to subscribe to those labels. I'm bisexual and I didn't even know that was a thing before I started coming. And it's helped me feel accepted.

Young person, QLD

Peer support is also discussed in section 5.9.

Parents and carers also told us that the support of peers who have similar life experiences helps to reduce the stigma and shame associated with their circumstances. They valued inclusive services that also provide opportunities for peer support, such as CFCs. This is discussed in section 5.5.

A number of children, young people and parents/carers told us that mentors play a key role in their lives, building self-esteem and helping with specific needs. For example, a young parent in the Northern Territory told us 'if someone supports you, you feel like you have a voice'.

Mentors often share similar lived experiences to the children and young people they support, leading to greater trust and understanding. For example, a parent told us:

My son needed help as he had drug issues. Living in [regional area, NSW] meant that there were no local supports for us. Thankfully a policeman contacted the street unit at [urban area, NSW] and got my son a mentor. The mentor bought him some clothes and shoes. This let my son know that they cared about him, my son trusted his mentor and did everything he said to do. The mentor encouraged my son to go to rehab and supported him through it. My son has been well since. Mentors are the only way to reach teens.

Parent, NSW

An evaluation of a 'transition to high school' mentoring program highlighted its benefits for both young mentors and mentees.²² Mentoring programs have also been reported and recommended as positive supports in previous consultations with children and young people.²³

The benefits of mentoring programs were particularly raised by Aboriginal and Torres Strait Islander children, young people and parents/carers. This is discussed in section 5.2.

(h) Staff attributes

When asked in the survey to list the main reasons that they do not access some services, a vast number of children and young people aged 13 years and above and parents/carers selected 'you can't trust them' ($n=58$, 16%), 'they don't listen to us' ($n=91$, 26%) and 'they don't help us with their needs' ($n=75$, 21%), as well as 'we deal with different people very time' ($n=87$, 25%). For more information on survey results see section 3.3.

These concerns relating to staffing qualities are also reflected in some parent/carers free-text responses in the survey:

Collaboration and Consistency, Well trained staff, Robust policies, Understanding, Empathy and RESPECT FOR PARENTS.

Parent or carer, VIC

Attitude rather than services offered – people need help and often they get patronised or judged with no autonomy.

Parent or carer, NSW

Parents/carers in consultations also raised staff quality issues, in particular not being treated respectfully by staff members, saying that they can be very 'judgmental' and 'belittling'.

Some children and young people also raised concerns with staff they had interacted with, for example, child protection workers, teachers,

doctors, and mental health providers. This included being yelled at, not being listened to, being judged and not being child-friendly. Young people in out-of-home care spoke about their concerns with carer quality, saying that it could be 'luck' whether they were assigned a good carer.

Some children, young people and parents/carers spoke about the positive qualities of staff that had helped them. This includes staff that are:

Empathic and caring

People who show empathy and compassion. You know that they want to see the best for you. Behaving in a way that is trauma-informed. They want to be careful when talking about certain issues.

Parent, QLD

a deep level of understanding on marginalised communities and are inclusive and accessible for said groups.

Young person, VIC

Not too many rules, they don't call the cops, they are like family.

Young person, NT

Non-judgemental

People who treat you normally and don't judge you. You can take these people anything and they make you feel like it's okay. They always reassure you.

Parent, QLD

Consistent and reliable

Having continuity is important. Having the same person all the time.

Parent, QLD

Private Counsellor – always professional and has given great advice and help; has been a saving grace and consistent when all other services change or end.

Parent, QLD

In the survey, parents and carers chose staff consistency as the second most important feature of a helpful service, and this was reinforced in consultations. Issues of staff attrition and lack of coordination between services means children, young people and families often have to deal with, and form relationships with, many different people. While this is frustrating for all users of services, it can be particularly difficult for children whose need to establish a trusting relationship with adults is essential, including those in out-of-home care.

According to some parents, part of the problem is that workers either get burnt out or they get promoted and leave the service. One parent told us:

Good caseworker – younger, female, relatable, doing justice for child. Got a psychologist for the child, Guardianship assistance, listened, proactive to help. Trouble is they get burnt out or promoted.

Parent, TAS

High turnovers and retention of child protection workers has been an ongoing issue in Australia.²⁴ Similarly, we heard from some parents that childcare workers also have a high turnover rate. To address the problem of staff turnover, some children and parents/carers suggested more support for workers, including teachers, with better conditions and remuneration:

More support for staff in child protection so not such a high staff turnover and clients/ children can build relationships of trust with the caseworkers. Better pay for disability support workers who work in the home to support clients.

Parent, WA

Bullying – Stop bullying! More teachers on duty so more awareness and would stop it. More teachers!

Child, NSW

Teachers should be paid more – more motivated, help more.

Child, NSW

The importance of professionals working with children to be patient, empathetic and to build a relationship of trust, is echoed in other research involving consultations with children and young people in vulnerable situations.²⁵

Caseworker

- listens
- look at both sides.
- Updated information
- No Mucking around
→ Action
- Gets things done.
- Listens to the kids
- Connects with school.
- Refer to parenting programs



Who are the people that work to keep kids safe?

When children aged 5–12 years were asked in the survey to identify the people that help them feel safe, the majority identified parents/carers (n=66, 90%) and friends (n=61, 81%) first. For more information on survey results see section 3.3. This is also discussed in section 5.5. However, many also identified individual staff members, such as, teachers, youth workers, school counsellors and residential care workers as people that helped to keep children safe.

Children told us about some of the good qualities of people in their lives:

[School counsellor], it's good to be able to talk to someone in private.

Young person, NT

Carers that make us feel safe and make us feel confident.

Young person, NT

[Managing staff member] is like a second mum to us.

Young person, TAS

Need teachers that are there for you, one-on-one time, close relationship, someone you can express your emotions to.

Young person, NT

Programs, safe place, mentors. That one person that is there for you always.

Young person, NT

My teacher helps me with homework and helps me with bullying at school.

Child, NT



(i) Stigma and discrimination

In consultations, children, young people, parents and carers shared their experiences of feeling stigma and shame as a common barrier to accessing services, especially in relation to mental health, young parenting and child protection issues. In the survey, some children and young people aged 13 years and older, and parents/carers listed being embarrassed or ashamed as reasons why they do not access services and supports ($n=33$, 9%). For more information on survey results see section 3.3.

For example, some children, young people, and parents in consultations described how stigma and shame stopped them from seeking help for mental health issues:

They don't trust people that they don't know. People probably try to talk to someone that they trust but that's an issue, so they bottle up all their feelings until they can't take it anymore – some kids are scared that they might get called weak because they have mental health problems.

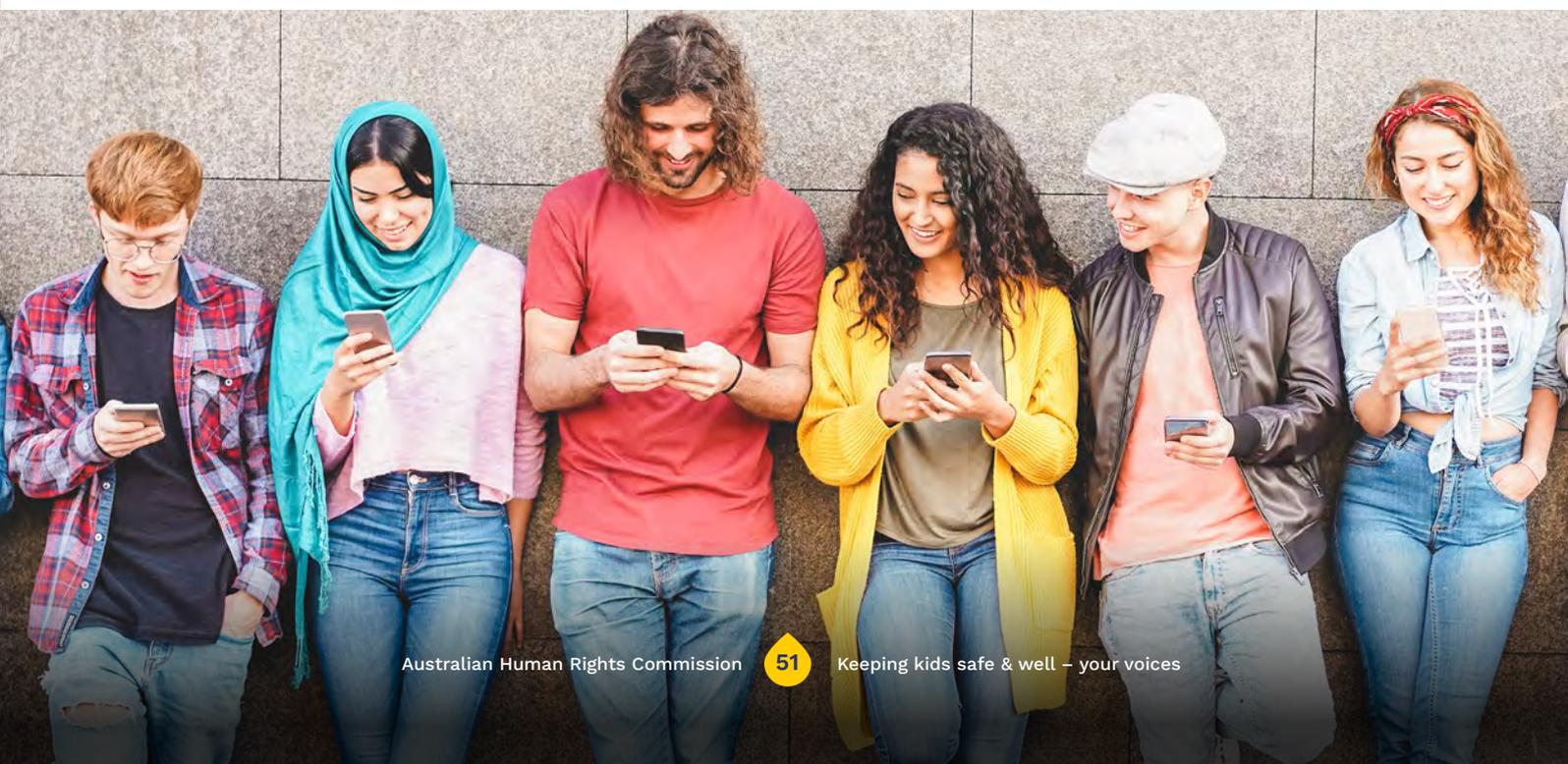
Young person, TAS

Some children and young people said more education was essential to reduce the stigma often associated with mental health. They told us:

Education/information at school – helps to reduce stigma. Having a social group, a community of people and leaders who openly talk about mental health and specific places to access mental health support is really helpful. We sometimes had a speaker come to school who acknowledged mental health but didn't give concrete or specific examples.

Young person, VIC

Young parents spoke about the stigma of being a young parent, feeling like they were being judged. A young parent in the Northern Territory told us that they were 'going back to school to learn and get educated but in fear of the judgement, the whole young parent thing'. This is also discussed in section 5.5.



The stigma associated with poverty, although not directly raised by children and young people in consultations, underlies some of the comments made by children and young people when asked about barriers to feeling safe. For example, a young person in Tasmania expressed concerns about 'postcode bias' and a child in New South Wales told us 'poverty, no lunch or clothes. People go to school with no lunch. Get shamed for no finance.'

Because stigma might stop children and young people from contacting services, we heard that some services, including in the areas of mental health, child protection and family violence, need to have confidential processes for accessing them. For example, when asked about whom to contact with a mental health problem, one young person in Northern Territory suggested that it is 'better to talk to someone face to face rather than helplines. But because of stigma, maybe a mental health confession box.'

In almost half of consultations ($n=21$, 47%), when asked to identify what is 'not working' to keep children safe, children, young people and families spoke about discrimination. In most cases this concerned specific types of discrimination: race, religion, sexuality and gender identity and disability.



Some children and young people highlighted the intersection between different types of discrimination. They suggested that services need to understand and address the diversity of experiences young people face:

Sometimes people know about disability. Other people know about queer people. Some others know about First Nations communities. It's so rare to find someone who makes me safe across all my identities.

Young person, National

Children also told us that when they are experiencing bullying and discrimination, they want adults to actively engage in preventing it, emphasising that there should be 'no tolerance' for people who are racist or discriminate against others.

(i) Racism

Racial discrimination was the most common type of discrimination spoken about, particularly in education and health service settings.

It is widely accepted that racism harms those who experience it – including children and young people.²⁶ Racism can undermine identity and damage physical, mental and spiritual health and wellbeing.²⁷ As one young person said:

Psychologically, for a child, if you're getting that treatment, it makes you feel like a thief, it's very demoralising to get followed. Most of the time they just stereotype it as you're a person of colour, you're here to steal.

Young person, SA

Aboriginal and Torres Strait Islander children and young people and their parents and carers frequently mentioned systemic racism which reflected a variety of other research.²⁸ This is further discussed in section 5.2.

Several young people mentioned the negative portrayals of African young people and Muslims in the media. These young people also described experiencing associated religious or racial discrimination in the broader community:

I've also experienced the same thing. For me, I went to the shop to buy something. And the lady at the counter asked to check my bags. Said it happens to everybody. There was a lady behind me with a purse, she didn't get checked. It happens a lot.

Young person, SA

The phone interview is all good and they are very nice but once you arrive, they are shocked and don't expect you to be black and Muslim. And it's like 'okay, are you going to give me the job or not?' And they usually don't; you can feel the vibe.

Young person, SA



A few young people recounted experiences of racial discrimination by police. For example, one young person from an African background told us:

In Victoria especially it is a big problem between the police and the African community. One time while I was visiting my cousins in Victoria, it was New Year's, we went to party. On the way home we were on the train, and all of a sudden it shut down and a bunch of police just entered from all the entrances. Somebody had called, they stopped the trains because they had lost their phone and thought we had stolen it.

Young person, SA

A child in Victoria told us 'nothing is done' about racism, but a child in New South Wales had an idea saying, the government should 'tell everyone it's not about skin colour. Tell them by posters, social media and at school so everyone knows it's wrong.'

In previous research, children and young people from diverse backgrounds including those in out-of-home-care, have previously identified a lack of cultural awareness and the perpetuation of stereotypes and negative images in the media, as negatively impacting service delivery.²⁹ They suggest service providers need to have a broader understanding of cultural differences and racial profiling.

The Commission has made detailed recommendations about the need for more targeted education campaigns about race and religious discrimination aimed at cohorts such as young people, employers and service providers.³⁰ The Commission has also called for the creation of a National Anti-Racism Framework that will serve as a long-term, central reference point for the implementation of policies, actions and initiatives that address racism and build social cohesion, including community education.³¹

(ii) Cultural safety and inclusivity

Some children, young people and families in both survey and consultations identified a need for services to be culturally safe and inclusive.

In the survey, 'excludes people' ($n=53$, 15%), or has 'no cultural awareness' ($n=33$, 9%) were listed as important reasons why respondents do not access some services and supports. For Aboriginal and Torres Strait Islander survey respondents ($n=17$, 19%) and survey respondents who identified with another cultural or ethnic background ($n=12$, 19%), 'no cultural awareness' was more commonly listed as a barrier to accessing services compared with other groups. For more information on survey results see section 3.3.



In consultations, barriers to access relating to culture and identity of Aboriginal and Torres Strait Islander children, young people and families were mostly raised in relation to school education. Aboriginal and Torres Strait Islander peoples identified a need for the inclusion of more Aboriginal and Torres Strait Islander perspectives and content in curriculums, as well as more collaboration between schools and the Aboriginal or Torres Strait Islander communities in which they are situated, to enable deeper understandings of culture as well as trauma and to support healing.³²

Aboriginal and Torres Strait Islander peoples would like to see more Indigenous educators and the teaching of Indigenous languages and cultural practices.³³ Aboriginal and Torres Strait Islander children, young people and parents/carers said educators who shared their background 'know what it's like' and 'understand us'.

This desire for culture to be respected reflects concerns raised by Aboriginal and Torres Strait Islander children and young people in other research.³⁴ It is discussed further in sections 5.2 and 5.8.

Young people from culturally and linguistically diverse backgrounds told us that health and mental health services are not always aware or sensitive to cultural differences that can act as barriers to access. For example, a young person told us:

Sometimes it's a language barrier or the correct information. What might be seen as a Mental Health issue there is not seen as a Mental Health issue back home. In some cultures and languages, there are not specific words you can use when you're describing mental health.

Young person, SA

Some young people from culturally and linguistically diverse backgrounds spoke about the need for services to be culturally aware and that services may need to be delivered by workers from their culture and/or in their own language. For example, one young person pointed out that mental health services need to be designed and delivered appropriately:

Might need to be through someone who is qualified in mental health in their own languages (the parents' languages). It needs to be culturally appropriate, for example, service where discuss over snacks/drinks – that is not appropriate if you're from a conservative background, for example, need separate programs for women away from men.

Young people, SA

It was considered important for services to engage and include families when delivering services to children, especially when delivering school education. This is discussed in section 5.8.



(iii) Other forms of discrimination

Some LGBTIQ+ young people spoke in consultations about discrimination based on their sexuality and gender identity, particularly in the context of health services and schools:

Slurs are so normalised that there are very few times that kids get pulled up on it. Someone complained to the school about how much slurs were being used. The school then at assembly made a point of not saying the slurs but in doing that, the teachers were saying all the slurs in front of the whole school.

Young person, NSW

My current GP is very transphobic and even asked me when I identified as a lesbian if 'the gay phase was over'.

Young person, NSW

LGBTIQ+ young people discussed the negative impacts they experience when workers have little awareness or understanding of sexuality and gender diversity. This can lead to unsafe situations for young people. This was a particular concern in health and mental health services and schools. This is also discussed in section 5.8.

LGBTIQ+ young people told us that there should be no tolerance for discrimination on the basis of sexuality and gender identity. They also expressed the view that service providers, especially teachers, need to be better educated so that they are aware of, and sensitive to, the needs of sexually and gender diverse young people.

This is discussed in section 5.8. For example, we heard that service providers should know how to use inclusive language in their practice. One young person pointed out that educating service staff requires leadership:

Support groups at school are often only able to take place because of the support of a principal. Where you don't have a supportive principal, it trickles down to all the staff that that isn't something that's expected. There needs to be broader education on inclusivity and diversity leadership.

Young person, QLD

We also heard about exclusion and discrimination experienced by children with disabilities and their families, and the negative impacts on children. This is discussed in section 5.3. Consultations for the new National Disability Strategy also report ongoing discrimination experienced by children, young people and families with disabilities in Australian society, including in education, employment and health settings.³⁵

(j) Involving children and families in decision-making

Children and young people value services and supports that listen to them. When children aged 5–12 years in the survey were asked to choose the three most important things they think would help to keep children safe, 'talking to a trusted adult' was the second most commonly item chosen ($n=34$, 47%). 'Being listened to by adults' ($n=17$, 23%) was also important. In the survey for children and young people aged 13 years and above,

some respondents listed 'everyone has a say' as important to making services and supports helpful ($n=43$, 31%).

When asked to identify the three most important reasons why they or their family do not use some services or supports, 22% ($n=31$) of children and young people aged 13 and older listed 'they don't listen to us' as one of the reasons. 28% of parents ($n=60$) also selected this in their top three reasons.

'They don't listen to us' was listed more frequently as a reason for not using a service by children and young people aged 13 years and above and parents/carers who self-identified as Aboriginal and Torres Strait Islander ($n=25$, 27%) and those who self-identified as having a disability ($n=21$, 33%). It was the most common reason given by Aboriginal and Torres Strait Islander respondents across all age groups, and the second most common reason given by respondents with disabilities across all age groups. For more information on survey results see section 3.3.

Children's right to participate under article 12 of the CRC is especially important for child safety. Child participation is one of the key principles in the National Principles for Child Safe Organisations, agreed to by all governments in Australia.³⁶ These principles were developed by the previous National Children's Commissioner after the Royal Commission into Institutional Responses to Child Sexual Abuse found that many organisations were not child safe. Many children who experienced sexual abuse in institutions were not listened to or believed. Creating a culture where children feel that their views are heard and taken into account is an essential component of child safe organisations.

In consultations, a number of children and young people told us that they value the right to be heard. For example, one child in the survey described the importance of listening to children as follows:

I think the government should put aside their own personal beliefs and biases and focus on what children and young people are saying we need them to do. I think it's very important for them to understand that we know our struggles best and often know what works for us and what doesn't.

Child, NSW

In our consultations, some children and young people described the negative impacts on them when their views were not considered. For example, one young person with disability told us:

I don't feel safe when support workers who work with me make decisions for me. I am reliant on them for so many things. They need much better training about decision-making. There's problems with my legs but not my brain about being able to make my own decisions.

Young person, National

There was also acknowledgment by children and young people that adults can play a role in supporting them to have their say. In the survey, 'talking to a trusted adult' was the second most common ($n=34$, 47%) response that

children aged 5–12 years said was important to keep children safe. This was rated more highly than 'being listened to by adults' ($n=17$, 23%). As some young people told us:

Listen to the people that work with us, the good ones. Most young people won't do surveys or talk on phone but when we trust our workers and tell them our stories, they become our voice or support us to use our voice

Young person, NSW

Respect us when we delegate someone else to talk to you on our behalf – sometimes we don't want to talk to you. Particularly when we are in stable placements. We actually do tell our foster or kinship carers what we want and trust them to tell you. They will also tell us what happened after

Young person, National

Parents and carers also told us that services need to listen and respect their views more, as well as those of their children. This is discussed in section 5.5.

The right to participate in decisions is one of the chief concerns raised by children and young people in consultations in Australia over the past decade.³⁷ It has been a key message from children and young people in out-of-home care, the youth justice system, young parenthood,

separated families, or children and young people with disabilities. They want to be more involved in decisions that affect their lives. This means having greater access to information relevant to their circumstances and the decisions being made, the opportunity and space for their wishes to be heard, believed and valued, especially when government and services become involved in their lives, ongoing communication and collaborative and participatory planning.

We also heard from Aboriginal and Torres Strait Islander children and young people, including those in youth justice settings, about not being listened to:

Sometimes services don't listen to young people. They just ignore us, they think their way is better. This happened to my brother. My brother was reaching out to a childcare service and he was giving them pointers on how to make the child's life better but they just ignored him.

Young person, VIC

We don't have a voice. People think they know what we want but they don't know.

Young person, NT

This view was shared by one young person from a culturally and linguistically diverse background in South Australia, pointing out that 'minorities don't have much of a voice' and that they need more opportunities to 'tell the untold stories, not just the bad side'.

Children and young people in out-of-home care spoke about the importance of being heard when decisions are made about their care arrangements. This reflects what children and young people in out-of-home care have said in numerous previous consultations. This is discussed in section 5.5.

(k) Participation in policy-making

Children, young people and families also told us how important it was to have their views heard and respected by government. In the survey, most ($n=182$, 85%) of children and young people said that it was 'very important' that the government listens to what children and young people have to say. Not one child or young person said that it was 'not important at all'. For more information on survey results see section 3.3.

Children and young people spoke about mechanisms that could be used to amplify the voices of children and young people more strongly. These include youth groups, advisory groups and forums or consultations (like these consultations). For example, several young people mentioned a specific mental health service youth advisory group:

The youth advisory committee – they really listen to what people say. LGBTQIA+ sub-committee, any plans and posters always go through the committee first (it is important to get the youth perspective because it is a youth service).

Young person, NSW



Some young people also said that adults, and society more broadly, need to recognise the value of young people's views. One young person suggested that young people with lived experience of disability should be paid as experts to speak to people and answer questions. Another young person said that:

Older people and organisations have to, need to, constantly listen to young people and keep up with changing expectations of safety. Young people shouldn't keep having to educate the services meant to support them.

Young person, NSW

Children and young people also identified some of the ways that they prefer to share their views about safety issues.

In the survey, the three most popular ways that children and young people said they like to share their views on how to keep kids safe are:

1. group discussion outside school ($n=71$, 33%)
2. a survey ($n=70$, 33%)
3. discussion in class ($n=67$, 31%)

These consultations support findings in other research which demonstrates children may be reluctant to speak out about sensitive issues that involve safety, especially in the family context. Reasons for this may include embarrassment, shame and stigma, confidentiality concerns, fear of child protection and mandatory reporting, concerns about retribution from family and worries that they may be removed from their family.³⁸ This is discussed in section 5.5.

In the survey, the three most popular ways that parents/carers said they want to be consulted on the National Framework are:

1. interviews with individual families ($n=144$, 68%)
2. group discussions with multiple families ($n=99$, 46%)
3. a survey ($n=98$, 46%)

This information indicates that although surveys are seen by many children, young people and parents/carers, as valid and important means of having a say, their preferred communication is through direct engagement where they can speak freely. This should be kept in mind for future consultations on the National Framework.

(I) Summary

To summarise, we heard that services and supports must be:

- Available
- Affordable
- Accessible
- Responsive and holistic
- Respectful, caring and reliable
- Culturally safe and inclusive
- Open to listening to the voices of children, young people and their families.

5.2 Aboriginal and Torres Strait Islander children, young people and their families

(a) Snapshot

Six consultations were conducted exclusively with Aboriginal and Torres Strait Islander participants. Of these, three consultations were with young people under the age of 18, one was with young people under the age of 25 and two were intergenerational. A further seven consultations were hosted by organisations that primarily work with Aboriginal and Torres Strait Islander children, young people and families, and these sessions also included some non-indigenous participants. Of these, three sessions were with parents/carers, three were with children, and one was with young people under the age of 25.

We spoke with Aboriginal and Torres Strait Islander peoples who had experienced or were at risk of crisis including mothers living in refuges, families from remote communities accessing family support, and boys in youth detention. Participants were primarily mothers and grandmothers. We also spoke to Aboriginal and Torres Strait Islander young people accessing after-school tutoring, and those residing in an Aboriginal youth hostel to attend high school. We acknowledge the limitations of our consultations (both targeted and non-targeted) as non-representative of the heterogeneity of Aboriginal and Torres Strait Islander peoples, communities, and geographic location.

Nuanced cultural sensitivities must be carefully considered when reading and interpreting the views shared by participants. They should be

interpreted with caution in terms of how they reflect the experiences of other Aboriginal and Torres Strait Islander community members and generalisability is not possible. Other consultations and forums that specifically focus on Aboriginal and Torres Strait Islander peoples may reveal different issues of concern.

In our consultations with Aboriginal and Torres Strait Islander peoples, we were told they wanted to be actively involved in decisions that affect them and their families, to have agency and to be truly heard. Some wanted involvement to extend beyond the design of services to include policy development. In consultations, they shared that their cultural beliefs and sensitivities, and practices, were largely absent in policy making.

Aboriginal and Torres Strait Islander peoples asked for more information, more cultural inclusivity, greater recognition of the intergenerational effects of past child protection policies on their communities, and investment in existing successful and local programs.

Some of the issues raised by Aboriginal and Torres Strait Islander children, young people and parents were shared by non-Indigenous families such as the challenges of living in regional, rural and remote areas with less access to employment, housing, education, health services, and after-school activities. They shared similar concerns about violence, being targeted by child protection authorities and police, and fears of their children being taken away. This conveys limited trust in the systems designed to help them to keep their families safe and well.

Aboriginal and Torres Strait Islander young people as well as non-Indigenous young people talked about the benefits of extended or post-care support for those turning 18 living in out-of-home care. This is also discussed in section 5.5.

(b) Child protection systems

Aboriginal and Torres Strait Islander children continue to be significantly overrepresented in the child protection system at every decision-making point. As the Commission highlighted in the *Wiyi Yani U Thangani* report,³⁹ Aboriginal and Torres Strait Islander children are far more likely to be the subject of notifications, which are subsequently investigated, substantiated, subjected to protection orders and placed in out-of-home care, compared to non-Indigenous children.⁴⁰ This occurs across all Australian jurisdictions. Aboriginal and Torres Strait young people described a pervasive fear of state intervention in Indigenous families 'even if they're doing well' which prevents people from asking for help. We were told:

The fear of help starts before [child protection agency] rock up so they don't even go and get help until [child protection agency] rock up because of the fear, shame, and mandatory reporting.

Young person, NSW

It was evident in consultations with Aboriginal and Torres Strait Islander young people who had not personally experienced out-of-home care, they nonetheless had a familiarity with child protection systems. These Aboriginal and Torres

Strait Islander young people often commented with reference to cousins or siblings in out-of-home care.

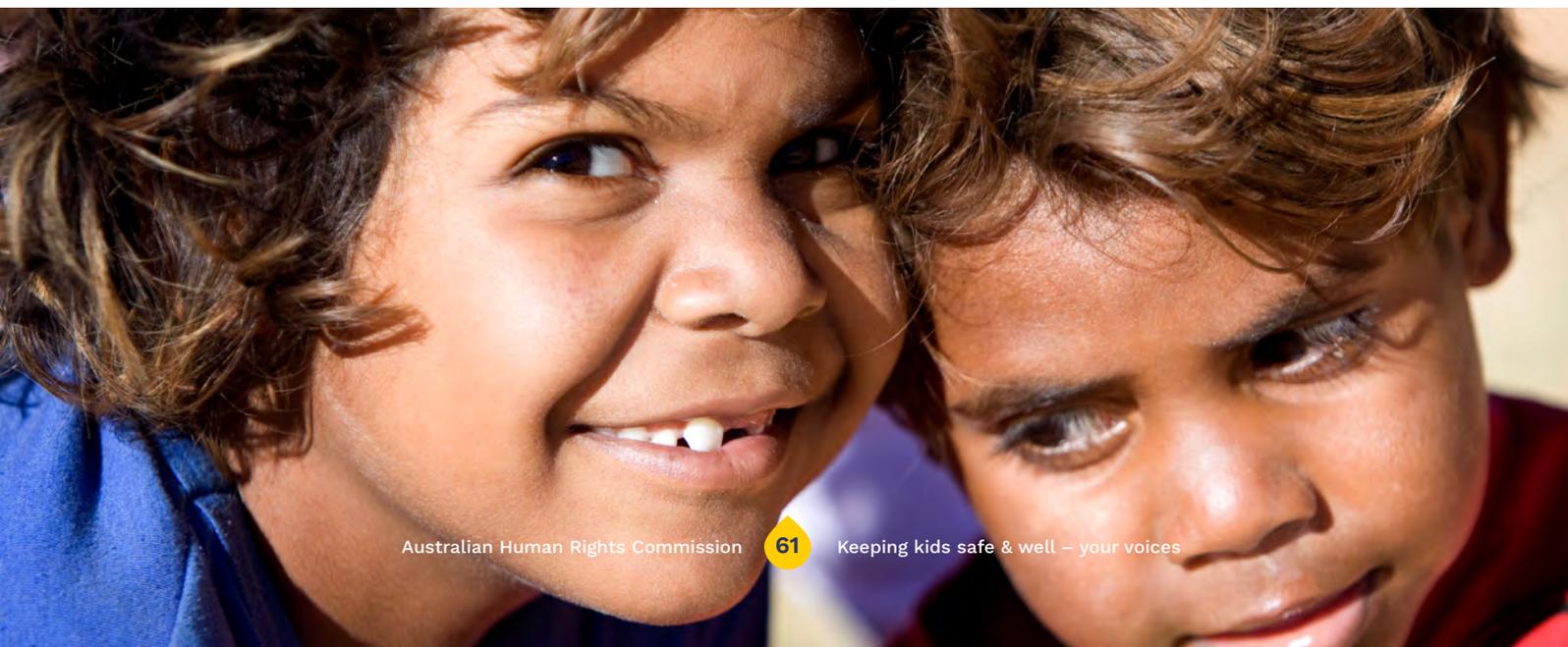
A young Aboriginal and Torres Strait Islander parent in New South Wales explained:

I haven't been [in care] but all my siblings have been in care. [Child protection agency] came into our house and said it was a routine check but they came back later to remove [my four siblings]. They didn't offer my mum any support and she lost the plot and left me and my other siblings behind to fend for ourselves ... [child protection agency] don't help people who ask for help, they only deal with urgent cases or they tell you 'you need to go here or go there'.

Young parent, NSW

Some Aboriginal and Torres Strait Islander young people in New South Wales said child protection agencies could 'help their parents' or 'help mum and dad' and 'not take [children] away'.

In our consultations with Aboriginal and Torres Strait Islander parents and young people, some identified the impact of intergenerational trauma and subsequent disconnection between generations and across families.



Case study: 'Jason', 24 years old, New South Wales

My mum became a mother at a very young age. She had her first child at 13. She comes from a family where her mum had a family of 14 and she left home when she was in her teens. [My maternal grandmother] just wouldn't take care of my mother when she was a teenager and the same thing happened to me and my sister, we left the family home when we were young.

I was put into kinship care on my father's side so I went to my grandmother here at [suburb] and you know that was great, I wouldn't have changed that for the world, but I feel like if I had gone anywhere else my life would've turned out a lot differently. I left home when I was 12 by my own choice when I did go back into my mum's care.

I think if there was more support for us, it would've worked out. I still live with that disconnection, me and my mother I don't really have a relationship with her these days and I feel like it's because of that. She had no support for her to support me and her being a young mother trying to support me as well as her other kids.

At the moment there [still] aren't really much services around our area for mothers or parents in general.

As the *Wiyi Yani U Thangani* report highlighted, we must recognise the importance of understanding and addressing intergenerational trauma if substantial progress is to be made in closing the gap across all socio-economic and cultural indicators of wellbeing.⁴¹ The disconnection young people continue to feel with their families after leaving care is also discussed in section 5.5.

Some young Aboriginal people talked about the challenges of trying to connect with family, community and Country after leaving out-of-home care. A young Aboriginal woman who had been in out-of-home care and is now working with children and young people currently in out-of-home care said:

I don't know any Aboriginal children I've worked with who have been back to Country while they've been in care. I don't any young people that the caseworkers or anything that have taken them back to Country and community themselves.

When I was in care, I actually asked who is my mob, where do I come from. I've always known and I wanted the answers. But the [non-government organisation] couldn't really give me that. I did all my own family connection and research after I was 18. I was with an Aboriginal [non-government organisation] for out-of-home care as well and I still didn't have that support to connect. You would think that that would be a priority. And the culture plan was just 'go to NAIDOC Day'.

Young person, NSW

Young men who had also left out-of-home care and who now work with Aboriginal and Torres Strait Islander children in New South Wales agreed:

Kids who have been removed from Country for extended periods of time, they know who their tribe is, what their Country is but they find it hard to reconnect within their community and Country and some of them not being recognised or ever accepted back into their community and as an Aboriginal person.

Young people, NSW

There are young people out there that even if they went back to community to reconnect, they are not accepted into community. One of the factors on Aboriginality confirmation forms is 'one being accepted into community'. But you can't meet that acceptance factor because you've never been on Country because you've been taken away from Country. And not that we want to push the fact that you need a piece of paper to prove how black you are but still to get a scholarship, to get your education, you need that piece of paper.

Young people, NSW

An Aboriginal and Torres Strait Islander young parent in the Northern Territory told us that their children were quickly placed into out-of-home care 'instead of putting support around me'. Other Aboriginal and Torres Strait Islander parents/carers in the Northern Territory highlighted how a child's family may not be notified when that child is taken into out-of-home care. Similarly, a carer of

an Aboriginal child in New South Wales responded to the survey and suggested that child protection agencies need to 'allow extended families to work closely with authorities to make decisions on the best placement for children in need of intervention'. They described their experience of a child being placed into out-of-home care as:

[L]ike kidnapping. They take the child, no one questions or intervenes. [Child protection agencies] put them with who they decide, the child has no input, they are just kept from family and anything can be done to that child. No one in authority believes a government would allow this to happen but it does.

Carer, NSW

This child was case managed by a non-government organisation and the carer felt that because 'I wanted him to have more contact with family, which he yearned for [they] denied him and removed him under false pretences'. This carer went on to say the child had subsequently ended up in prison and they felt he had been 'set up', having been removed twice from his 'loving family' and on one occasion placed with 'abusive religious foster carers for five years'.

** Lucky when get good Caseworker.
* Caseworkers change all the time.*

A group of young Aboriginal care leavers in metropolitan New South Wales told us that Aboriginal and Torres Strait Islander children need support to learn about and connect with their family, community, and culture. For example:

Extended support for out-of-home care (youth development coach, support to connect to Country and community).

Young person, NSW



[There should be a] service to help Indigenous kids in OOHC trace their families.

Young person, NSW

Hard to reconnect after care with Country and community (we need support to do that).

Young person, NSW



My [child protection] files are so white-washed it's crazy. There is nothing about culture in there. There is nothing about me as a person. It's all about what other people think about me.

Young, person, NSW

An Aboriginal and Torres Strait Islander parent/carerer in New South Wales told us:

There needs to be a greater focus on the government to look at different ways children are supported to remain at home, particularly for First Nations children through better family finding and exploration of kinship options.

Parent or carer, NSW

Case study: Aboriginal and Torres Strait Islander Child and Family Centres (CFCs)

Across Australia there are 36 operational Aboriginal and Torres Strait Islander CFCs. Originally funded by the Commonwealth government, federal funding was terminated in 2014. In some states and territories, centres are now funded by respective state governments and managed by Aboriginal Controlled Community Organisations (ACCOs), while in other states and territories, governments manage the centres directly.

These centres provide place-based, wraparound support to families with children aged birth to five years. While these centres cater predominantly to Aboriginal and Torres Strait Islander families, parents in Tasmania told us that even though they were non-Indigenous, they were also able to access services at CFCs.

Parents and carers told us that they thought the support they received from CFCs worked well. They liked that it was safe for children and that they could get parenting help, connect with other mums and dads, get referrals to other places in the community, work together to keep children safe, and build a sense of community. One parent in Tasmania wished that there 'were similar [centres] for older kids'.

I only stumbled on this place myself and one of the staff invited me, and I found it that way. I had a new-born and came to child nurse appointment here the next week – and I've never left. If I need any resources or just to debrief with the other mothers ... The major thing is they always have resources, and they always know what's going on in the community ... Before this I was isolated at home with children ... parenting at home alone. I found other resources, for example, walking and environment worked for the children, but nothing structured. Now I'm involved with a lot of the community around here through the Centre.

Parent, TAS

The Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory in 2017 urged the Commonwealth government to participate and financially support the establishment of a network of centres in the model of CFCs.⁴²

Young people in out-of-home care stated that they feel 'on the radar' of statutory authorities when they have their own children. This is supported by statistics which demonstrate the increased likelihood of girls in out-of-home care becoming teenage mothers and their child being taken into out-of-home care. To combat this cycle, young people and parents told us they need safe spaces to learn life skills necessary for adulthood and parenting, such as budgeting.

Some young people in consultations talked about the challenges of raising a child when you lack a 'happy home life' as a frame of reference.

Aboriginal and Torres Strait Islander young people, parents and carers frequently suggested more 'early intervention' to address child protection concerns in a proactive way. This was supported in a primary recommendation in the *Family is Culture* review⁴³

At a policy level, each jurisdiction aims to maintain the cultural connections of children and young people when they are living in out-of-home care. Cultural connection is fundamental to a sense of self and identity. This was evident in our consultations with Aboriginal and Torres Strait Islander young people. For example, in one consultation with Aboriginal boys in youth detention, they told us that 'doing culture' and being 'out bush' made them feel safe. This included going hunting as well as being with relatives, particularly grandparents.

The overrepresentation of Aboriginal and Torres Strait Islander children in child protection systems is expected to continue to rise with available estimates projecting that the population of Aboriginal and Torres Strait Islander children in out-of-home care will more than double in the next 10 years.⁴⁴ In spite of this prediction, the current Closing the Gap targets include a number of goals in relation to improving the lives of Aboriginal and Torres Strait Islander children and young people

as measured by outcomes in health, education and criminal law, including that by 2031, the rate of overrepresentation of Aboriginal and Torres Strait Islander children aged 0–17 years in out-of-home care will be reduced by 45%.⁴⁵ However, this is unlikely to be met without significant disruption to current practice and awareness of the impact of continued involvement of child protection services on Aboriginal and Torres Strait Islander families.

(c) Addressing systemic racism and discrimination

In our consultations with Aboriginal and Torres Strait Islander peoples, we heard about experiences of systemic racism where they told us that they feel white or non-Indigenous superiority is assumed. We were told how 'racism is basically everyday life' by one parent.

Young parents in a Northern Territory early childhood centre told us:

We're here working with our kids from 0–5 trying to get them ready for school. When are schools going to get ready for our kids? They're not ready. You've got to leave who you are, leave your culture, leave your identity and come sit in this classroom and do what I tell you to do. When kids do something, they immediately isolate them away from the main classroom or you get sent home. If you muck-up you get sent home.

Young parent, NT

For someone who doesn't feel comfortable or welcome in that space, to get suspended or sent home is like 'well we don't want you here anyway'.

Young parent, NT

Most Aboriginal kids, they need more help like a tutor or something both languages. They're getting taught a foreign language and it's hard.

Young parent, NT

What if they got taught in our language? How hard would it be for them?

Young parent, NT

It's context. Everything they learn is foreign and they expect us to just get it [snaps fingers] like that. We've got no connection to what they want us to learn, we can't feel it.

Young parent, NT

We used to have the language teachers like even the Christian teachers spoke in language but now it's like we are slowly shifting away except here at [organisation].

Young parents, NT

Although some young people identified that 'good teachers give you one-on-one support', they did not feel supported by the institution itself.

Aboriginal young people in New South Wales told us how, as part of a very small minority of Aboriginal students in a large metropolitan school, they were regularly pulled aside for their uniform and how they present themselves at school. They told us about teachers ignoring racist comments in the classroom and the general expectations of them as Aboriginal students being different to those held for their non-Indigenous counterparts including in relation to their physical presentation and the food they eat at school.

The experiences of Aboriginal and Torres Strait Islander women in childbirth also arose as examples of systemic racism. In New South Wales, we heard how Aboriginal and Torres Strait Islander mothers valued and appreciated being treated by Aboriginal midwives at targeted services. Likewise, parents in the Northern Territory told us:

My niece is a midwife and she talks about her struggles in the hospital in the midwifery group that Aboriginal mothers are treated differently and shockingly compared to non-Indigenous mothers, by doctors, midwives, all those professionals. Their procedure is as soon as a black mother has a baby, the first thing they talk to her about is contraception so they don't have another kid. They don't do that to the white mothers. But also during labour women are being forced to do stuff that they're not comfortable with, that they're not ready for and don't understand because the language is different. This hospital stuff is not just individuals being bad, these are the procedures they have to follow as part of their job, 'it's just what we have to do for Aboriginal people'.

Parent, NT

My cousin's like that. She's said, 'this woman [at a health service] keeps forcing me to get that little thing in my arm. She's like, 'you've got to get that, you're young'. But she's not young she's twenty.

Parent, NT

Aboriginal people don't want foreign objects in their body. They kept asking me and I told them. You see some of the old people that when a Western person says something they're like, 'yep, yep ok'. They grew up like that, they were forced to say yes to everything I'm not like that.

Parent, NT

My niece, when she had her baby she was treated exactly the same as every other black woman. She's like, 'I am a midwife. I know what's happening' and they're like 'no, we know better'.

Parent, NT

We also heard about systemic racism in police forces. We were told by a parent in the Northern Territory how 'they think all us blackfellas are the same'. We heard about police walking into homes uninvited without warrants and we heard from young people about children as young as ten years old being institutionalised and 'sent to the cells', without families being notified.

One parent told us:

You get individuals [in police] who are proactive and they do engage, they get down on the ground and talk to kids and people but they're still within that whole system that doesn't operate like that. So there might be an individual doctor who is really good but they're still within the hospital system and have to operate a certain way. It's the system that tells people how to respond.

Parent, NT

Aboriginal and Torres Strait Islander parents in the Northern Territory told us how:

[There is a stereotype] that all Aboriginal men are all violent all the time. There is a lot of violence in the community but there's a lot of good men out there doing good things for their families who get pushed aside. It comes from not having chances or opportunities like other people do.

Parent, NT

Instead of opportunities to be something, make something, they've got no opportunities so they get put into this category where all Aboriginal men get put. Not all men are like that.

Parent, NT

They are born into lifestyles where there's no opportunity to be anything and aren't expected to be.

Parent, NT

You grow up and you get messages, you are told 'this is who you are' and people start to believe that. They think, 'it must be true, I keep going to jail or keep getting in trouble. I've got nothing around me, it must be true so I may as well be like that'.

Parent, NT

An Aboriginal young person in New South Wales told us how in her previous job as a youth worker, caseworkers would say to her, 'this is the young person and these are their behaviours' rather than 'this is the young person and this is their strengths and who they are'.



These comments should be considered in light of the context provided by the expert committee who oversaw the independent *Family is Culture* review into the New South Wales child protection system. The committee expressly noted:

[Evidence that demonstrates] that placing a child in [out-of-home care] increases his or her risk of being involved in the juvenile justice system. This risk, known as ‘care-criminalisation’, arises from the fact that children are often charged with offences against carers or residential home staff due to conduct that would not be criminalised if they occurred in the child’s home environment. Care criminalisation also results from placement instability, a lack of cultural connection and a lack of secure accommodation for children in custody and seeking bail. The failure of the child protection and juvenile justice systems to adequately address the issue of the cross-over of children between OOHC and juvenile justice is extremely concerning, as this issue has intergenerational consequences for the Aboriginal community....⁴⁶

(d) Access to opportunities

Many young people we spoke to are optimistic for the future. One Aboriginal girl from regional New South Wales, who was living in a hostel to attend high school, said she wanted to avoid dropping out of school in year ten and getting pregnant ‘early’. Another Aboriginal young person said being at school in the city kept her from peer pressure to do drugs and she ‘wanted more from life’. Aboriginal and Torres Strait Islander young people in juvenile detention told us they want to ‘make [their] family proud’. They told us they want to have ‘money, houses, jobs [and] support for [their] families’.

Aboriginal and Torres Strait Islander young people in youth detention told us that ‘most kids who go

to jail come out and do the same thing because there is no support’. One young person said:

Young people need more support [such as] programs, a safe place and mentors, that one person that is there for you always [because] without these things young people tend to use drugs and alcohol.

Young person, NT

(e) Being heard and having agency in decision-making

In our survey, Aboriginal and Torres Strait Islander parents and young people most commonly selected ‘they don’t listen to us’ as among the top three reasons for them and their families not accessing services. Non-Indigenous respondents most commonly selected ‘it costs too much’. For more information on survey results see section 3.3.

The most important reasons that children and families don’t use services and supports (from Aboriginal and Torres Strait Islander survey respondents, aged 13+ years)



An Aboriginal and Torres Strait Islander carer in Queensland who responded to the survey question about what more governments could do to help families keep kids safe said that '[child protection agencies need] to respect, acknowledge and listen to carers as they are the ones who really know the kids in their care' but 'carers are too afraid to speak up in fear of [child protection agency]'.

Some Aboriginal and Torres Strait Islander young people said that 'for child protection services to remove kids, it has to be extremely high risk, otherwise they won't listen [to] or take Aboriginal kids'. An Aboriginal and Torres Strait Islander parent/carer agreed that governments need to 'listen to children about what they feel makes them safe. If a child is in [out-of-home care] and wants guardianship, listen to them rather than continue to make things difficult'.

As the *Family is Culture* review in New South Wales noted:

The state has adopted many rituals of listening to Aboriginal peoples, from government advisory committees to glossy brochures and policies espousing 'self-determination' and Reconciliation Action Plans, but it does not often 'hear' what Aboriginal people are saying.⁴⁷

Compared with previous generations of Aboriginal and Torres Strait Islander peoples, those Aboriginal and Torres Strait Islander parents in the Northern Territory today may have more of an opportunity

to speak up. However, they still feel that their voices are ignored. For example, one parent in the NT told us:

You see help and support but we see control ... You're not listening to what we are actually saying, so you're not helping us. We can help ourselves. We just need you to listen, step back and be part of it but not be all of it. All of this stuff is 'look there's this school for you. We built these houses for you'. Well we didn't ask for these houses. They're poorly done. They're substandard and wouldn't be accepted in communities in Australia but they're alright here because it's an Aboriginal community. They can be poor quality and have a lower level of standard of tradesmanship, faulty wires all that sort of stuff, paper thin walls. We're doing it how we need to do it, our way which sometimes will take longer because we need to get everybody involved and that takes longer and funding bodies [will only fund projects for 12 months or two years] and that sort of stuff needs to change. If the government wants things to change they need to change but I can't see that happening.

Parent, NT

As highlighted in the *Wiyi Yani U Thangani* report, Aboriginal and Torres Strait Islander peoples tend to be framed using a deficit lens. That is, with a perception that they are the problem to be responded to and resolved, and 'countless Closing the Gap reports are the evidenced failure of such an approach'.⁴⁸

It was frequently suggested that people working with Aboriginal and Torres Strait Islander families should either be from that culture or have appropriate knowledge or training in understanding their perspectives.

**Young Peoples
Voices are not heard**

Many Aboriginal and Torres Strait Islander parents/ carers and young people explained that 'our families work' when 'whole community is involved with the kids and we all look after everyone'. They want their extended families leading decision-making about the welfare of their children.

It was suggested by Aboriginal and Torres Strait Islander parents in the Northern Territory that more could be done to engage men and fathers in programs for families. For example:

Getting men and fathers involved a bit more, there's a sense from my point of view when anyone talks about families, mums, kids and grandmothers. Men might step back or feel like it's not their space. It's a cultural thing. If there's a lot of women in the room, they feel awkward.

Parent, NT

Further discussion of the exclusion of men and fathers from family and support services is included in this report in section 5.6.

(f) Maintaining connection to family and culture

It is evident from our consultations that Aboriginal and Torres Strait Islander children and young people thrive when they have a connection to culture and face fundamental challenges to their identity when they do not. When Aboriginal and Torres Strait Islander young people, parents and carers were asked what helps to keep children safe and well, they told us about activities to keep young people connected to who they are. Aboriginal and Torres Strait Islander parents and carers requested more culturally appropriate programs and services offered locally and on Country.

In their report on intergenerational trauma, the Healing Foundation (with reference to the Northern Territory Stolen Generations Aboriginal Corporation) identified a need for

culturally appropriate therapeutic services and recommended that 'services should be funded to include healing camps and getting back to Country ... as a means of healing trauma and promoting cultural identity'.⁴⁹

Boys in youth detention spoke of 'the love of family' and 'going on Country' as the things that kept them safe and well.

Cultural awareness in schools and other formal educational settings was raised as necessary to feel safe in all targeted consultations with Aboriginal and Torres Strait Islander children, young people, parents and carers. An Elder in the Northern Territory told us that for children in her community English is a 'foreign language' and it 'may be the fifth language for some of those children'. She also reinforced the need for schools to recognise that.

Some Aboriginal and Torres Strait Islander children and young people told us about specific programs that connected them to culture at school. They enjoyed programs where they could learn language and music, and excursions with other Aboriginal and Torres Strait Islander children including camping, fishing, and learning about bush medicine. Unfortunately, we know that Aboriginal and Torres Strait Islander language and culture is taught inconsistently in schools.⁵⁰

Some Aboriginal and Torres Strait Islander parents and carers told us that the cultural safety of Aboriginal and Torres Strait Islander children 'is always left out'. They felt that this contributes to children's disengagement from school.

Aboriginal and Torres Strait Islander children and young people at times relocate off Country to attend high school or pursue tertiary education. Some Aboriginal and Torres Strait Islander children and young people will also be moved off Country when they are in out-of-home care, police or corrective custody. In the Northern Territory and Queensland, parents and carers identified a need for more residential placements or 'group homes' in remote communities and on Country.

Young people also spoke positively of Aboriginal and Torres Strait Islander hostels for high school students to live together to attend schools or university away from home, in regional or metropolitan centres. In these hostel settings, young people told us that they found new ways to engage with their culture, including forming meaningful relationships with other young Aboriginal and Torres Strait Islander peoples and being exposed to leadership programs.

(g) Protective factors

Many Aboriginal and Torres Strait Islander young people in our consultations told us about the sense of safety and security they felt in community hubs and youth centres. These young people told us that they felt safe in these places and 'without safe places, kids would be either on drugs or alcohol'. In these places, young people told us that they can 'play basketball, get food and use computers'.

One young person in Queensland also told us that support staff could help them, saying that 'you can have a support worker help them navigate systems like Centrelink'. This was a shared view:

[There is] someone to talk to. You can see people you like, it's relaxed, people don't judge you, you can get some food ... they don't treat you like literal children and they help with actual problems. Respect goes both ways.

Young person, QLD

In these places, they can also acquire skills and connections necessary for education and employment. Young people, some of whom were involved with youth justice, who attended local drop-in centres catering primarily for Aboriginal and Torres Strait Islander youth in Cairns, Darwin and Sydney, emphatically told us that they want 'more programs like this' and 'that open for longer hours'.

Aboriginal and Torres Strait Islander young people also told us that they realise sports clubs are more than just 'something to do'. They can also be 'somewhere you can express your emotions' and where you might be heard. We were told by a young person in New South Wales that there needs to be more long-term funding for 'programs that are actually working and doing better for the youth and community'.

Case study: Youth service hub

This is a support agency for children and young people aged 12–25 years living in regional Far North Queensland.

The majority of its clients are Aboriginal and Torres Strait Islander children and young people involved with youth justice, child protection and disengaged from school.

About one-third of its staff are Aboriginal and Torres Strait Islander peoples.

It is a not-for-profit non-government organisation, overseen by a Management Committee, receiving funding from both the State and Federal government. The agency facilitates a range of programs including: a day (drop-in) program; case management for juvenile justice; therapeutic counselling; outreach; and research and evaluation.

This organisation particularly values cultural safety, empowerment, and harm minimisation.

It employs a multidisciplinary team of teachers, social workers, community development workers, counsellors, and psychologists.

In each consultation with Aboriginal and Torres Strait Islander young people, we heard about the positive role of mentors in ensuring children and young people are safe and supported. We were told 'mentors are key'. They are needed in 'schools and everywhere'. It was pointed out that it is important that mentors have lived experience or are Aboriginal or Torres Strait Islander so 'you feel more at home'. Another young person said:

Mentors provide children and young people with someone to talk to, who will listen and won't go back and write everything down.
Young person, NSW

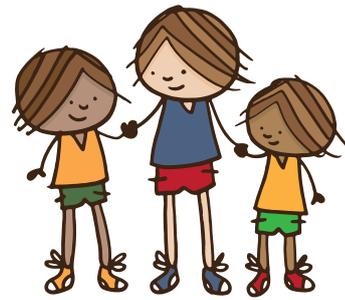
This was supported by parents:

Teens need mentors because teens don't want counselling, they want someone who has the flexibility to help them with their changing needs. Aboriginal people make the best mentors because they genuinely care and they are adaptable.
Parent, QLD

Mentors are the only way to reach teens. Every out-of-home care teen should have a mentor that visits weekly as a preventative.
Parent or carer, NSW

In a free-text response to the survey question asking about what more governments could do to help families keep children safe, one Aboriginal and Torres Strait Islander parent said:

Please provide mentors to at risk teens. An Aboriginal mentor saved my nephew's life.
Parent, NSW



Mentoring can occur in varying contexts. For example:

What it is, is we mainly go into schools and whatever they are struggling with we work with. A lot of kids now are getting therapeutic mentoring. Mainly going into schools, whatever they're struggling with we go in and help. Like say kids who are going through [family and domestic violence] and are having a hard time making friends.
Young person, NSW

I'm doing cultural mentoring now. There are a lot of kids who are keen to do it. At the moment I have two young boys, they know where they're from on one side of the family but they're not sure on the other and that's where I came in. They think that everything is written down on paper and I can tell them 'this is where you're from'. We try to encourage them to use their voice in their family and bring them back to learn about their culture so we're on this journey together.
Young person, NSW

We also heard about the value of mentors for parents, particularly men. Programs to foster these relationships included Men's Sheds, overnight camps, and fitness sessions.

Aboriginal and Torres Strait Islander peoples of all ages told us how they would like more Aboriginal and Torres Strait Islander peoples employed by services they use. They particularly sought people with relevant lived experience, such as having been in out-of-home care themselves or who are from the place where the service operates. For example:

[It would help keep kids safe to have] a connection to our Culture. Funding needs to be directed to help reconnect Aboriginal families to culture for the mothers/fathers and children. [We need] workers who generally care about the work they're doing and aren't there for a pay-check. Employ Aboriginal people to work with Aboriginal families.

Young person, NSW

It's beneficial to train young Indigenous people up to work in the sector. It's healthier for young Aboriginal people to see another and brother or sister who has been through the system as opposed to somebody who has done the training. It's about understanding what they are going through.

Young person, NSW

The need for Aboriginal and Torres Strait Islander staff was described as important because their own people may be local to where the service operates. This local knowledge was described as important because it was felt that they may know and understand the families, children, and young people more closely and be more accountable to the community. An Aboriginal and Torres Strait Islander young person from the Northern Territory who responded to the survey suggested that the

top three attributes of a good service are, 'not too many rules, they don't call the cops, they are like family'.

For discussion on ACCHO primary care model refer to section 5.7 and for a discussion on Aboriginal CFCs, refer to section 5.5.

5.3 Experiences of children, young people and parents with disabilities and their families

(a) Snapshot

Through our consultations, we heard from 20 children and young people with disabilities, 16 parents/carers of children with disabilities and seven parents and carers with disabilities. Seventy-one (71) respondents to our survey (17%) also said they had disability, noting that many who completed the survey also attended consultations.

Children and young people with disabilities and their families, as well as families where one or both parents have disabilities, often mentioned multiple complex issues apart from the disability, including lack of access to mental health services, income support and housing and significant barriers accessing education. Consultations for the new National Disability Strategy also report ongoing discrimination experienced by children, young people, and families with disabilities in Australian society, including in education, employment and health settings.⁵¹

(b) The right supports

Children and young people with disabilities and their families nominated certain types of support as particularly helpful. Some mentioned that

'warm referrals' to other services were extremely helpful in ensuring access to necessary support with minimal friction. For example:

The child and family centre helps with child with disability learning needs including referrals and nurses.

Parent, TAS

More warm referrals (if someone needs support and access, the support worker or service ensures that they're connected to the other organisations and sees how they feel about the organisation) – not necessarily having a caseworker but ensuring you have access to that service. You don't have to reiterate your experiences, it's more encouraging and it's less traumatising. I've had old support workers contact on my behalf and take me to new services, it makes such a difference.

Young person, National

Other parents praised the role of advocacy services in helping them to navigate systems and supports, including the education system. One parent told us that an independent advocate has been 'most helpful' in helping secure the 'rights of [her] children to go to school'. This parent expanded, saying:

There have been challenges working with the education department but having the support of an advocate, to take over writing the emails and working with the department has been integral to making sure my children are able to access education.

Parent or carer, National

Some young people and parents identified peer support groups, support from family and friends and interaction with other young people with disabilities as valued supports. The examples provided below speak to this point:

Disability specific groups such as [group], which has been instrumental in guiding me with the law and rights.

Parent or carer, National

My parents had to teach themselves all about disability and they didn't have any idea at all when I was born. I wish more parents had access to really cool young people with disability so they can see role models for their kids and they can have higher expectations. My parents were lucky that they met a neighbour who had a niece with disability – but it was all luck.

Young person, National

[The] majority of my friends are parents of children or young people with disability because we come together over the challenges that children with disability face navigating the system.

Parent or carer, National

Some young people and parents also talked about the value of programs for children and young people with disabilities that build their skills and capacity. For example:

It is a very good service because I have nowhere else to find that service to help me build my skills.

Young person, National

Mentorship program who have helped build strengths and worked to help with confidence. They accept NDIS clients and would be a benefit if they were subsidised in some way.

Parent, QLD

Services that young people with disabilities found helpful were ones that took the time to communicate clearly with them, asked about their needs and responded to them appropriately. The comments below highlight what they particularly liked:

More proactive asking about access needs so I know what I am getting into and I can reduce my anxiety and feel so much safer. [Asking about needs] is a really practical question everyone should ask!

Young person, National

[I] felt really good at the [hospital] – even with long wait times they were always communicating (for example, we're running behind because X) and always actively trying to fix problems. Had a rare side effect on some medication and they fixed it really quickly and really trusted me on everything. They responded to needs. Consistency and trust.

Young person, National

I [had] a mental health issue (psychosis) I was having issues understanding my condition – having specific interpreters who understand your specific dialect makes a real difference, and more of that should be done.

Young person, National

Services deemed to be helpful also had staff and support workers who successfully built relationships with children and young people, worked flexibly and in a needs-based way, and gave children, young people and parents choices about who they worked with. These comments by carers highlight the importance of high-quality workers:

Good disability support workers are invaluable, that care, are quality, and have a connection to their stuff. We have had some fantastic staff and they are there because they love their job. They are in it for the right reasons. But some of the support workers don't have that – they are there because it's a job and its very clear the different support they provide.

Carer, TAS

[Residential disability support provider] is a small provider that can be flexible and meets individual children's needs (matches a worker with the children): Our experience with [residential disability support provider] is that when we listed with them they were a very new organisation, very small. Managers were still doing a little on the ground care – still in touch with the realities of people's lives and families, and not bogged down with the bureaucratic – able to be flexible to meet son's and families' needs.

Carer, TAS



One carer also spoke about the benefit of working directly with independent support workers rather than going through a support provider, which allows for a direct relationship between the worker and families. They told us:

I refuse to use support providers as you don't have control. They just send you whoever is available. I'd rather have the direct relationship with the support worker (for example, as a contractor, independent support workers). I am able to negotiate with them an hourly rate much more than a service provider (on a self-managed plan). We have that choice to self-manage as well. You can choose who you want – you are the one who chooses what you want. But it's a challenge to find the right person. It comes down – it's the people.

Carer, TAS

(c) Barriers to accessing disability services and supports

Children and young people with disabilities and their families told us that they faced barriers when trying to access the services and supports they need. This includes access to the support they need at school and in education settings, navigating systems like Centrelink, housing and the NDIS.

One young person told us that some families are not even able to understand the options available for children with disabilities.

Families don't get enough support to understand the options for their kids with disability. They have to figure it out for themselves and might even have low expectations themselves which sets kids up to be unsafe.

Young person, National

Wait times for assessment were raised by a number of parents as one of the key challenges in the system, including:

I've been waiting a year [for my child] to be assessed.

Parent, TAS

It took six months for my kids to be assessed – I was lucky.

Parent, TAS

A few families [I know] have found it extremely frustrating re waiting times, particular workers not trained well enough to get the results they require – it's been pretty tough to get the help they need.

Parent, SA

Some young people and parents told us that services for people with disabilities are often full or inaccessible for other reasons, like being too expensive. One young person in the Northern Territory told us that they would benefit from better transport options like 'a free taxi' or 'door-to-door' services. One parent in Tasmania also shared that they struggled with managing 'all the different appointments' for their child and needing to go to town for them. This view was also shared by young people, such as:

Some disability services are hard to get into because they are always full. When I wanted swimming lessons when I was at school it took a long time for them to add me to the list (like 1 year). I want to practise swimming to help me feel safe.

Young person, National

[We need] access to supports we have noted we need, especially outside of family resources/dependence (some services not being open or accessible or too expensive, etc ...).

Young person, National

Other young people and parents of children with disabilities, said that some services were not appropriate because they did not know how to work with or respond appropriately to people with disabilities. This includes:

Not all support services understand how to work with people living with different disabilities. This can be harmful for us.

Young person, National

It is hard to find mental health professionals for people with autism because it is hard to find someone who has been trained properly.

Young person, VIC

I was put in a house with 15 stairs with my child who has special needs – but I had no other choice as I was homeless.

Young parent, ACT

I feel unsafe when I can't access important information. I need to say safe – for example, when COVID or bush fire/safety information isn't provided in clear/plain English, without Auslan interpreters, with busy/distracting graphics.

Young person, National

Centrelink was specifically raised by young people as a system that was difficult to navigate. Reasons for this include the complexity of the different

payments available and the ways that some Centrelink staff interact with them. These young people said that:

Centrelink [is] understaffed, under-qualified and not well trained about disability or aren't informed enough by people with disabilities.

Young person, National

Tricky navigating Centrelink and disability support because you might qualify for certain payments.

Young person, National

[At Centrelink, when] trying to apply for different welfare things like the Disability Support Pension and dealing with people who don't necessarily listen to or believe you regarding your disability even if you say that you are in a wheelchair – and then you roll into the centre and then you still can't get the payments.

Young person, National

Some parents and carers raised concerns that services are unable to provide the right support to children with disabilities because there is high staff turnover amongst support workers with inadequate remuneration as a possible cause. For example:

The support people do training with a disability provider but then move on. It means having to change supports. It's effectively a casualised workforce; it affects kids – they need that stability and consistency; it affects their confidence. They get attached very easily and when that changes, they worry about what the next person will do.

Carer, TAS

**Better pay for disability support workers who work in the home to support clients.
Parent or carer, WA**

Parents with disabilities also said that they had experienced issues when seeking help through services who were unable to properly assess their needs:

**[A rape crisis centre] had a lack of qualifications to assess needs and identify disability [and I had a] bad experience where I were misdiagnosed [and not] able to get the help [I] needed.
Parent, ACT**

Two parents with disability shared that they need particular support to navigate the statutory child protection system:

**[Child protection agency] is not helpful because they jump to conclusions. Need better communication so there are no misconceptions.
Parent, NSW**

**More support for parents with disability as it is really easy to lose children.
Parent, ACT**

One of these parents shared a story about when they had sought medical care for their daughter at a hospital, the hospital had contacted the statutory child protection agency, and without the support of a disability support and advocacy service, the parent felt that they may have had their child removed from their care.

Children and young people with disabilities and their families told us that they needed additional supports to navigate school and education. Challenges in this area are detailed in section 5.8.

(d) NDIS

Some families expressed appreciation for the NDIS for relieving the added financial burden that managing disability often presents:

**The NDIS has been a lifesaver. Money has become a real issue because we have been paying for services since he was born – and the allied health stuff through the NDIS has been a lifesaver.
Parent, National**

**NDIS have made it an option to have my son looked after – the good staff that NDIS paid for. Our son has complex disability and needs, although people slam NDIS and it is quite difficult to manoeuvre and find a way through, it actually saved our lives and his life, basically. NDIS has made it an option for him to live somewhere else and be safe.
Parent or carer, TAS**

**NDIS as a scheme is extraordinary. It's a completely new concept to put greater choice into the people's hands so they can decide.
Parent, National**

Others told us about the limits on their NDIS funding packages that lead to them 'sacrificing' necessary supports because their packages did not cover them, and lack of assistance in relation to this.

We were also told that the NDIS was hard to navigate and raised concerns about various stages of applying for the NDIS and accessing support services.

Fix the NDIS – it's impossible to get and hard to keep.

Parent, NSW

[The NDIS] is hard to navigate.

Parent, NSW

[Make the] NDIS easier to navigate and consistent.

Parent, NSW

Parents and carers told us that getting a formal diagnosis of disability is necessary for accessing early intervention support and the NDIS. They told us that obtaining a diagnosis was challenging due to the expense when using the private health system and the significant wait time when using the public system. They also told us that the process for those under five years was different from those aged six years and older. One parent noted that the wait times for assessment can be so long 'that the process is different by the time you get assessed'.

Some told us that:

There are kids in the school that don't have a diagnosis, so they don't have funding. But diagnosis is expensive and takes a long time, you need to be on a waitlist. There's just no access to services – the waiting list is huge. If you go privately, you're having to fork out hundreds and hundreds of dollars. If you publicly, you're on a waitlist.

Carer, TAS

A lot of NDIS [support] kicks in after child is diagnosed, and a lot of that only kicks in at school, but a lot of kids don't get diagnosed, so they lose [the support]. Unless parents go private but that's really expensive.

Parent or carer, SA

Invisible conditions are a struggle to get covered by the NDIS (in contrast to visible conditions).

Young person, National

The need for clearer and shorter timeframes in the process has also been raised in previous inquiries and reports.⁵²

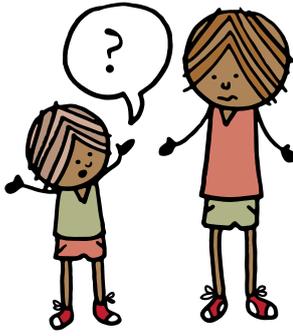
After diagnosis, young people and parents told us that the process was still challenging to navigate due to lack of transparency. Their views are consistent with other inquiries and reviews which report a lack of accessible information for participants.⁵³ Those in our consultations told us that:

A huge difficulty is even finding a GP who is willing to write a letter for an NDIS application.

Young person, National

For those who don't understand NDIS process, the application is a nightmare and people get lost in that process. It doesn't seem consistent. You'll see someone really struggling with their child with a list as long as their arm and they're getting a little bit of money, and another with half as many issues but they're getting 100 grand.

Parent, SA



We were told that the assessment process determines what kind of supports are available through the NDIS, and that without a NDIS support manager who understands the needs of the child or young person, the process may not result in the arrangement of the necessary supports. For example:

If you don't have a good planner, your package is really affected – but you need those services, it shouldn't be dependent on another human being.

Parent, SA

These issues have been raised in other inquiries and reports.⁵⁴

Concerns were raised about NDIS staff and their ability to work appropriately with young people with disabilities. Young people told us:

NDIS staff can be rude, they're not knowledgeable about deaf people and their needs. They need to respect deaf people and their differences. They were purposely ignoring me and my emails. They should treat everyone equally but they don't. They need to respect and follow the policies that they have – they have some training but trying to communicate with them is stressful.

Young person, National

At NDIS, the staff have training but they get really impatient working with people, especially people who are neurodiverse and have different needs. We need to have services that accommodate to every type of needs. But at NDIS the workers put you down and make you feel like less of a person because of your disability. Services can do better by actually listen to feedback – and not just pretending.

Young person, National

Issues regarding the specialised training and capabilities of NDIS staff and referred support workers have been raised in previous inquiries and reports.⁵⁵

In our consultations, some young people and carers informed us that the NDIS should have oversight over the disability support services engaged by them to ensure quality and appropriateness of service provision. For example:

Better government oversight and review of NDIS and other support services – quality control is SO important!

Young person, National

It takes a long time to find the right provider and they drop complex cases. We went through six or seven disability support providers before we found one that worked for our son. They all dropped him because of his disabilities. We thought we'd found the right provider but then they'd call us after three hours and say 'come and pick him up'.

Carer, TAS

Some young people with disabilities told us that they value the variety of support that they can access through the NDIS, including allied health, residential care, and sporting activities with support workers.

My support worker really helps to engage in sport and other activities. Also provides emotional support and community engagement. She's my age so we can talk about things together.

Young person, National

NDIS can help you with some problems, like safety problems. If you have anxiety, you can talk to your psychologist about safety. I trust the NDIS and my parents for this information.

Young person, National

However, others told us that they want more flexibility in how they can use their NDIS funding, including to sustain informal support networks and socialise, access to more sport, and increased transport options. For example:

[I want] a functional NDIS which supports the individual and assists to sustain the person's informal support network.

Young person, National

The government should make more sports available for people with disabilities. There are not many sports for people with disability. The funding you have with NDIS. It's hard using your own money for sports clubs and events. The government should help people with disability to have access to the sports. Some disabilities want to play sports but they can't afford it.

Young person, National



NDIS should fund a car through the payments.

Young parent, NT

Access to respite care was raised as an issue with some NSW parents asking for support to 'give them a day to themselves' while someone else 'cares for the kids'.

One parent/carer from Western Australia suggested that there should be support available for children and other family members who have disability but do not qualify for the NDIS.

(e) Education

Young people with disabilities and parents of children with disabilities expressed concern about the adequacy of support at school. Parents also told us that there was often little educational support provided to support their children's special learning needs, leading to poor outcomes for children with disabilities. One parent told us that they generally did not feel there was support for their child in the school community:

There are no P&C meetings for kids with disability – it's just for the mainstream, the high achievers, the high sports achievers. Yeah, well, everyone's happy with you. Everyone wants to know you, and if you've got kids with disability hide them under the bed because nobody wants to know you, you know, it's like that.

Parent, National

Some parents told us that inconsistent funding is a barrier to receiving support. They also raised concerns about the adequacy of the educational supports that children receive. For example:

I have a kid recognised as needing a [learning support assistant], but they are in mainstream classes so they sit in the corner with their [learning support assistant]. They hadn't been in full time school for two years – they have missed out on at least two years of school. They're 10 years old but reading at a year two level.

Parent or carer, ACT

[What do we need more of?] Help for learning difficulties and disabilities ([Fetal alcohol spectrum disorder], Autism).

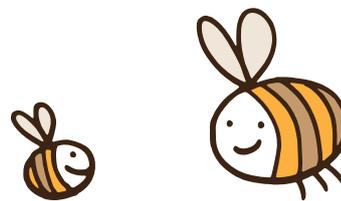
Parent or carer, NT

Funding for school support differs by private/public school (for disability support). Makes it complicated. If you move to a private school, you lose the funding, and if you go back, you have to reapply for funding and may not get the same support.

Parent or carer, TAS

People with disability should have more made of the transport.

How do you get the disability pension?
Is it fair? Hard to get.
Have to meet requirements.
Centralink unpeasant staff. They should have policies about how to talk to people and how to deal with people.



The way the funding works in schools – it used to be 'if your IQ was below this, you got this'. Now it's based on adjustments required (supports needed, not the assessment of the disability). This can be a good or bad thing. It means that support teachers can support more kids, for kids who didn't get that funding, for example, they had dyslexia and just needed a little bit of help, they can tap into that. But it's a lot more work for people to have to prove that this is what they need – the evidence, trying to file it all – it's work for the families and the school staff.

Parent or carer, TAS

Young people and parents reported that a lack of diagnosis or recognition of a child's disabilities created barriers to receiving support at school. Some young people emphasised the importance of early diagnosis as it enables children to receive the support they need from the outset. For example:

I didn't get diagnosed with ADHD until I was an adult because there was no way my teachers could recognise the signs and do anything about it. Getting diagnosed in early high school would have been a gamechanger for my education.

Young person, VIC

The school does not recognise dyslexia as disability – how crazy is that? How can my daughter get the help she needs?

Parent or carer, ACT

One young person also noted that diagnosis was important for schools to receive funding for additional supports for children with disabilities:

Diagnosis for any learning disabilities. If we have a diagnosis, the schools get extra funding to provide support. If we don't get diagnosed, we struggle and get further behind and also miss out on the extra education funding that is available.

Young person, National

Some families also shared instances where schools failed to support children with disabilities, which affected the child's behaviour and compromised their safety. They spoke about the importance of teachers being equipped to manage situations of crisis involving children with disabilities, including individual plans and strategies, such as safety plans and functional communication plans.

Education and better protocols for unique situations of safety that disabled people experience.

Young person, National

We had an incident at the end of last term, and she had a safety plan in place and the teacher did not notice anything. She was walking in at a class she had her head down on her desk. She was crying. She walked to the windows open the window contemplating jumping out of a window in the middle of a class session.

Parent, National

One parent of a child with a disability also spoke about the negative impact that the school's behaviour management approach had on their family.

We went through such horrific times the boys were suspended and expelled. Then they weren't allowed to go to school there was no way nobody put in any resources for us we were hanging by a thread. We were all just surviving and I had other children at school as well.

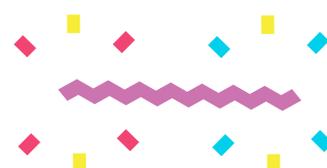
Parent, National

In its issues paper on Education and Learning, the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (2020) reported a lack of consistent data on suspension and expulsion of children with disabilities. However, it noted that the available data suggested that children with disabilities experience higher rates of expulsion and suspension.⁵⁶

In one consultation with parents of children with disabilities, issues about the excessive use of restrictive practices at schools were raised. Restrictive practices are practices or interventions that 'have the effect of restricting the rights or freedom of movement of a person with disability'.⁵⁷ Restrictive practices can cause significant physical injury, psychological trauma and may cause death.⁵⁸ Parents shared their views on this:

Restrictive practices occurred every single day and [my children] are traumatised. Professionals and teachers are writing documentation that is signed and seen by principals that they can actually put harnesses with handles on the back on my boys.

Parent or carer, National



In the special school, nobody sees what happens. It's all behind closed doors. So many stories of restrictive practices being used in special schools. If I had used the restrictive practices on my boys at home they would've been taken from me.

Parent or carer, National

Currently, there is no nationally consistent data on the use of restrictive practices in schools.⁵⁹ However, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability has reported that there are 'fewer regulations about the use of restrictive practices in schools and other education settings compared to other sectors, such as health'.⁶⁰ There are inconsistent laws and policies across the country about the use of such practices, and direct guidance in education settings is primarily provided through guidelines and policies.⁶¹ There must be a nationally consistent and targeted approach to reduce and ultimately eliminate the use of restrictive practices in educational settings in Australia.⁶²

(f) Employment for people with disabilities

Young people with disabilities told us that they wanted better support to enter the workforce, including through skill building, and supportive workplaces. They also spoke about combatting ableism; discrimination based on ability in workplaces; having workplaces that know how to ask employees with disabilities about their access needs and having them respond appropriately. For example:

Better support for disabled people moving into the workplace – a lot of us are young but we are working! And employers aren't always good at knowing what to ask, not everyone has visible disabilities and sometimes it's hard to explain things that people can't see.

Young person, National

De-privatise services like DES (Disability Employment Services) programs. Privatisation causes issues and doesn't actually solve any.

Young person, National

I think my school is running workshops during homeroom about financial independence and tax etc ..One place that many of my friends don't feel safe is at work because they might be being paid less or being spoken down to. Could workers unions be better at engaging with young people at work? Ableism is also riddled throughout work.

Young person, National

Many workplaces may ask for access needs before you actually sign a contract and its tricky because for a lot of internationals or temp residents, we don't get government funding so we need employment especially during COVID and I run the risk of losing employment if I ask for access needs that I'm legally entitled to.

Young person, National



These young people's anecdotes illustrate some of their positive employment experiences:

[Provider] – they help people with hospitality skills so that you can get a job. They gave me lots of confidence to then apply for jobs.

Young person, VIC

[Provider] is the job provider that helps the deaf community but they also help people struggling with mental health difficulties. They helped me find my current job that I have today. I found them out from my current social worker.

Young person, VIC

Really supportive boss who did research about my condition after I was diagnosed. I was a casual and missed so many shifts and they gave me leave after my surgery and allowed me to come back to work afterwards.

Young person, National

Workplaces that truly get it and it's a part of their workplace culture. For example, I work at an autism org and am autistic. The interview was made accessible for me and there has been understanding at every point of the way. It hasn't been treated as an inconvenience or legal liability etc ... This is what makes me feel safe to even disclose it to them.

Young person, National

Recent statistics indicated that for people with disabilities aged 15–64 years, 53.4% were in the labour force, compared with a labour force participation rate of 84.1% for those without disabilities.⁶³

(g) Child agency in decision-making

Young people with disabilities told us that their participation in decisions that affect them was essential to ensure they had a feeling of safety. For example:

Incorporating the needs of disabled people in every step not just as a separate thing.

Young person, National

When I'm asked about my lived experience rather than it being assumed.

Young person, National

This participation in decision-making was crucial at an individual level, in the design of education and training courses, and at the level of policy and strategy making. Young people told us that:

Training and education that is built by disabled people with lived experience.

Young person, National

Lived experience experts being paid to speak to people and answer questions.

Young person, National

Involve people with disability in processes and creating strategies. Like doing this tonight is the first time I know that the government is asking what young people want. I want to contribute and tell people what will work. Involve us even if it takes longer or we need support to participate. Like L'Oréal I am worth it!!!!

Young person, National

If I could say one thing about disability to the [Prime Minister], I would say let us speak for ourselves. Do not think you can make informed decisions for us.

Young person, National

The government should listen to us young people with disability. We all play a part and the government needs to listen to us always.

Young person, VIC

Young people also wanted to see people with disabilities represented in leadership positions and visible across society. They said:

Change community attitudes by more disabled representation!

Young person, National

Put disabled people in leadership positions so they have real power and can keep us actually safe.

Young person, National

People with disabilities are underrepresented and excluded so we can't participate to the best of our abilities in society.

Young person, National

Visibility – media is important, but everywhere (work, school, etc.). I never saw anyone like me growing up.

Young person, National

Increase disability representation amongst government employees.

Young person, National

5.4 Basic living conditions

(a) Snapshot

Poverty or material deprivation can prevent children, young people, and their families from accessing the things they need to keep children safe from abuse and neglect. Article 27 of the CRC requires State Parties to 'recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development'.⁶⁴

We consider poverty to be measured by material deprivation, rather than the level of income of adult family members. That is, a living standards lens is applied that defines people living in poverty as those who unable to achieve an acceptable standard of living when compared with prevailing community standards.⁶⁵ Children and young people are considered to be disadvantaged if they do not have access to items regarded as essential by the majority of their peers. Young people in New South Wales consider essentials to be adequate food, appropriate clothing and a quiet place to study, while essential activities include going out with family and friends and attendance at school excursions.⁶⁶

Material deprivation was a concern expressed by many children, young people and parents/carers in the survey and consultations. In the survey, parents/carers, young people and children aged 13 years and older were asked to identify the top three reasons why their family did not access support services. The most commonly selected answer was 'cost' ($n=134$, 38%). For more information on survey results see section 3.3.

Similarly in consultations, when asked to identify a key challenge in keeping kids safe, parents/carers, young people and children referred to their own experiences of material disadvantage. We heard that some children and families were struggling on low incomes, with many accessing services and

payments from Centrelink. In our consultations, children, young people, and parents/carers raised financial security ($n=31$, 69%) and employment ($n=18$, 40%) as areas requiring improvement for keeping children safe and well.

Overall, access to basic needs was discussed in most of the face-to-face consultations ($n=36$, 80%). Of these concerns, the need for safe and affordable housing was most frequently raised. Children, young people and families also indicated that access to affordable food, transport and necessary technology was important for keeping children safe.

While children, young people and families talked about supports and services that helped them to meet their basic needs, they also identified a number of barriers to accessing these basic supports and services.

(b) Income

We heard from many young people and parents/carers that access to an adequate income was critical for keeping children safe and well.

Recent quantitative research suggests experiencing a single year of poverty during childhood correlates with poorer socio-economic outcomes in terms of educational attainment, labour market performance and even overall life satisfaction in early adulthood.⁶⁷ In 2020, the proportion of young people who were considered not in employment or education across Australia was more than twice as high for those living in the lowest socio-economic areas than for those in the highest (18% or 96,000 compared with 8.7% or 66,000).⁶⁸

However, income alone does not necessarily determine disadvantage and not all children who grow up in very low-income families will be negatively affected.⁶⁹ Other factors, including reduced access to prenatal care, less home-based cognitive stimulation, harsh and inconsistent

parenting, unsafe neighbourhoods and exposure to acute and chronic stressors may also influence adverse outcomes in adulthood.⁷⁰ However, addressing income inadequacy remains a key variable in tackling intergenerational cycles of childhood disadvantage.

(i) Inadequacy of income support payments

More than three-quarters of survey respondents aged 13 years and older ($n=274$, 78%) said they received support from Centrelink.

Some parents told us that Centrelink payments were insufficient to meet the needs of families.

Generally, over the past few decades, financial stress has increased across the whole population. However, those receiving adult social security payments such as the Disability Support Pension, carer payment and JobSeeker, have been further left behind.⁷¹ In 2015, 37% of households, dependent on government allowances, were living in severe financial stress compared to 3% of those earning wages and salaries, with severe stress rates for single parent families being much higher than other family types.⁷²

The coronavirus supplement implemented during 2020 temporarily decreased the number of children living in poverty, however by April 2021 there was estimated to be 124,000 more children in poverty than before the COVID-19 pandemic.⁷³ One parent in Tasmania shared that:

**COVID supplement helped with food etc
..but now it has stopped people who
overcommitted are in debt and payments
are not enough for all basic needs.
Parent, TAS**



(ii) Difficulties accessing income support

One young person in Queensland told us that Centrelink 'was pretty easy to do especially if you have a support worker who can help you navigate it'. However, mostly children, young people and parents/carers told us that Centrelink can be confusing or difficult to access independently and that payments were insufficient to meet the needs of families. This includes being geographically difficult to get to. For example:

*ABSTUDY is confusing.
Young person, NSW*

The first time I went [to Centrelink] the lady was very rude and said they I can't make a claim if I'm under 16 and sent me out. I then had someone else tell me there's no age for the parenting payment, so I went back and asked to speak to someone else.

Young parent, SA

Centrelink is poor-staffed and difficult to navigate.

Young person, NT

(c) Employment

(i) Unhelpful employment services

Some young people and parents/carers told us that they need increased support to get jobs aligned with their specific skills and circumstances. They described being referred by Centrelink to

employment services that did not help them to find work or just sent them to 'the list' of available jobs. For example:

Job providers can't support you without getting the funding from the government. They just care that your name is in their system, not whether you get a job. I was looking for a job badly, but they just told me there's no job available, and to come back each week. As long as you report to them, they don't give you a job. It's just about them getting money – they are not invested in finding you a job.

Young person, SA

Job providers can be helpful and help find jobs and help find jobs that work but some just send you to the list.

Young person, QLD

Employment services and ParentsNext – these services don't work. They don't provide long-lasting employment. They don't consider the type of employment that the person may want.

Young person, National

(ii) Barriers to finding employment

Parents/carers and young people told us they wanted to gain employment and financial independence to provide for themselves and their families. For example, a 15-year-old in the Australian Capital Territory told us:

I have two jobs – I work with a cleaning business and at [a juice counter]. They give long hours and its pretty fun. I have TAFE 2 days and work the rest of the week.

Young person, ACT

Some young people we spoke to, including those in youth detention, described their desire for education and employment and to be financially independent. We heard from kids in detention that 'getting a job' was key to them being able to stop 'doing crime'. For example:

Jobs are important to kids because they need food and a house. Centrelink isn't enough money.

Young person, NT

Help young people by giving them work.

Young person, NT

However, many young people face significant barriers when seeking to participate in employment.

Prior to COVID-19, the youth unemployment rate was already more than double that of the general population. However, COVID-19 restrictions in Australia have had a disproportionate impact on young people, including through job losses and reductions to working hours. Youth employment, typically characterised by part-time or casual roles in customer facing settings, has been particularly susceptible to the effects of ongoing public health restrictions.⁷⁴ In July 2021, youth unemployment was 10.2% compared to the national average of 4.6%.⁷⁵

Some young people said that school or training does not necessarily prepare them well enough for employment and others said that there were very few opportunities for work. They told us:

Kids who graduate are struggling to get jobs and find places to study even two years after school because the school doesn't prepare them.

Young person, NSW

There's nothing to do, both inside and outside. We need more programs inside to get an education and training to get a job outside.

Young person in detention

Training needs to lead to a job

Young person, NT

No opportunities for work.

Young person, NSW

Some young people told us that programs that help them to transition into adulthood and to get work are helpful. These include support with resume writing, certificate courses, including in hairdressing or hospitality, assistance to obtain necessary permits to work on construction sites and connections to jobs including apprenticeships.

Some care-leavers also expressed interest in programs to learn about managing and making their own money, including starting a business. Vocational training is also discussed in section 5.8.

We heard that racial discrimination could also be a barrier to employment. Some young people in South Australia told us that they had started using 'caucasian name[s] on our resumes to get interviews'. One young person from a culturally and linguistically diverse background in South Australia described her experiences of racism when applying for jobs despite her education and experience:

The phone interview is all good and they are very nice but once you arrive, they are shocked and don't expect you to be black and Muslim.

Young person, SA

Another young person shared:

We are educated, we have the skills, but we can't get a job because we are black, female and Muslim.

Young person, SA

International research also reinforces that marginalised young people face unique barriers to finding and maintaining employment, including difficulty accessing transport, a lack of knowledge or skills, discrimination, and a lack of support.⁷⁶

Parents and carers can also face challenges finding and maintaining employment including a lack of childcare. It is widely recognised that mothers in particular face unique challenges in their employment participation.⁷⁷

Childcare access is discussed in section 5.8.

(d) Housing

Safe, comfortable, and affordable housing is central to meeting the needs of children and their families. Parents and young people told us that they valued services that provide housing or facilitated access to it.

Access to housing was raised in most consultations ($n=34$, 76%) across all jurisdictions and amongst diverse cohorts of people. Similarly, most survey respondents ($n=256$, 60%) across all cohorts identified housing, including a safe place to live and a safe place to go when needed, as one of the three most important services and supports that can help keep children and young people safe. For more information on survey results see section 3.3.

Research demonstrates that housing is intrinsically linked with children's health and education outcomes and lays the foundation for their transition to adulthood and their opportunities later in life.⁷⁸ In Australian literature, issues such

as overcrowding, frequent moves and being in financial stress have been shown to have a strong relationship with children's learning outcomes and their social and emotional wellbeing.⁷⁹



However, parents/carers and young people spoke about various barriers to accessing safe, affordable housing, especially long waitlists, complex application processes, inadequate social housing and time limited temporary housing or crisis accommodation. Young people transitioning from out-of-home care and young parents also told us about the need for more residential rehabilitation services for parents, young people and their children.

(i) Lack of available housing and accommodation

Parents/carers in consultations frequently referred to waitlists for public housing. In the Northern Territory we were told, 'it takes a long time and young parents [are] not prioritised ... it takes 6–7 years to get housing, even with children, babies'. In New South Wales we heard similar comments from parents including that 'housing waiting lists are very long, 5–10 years for priority housing and there are endless forms'.

For some participants, especially young people leaving care and young parents, long waitlists for public housing and a lack of local and affordable private rentals meant extended time spent in refuges, homelessness, or living in unsafe or

abusive households. Parents/carers identified that families sometimes turn to last resort options. One parent in Tasmania shared that families are living in cars, caravans or campervans 'because there is no housing'. As one young parent told us:

There is no appropriate housing. You can't share houses when you have kids.

Young person, TAS

Some women described living in refuges with their children and not being prioritised for public housing because they were already in temporary accommodation. Some parents/carers reported having greater success obtaining housing through local homelessness services rather than centralised state hubs. Some of the comments we heard include:

I've been waiting in a refuge for a year [in the ACT], but there are too many people on the priority list – I'll probably need to wait for another year. There are 300 others on priority ..Because you're in a refuge [in the ACT], you're not treated as such a priority as you have a roof over your head. But you can't make it a home for you and your child – it should not be counted as a permanent home.

Young parent, ACT

I'm down for social and community housing but it's been 10 months [living in a refuge in Tasmania with my toddler] and nothing. I'm on 'priority' which means I should get housing by rights after 10 weeks. There's about 50 [other young mothers] like me in the shelter.

Young parent, TAS

[A local community homeless organisation] helped me get straight into my own housing. They helped me find childcare and get into a routine. They put me straight into housing. Six months later they got me fast tracked through the department of housing.

Parent, QLD

Young people highlighted that those under aged 18 years, either care leavers or independent teenagers, face additional challenges when accessing housing. They said, 'kids finish care and have nowhere to go' so 'you have to be lucky'. In the Northern Territory, young people said:

You can't get housing because under 18. There's no special housing for minors [who are not living at home or in care].

Young person, NT

Even though my younger sister was in care, I got no help and had to go to a homeless shelter.

Young person, NT

Young people also pointed out that their ability to access housing was impacted by policies around the age of independence and access to state assistance. For example:

If you have a house where it is unsafe [due to family and domestic violence], need to wait until 22 before you can get financial support [from Centrelink by reaching the 'age of independence'] to live out of home.

Young person, SA

Young people can't apply for private rentals. If you're in foster care you can't go on Centrelink payments because there's a Carer's Payment being paid to someone for you. So you can't apply for Housing NSW without income and you also can't go on the Rent Choice Youth [program to find housing] unless you have a Housing NSW application.

Young person, NSW

If you're in foster care, child safety can choose whether they get you a house afterwards or not when you turn 18 because they might not see you as independent.

Young person, QLD

Mothers who had experienced family and domestic violence cited public housing waitlists as a reason to stay in an abusive environment with their children. For example:

It's really difficult to get into Housing Commission – I might have stayed with my old partner just to have a place to live. Lots of my friends stay with abusive partners just to have somewhere to live.

Young parent, NSW

Moving from camp to camp is not safe. Housing is only short term, after 28 days, women are on their own, they go back to the perpetrator and then they end up back in the shelter, it's a cycle.

Parent, NT

We also heard about a need for increased provision of emergency housing or 'a safe place to stay' for many children and young people. In particular, young Aboriginal people in New South Wales identified a need for emergency housing for Aboriginal children run by Aboriginal organisations which are both local and familiar. In the Northern Territory, a young person told us:

There is a youth program but they don't do anything. Most of these kids don't have a bed. They don't have food. They should build a thing like they can somewhere they can sleep and feel safe. Because most of the time they go home there's drunks and no food so they walk the streets looking for a safe place to stay.

Young person, NT

(ii) Issues with social and public housing

Young people, including young parents, identified the application process for social housing as a barrier to accessing permanent housing. A young person in South Australia described the application process as 'very hard', 'almost like getting a job' and said they needed external assistance or a lesson in how to do it. Such comments make it clear that for young people, greater support in the application process would be of considerable benefit.

They told us that the process lacked transparency and that information provided to them was limited. Young people and parents/carers wanted information on services that help with housing applications, and those with culturally and linguistically diverse backgrounds wanted information on housing to be customised to their communities.

Some young parents also felt that they were discriminated against when they tried to secure housing. In New South Wales, we were told:

[There's a] delay in getting help due to waitlists. [You're] looked down on for being a young parent.

Young parent, NSW

Landlords with young people are judgmental. Being homeless and pregnant was pretty hard ... We have got a place with [an NGO] now, but the Housing Commission just brushed us off to [an NGO], and we spent three days homeless in the meantime.

Young parent, NSW

Young people and parents/carers also told us that, where they were able to access social housing, it did not always meet their needs.

For some families, the social housing they were provided with was not appropriate to the needs of their children, especially those with disabilities. The consequences of this often led to overcrowding or homelessness.

Public housing was often in need of repairs and renovation and these were not provided in a timely way or to an appropriate standard. Parents/carers and young people told us:

I'm on a list to get transferred out of my house as it's falling apart, but it's the only three bedroom available for months and months and months.

Parent, TAS



I was put in a house with 15 stairs with my child who has special needs – but I had no other choice as I was homeless.

Young parent, ACT

I'm looking for the lowest amount of rent possible. I just don't want to risk going into [public] housing. I see that it would be dangerous and it's also temporary.

Young parent, NSW

We are 12 [people living] in a four-bedroom house – not much sleep so you skip school or do half days and play up.

Young person, NSW

There are holes in the wall and no green grass out front. It's 50 degrees and there's no electricity – and the town pool is shut which leads to dehydration, anger, fights, police and then child protection.

Young person, NSW

(iii) Residential programs

Several consultations were conducted in residential programs for young people in New South Wales, Tasmania, South Australia, and the Northern Territory. These programs mainly provided for those transitioning from out-of-home care and young parents. The comprehensive support provided in these programs was the key feature raised by participants.

At a program for mothers aged under 18 years in South Australia, young mothers told us:

There are six units at [accommodation provider for girls under 18 years old and their babies]. They're normal houses, including kitchen, bathroom, etc ..Basically you live independently, mostly, but [staff are] here if we need them for help or anything. The workers are here 24 hours a day. The staff switch at 4pm and 9am.
Young parent, SA

If I wasn't living here [at residential program], I would be with my family or on the streets. Either way, [my daughter] wouldn't be with me.
Young parent, SA

Young people living in these programs told us that they felt very lucky to be in them. They noted that it was hard to find out about these programs and being in them was often by chance as opposed to planning. They also pointed out that this option is often not available to everyone who needs it. For example:

Not many people hear about [this place]. I didn't hear until I was pregnant.
Young parent, SA

There's not enough units [here]. There needs to be way more programs like it across the state and the country. It's the most stable place I've ever been in and I've been in 17 [foster] families.
Young person, TAS

Other qualities that participants valued were stability and safety, ability to increase their independence, greater opportunities for education and training, flexible and supportive staff (who were often described as going above and beyond to assist the participants). An Aboriginal student living in a hostel to attend high school described living away from home as an opportunity to avoid 'peer pressure to not go to school or do drugs' and 'improve your life'.

(e) Food

Access to affordable and healthy food was raised as an issue by children, young people and families in some ($n=14$, 31%) consultations. Children shared experiences of not having enough food at home or at school. For example:

People go to school with no lunch. They get shamed.
Child, NSW

Sometimes my mum doesn't get paid much and so you're not getting enough money and that actually means you're not getting food that much. So that's something scary.
Child, NSW

Some children identified how lifestyle choices made by their parents/carers and families impacted on them. For example:

When parents spend money on alcohol, kids don't have food.
Young person, NT

People who spend all their money on drugs won't have enough for groceries. Cigarette prices go up, and that affects families who ... don't have enough money for food. [Parents] will still buy it even when the prices go up.

Young person, TAS

Parents/carers and young people referred to the high cost of food and the stigma associated with families who are unable to provide for their family. For example, one young person told us that 'lots of youth are food insecure or financially insecure and they don't like to speak about it'. Parents valued services which provided free access to food, including food distribution services which collect unsold quality-controlled food from cafes, restaurants and provide it to community services. The below comments speak to their appreciation of such services:

[Food redistribution service] comes every Wednesday. Without it, I probably wouldn't be able to afford food. They bring vegetables, meat, things you need around the house as well.

Parent, SA

[Family support service] gets [food redistribution service] twice a week but often there's not a lot left as so many people need it.

Parent, TAS

(f) Transport

Access to reliable and quality transport was raised in some ($n=20$, 44%) of the consultations. It was identified as essential for accessing services and support to keep children, young people

and families safe. This includes getting to health services, maintaining employment, attending extracurricular activities and keeping connected with family and culture. For families in regional, rural and remote communities, a lack of public transport left them particularly dependent on being able to drive or knowing someone who could drive and having access to a vehicle. We were told:

How do people get to their appointments and stuff if they don't have transport?

Young person, QLD

Make transport cheaper – puts lots of pressure on families

Young person, QLD

No transport to go to school

Child, NSW

Buses are far and few between so it's hard to get to services into town

Young person, TAS

Transport (so poor) it stops you getting jobs

Young person, SA

Transport is a problem around the area. The bus service is limited and young parents don't own cars, and it's difficult to access driving lessons. Mums who need to go to lessons don't have much support and they need someone to watch the kids while they have lessons.

Young parent, NT

Children, young people and families told us that they found it helpful when services provided transport to and from locations such as school, or appointments that they need to attend. They shared some of their personal experiences, such as:

They [flexi school] have bus transport on Tuesdays and Wednesdays. It makes life a little bit easier.

Young parent, SA

The school buses are pretty good here – it comes to school and takes us to a bus stop near our house.

Child, TAS

[Young parent service] have got everything you need, so much support, they help you out, pick you up and take you to appointments.

Young parent, ACT

[Program engaging young people in education through sport] takes kids out on excursions – camping, fishing, the wave pool and to [regional centre]. They pick you up if you miss the bus.

Young person, NT

Being able to obtain a driver's licence was important to many young people that we spoke to. However, the requirement for young learner drivers to complete a high number of supervised driving hours was a substantial barrier to young people obtaining their driver's licence. Some young people mentioned driving programs which provided free or low-cost assistance with their driver's licence and told us that more of these types of services should be offered, particularly in regional, rural and remote areas.

(g) Technology

In some consultations, technology was raised as an area requiring improvement ($n=10$, 22%). Although technology usage is ubiquitous for many people, the COVID-19 pandemic has further exacerbated existing inequalities between those that do and those that do not have access to digital technologies. We were told that access to technology enables families to make appointments, find out about necessary services, make social connections, seek support on online forums and access supports through telehealth.

Children and young people recognised technology as having 'kind of both' positive and negative aspects. The dual power of technology has been established in other recent Australian research, which found technology can be a tool to support learning but also poses risks and pitfalls for young people.⁸⁰

Children and young people recognised that technology was important for their education. Lack of access to a computer or the internet was seen as a barrier to their education.

I couldn't get a computer for high school until Year 9.

Young person, TAS

Lack of access to technology was also raised as an issue in other contexts, for example:

Sometimes I'm home alone and don't know how to get help.

Child, NSW

I don't have a phone or access to a phone to book appointments.

Young parent, NT

In regional, rural and remote areas, the digital divide and its impact on access to educational opportunities is well established in Australian literature.⁸¹ This did not emerge as strongly in our consultations, most likely because we focused predominantly on metropolitan areas, but it is a growing area of concern.⁸²



While access to technology is important for wellbeing, safety, education, and connectivity, including to health, and mental health supports for children and young people, it also brings with it the associated risk of online harms. Strategies and education about online safety are essential for all children and young people.

(h) Other basic needs

Young people told us they valued programs where they learn to cook, budget and develop other life skills that could help secure a healthy and safe independent adulthood. Sometimes these programs were run from the same hub where health services like drug and alcohol or mental health counselling were accessed.



Parents, especially young parents, also told us their families were assisted by services which provide material goods, including baby goods. For example:

If we need any baby clothing, like clothes up a size and no have money to buy more, second-hand clothes are given to us for free. [The service] also includes things you need around the house, pots, pans, rugs. They even deliver. They delivered to my friend who moved out and needed all things for new home.

Young parent, SA

Food hampers, petrol vouchers and nappies to be offered upfront (there is stigma around asking for these basic items).

Parent, NSW

When I came [to the refuge] I didn't have anything, they got me baby clothes and anything my son needed.

Young parent, ACT

New stuff gets donated to [the service] and you can get help with prams, cots etc. They gave me a \$1000 pram for free. They offered me a cot and gave me books, blankets – everything I could have needed. If young mums are struggling, they could call up [service] or others and they give you everything [you] need.

Young parent, NSW

5.5 Family support and out-of-home care

(a) Snapshot

When we asked children and young people about who helps to keep them safe, many of them told us that their families take care of them, support them, and protect them. Most survey respondents aged 5–12 years told us that their ‘parent or carer’ helps them feel safe ($n=66$, 90%). For more information on survey results see section 3.3.

In nearly 70% of consultations with children, young people and parents/carers, family relationships were described as working well ($n=30$, 67%). When family relationships are working well, children and young people told us they feel like they have someone to turn to for ‘advice’ or ‘when you’re sad’, that someone will help ‘if you are in trouble’ and that family ‘never leave your side’. Children and young people told us that they also support their families by helping with cooking, acting as young carers, and helping family when they ‘go out bush’.

However, children, young people, and parents/carers, told us that lots of families need more support to keep children safe and well at home. Although the types of support needed by families differs, parents told us that they needed access to support before challenges become a crisis, they wanted someone consistent to work with and wanted to be able to ask for help in a safe and understanding environment.

Some children, young people, parents, and carers also told us that they felt more needed to be done to help children experiencing abuse and neglect at home to get help. Similarly, we also heard that more needs to be done to support children in out-of-home care or living with relatives.

This section presents what children, young people and families told us about the challenges in getting

the right kind of support at the right time. It also reports on how children can be best supported during and after out-of-home care placements.

(b) Supporting families to keep kids safe and well at home: What we were told?

(i) Statutory involvement of child protection authorities

Many parents, carers and young people told us that they, or those that they know, are worried about coming into contact with child protection systems in their respective states and territories. As a result, they sometimes choose not to seek help. One parent in Queensland told us that it felt ‘risky’ to ask for help ‘because you might get your kids removed’. Young people were similarly concerned. For example:

You aren’t going to walk into the door and ask for help if you are scared that that help is going to lead to your children being removed.

Young person, NSW

People are worried about their kids being taken away – people are worried about telling people everything because they don’t know what would happen.

Young person, QLD

Some parents said that child protection departments take punitive approaches towards them where they are ‘stereotyped’ and treated as ‘bad guys’ who should be ‘punished’. It not only made them fear child protection involvement, but it also led to feelings of shame and stigma where contact did occur and ultimately ‘didn’t help parents’.



Children and young people also raised concerns about how seeking help or speaking out can automatically lead to mandatory reporting and to their removal from their families without other supports being put in place. They told us:

The fear of getting help starts before [child protection agency] are even involved so they only get help once [child protection agency] shows up. There is shame.

Young person, NSW

There is also stigma attached in seeking help or being contacted by child protection.

Young person, National

One Aboriginal child in New South Wales told us that you 'need to trust teachers, but they might talk to [child protection agency]'. Another young person said:

Kids who don't feel safe at home are more nervous about talking to adults in case they are a mandatory reporter.

Young person, NSW

Some parents talked about their lack of faith and trust in statutory child protection systems to fully investigate and assess reports of abuse or neglect before proceeding with a removal.

These concerns were reinforced by negative experiences where parents felt 'judged' and not 'respected' and where caseworkers would

'jump to conclusions' and only 'look for negatives so they can take my child away'. For example:

It takes three months to investigate a child protection [claim] even if it's a false allegation. They make you jump through hoops and do things that aren't relevant. They don't listen and don't believe you. Feel like they judge you, like you are not a good parent, but you are.

Parent, TAS

Don't allow strangers to make decisions based on their opinions and judgements (for example, removal of children from good families without question).

Parent or carer, NSW

Some young people told us that they thought there should be more help for parents to keep families together when it is safe to do so. They told us:

If [the issue with a family] is about parents using drugs or alcohol then kids don't need [child protection agency], they need help for their parents to deal with it.

Young person, NSW

Cancel [child protection agency], you can't trust them! Have someone you can talk to/ go to get help but not [child protection agency].

Young person, NSW

More training around keeping families safe and together when they can be.

Young person, National

To help their parents not take them away.
Young person, NSW

Help mum and dad and don't take kids away.
Young person, NSW

It wasn't necessarily a bad thing that I left my mum's to go back to live with my nan but I do think that if there was more support for my mum, things would have worked out better for us. I still live with that disconnection.

Young person, NSW

Some parents also felt that child protection authorities sometimes failed to work collaboratively with parents towards positive change when a report had been made. For example:

When I needed help the most when I had children [child protection agency] were not there. They took them away instead of putting support around me.

Young parent, NT

Involve or enrol parents or mothers affected by drugs and alcohol into training and education and support them and their children then use [child protection agency] as a 'last resort' to remove the child from the mother's care. The latter process has all but destroyed my family and my relationship with my daughter, [mother of my grandson whom I care for now 24/7] who blames me for separating her from her son and I am 67 years old.

Carer, WA



Where parents had positive experiences with statutory child protection agencies, they talked about being referred to additional supports, with caseworkers working closely with them to achieve their goals. For example:

I found [family support service] through [child protection agency] (it was a voluntary program). [My caseworker] is really the only support I've got.

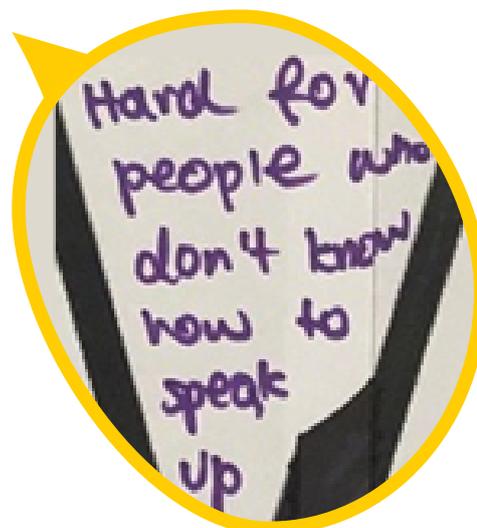
Parent, QLD

[Child protection agency] was tailored to take kids away, but instead has turned around to help me keep me kids.

Parent, ACT

Change stigma of [child protection agencies] so it's a place people can turn to for help if they want it.

Parent or carer, NSW



Some parents told us that having their children removed from their care was necessary. A parent referred to the removal of their children as the 'circuit breaker' that enabled them to get the help they needed. For example:

I'm going through [child protection agency] at the moment, my eldest should be reunified by the end of September and I've had nothing but a positive experience with them, but I know a lot of families out here resent [child protection agency] for taking their children. I don't think like that, I was in a really bad relationship, we always fought, we couldn't get in to see anyone for our mental health, couldn't get in to see doctors. Me and my partner believe if the children weren't taken out of our care we would still be in that same abusive relationship and the kids would still be suffering because of it.

Parent, TAS

[Caseworker] from [child protection agency] was really good. There was an incident where they had to come out and check on the kids. When I was pregnant, I worked with [my caseworker] for 12 months and then got my son back.

Parent, QLD

Some young people and parents told us that intervention from child protection agencies can be intergenerational. Recent research from South Australia supports this, finding a strong association in involvement with child protective services between mothers and their children.⁸³ In New South Wales, almost one-third of children and young people involved with the statutory child protection system in 2014–2015 had at least one parent who had been involved with the system when they were a child, either through a report or experiences in out-of-home care.⁸⁴

Support for families where one or both parents have had experiences in out-of-home care should happen early, be proactive and targeted to ensure they are equipped with the appropriate skills and resources to keep their own children safe and well at home. Parents told us:

No one parented me. My mum died when I was 11, which is when I went into foster care. I was in about seven foster care homes in about one and a half years, something like that and when I came home my dad still didn't parent me. I believe that I didn't know how to parent my children because no one taught me how. It wasn't until child safety got involved that I got the help I needed.

Parent, TAS

[We need] more proactive support for families – it's generational for some.

Parent or carer, QLD

If the parents are drunk and hitting the kid and the kid calls the police, they're going to get more angry. Sometimes this makes kids feel it's okay to bully others at school and when they have kids they could do it to their own kids. This has happened to me.

Young person, TAS

Some children and young people also told us that they were afraid to tell anyone if they were experiencing abuse or neglect at home out of fear of retribution from family members or concerns that nothing would be done to improve their situation. Others agreed:

Family abuses you, threatens you to not say about the abuse.

Child, NSW

Children and young people are scared of parental figures. Authorities coming in for a check-up but not taking any decisive action can make abuse worse. It makes kids in bad households scared to raise issues with authorities.

Young person, NSW

Family tell you not to talk about things so it's hard to get help.

Young person, NSW

A young person with a disability told us:

Young people under the age of 18 don't get any control or say into situations where their safety is a concern resulting in the young people not coming forward with the issue or makes the issue worst for the young person especially when the parents are the issue as they are the ones contacted. For example, I had a close friend tell the school about how her parents were abusing her and they talked to the parents about what was happening which made the situation ten times worse.

An Aboriginal young person told us 'child protection agency don't help people who ask for help, they only deal with urgent cases, or they tell you that you need to go here or go there'.

In New South Wales, only an average of 29% of children who were the subject of a report of being at risk of significant harm received a face-to-face response in 2018–2019.⁸⁵ There is no available data about whether children who do not receive a face-to-face response receive a different form of follow up, such as a referral on to support services, or any response at all.

New South Wales child protection files can also be closed due to 'competing priorities', even when children have been assessed as reaching the threshold of being at risk of significant harm.⁸⁶

Similarly, the Victorian Commission for Children and Young People found 'overwhelming evidence' that child protection services are not directly contacting children, and often these files are prematurely closed.⁸⁷

The heavy workload of child protection services is well documented.⁸⁸ Parents told us:

The child protection system can only deal with the most serious and urgent cases. A massive funding boost to deal with ALL of the notifications needs to happen. Also, a lot of funding is wasted on 'box ticking' job protecting exercises by foster care agencies.

Parent, SA

We need more staff on the frontline such as [child protection agency]. Every call, every situation in regard to children being safe should be given the time and service the children deserve. The children fall through the cracks and it's not good enough.

Parent, NSW

Young people and parents/carers spoke about a lack of training for mandated notifiers, including teachers and school counsellors. They also spoke about the need for more mainstream education, including for children and young people, about the nature of abuse and getting help. For example:

Teachers are the first line of contact for a lot of children in unsafe situations. If they are not properly educated about issues (abuse, queer issues) then they have the potential to make abuse worse and/or make the child distrust them.

Young person, NSW

It is really important that there is some implementation in mainstream education around what we deem that abuse actually is. I wasn't treated seriously because of something that was caused by abuse. I think that school counsellors should have more training on picking up on abuse (especially emotional abuse).

Young person, NSW

Classes on sexual and physical abuse and how to approach a parent or teacher for help.

Parent or carer, NSW

(ii) Protective factors to support families to keep kids safe and well at home

Many children and young people told us that they feel safe and supported in their family relationships. Some nominated particular family members, like parents, siblings, and grandparents, who made them feel safest and others spoke generally about the safety, 'love' and 'respect' they felt from their family. For example:

I feel safe being at home with my mum and sister or at nan's house.

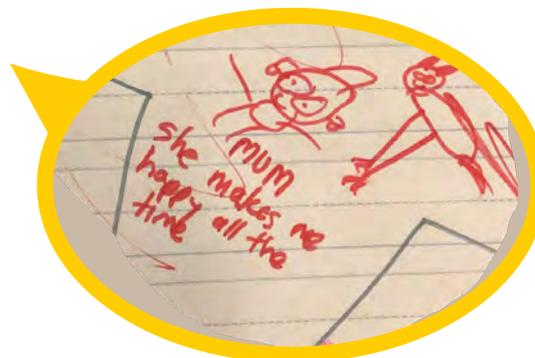
Child, NSW

You can ask your cousins or your brothers to help you and to get advice from them. I feel comfortable because they know me you can't ask a stranger for help in the same way because they don't know you.

Young person, National

Family can be important and provide support.

Young person, QLD



Parents and carers consistently emphasised that they felt most supported by services where they could get help across all aspects of their lives. Wraparound specialist family support services, where available, are funded to deliver a range of supports to families. These services are particularly beneficial for families with multiple and complex needs who may be at risk of coming into contact, or are already in contact, with the care and protection system.

They told us how helpful it was to be able to access this type of support which can include weekly support groups, drop-in times, help with material goods, individual family counselling, psychological services, intensive family support and casework, residential programs for families and children, assistance to access housing, childcare, advocating on their behalf in other settings, including child protection settings, and working with them to develop parenting skills. For example:

They helped me get straight into my own housing. They helped me find childcare and get into a routine. Six months later they got me fast tracked through the Department of Housing.

Parent, QLD

*They help us with a lot of things.
Young parent, SA*

*A safe place under one umbrella to access
all supports.
Parent or carer, NSW*

*[The service] helps connect you to [other]
services that you're not confident enough
to access yourself.
Parent, ACT*

*All the good stuff [I have] is a result of
having [this service], including school,
[food re-distribution service], etc.
Young parent, SA*

Many parents considered consistent and helpful staff as being central to services providing them with the support they need. They identified individual caseworkers or other staff members who helped them to navigate systems, including the child protection system, and regularly supported them in ways that met their needs. For example:

*[My caseworker through the program]
helps me with everything – she calls every
other day and we text and there's just
support for everything.
Young parent, NSW*

*[My caseworker at the service] really
helps. It's a lot easier if staff are
consistent.
Young parent, NSW*

*[Staff member at service] helps with NDIS,
helps fight the system to keep your kids.
Parent, ACT*

*My speech therapist has seen us through
all of the struggles that I've been through
with the children. I have the struggle that
because they don't look autistic, people
assume they are fine. The speech therapist
believed in us. The service was flexible. At
first, the speech therapist came to the
house. The therapist needs to see the kids
in their own environment.
Parent, QLD*

*My private counsellor is always professional
and has given me great advice and help.
[They have] been a saving grace and
consistent when all other services change
or end. It would be great if private
counsellors could bulk bill for children who
have experienced abuse, trauma and are
under [child protection agency].
Parent, QLD*

In our consultations, parents/carers called for preventative and early intervention supports to be available for families who are at risk of coming into contact with statutory child protection authorities.

We were told that families are not often aware that child protection agencies do early intervention work. Instead, 'families associate it with their kids being removed'. Despite a growing emphasis on the need for preventative and early intervention services for families, 42.7% of children who received child protection services in 2019–2020 experienced a care and protection order and/or a placement in out-of-home care.⁸⁹

Parents told us that, where possible, they wanted collaborative responses as opposed to the punitive responses that they receive when they are not coping. A parent in Queensland suggested that parenting difficulties should be seen 'as a symptom' more than 'as a choice' and should be supported appropriately. This was supported by other parents:

Putting more money into intervention services. We also need more services that help battle the risk factors of child abuse and neglect.

Parent or carer, NSW

Invest in proven services such as early intervention services. Put far more investment into drug and alcohol and mental health services so that people can access services freely and quickly.

Parent or carer, NSW

Please keep funding in-person programs that help educate vulnerable parents from diverse backgrounds, targeted towards improving parent's mental health and self-care, and educate parents on communicating/understanding their children's behaviour and how to transition/enrol into early childcare, schools, training and education systems. Linking parents up to other services like council-run childcare centres and school readiness programs and keeping it low cost is important. Fund programs that help parent and child relax and reconnect, always guided by trained staff.

Parent or carer, NSW

The need for a collaborative approach between child protection, child and family welfare practitioners and family members is well recognised in practice and in research literature as a crucial factor in keeping children and families safe.⁹⁰

Some parents spoke about the need to establish trust between families and support services with a spirit of working together for the best interests of the children as a fundamental principle of engagement. For example:

Some families need basic education and support around budget, disciplining without fear of children being taken.

Parent or carer, QLD

Wraparound and holistic care, everyone's doing their best, how can we work together to provide the best care for kids.

Parent, QLD

Barriers and threats to being able to keep kids safe and well at home

Some parents told us that they needed additional support to keep their children safe and well. They shared that they had experienced barriers to accessing extra supports before reaching crisis point, including those through family support services. They also told us that they needed more intensive support from services when they do receive them.

They told us that family support services are often not well-known due to a lack of community awareness about what is available. While, many services offer 'self-referral' pathways, the lack of knowledge about services, including parenting support and programs for young parents, means that whether people find the help they need often relies on chance and good referrals.



As one young parent in New South Wales said, 'it's a matter of being referred a lot of the time, you have to know someone who knows someone to get into things'. She told us she felt 'lucky' that when she was pregnant her midwife 'saw something and opened up lots of opportunities' for support for her. Other parents agreed:

No one really knows where they can go to – people don't know where they are located, when they go on google, they don't know what to search – I'm thinking of families that aren't with [young parent program], just doing it on their own.

Young parent, NSW

[There needs to be] awareness, advertisement, marketing – anything to make everyone aware of family support services.

Parent, NSW

Parents also told us that even when they do find out about a service or receive a referral, there can be other barriers including catchment area restrictions, having to meet 'criteria', travelling long distances, other 'hard edges' like 'too many forms or processes' and services not appearing inviting or welcoming.

We were told that some services found helpful by parents can only be accessed by parents of children of certain ages. For example, parents told us that they received high-quality support at CFCs

but that they only offer services for families with children from birth to five years. One told us:

I'm a bit nervous about what happens when my youngest turns five as the [Child and Family] centre is only for 0–5. I don't know if I will find something else or if I will be isolated again.

Parent, TAS

Young parents across the Australian Capital Territory, New South Wales, the Northern Territory and South Australia told us that programs for young parents often cease when they turn 25. They were concerned about what supports would then be available for them.

Parents told us that wait times to access support can be extremely long. This can prevent them 'getting into' a service in the first place or, after being accepted, the level or type of support that they receive. Some shared that they needed more regular support and better communication. One parent felt that services often wanted to 'pass [them] off to another service' when they asked for help.

Parents recognised that funding for services is limited, and only those seen as requiring the most immediate support are prioritised. For example:

It took six months to get in. You have to reach a certain threshold of criteria.

Young parent, NSW

I had a new [support worker] start recently, but after the first week they were not in touch and went away and did not inform me.

Young parent, ACT

They say they will check in once a week, but they never do.

Young parent, ACT

Funding issues [for services] are a big thing.

Young parent, NSW

These barriers made some parents feel like there were limited options to seek proactive or preventative support before their family reached crisis point.

While children and young people did not always give details about the barriers experienced by their families or members of their families seeking support, they did express concern and sadness when they were unable to access help. For example:

I have family that can't get the help they need. It's very depressing because my grandmother has to deal with it all. It's really hard on her.

Young person, WA

The Productivity Commission has also identified 'support to families' as a key indicator of governments' performance in keeping children safe and well at home.⁹¹ It has an indicator which includes looking at the proportion of families who are identified as needing support compared to who actually receive it.⁹² However, it has determined that data to evaluate success under this indicator is not yet available and there are limited quantitative data sources currently available to assess whether families throughout Australia are receiving the support they need when they need it.

Some young people and parents told us that issues with housing can trigger child protection involvement.

Some mothers identified the dilemma women may face if they leave abusive homes or exit refuges into homelessness. They said that:

Public housing is not prioritising mothers and kids. You are at risk of losing kids if you're homeless.

Parent, TAS

Housing is an excuse not to restore children. I need house to get my kids back but can't get a bigger house without the kids.

Parent, NSW

(c) Supporting kids in out-of-home care: What were we told?

Children and young people currently in out-of-home care and those who had been in out-of-home care told us that they required more support when in out-of-home care.

They wanted greater autonomy in decisions relating to their care and their lives, including schools they attended, contact with their birth family and the types of supports they receive along the way.

(i) Needs of children and their families while in out-of-home care

Between 2017 and 2020, the number of children in out-of-home care increased nationally by 7% from 43,100 to 46,000.⁹³

We were mostly told that that more needed to be done to keep children in out-of-home care safe. As Legal Aid New South Wales noted in its submission to the *Family is Culture* review, trauma may not cease at the point of removal from parental care, children may go on to experience abuse and neglect in foster families or other out-of-home care settings.⁹⁴

Children and young people told us that some children and young people did not feel safe with their carers because they could be abusive and that child protection authorities did not check on them regularly enough. For example:

Every kid should be looked after of well – it should not be a matter of luck whether they get someone that cares for them. Most people who go through the care system have had nothing but negatives.

Young person, TAS

Kids don't like carers or carers abuse them, so they run away and have nowhere to go.

Young person, NT

[In biological and kinship care] there is reduced [child protection agency] checking.

Young person, NSW

Poor [child protection agency] experience and foster care. [child protection agency] need to monitor foster carers (supervision). There are no planned check-ups of foster carers.

Young parent, NSW

Not safe [in foster care], [there are] HIGH abuse rates.

Young person, TAS

Young people in Tasmania also told us that carers were not always suitability assessed before placement. For example, placements included some carers not allowing children to follow traditional cultural or religious customs, asthmatic children placed with carers who smoke, and some carers drinking too much alcohol when children

are already traumatised by their parents use of alcohol.

Need to match with carer – let you have a say, find a good match.

Young person, TAS

Young people in out-of-home care or who had been in out-of-home care told us that they need carers who help to keep them safe and well. They want carers 'that [they] can trust', who make them 'feel safe and feel confident', who 'respect them' and who do not 'talk down to children'.

Some of my foster carers treat me like I'm their own family.

Young person, TAS

I live in a foster home so that's good.

Young person, WA

Children and young people also told us that they need support while in out-of-home care. This has been a consistent issue raised over many years and is well-supported by the evidence base.⁹⁵

Some children and young people talked about the need to have more support from caseworkers and greater recognition of the difficulties that they face, including mental health challenges, educational disadvantage, and trauma. For example:

Recognise that some of us have huge mental health issues as well from attachment, anxiety, depression – there are young kids in care as young as 10 talking about suicide.

Young person, National

Need free access to mental health support for foster kids.

Young person, TAS

Out-of-home care teens need a local mental health [person] that visits regularly throughout the teenage years. Once teens are in trouble it's too late. Get to know kids when they are 12 and be there for them when they go off track.

Parent or carer, NSW

Some kids don't get maths help, computers – treated different, not allowed phones.

Young person, TAS

If we have to move carers this is very disruptive. Try to keep us at the same school if you can so that we don't have to start again in a new school at the same time as a new family, particularly if we are in special classes.

Young person, National

Recognise that some of us get moved around lots and have very broken education. You can't progress before you catch up on what you missed first.

Young person, National



[There needs to be] recognition that children and young people who come into care are there for a reason. They have not had perfect loving families. They have been abused or neglected in some way and have trauma and other things that need to be addressed promptly so they can heal and grow up to be normal functioning people as much as possible. This means getting treatment, therapies, medical help, etc ..for the things that are wrong with us promptly, not waiting till we age out of the system all screwed up for not having got the right treatment when we were younger. If we are really young and acting out, don't dismiss it as just being 'age-appropriate behaviour', particularly if the carers are saying it is really bad.

Young person, National

Want to be able to make their own decision about things in your life – but prevented by child safety – they made my decision for me.

Young person, TAS

Some young people and parents told us that continuity of care from caseworkers, carers, and other support personnel for children in out-of-home care was often lacking. Several comments highlight this:

A lot of caseworkers are semi-useless. They have too many kids – don't see them enough.

Young person, TAS

Some carers are overloaded (for example, three bedrooms for six kids).

Young person, TAS

*Caseworkers change all the time.
Parent, NSW*

A variety of problems with caseworkers – a quarter are good but there's a big gap in contact, [there's] 'box-ticking', [and some] want to place a child never having met parents.

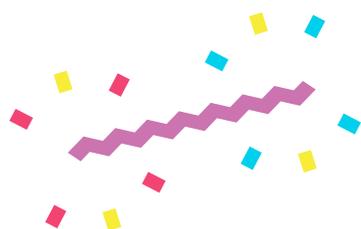
Carer, TAS

Young people also told us that children in out-of-home care can experience discrimination at school as a result of other children finding out about their living circumstances. This can be exacerbated by legal requirements that children in out-of-home care are not identified which can result in their exclusion from photographs and other activities. For example:

Permission issues – being excluded at school. Can't be in school photos as [child protection agency] not signed off – somehow all the other kids find out – so much discrimination. Even now I'm independent but need to get someone else to sign forms.

Young person, TAS

Children and young people in out-of-home care told us that they were often not given a say in whether they had contact with their family or what form this contact took. Some children and young people said that child protection authorities had 'cut off contact' with family or not enabled visits



with siblings and that as a result they had 'lost relationships'. For example:

Used to run away to visit family (from care) because the carers didn't look after us properly and then they moved me further away to cut me off from family (because they thought they were a bad influence). Wanted to see family more.

Young person, QLD

Foster homes split up siblings and there are no visits with younger siblings after you turn 18. I only met my older brother two years ago. I was split up from my five other siblings multiple times before we found stable home together. We want more opportunities to visit siblings.

Young person, TAS

Some young people in Tasmania said that while they wanted to be given the option to have contact 'they don't want to be forced to see them'. They talked about the complexities of family contact, including the reasons why it may be challenging to visit family without support. For example:

I got put into a foster care placement for 12 years. My placement broke down due to behaviour relating to my trauma and me not being able to know how to deal with my situation and definitely not having support and going on access with my family would really mess with my head. Because seeing domestic violence in my family situation really took a toll on me which resulted in me cutting access with my parents completely.

Young person, NSW

What we heard aligns closely with other research where children and young people expressed a need for more support from workers and services to maintain the significant relationships in their life and overcome the administrative barriers to social activities, for example, departmental approval for activities.⁹⁶

Children, young people, and parents shared concerns about the levels of support available for children and young people when they are reunified with their birth parents after a period of time in out-of-home care. Young people told us:

More support for children who have been in care and then return to their families.

Young person, National

Support for kids in care to visit families and communities regularly.

Young person, National

Hard to reconnect after care with Country and community (we need support to do that).

Young person, NSW

This included support for the children and young people themselves, and support for parents while their children are in out-of-home care to ensure that they are prepared for them when they are returned to their care. For example:

I was in foster care [between the ages of] 11–13 but when I went back my father had not received support and was still abusive. If he had been given support while I was away maybe we would still have a relationship today.

Parent, TAS

[Housing is used as an] excuse not to restore to parents. Need a bigger house to get kids back and for when children get home but can't get a bigger house without the kids.

Parent, NSW

Some children, young people, and carers also raised concerns about children being returned to live with birth parents even when the children do not want this. One carer in Western Australia was concerned that it was not always in children's 'best interest'. Others stated that:

[Child protection agency] wanting to reunite but children don't want to, know mother is not capable. Ask not to be, they say they'll take it into consideration, but they never do. Need to listen to children's wants and needs in reunification.

Young person, TAS

Going back home after being in care [isn't working well].

Young person, TAS

Put more consideration about parents before unification.

Young person, TAS

Be more aware that sometimes it is the family [that] the child needs protection from. For example, the child's own parents and that reunification or parental access is not in the child's best interests. Also, sometimes parents want the children as they are access to funding which the parent needs for their own survival but it is the child that goes without.

Carer, WA

Don't just listen to what young children want [in reunification]. All children like to think that living with their parent is rosy. Children under 10 cannot differentiate between the fact and the fictional life the parent paints.

Carer, TAS

Young people told us that they 'are not one size fits all' and child protection systems need to acknowledge this and respect their differences, and their interest in having agency. They wanted input to decisions that affect them like what high school they go to and who their carer is, with one young person from Tasmania saying that they wanted 'a few meetings to get to know them'.

This aligns with other research which reports that children and young people want to be involved in planning for their education and in decisions affecting where and who they live with.⁹⁷

Young people told us about the importance of carer training, especially in providing trauma-informed care. For example:

Prepare for taking on kids with trauma, their families being accepting and respectful, willing to sacrifice (give up drinking).

Young person, TAS

[Be] willing to make sacrifices. Ready to take on the child who acts out as an outcome of past. Understand the child has come from a hard background. Don't push them to like you, talk to you, open up, be comfortable. Not all kids know if where they are is permanent or for 1-2 nights.

Young person, TAS

[Child safety and carers] need to know how to support all kinds of kids – there should be training for them. They need to treat kids equally – often they hear but not listen – and don't follow through.

Young person, TAS

Other experts in this area also advocate for ongoing training and access to support and resources for carers to avoid placement break down.⁹⁸

Young people also wanted recognition that their family situations were unique. In one consultation, young people shared that while some 'are only in care for a little while', others 'are in care their whole childhood'. Some in stable placements have 'a new family' that 'should be recognised as family and included in decision-making' and 'listened to', others have 'two families (birth and foster)' that should be recognised.

Young people and parents who had been in out-of-home care and carers also told us that they needed caseworkers who are consistent and helpful. For example:

Caseworkers who actually respond to us and do their job in a timely and respectful manner.

Young person, National

More support for staff in child protection so not such a high staff turnover and clients/children can build relationships of trust with the caseworkers.

Parent or carer, WA

[Foster care] helps you when you find a better and healthier home. I'm in foster care and if there's something wrong there's someone you can call, my welfare worker – though she hasn't called me in ages.

Young person, TAS

This is consistent with other research where children in out-of-home care also emphasised the need for better support from caseworkers to ensure their needs are met.⁹⁹

Many participants told us that young people leaving care needed more support with all aspects of life on an ongoing basis. Housing was particularly raised as an area where more support was needed, including housing with 'semi-assisted' living options, to enable a smoother transition from care into adulthood. This issue affected many young people:

When young people leave care, they should NEVER be transitioned to homelessness. They must have stable ongoing and affordable housing.

Young person, National

Housing Tas is a huge wait (2–3 years). Kids finish care and have nowhere to go. End up in other care options not so good (for example, 'resicare' where it's just a job, or even couch surfing).

Young person, TAS

There is no support [to learn to cook, clean, and budget] whatsoever once you get a house.

Young parent, ACT

Child safety can help get housing because they have to when people turn 18, but it can take ages.

Young person, QLD

If you're in foster care, child safety can choose whether they get you a house afterwards or not when you turn 18 (because they might not see you as independent).

Young person, QLD

Not enough semi-independent living places [for after care].

Young person, TAS

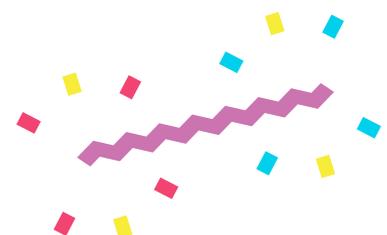
Young people also asked for support with healthcare, financial security, and someone to talk to after leaving care. For example:

[There should be] guaranteed Centrelink payments for all young people leaving care until they have finished their education. The qualification for this should simply be that you have been in formal out-of-home care or on an order.

Young person, National

Health cover [should] continue to be covered by departments while you are still in education or on job training or have ongoing health needs.

Young person, National



Sometimes foster care placements break down at 18 and they then have no one there. It is important that they have someone to debrief and chat to about it all the emotions that come with that. If that's where they've been their whole lives, then they don't have other support or connections.

Young person, National

Some young people who had been in out-of-home care also told us that they experienced barriers accessing their records or files. For example:

Young people should have much more of a say and more control over ... their records.

Young person, TAS

Less restrictions for foster kids, for example, accessing files, birth certificate to get licence, parents ID for passport, getting foster carers to sign forms is too hard.

Young person, TAS

One Aboriginal support worker for children in out-of-home care in New South Wales told us that even stable foster care placements can break down at 18 and that without extended support, young people 'would've had no one to support them there – especially if they hadn't learned those skills for them to bounce back'. One Aboriginal young person from New South Wales told us that young people leaving care needed 'someone to debrief and chat to about – all the emotions that come with that'.

One group of young people we spoke to were involved with a program in Tasmania that supported them in their transition from out-of-home care to independence. Through the program, the support they receive includes semi-assisted housing,

someone on hand if they need any help, support with purchasing material goods and help getting them ready for the future, including getting onto the public housing list. Young people told us that the program works because it is flexible. It suits their individual needs and gives them control over their lives, including how they set up their unit.

Essential to this program was the support provided by staff, with one young person sharing that they can be 'like a second mum'. These workers encourage and support them to study, arrange driving lessons, help after hours and treat them like family rather than as a job. One young person told us:

[It's the] most stable place I've ever been in (I've been in 17 families). If I had got this earlier, I would be in a much better place mentally right now.

Young person, TAS

The young people in this program emphasised that there should be more programs like this for all young people leaving out-of-home care. At the moment there are very few programs like this, and they have limited places. We were told:

Need to be way more programs like it across the state and countries.

Young person, TAS

Other young people who exited care before they turned 18 told us that they had found it helpful when child protection departments had helped them acquire material needs, like furniture and technology. However, young people told us that those who leave care after the age of 18 should also be supported by the government 'up to the age of 25', or 'for as long as they want or need it' while also being treated 'as an adult' who has agency.

One young person told us that care leavers must be supported to 'get an education' before being 'forced to go to work', even when they are over 18. They also advocated for 'special contact workers' at Centrelink, who understand the challenges facing care leavers.

The views that we heard are consistent with other research in this area calling for better planning for leaving care, including starting earlier and being more detailed, especially in relation to housing, and making sure that young people have greater involvement and a say in the process.¹⁰⁰

(ii) Needs of carers

In 2018, 54% of out-of-home care placements for Australian children aged 0–12 years were with relatives or in 'kinship care'.¹⁰¹ Of these, children were most commonly placed with grandparents, followed by aunts and uncles. Kinship care can also include placements with other members of a child's community who may not be biological relatives.

These statistics capture carers who are providing formal full-time statutory out-of-home care, following an intervention from a child protection agency. Formal kinship carers must be authorised carers, may carry full or shared parental responsibility and have a formal carer status like that of foster carers.

In some states and territories, informal relative, grandparent or kinship carers are also common. These are usually private arrangements made inside families without intervention by child protection authorities, though some may have family law orders, and carers may or may not carry formal parental responsibilities.

Statutory placements with kin or relatives have been associated with greater stability when compared with other types of out-of-home care placements.¹⁰²

Some children and young people told us they felt safe living with relatives or kin. For example:

Grandparents are very important in keeping kids safe. I live with my paternal grandparents and I feel safe, happy and healthy.

Child, WA

Kinship care works well.
Young person, NSW

However, formal and informal kinship carers face a range of challenges in accessing the support they may need to care for children. We were told that there needs to be greater recognition of the needs of formal and informal carers so that children can continue to be cared for by their families and communities. Some carers raised the need for greater financial support for formal and, particularly, informal relative and kinship carers. For example:

There should be national based approaches. As a grand-carer there is no monetary support or day care, after-school care or respite for grand carers in WA yet other states have such support. Also child protection services should not make promises of financial support, then once the children are released into your care through the courts the support is withdrawn or no longer applicable. This has happened to many families of a support group I've attended.

Parent or carer, WA

No financial assistance from surviving parent for kin carers.

Carer, TAS

They should look into how they can help grand-carers financially, we receive very little financial help to raise our grandchildren yet we are not able to access the same services such as childcare subsidy or Family Tax Benefit, this in turn places a strain on the everyday raising of these displaced children.

Parent or carer, WA

Any expense we have, we have to pay as there's no funding [in informal care]. Any stuff we have to get, we have to pay for it. It's our expense and our problem. I just had to fork out eight grand for an orthodontist and I'm a pensioner. Since I took on my granddaughter three years ago, I reckon I am probably 35k out of pocket – and that's just for getting her to school, uniforms, sports. I get nothing from the Government, not even \$150/fortnight, which wouldn't even cover it.

Carer, TAS

As an Aboriginal grandparent carer, Centrelink take months for us to access childcare subsidy. No housing to accommodate housing needs on the Far North Coast, no support for grandparent carers with children with special needs, hard to obtain a doctor or specialist [appointment] and limited transport.

Carer, NSW

Grandmothers need a hand [with funding].

Young person, NT

[In foster and kinship care], [child protection agency] are no help. Need to support six kids with no car for a year.

Young person, NSW

This aligns with recent research in Western Australia which found that poverty often follows or is exacerbated for grandparent carers after grandchildren enter their care.¹⁰³ In this study, 20% of grandparent carers did not receive any financial support from family or governments to help raise their grandchildren and less than 25% received formal state-based support as carers.¹⁰⁴

Relative or kinship carers with children with disabilities in their care told us they face particular challenges accessing support. For example:

I am single and have had to give up work to care for my grandson, who has been a in my care for six years. I have him 24/7 as I home school him (I was a teacher) due to his disabilities. Help is needed!!! He also needs counselling and other support that comes out of my pocket. His parents do not contribute anything as they are drug addicts. He has a promising future in front of him, but only if I give it everything I've got! At this stage I am able and prepared to do this, but I don't know for how long. When I go he will have to enter the foster system. That is a heartbreaking thought for me.

Carer, WA

While formal carers receive financial support to access a diagnosis for children with disability in order to apply for the NDIS, informal carers must fund this process themselves. For example:

Funding is tied to diagnosis. There is poor communication by Department of Child Protection (in care) to the family about that diagnosis. Waitlists for diagnosis are long and private ones are expensive. Informal carers have to pay for diagnosis but not in formal care.

Carer, TAS

Several participants also spoke of the need to make other forms of support available for relative or kinship carers, as suggested below:

Help grandparents who are looking after grandchildren.

Child, WA

With kinship care, already vulnerable families are expected to navigate the system alone.

Carer, TAS

Respite for informal carers.

Carer, TAS

I asked for help and was told [the child going into] foster care was the only option.

Carer, TAS

[Child protection agency] was not helpful for informal kinship care – kinship carers don't get offered help, [we] have to find it ourselves and you have to buy everything yourself – even with courses we don't get offered what foster parents do.

Carer, ACT

Help with traumatised children – specialised help for grandparents and others who take on these children because they have to and they are often very difficult children to deal with. All agencies of the health department need to help urgently

Parent or carer, WA

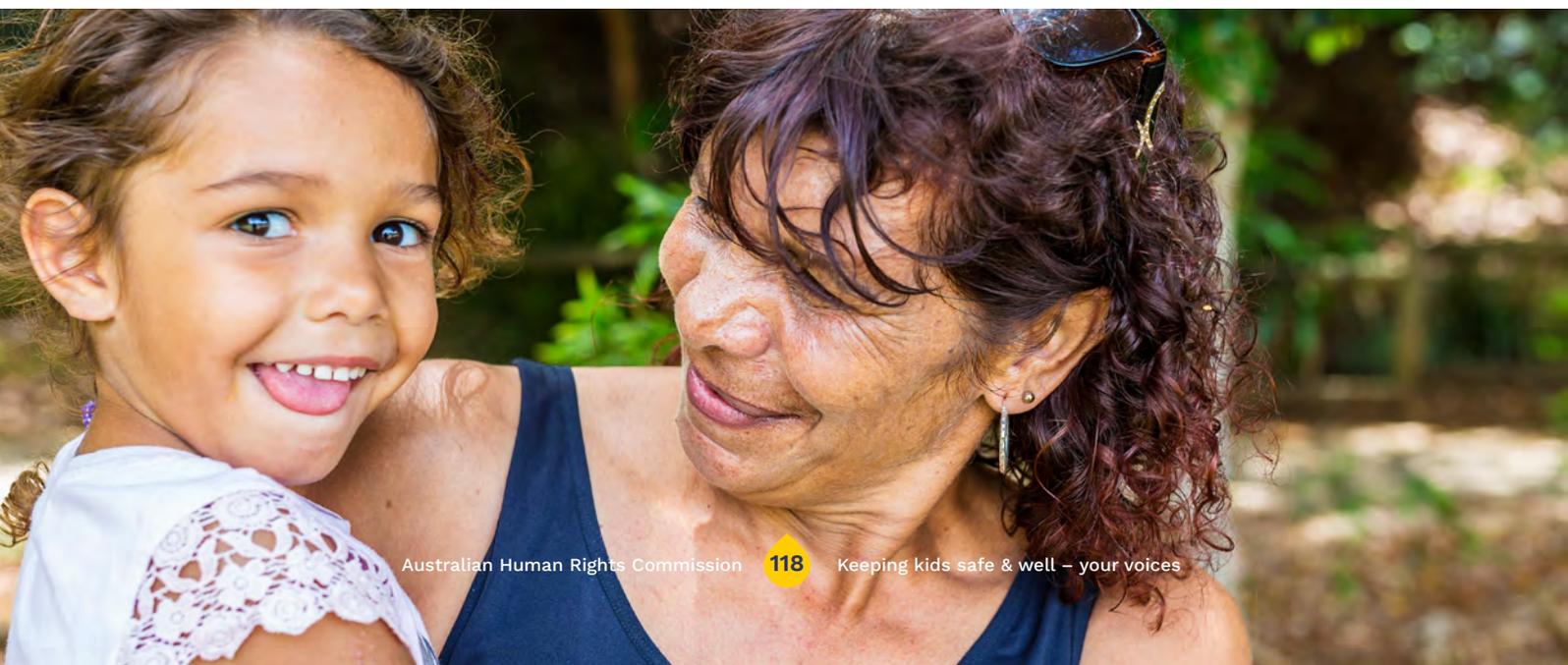
Some carers also told us that they felt a lack of respect from child protection authorities towards grandparent or other relative carers and felt they were not included in care planning processes. For example:

There's no culture of respect [for carers] – we're not really considered in the equation. We had an assessment without the government telling us, changing us [from formal carers] to informal – they paid a visit when I was not there (just my wife was), and then sent us a bill.

Carer, TAS

Informal kinship carer has no say in child's care arrangements – neither informal or formal kinship carers get heard – we're not important and don't have as much status as foster parents.

Carer, ACT



Some carers faced challenges in formalising arrangements due to a lack of legal support to navigate the court system, and a fear of damaging family relationships (including no support when supervising contact visits with birth parents). For instance:

I care for my teenage granddaughter after she asked to live with me. There is family violence, alcohol and drug misuse, the relationship with her parents is currently fraught. I have to get parental permission or have guardianship to access some services, parental permission is problematic sometimes and would go strongly against the wishes of my granddaughter who doesn't want her parents involved at all and getting guardianship would bring irreparable damage to the relationships, however shaky they are now. At 14 why can't she access services without parental consent – she can have her own MyGov account.

Carer, WA

In Tasmania, kinship care is informal so not supported financially or otherwise. 80% informal arrangements where child is placed with family. No follow-up after child is placed, not formal kin carers so can't open bank account, get passport etc.

Carer, TAS

No legal support for grandparent [carers], no access to family law.

Carer, TAS

[There are issues with] privacy – grandparents are not treated as child's 'parent'.

Carer, TAS

Some grandparent carers told us they had concerns about court-ordered visits between children in their care and their birth parents. For example:

It causes trauma on the child through mandatory visits to birth parents (which are insisted on by [child protection agency]).

Carer, ACT

A grandmother carer was assaulted at contact visit by daughter/mother's partner.

Carer, TAS

[My granddaughter's] father put my daughter in hospital and tried to kill the baby, but he still gets a say in my granddaughter's care plan and is entitled to see her. He is now in prison for assaulting another woman. They just say they'll supervise the visit but that's not enough. It's all about parental rights over the child – even though that's not written in the legislation – that's how they interpret it. The child's right to be safe is forgotten.

Carer, TAS

More support for families
- extra \$
- help them get on their feet



Some Aboriginal and Torres Strait Islander carers told us they felt inadequately supported by child protection agencies because they are kinship carers. Aboriginal and Torres Strait Islander carers in New South Wales responding to the survey and told us:

Some out-of-home care agencies have inconsistencies with the amount of support given to carers/ kinship carers. They don't spend money directly to support families/ children. Every time additional support is given it is taken from the Carer Allowance and it needs to be repaid. ..We care for our three grandchildren aged 7–14 years old. Kinship care is a difficult task and when we asked for financial support for family breaks or holidays we always get told, 'No, use Carers Allowance'.

Carer, NSW

There is no support for grandparent carers with children with special needs. It's hard to obtain a doctor or specialist appointment when you have limited transport.

Carer, NSW

5.6 Violence and safety

(a) Snapshot

Concerns about violence at home and in the community were raised across all jurisdictions by children, young people and parents/carers. At times this was discussed directly, while at other times the impact of violence was raised by participants in more subtle and indirect ways.

It was beyond the remit of this consultation process to address the level or types of violence

or trauma that children and young people were experiencing in the home – whether this was as a witness to violence or direct experience of physical or sexual violence and harms resulting in trauma.

Eighteen percent ($n=64$, 18%) of young people aged 13 years or above and adults who completed the survey reported that their family had received support from a family and domestic violence service. A quarter of all responses from those aged 13 years or above selected family violence services as necessary to keep children and young people safe ($n=87$, 25%). For more information on survey results see section 3.3.

Barriers to seeking help were diverse and reflected the local community context of participants. Frequently cited barriers included concern about the involvement of child protection when reporting incidents of family violence, lack of available accommodation and housing alternatives to enable parents and children to remove themselves from the home, and the financial implications of leaving.

Young people and families felt there was a gap in community awareness about the signs of family violence and where to get help. Children, young people and parents/carers discussed the kinds of supports and services that they found beneficial when faced with violence at home. They considered having a safe place to go with trusted and supportive staff to be critical. Other areas of concern included intervening too late in family violence, the burnout of support workers, and services for male victim-survivors.

(b) Talking about family and domestic violence

Family and domestic violence was not always raised directly by children and young people in consultations. Deliberate non-disclosure can be associated with the stigma related to family and domestic violence.¹⁰⁵

It was more common for children and young people to make general comments or speak indirectly about it. For example:

When kids go to school, they are tired. [There are] problems at home like fighting and drugs and drinking. You have to provide for yourself.

Young person, NT

Trauma makes abuse feel normal.

Young person, TAS

When you grow up with violence you don't know any better.

Young person, NT

Everyone knows the difference between a 'bashing' and a 'hiding'. Bashing is like dragging you around your house by hair. Hiding is just slapping and things like that. Sometimes child protection is involved too early. Child protection should just be involved where there's bashing.

Young person, NSW

This is supported by other research which found that it is commonplace for child victim-survivors to speak about family and domestic violence indirectly or in an intentionally understated way.¹⁰⁶

Services for people experiencing domestic violence. Parental training or events for all migrant communities.

Where children and young people did speak directly about violence or abuse at home, some said:

By the age of 12, I had personally experienced and witnessed drug abuse, mental illness, domestic violence, overdoses, and so many more. To me it was normal and didn't seem that bad. I was uneducated and didn't understand the true reality of what was happening. Looking back at it now I wish I was more informed and could have reached out for help.

Young person, WA

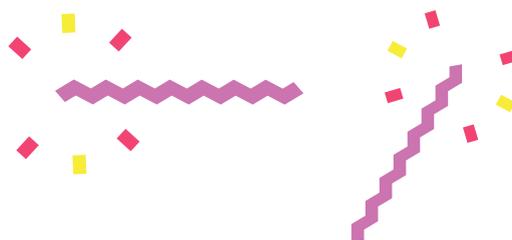
Parents can be really stubborn. They don't understand how to break the cycle or they don't want to. Growing up in that situation, I became a lot more numb to the situation because that was what my 'safe' was. You almost gaslight yourself into thinking that this isn't a problem.

Young person, NSW

Some young people also referred to stigma attached to sexual assault regardless of whether it occurred at home or in another context:

There could be more awareness about what to do and who can help when someone has experienced sexual assault I feel as there is a stigma that makes it hard for young people to reach out or even know how to reach out.

Young person, TAS



(c) Barriers to seeking help

Children, young people, and their families told us about the pressures placed on them by their communities and how this impacted on their abilities to respond to the violence that they were experiencing. They said:

Sometimes the community itself is toxic, for example, if a lady is abused at home or experiencing some form of violence, community will tell her not to leave and bear with it and be strong. The community can come between families.

Young person, SA

The community wants families to be safe but does not want them to be separate.

Young person, SA

What it is to you might not be what it is to them – it might be normal.

Young person, SA

If I was going through something like that [violence at home], I would leave though everyone would tell me to stay. Others in the community would say it is shameful for them to leave their partner or family – ‘What would our people say?’

Young person, SA



I've seen family members of mine get locked up for assaulting their partners. And when they're in jail: 'it's their fault I'm here'. And it's like, 'no you assaulted them, you hit them, it's your fault you're here'. But there's all these underlying things that in the first place come from systemic racism, discrimination but you've still got to be responsible for your actions. There are circumstances in the environment around you that means that stuff is more likely to happen.

Parent, NT

Where children or young people disclose experiencing violence at home, it can trigger an investigation or a 'check-up' by child protection authorities. Children and young people told us that where a disclosure is made and no action is taken by the child protection authorities, it can make the situation worse, and the threat of this makes children and young people less likely to seek help. Children and young people said they are very aware of 'who is a mandatory reporter' and mentioned this as barrier to seeking help. Children need to be able to speak with someone they can trust.

I think a lot of kids would be scared to call the police if their parents are doing something, coz they could get in trouble. The parents could hurt them more.

Young person, TAS

It's a bit hard when they're in a situation from a young age where the perpetrators are telling the children, my children: '[Y]ou do not go and tell anybody what happens in this house. If you talk about it, talk about the good stuff we do because if you talk about the bad stuff, you'll never see your mum again' and threats like that.

Parent, NSW

[We should] tell kids it's OK to talk to the police and they'll be safe – the parents won't be able to hurt you again.

Young person, TAS

Concerns about child protection authorities removing children as a result of family and domestic violence were also raised as a deterrent to disclosing. This is consistent with research conducted by Marcia Langton, Kristen Smith, Tahlia Eastman, Lily O'Neill, Emily Cheesman, and Meribah Rose in three towns on the border of New South Wales and Victoria in 2020 who found that Aboriginal and Torres Strait Islander women were often reluctant to report family and domestic violence for fear of having their children removed.¹⁰⁷ Similar findings were reported in the *Wiyi Yani U Thangani* report.¹⁰⁸

An Aboriginal parent from a regional area told us:

More needs to be put into early intervention and supporting women who are the subject to family violence to get out of the cycle of violence with their children and not punish women by removing children and placing them in the out-of-home care system due to family violence.

Parent, NSW

[My idea] is a multi-block complex with a range of services where families can come for help without fear of having their children removed. It would include domestic violence services and have a residential aspect where parents are assisted to parent.

Parent, QLD

The study conducted by Marcia Langton, Kristen Smith, Tahlia Eastman, Lily O'Neill, Emily Cheesman, and Meribah Rose also found that the victim-survivor's fear of losing her home in social housing accommodation or community-controlled housing was another deterrent to leaving, reporting the violence and seeking assistance.¹⁰⁹ We heard similar stories in our consultations. For example, one young person told us:

It's really difficult to get into housing commission. I'm still on the waiting list and I signed up six months before I had the baby. If it wasn't for my partner, I'd largely be homeless. [Non-government organisation] has a few units but there are so many rules. [Young parent program] got me a unit when my daughter was seven months over and I got in trouble all the time – for the TV being too loud, for having friends over, for rubbish being left outside that wasn't even mine. I luckily could move in with my partner but if I was doing it on my own, I couldn't afford a \$2000 bond or new furniture. I might have stayed with my old partner just to have a place to live. Lots of my friends stay with abusive partners just to have somewhere to live.

Young parent, NSW

Grandparent carers in Tasmania also discussed concerns about having no options available to them 'without going through the courts' if their grandchildren are exposed to family and domestic violence.

Lack of emergency housing for young people and families and issues of financial dependence on parents/carers were also identified as barriers to being able to escape family and domestic violence. For example:

The Centrelink Assessment didn't recognise psychological violence as domestic violence so [my friend] couldn't get the money to leave the home.

Young person, SA

We need the government to recognise that [family and domestic violence] is more than physical violence, it's things like emotional and financial, restricting access to money.

Parent, ACT

(d) Housing

Lack of available housing was identified as a key concern by mothers and young people when they left violent relationships. This is not surprising as housing is the most frequently cited need in many other reports or studies in this field.¹¹⁰

Parents and young people told us:

Moving from camp to camp is not safe. Housing is only short term so after 28 days, women are on their own, they go back to the perpetrator and then they end up back in the shelter. It's a cycle.

Parent, NT

When I exited my [domestic violence] relationship with four children, I couldn't get help from housing. They told me because I was working casually, I didn't qualify for help. We were living in my mum's lounge room for three months.

Parent, QLD

Even where alternate housing was accessible, conditions were not ideal. Young people and families told us:

I've been waiting in a refuge for a year, but there are too many people on the priority list – I'll probably need to wait for another year. There are 300 others on priority.

Young person, ACT

I've been in the shelter since October last year, but I've moved around 17 times as you can only stay in a shelter for 10 weeks. There's about 50 [other young mothers] like me in the shelter. I had a house with [a non-government organisation] but had to leave last it due to community violence and living next to known sex offender, but now I have to pay back half of the debt before they'll give me a new house. I'm down for social and community housing but it's been 10 months and nothing.

Young parent, TAS

Because you're in a refuge, you're not treated as such a priority as you have a roof over your head. But you can't call the refuge home, you can't make it a home for you and your child – it should not be counted as a permanent home.

Young person, ACT

(e) Access to support services

Young people in the consultations highlighted a widespread lack of awareness of family and domestic violence, including what the warning signs are, where help can be found, and how children and young people can speak out. For example:

I wasn't treated seriously because of something that was caused by abuse. I think that school counsellors should have more training on picking up on abuse especially emotional abuse.

Young person, NSW

I had a child protection worker who taught me what being safe is supposed to actually be, I didn't know what it was before her.

Young person

A key protective factor is having another safe place to go when home is unsafe due to violence. When asked in the survey to identify the most important services to help children and young people feel safe, children and young people identified a safe place to live ($n=61$, 84%) or somewhere to go to when needed ($n=102$, 73%). For more information on survey results see section 3.3.

Parents/carers in the Northern Territory frequently referred to children wandering the streets because it was not safe at home but there was nowhere else to go until it was safe to return. Others told us:

[It helps to have] a safe space to just hang out with other members of the queer community, not having to worry about running into someone who could potentially hurt me.

Young person, NSW

I am going through Child Protection at the moment as I've been through domestic violence relationships. It can be hard, I have two ADHD kids, one autistic. I'm on my own. If I didn't have a place like this and didn't meet other people, it would be hard but in saying so, just for me to have domestic violence counselling, which will help with court, I've been waiting two months.

Young parent, TAS

Often, the police are the first responders in family and domestic violence situations. In our consultations, some participants described negative experiences when reporting violence to the police, particularly in the absence of obvious physical violence. For example:

[The only help is] just cops. They just take [the perpetrator] away and bring them back in the morning when it's over. [The police should] take the situation more seriously. There should be a court thing. There should be compulsory programs for him.

Young person, ACT

It's hard, even the police as well, they don't help. They look down at your situation and they make you feel shameful and especially when you see police in a court case and you're going through everything and when you're going through all of that stuff your memory is all kinda like shattered and all over the place. It's all blurry to you.

Parent, NSW

Could be everything but physical and they're like 'oh you're not hurt, you're fine'. The emotional and mental stuff is harder, I used to think 'just hit me, then it's over'.

Parent, NSW

It's confronting coz you're already down in the dumps and the cops, police saying 'it's not that bad, can't see anything wrong, there's no facts, there's not enough evidence'. You've gotta prove it's happening and prove that it's bad enough or worse than a normal relationship and then you're like questioning yourself, 'is this a fight or is it what it is?'

Parent, NSW

I have a neighbour who has been through domestic assault [with their partner] and he keeps coming back and they fight all the time – she called police several times who tell him to get out but he comes back 30 minutes later and abuses her again. The police don't really help, they just warn him.

Parent, TAS

People are scared to tell the police.
Young people, SA

People don't go to the police because of their past experiences including racism. They're not seen as friendly or providing the help you need.

Young people, SA

I was pregnant [when I was less than 16 years old] by a 22-year-old man. When I went to the police, they took such a long time to get him to jail and I had to provide lots of evidence. It was very slow and they didn't want to believe it was rape. I had police involved in my life for three years after my relationship, and he's still not locked up.

Young person, SA

Children, young people, and parents/carers felt that help often came too late to meet their needs and spoke of feeling 'trapped' in their situations.

I had to hit rock bottom to get help [to deal with family and domestic violence].

Parent, NSW

You feel trapped like you don't have anyone to go to. Sometimes you could be in the situation for so long, you need someone you trust who will genuinely help you, rather than just make your situation other people's business.

Young person, SA

There is nowhere for kids to get support for domestic violence and counselling – even sexual abuse services have a massive waitlist.

Parent, QLD

Some parents noted that residing with the perpetrator can be a barrier to accessing support programs where eligibility is determined on the basis of not residing with them.

Children, young people and parents/carers frequently referred to the presence of 'trust' with service providers as important in their decision about whether to disclose or ask for help with issues of family and domestic violence. For example:

I was experiencing domestic violence and I took my son and I left. So, I didn't know where to go or where to get help, so I just googled. And then I found this place and [support worker] and she's really helped my family, helped me, helped my children. I feel like I have built a lot of confidence coming to all the different courses here.

Parent, NSW

Having a positive relationship with staff was described as most important by participants across consultations. Specific personal attributes included being empathetic, trauma-informed, willing to do more than their job essentially required, and an understanding of what families are going through.

Parents and carers particularly emphasised the need for staff who understand 'how trauma affects kids'. This is critical given childhood trauma has recognised effects on 'self-regulation, mood and behaviour, expressed through internalising (self-harm) or externalising (violent offending) behaviours'.¹¹¹ Recent Australian research has found children exposed to family and domestic violence from infancy until 10 years old were twice as likely to have a psychiatric diagnosis, emotional and behavioural difficulties, and impaired language skills by that age.¹¹² This inability to regulate emotion can continue throughout a person's life and contribute to familial cycles of

family and domestic violence, for example, adult survivors of childhood trauma may find it more difficult to regulate their emotions when they are under stress or re-experiencing a sense of powerlessness.¹¹³

A relationship built up over time was also considered to be valuable. For instance, positive police responses were described amongst consultation participants, particularly in Queensland, where participants had contact with dedicated or specialised officers who followed up with them over a period of years.

In online consultations conducted in Queensland and in survey responses, young people and parents/carers described high quality support from caseworkers or other professionals as:

You know that they want to see the best for you.

Parent, QLD

You can speak to them like you have known them forever.

Parent, QLD

People who treat you normally and don't judge you.

Parent, QLD

You feel like they care about you and they're not just doing their job for a paycheck.

Young person, NSW

Some participants at our consultations commented on staff being young and inexperienced, perceiving them to be recently graduated or unqualified, who either burn-out or move on. It was suggested that some new workers may be traumatised by 'dealing with violent families and removing children':

Workers are traumatised themselves. So stressed, such a workload. Those are the ones that care, so they stay because they know the families need that support. Therefore, the good ones get burn-out and the bad ones leave.

Carer, TAS

There was some discussion in the consultations, particularly in Tasmania and the Northern Territory, amongst parents and carers about a lack of services and referral pathways for men who perpetrate or are victim-survivors of family domestic violence. For instance:

Child protection put all the onus on women to make the call to deny a violent partner access. This is problematic for Aboriginal families as there is a sense that mothers still want their kids to have connection with their fathers. They should be making men do the work not the women.

Parent, TAS

Child protection doesn't recognise that people can change. Men can change.

Parent, TAS

Men don't get help unless they seek it out themselves.

Parent, TAS

Child Protection apparently had no concerns about my wife, until basically there was a guy who was stabbed in her kitchen. They said I still needed to return my son to the house. My mum now has him but it took almost eight months to get a care and protection order in place.

Parent, TAS

[There are] no shelters or support for men released from jail. Can only think of one men's shelter. They aren't allowed to take their children there. Men are forced to sleep on the streets or with family and so can't see the kids or have them. Women are mostly victims of DV, but some men are victims.

Parent, TAS

[We need to get] more men involved ..men need more opportunities and they get put into violent category but aren't like that.

Parent or carer, NT

When facing violence perpetrated by their children, parents told us that they felt invisible in support services. For example:

My son was ignored for eight years and then he started hitting me and punching my wife and hitting his sisters and that isn't domestic violence, he finally has gotten 'proper treatment' and he's doing so much better and that's because they finally listened to the parents.

Parent, National

Violence against children by other children [among siblings] is an issue. There is no support for families in these circumstances. They say 'it's your child'. There is a stigma of child to child and child to parent violence. The other children are impacted and traumatised.

Parent, TAS

Many consultation participants emphasised the need for concrete supports to help them feel supported by family and domestic violence services, including accommodation, food, transport, counselling, playgroup, or places to meet other people.

Consultations in two women's refuges offered detailed advice about what supports they needed. For example, mothers in one refuge highlighted the value of programs to acquire life skills while in residence. These mothers learned about cooking, budgeting, legal rights and how trauma affects children. A parent responding to the survey question about what more the government could do to help families keep children safe, said:

Providing programs to be aware of family violence, child abuse or neglect and how to respond if in an abusive situation at home, as you might feel isolated and alone, but knowing that it is a crime and you are not alone can help someone to access help safely.

Parent, NSW

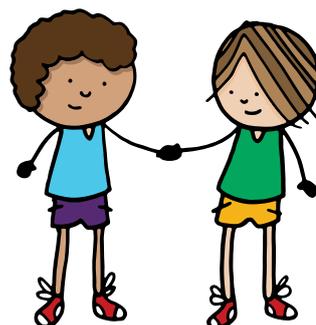


In another refuge, participants identified programs which were particularly helpful and empowering for them. These included:

- A free five week educational and peer support program for parents/carers that have been affected by family and domestic violence. This program covers topics around understanding trauma, trauma responses, impacts of trauma for children and moving forward. If parents require transport or child minding for children under five years old in order to attend, this can be arranged by the organisation.
- A free art and play based group program for children and young people who have experienced or witnessed family and domestic violence aged 6–15 years. The program covers topics like 'Big Feelings', 'Memories and Worries', 'Resilience' and 'Managing Change'. A shared dinner is provided at the end of each session and transport is arranged on request. Children are referred by support workers.
- Free physical fitness programs for women who are, have been, or likely to be experiencing family and domestic violence and at the same time, women are linked in with senior or specialised police officers who can refer them to support services including a legal service for an immediate appointment.

Feeling unsupported was particularly pronounced for some participants during COVID-19 restrictions, with a lack of specialised support such as sexual assault counselling in regional, rural or remote areas.

For further information, see section 5.2 of this report.



5.7 Health and mental health

(a) Snapshot

Children, young people and parents/carers identified difficulties in accessing health services due to long wait times, assessments that their medical needs were not sufficiently severe, a lack of local services and the financial costs of healthcare.

Issues relating to mental health and mental health services were raised most frequently. Parents and carers were particularly concerned about the lack of access to mental health support for children and young people.

In consultations, children and young people expressed concerns about the availability and access to both physical and mental health services for children, young people and their parents. They also spoke about a lack of understanding by some health professionals and shared personal experiences of discrimination. They identified poor understanding of mental health, both among service providers (such as police) and by parents.

In the survey, 43% of young people and parents/carers reported that their family received help from a mental health service ($n=152$). 18% reported getting help from a drug or alcohol service ($n=62$), while almost half of parents and young people listed mental health services as one of the top three services needed to help keep children safe ($n=174$). For more information on survey results see section 3.3.

(b) Accessibility and affordability of health services

Long waitlists were the most commonly cited barrier to accessing necessary health services, particularly mental health services. This included

long waiting times for appointments with child psychiatrists, psychologists, and counsellors.

One third of survey participants aged 13 years and older selected waitlists as one of the top three barriers to accessing a service ($n=115$, 33%). This included waiting for appointments with child and adolescent psychiatrists, psychologists and counsellors. For example:

I am on 24-hour watch with my [8 year-old] child because I never know when he is going to do anything

Parent, QLD

It's hard to find consistent and steady psychologists for children. The psychiatrist closed their practice since COVID. The waiting times are outrageous. I rang between 10–15 psychologists and there were long, seven month, waiting lists.

Parent, QLD

I am particularly disappointed with the long wait to see a paediatrician with the [child development service] in WA. Children with developmental issues are often a strain on families. A quicker access to support may save families with their struggles.

Parent, WA

For more information on survey results see section 3.3.

Wait times to access youth mental health services are particularly concerning given suicide is the leading cause of death among young people in Australia aged 15–24 years.¹¹⁴ Despite the increase in youth mental health services across Australia, there has been no improvement nationally in rates of self-harm and suicide for young people.¹¹⁵

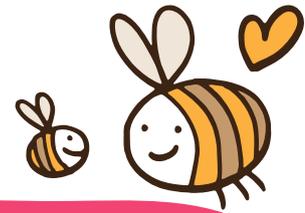
Further analysis suggests structural and quality of care issues permeate these national youth mental health responses, including a lack of coordination with state services and an absence of medical staff or specialisation amongst clinicians at every provider.¹¹⁶

In New South Wales, the suicide rate for children and young people aged 10–17 years has increased over the past decade with the majority of school-aged young people who died by suicide already known to mental health or related support services.¹¹⁷ In the New South Wales annual review of child deaths, the New South Wales Ombudsman commented that while the state has ‘good systems for identifying young people who are at risk of suicide or who are dealing with mental health problems’, ‘intervention once a problem is identified can be episodic and fragmented’.¹¹⁸

Young people and their parents frequently highlighted that, in addition to waitlists, they are unable to access existing services because the eligibility criteria exclude those with less severe problems. Some told us that these criteria made them feel that their needs had to escalate before they could get help:

I think there should be a priority list for young parents to get on a list for mental health. You have to go to the GP to get a referral, but it takes months to get an appointment. I was supposed to see a psychologist in March and I'm still waiting. About a month ago I went to [mental health service for young people] and asked the admin for an appointment they only had appointments if you are really struggling like if you have psychosis or something.

Young parent, NSW



[Kids are] ineligible for assistance [with their mental health] because they are doing well at school. There is no support for the kids. We are being told that the behaviours are not ‘bad enough’.

Parents, NSW

[There is] no access to counselling and support for children and families – everyone is at capacity and waitlists. [A non-government organisation for children] has a 12-month waitlist currently. Child and Adolescent Mental Health Services are only seeing kids with psychosis or eating disorders. Where do others go? NOWHERE – HELP!!

Parent, TAS

This is contrary to the widely accepted view that intervening early leads to better outcomes in improving youth mental health.¹¹⁹

After waitlists, a lack of health services in the local area was the next most common barrier identified in our consultations. Given most children, young people and families who participated in our consultations reside in capital cities, this issue is likely to be exacerbated for families living in regional, rural, and remote areas.

Families from outer suburban, regional, rural, and remote areas mentioned travelling long distances to seek medical treatment. This included for services such as abortion providers, sexual education about contraception and residential drug and alcohol rehabilitation for young people.

Children, young people, and parents/carers spoke about the challenges of living in regional, rural and remote communities when they are reliant on visiting health professionals for basic health needs, including general practitioners. A young person with a disability from the Northern Territory told us, 'when in pain get on a plane'. We also heard:

My nephew needs help. He needs to learn how to get along with everyone. Before this, he was like a good kid. He met someone in [regional centre] and he came back and is sniffing and smoking and all that. He is only 11 or 10 years old. He is a bit on his own.

Child, WA

[Youth mental health provider] has a three month wait in the Northwest [of Tasmania]. Our child was connected to a psychologist located in Sydney.

Carer, TAS

If our kids were having a serious attack, like a seizure, if they're pretty bad and you're not that close to the hospital, it's really a struggle and sometimes there's not many ambulances available.

Young parent, SA



There is a lack of child health services in regional areas. For example, access to cancer treatment, we have to travel from regional Tasmania to the main hospital. Family separation is hard on the kids, and lack of support for family left up north. Then there are mental health impacts of that. We didn't know how that medical trauma [from cancer treatment] would impact our child's mental health. No one told us this would happen. Why didn't they put things in place to support us to support her?

Carer, TAS

Increasingly, there are a range of targeted programs and phone and digital support services available to support young people. However, some young people told us that they would prefer to access mental health services in-person, rather than online or on the phone, as is evidenced in these statements:

Youth suicide [is an issue here]. [Young people] need face-to-face support not over the phone, they need someone they trust.

Parent, NT

There isn't enough face-to-face, with people you know and can relate to. The government puts too much shit on our shoulders, too much stress. They don't worry about us. It just goes round and round.

Young people, NT

It's hard to trust someone on the phone that you don't know.

Young person, TAS

When asked to identify barriers to getting medical help, many children, young people and their families identified the cost associated with certain services as a significant barrier.

For example, while some parents spoke positively about concession healthcare cards issued by Services Australia, we also heard that the cost of prescriptions for children and carers who were ineligible for healthcare cards was prohibitive. Payment of these prescriptions may be possible if different payment approaches were offered.

Make medication free or have a payment plan for medication with the pharmacy.
Young person, QLD

Children and young people also raised the cost of mental health services, dentists, and hospitals:

[Mental health support] should not be something you pay for. It should be integrated into schools and you should know the system so you are able to help your friends to a certain level before it comes to them committing suicide.
Young person, SA

I had issues getting help for myself because I didn't have my own money, my mum had my Medicare card and there wasn't anything I could do for myself even though I knew I was suffering. I had to trick my parents into letting me go to therapy. I think we should have widely available free services to help people bridge that gap.
Young person, NSW

Hospitals/medical help should be free. Dentists are really expensive. Orthodontists.

Child, NSW

We also heard concerns from young people that the cost of health services can be prohibitive for migrant families. Some children and young people in Australia on particular visa types such as student, temporary protection or bridging visas, are unable to access free and subsidised health services such as Medicare or obtain Health Care Cards.¹²⁰

(c) Mental health

Young people also told us about their parents failure to understand their mental health issues. They linked this to cultural and linguistic factors, parents' lack of agency, poor education, and knowledge. For example:

I can try and tell my mum about my anxiety and how it works but it doesn't really sink in for her.

Young person, VIC

I've worked with a lot of young people from many different cultures and one thing in common if you come from a migrant or ethnic community, everything is hidden by shame. Parents from migrant backgrounds encourage you to hide things, like going through mental health problems. If we get rid of this mentality – that's what safety looks like for young people.

Young person, National

If you tell [your parents] you think you have anxiety, they don't believe you, and say 'no one in this house has that'. They think we're exaggerating.

Child, NSW

My parents never knew how to help me or my siblings. They didn't understand mental health. My parents never got any help to understand that. I didn't want to upset them.

Young person, SA

There should be a platform for parents to be educated about mental health and things they were brought up with back home. When we're acting differently, they don't understand that it's mental health. Sometimes it's a language barrier or the correct information. What might be seen as a mental issue here [in Australia] is not seen as a mental health issue back home. Back home parents always working hard to sustain their family. If they were to feel any emotions it would just be from working hard. Here, we have food and a roof over our head, so they assume we have no reason to be stressed.

Young people, SA

People probably try to talk to someone that they trust but that's an issue, so they bottle up all their feelings until they can't take it anymore. Some people try to talk to their families but that doesn't always work, sometimes they don't listen. Some kids are scared that they might get called weak because they have mental health problems.

Young person, TAS

In some cultures and languages, there are not specific words you can use when you're describing mental health.

Young people, SA

[Educating parents about mental health] might need to be through someone who is qualified in mental health in [our parents' first] languages. It needs to be culturally appropriate, for example, service where discuss over snacks or drinks [but] that is not appropriate if you're from a conservative background [so we also] need separate programs for women away from men.

Young person, SA

Some young people told us that there should be greater options to access mental health support without parental intervention. For example:

It is helpful to be able to go to mental health professionals without necessarily going through your parents. It was such an effort to go to get help. Counsellors should be encouraged to give lots of options even without being prompted.

Young person, VIC

In Victoria, at 16 years old you can go to the GP on your own. Lots of kids might not have the confidence to do that without their parents making the call. Would be great to have some training and confidence building for young people to be able to have those conversations on their own.

Young person, VIC

Children and young people drew our attention to the impact of their parents unresolved mental health issues on them. For example:

If the parents are drunk and hitting the kid and the kid calls the police, they're going to get more angry. Sometimes this makes kids feel it's okay to bully others at school and when they have kids they could do it to their own kids. This has happened to me.

Young person, TAS

With the amount of money that has been spent on my kids in the child protection system because of my mental health – it would've been cheaper to just get me a nanny while I got healthy and well.

Parent, QLD

*My mum did seek support but she has anxiety and doesn't like phone calls or zoom calls so during COVID she stopped getting help. Zoom calls so during COVID she stopped getting help. I think there is a massive issue with parents having their own unresolved issues, mental health, trauma, etc. when becoming a parent. My dad had a massively traumatic childhood and it made him a parent that he wasn't wanting to be. He was angry, frankly abusive, but as soon as he got help through therapy, medication, etc. he was a totally different father. I guess it's just something I notice, so many parents are too affected by the stigma of seeking help for themselves or even **RECOGNISING** that they **NEED** help.*

Young person, NSW

My parents didn't get any (mental health) help themselves which then affected me because it was still so stigmatised. Neither of my parents received help for their mental health when I was a kid. My mum took me to a counsellor when I was 11 because she realised that the anxiety issues she was having were beyond her capabilities. My brother and my dad had mental health issues that weren't diagnosed. My mum didn't get enough help because she worked odd hours and she couldn't afford private counselling. It got to the point that I was so distant from my family that I was groomed and assaulted by an adult because I was seeking that family connection.

Young person, VIC

We were also told about the lack of supports available to parents. For example:

There are a lot of platforms for young people who need support but there are not a lot of platforms for parents that need support.

Young person, VIC

We need more support for the parents. Lots of them are too old to come to [wraparound youth drop-in service] and they don't like to go to the mental health support place because they always try to diagnose things.

Young person, QLD

This is a significant area to address given the research which suggests parental mental health and wellbeing can be a protective factor for children's behavioural problems or school performance.¹²¹

Children, young people, and parents/carers were particularly critical of police responses to mental health incidents. For example:

We had an issue with interacting with the police and ambulance service. When you name self-harm or anything like that to the police, they call an ambulance and take you to hospital. It's a really horrible setting in hospital. At hospital, they check on you and then you get sent back home. This put us in a horrible cycle. One time, [my 12-year-old child and I] went there three days in a row.

Parent, QLD

There is a lack of mental health support for teenage boys – the police can't do anything. They take the child to hospital and then send them back home. They don't get the help until it gets very severe. [There is a] big gap for 14-year-old boys who need mental health support [but are unwilling to access services voluntarily].

Parent, QLD

[We need] safer options than police – particularly in terms of crisis support [for] mental health or alternatively more training for first responders.

Young person, National

When police come to a situation with a mentally unstable person, they should also bring a mental health support person

Child, QLD

(d) Discrimination and inclusivity

Young parents and young people spoke about being discriminated against when accessing medical or allied health treatment on the basis of their race, age, parenthood, and past mental health history. For example:

The hospital was really bad when I went there. After having my daughter, in the women's ward, they didn't bring me my food. When they finally did after I asked, it didn't have cutlery. Then they gave me plastic cutlery and said 'this is so you can't steal it'.

Young person, SA

Being treated differently by medical practitioners and others because they are young, single parents and because colour of skin. Being treated badly by first point of contact especially.

Parent, NT

When I gave birth at 16, everything I did was being judged, even though I knew a lot about it from my family.

Young parent, ACT

Hospitals, nurses and doctors can be very judgemental of young parents.

Young parent, ACT

A history/diagnosis brings judgment from health professionals and services. Mums don't feel safe accessing services out of fear of judgment and persecution.

Young parent, NT

When parents/carers were asked about health-related services that worked well, they frequently described physical settings where they felt comfortable and staff who made them feel welcome.

Young people told us that they liked places where they could go at any time and there would be someone to talk to or something to do. Some young people identified youth drop-in centres as positive for their mental health. For example:

The [youth non-government organisation] drop-in centre provides mental health support and someone to talk to. Whenever you are in stress, they are there for you and it's a place where you can be yourself.

Young person, NT

Walk-in centre who have trained youth workers who can support you. You can go there to do art. It is a safe space for young people who are struggling with mental health issues. You can go there and find connection and safety.

Young person, VIC

Some young people said that they wanted services where the staff are welcoming of them, flexible and understanding of the particular challenges that they are facing. For example:

School counsellor here [at boarding school in the city] is good. She doesn't force you to talk. You can relax. She gives good advice and it's always the same person.

Young person, NSW

The receptionist when I first went there was amazing. He knew everyone's name, had a good demeanour, made you feel welcome never seemed flustered or overwhelmed. It was a very calm room to walk into at first.

Young person, VIC

When I first went into [mental health service for young people] there was a waiting list. They made it very clear that if I didn't gel with my psychologist, I can request someone else. The first session I had actually went really badly. So, I requested someone else. The fact that they told me that in advance was so helpful because I would have walked out of the door and not come back otherwise they were nice about it as well.

Young person, VIC

I have been with [mental health service for young people] since I was 12 years old. They have been one of the most essential services in my life. They have been so supportive. I wouldn't be the person I am today without them. I have been with them for five years. They have referred me to [mental health service for young people]. I am a trans-man and [mental health service for young people] has helped me with referrals. [Mental health service for young people] has been there for me when school wasn't. [Mental health service for young people] has changed my life a lot and I recommend it to anyone else.

Young person, VIC

Many young people told us that they needed inclusive health and mental health services that could accommodate their particular life circumstances, including LGBTIQ+ young people, those from culturally and linguistically diverse backgrounds and young people who had experienced abuse and neglect. For example:

[Sexual health provider] is Queensland Health run. It's good to know that even though it's for everyone they've got supports and they've got the knowledge of diverse sexualities and genders. They have psychologists there that are free and they specialise in transgender people and they know what they're talking about.

Young person, QLD

[Resource centre for trans people] has helped me find specialists who can support me with my transition. I know other people who have found trans-specialists through [resource centre for trans people] as well.

Young person, NSW

(e) Complex needs

Young people and parents/carers frequently articulated how treating medical practitioners failed to understand or meet their physical or mental health needs, especially when these were complex. This was particularly raised as an issue by young people with disabilities. We were told:

As someone who experiences mental health issues, sometimes I need someone to talk to who actually gets what I'm going through, not just when I'm accessing mental health specific services.

Young person, National

A centre dedicated for children that menstruate that is free to access (like the free dental service), where things like endometriosis and PCOS can be considered with GPs that actually understand the condition. Even using experts to help understand and work with period pain. I started having symptoms that weren't easily connected to endometriosis (back pain) at 14, saw a GP that thought I was faking it. I was diagnosed at 21. If I saw a GP that understood these conditions, I would have had a much better time. Given the prominence of these conditions it would change lives.

Young person, SA

We need more diverse forms of mental health care. We need [treating practitioners] to be trauma-informed [particularly when dealing with kids who aren't living with their parents].

Carer, TAS

It needs to be better than [youth mental health service] – bad experiences, long wait, not helpful. Not nearly enough free good [mental health] services.

Young person, TAS

At [a specialised service for victims of sexual assault] staff seemed to lack of qualifications to assess my needs and identify my disability.

Young parent, ACT

Hard to find appropriately trained (helpful and safe space) bulk-billing psychologists for parents as well.

Parent, QLD

Sometimes people know about disability. Other people know about queer people. Some others know about First Nations communities. It's so rare to find someone who makes me safe across all my identities.

Young person, National

(f) Multi-disciplinary support

Parents/carers described the difficulties they experienced in getting referrals to relevant services and not knowing how to access health services. For example:

You have to have a referral to get into services and getting referrals from GP's can be hard. You can't self-refer so if you're not linked into a service you can't get in anywhere.

Parent, QLD

Some parents/carers explained that referrals from their existing allied health professionals or other service providers, such as family and domestic violence refuges, can result in 'teams' of people assisting them to address different health-related needs. One young parent in South Australia told us:

[Here at the young parenting program we have] access to services like legal advice, child-minding, dentists, maternal & child health nurses and STD checks all in house.

Young parent, SA

Young people and parents spoke positively about the holistic and community-centred model of healthcare provided by Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs):

[My local Aboriginal & Torres Strait Islander Health Service] is a great support to my whole family in every way and they celebrate every milestone. [They provide] all medical supports, allied health, social, counselling and will refer to other helpful places if needed.

Parent, QLD

Some children, young people and families in our consultations talked about receiving care from local Aboriginal Medical Services (AMS) or equivalent. The AMS model for primary healthcare considers an individual's physical wellbeing in the context of the 'social, emotional and cultural wellbeing of the community and takes a whole-of-life perspective that incorporates a cyclical concept of life-death-life'.¹²² They provide comprehensive healthcare which includes health education, health promotion and social and emotional wellbeing support. Families may have access to a general practitioner, a social worker, an NDIS support coordinator and a child and maternal health nurse, among other specialists in one location.



5.8 Education

(a) Snapshot

Education was an issue raised in almost all consultations ($n=44$, 98%). In most consultations, it was discussed as both a positive ($n=42$, 93%) and a negative issue ($n=40$, 89%). This reflects the diverse experiences of children and young people in the education system. Children, young people, and parents/carers described the many supports schools and other educational institutions provided. However, they also told us about ways the education system could be improved.

They emphasised the importance of schools being equipped to respond to the broader safety and wellbeing needs of students. In many consultations, children, young people and parents/carers reported wanting or already receiving supports from schools for issues that go beyond academic learning ($n=32$, 71%).

Amongst survey respondents, Aboriginal and Torres Strait Islander children felt significantly less safe at school than their non-Indigenous peers (53% compared to 85%). For more information on survey results see section 3.3.

When asked about 'who are the people that help you feel safe?', many children aged 5-12 answered, 'my teachers' ($n=55$, 75%). This was the most common response after 'parent or carer' ($n=66$, 90%) and 'friends' ($n=61$, 84%).

However, some participants also told us that teachers and school staff sometimes lack the necessary training, resources and interdisciplinary support to address complex safety and wellbeing concerns.

Young people and families spoke about the importance of practical, vocational education that

leads to job opportunities. They reported accessing or wanting access to vocational training so they could pursue meaningful careers.

Families spoke about the importance of accessing early childhood education and childcare. They spoke about the value of early childhood education in ensuring their children are ready for school. They also pointed out that childcare enabled them to engage in education and employment. Some families reported that the cost and availability were barriers to accessing childcare.

(b) Bullying, discrimination and violence at schools

For some children, school is not a safe place. Bullying and violence at school affects children's health, wellbeing and education. Children who were the targets of violence at school told us about how this often led them to become disengaged at school. As one young person in the Northern Territory told us 'when you get bullied and you don't like the kids and the teachers at school, you don't go'. Similarly, another young person told us that:

I don't like school because I get teased every time I go there. The teachers don't really help. I have tried asking for help from a teacher. They sorted it out a little bit but then it started back up again. So, I just started fighting with the kids.

Young person, VIC

Children and young people who witnessed bullying and violence at school also shared the negative impacts this had on them. Some children and young people explained that when the classroom is loud and disruptive, they find it hard to concentrate and learn, and sometimes teachers were unable to control the class.

One young person in Victoria told us about people in his school carrying knives to feel safe and regularly engaging in physical fights. Other young people had similar experiences:

We used to have a punch-on once a week in my class in year 7. One of my friends in year seven started carrying a knife in his bag.

Young person, VIC

Problems with rumours and snitching on Facebook, Snapchat, Instagram, TikTok – kids ‘settle things’ at school. Stuff gets recorded and leads to bullying.

Young person, NT

It’s frustrating to focus in class sometimes because everyone’s really noisy and the teacher can’t really keep control. The classroom is really loud.

Young person, WA

These comments are consistent with research that shows that bullying as a form of physical, verbal and emotional violence, is a widespread problem that has long-lasting consequences on children’s health, wellbeing and education.¹²³ At the ages of 16–17, 58% of participants in the Longitudinal Study of Australian Children had been victims of bullying in the past 12 months.¹²⁴ Victims of bullying are more likely to struggle academically, have mental health concerns, struggle with transition points in their lives and are at higher risk of suicide.¹²⁵

Aboriginal and Torres Strait Islander children and children from culturally and linguistically diverse backgrounds shared their experiences of

racism at school. Some children told us that they wanted to ‘stop or eliminate’ racism in schools. For example:

Stop racism in whole community and schools. Tell everyone it’s not about skin colour. Tell them by posters, social media and at school so everyone knows it’s wrong.

Child, NSW

Racist at school. Nothing done. Physical violence because that’s how it happened at home which leads to suspension.

Young person, NSW

They should eliminate bullying and racism by making sure bullies learn their lessons.

Child, NT

LGBTIQ+ young people and young people with disabilities also spoke about experiences of discrimination at school. Some children and young people spoke about being discriminated against by teachers as well as peers.

LGBTIQ+ children and young people spoke about the use of slurs at school and other forms of verbal and emotional violence. They explained that these acts make school an unsafe environment for LGBTIQ+ children and elaborated on how it affects their mental health and education. For example:

Schools need to provide proper safe spaces for people with disabilities when they have been abused by teachers or peers.

Young person, National

I go to a Catholic school so there are a lot of things said at the school that are not okay. A teacher said to an entire group of kids that 'all gays are going to hell' and things like that. These things make school not a safe space for some kids. It makes it hard for kids to seek help.

Young person, NSW

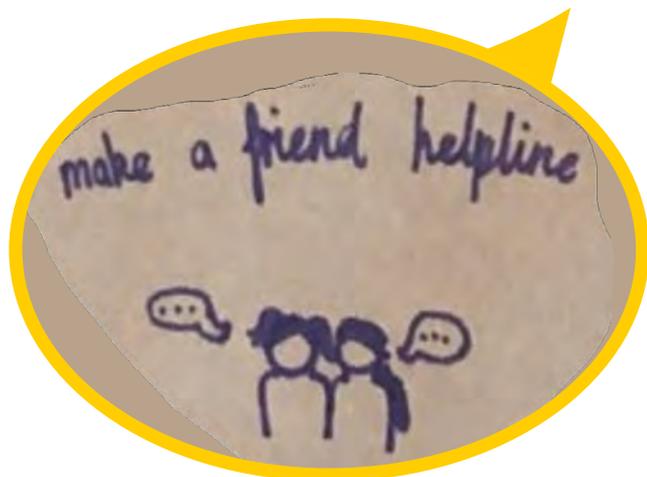
The things that kids got away with saying or doing to the [mural on queer mental health] – they would spit on it or they would throw things at it. Teachers wouldn't do anything about that.

Young person, NSW

When we aren't supported well at school or elsewhere, it means we're distracted. If we're not comfortable being in a space where we're meant to be learning we're not going to learn.

Young person, QLD

These comments are consistent with research that shows that children with disabilities, children from culturally and linguistically diverse backgrounds and LGBTIQ+ children are more likely to experience bullying.¹²⁶



(c) Mental health support at school

Young people and parents/carers raised the need for adequate mental health support at school for those with multiple and complex needs and the need for teachers to receive mental health training.

Parents/carers expressed a need for specialised mental health staff in schools that is readily available and adequately resourced to support students. Several parents/carers raised concerns about the accessibility of current mental health support in schools and reported a shortage of school counsellors or school psychologists. For example:

Schools have psychologists making regular visits but it's nowhere near enough. Waitlists and just satellite visits to schools, for example, the primary school has one day a fortnight. So, they do testing for that one day to see where priority is (like if a child needs support), basically testing and referring. They can't do work needed to actually support those kids. It falls to social worker but a lot of the support they can't understand or do.

Parent or carer, TAS

Guidance counsellors [are] at school two days a week (and there's really high turnover). Every state school should have a full time school counsellor.

Parent or carer, QLD

The shortage of specialised mental health staff in schools was also raised in a number of submissions to the Productivity Commission's Inquiry into Mental Health.¹²⁷ The Inquiry's final report found that there were vast differences in the ratios of psychologists to students in government schools.¹²⁸ The ratios ranged from 1:885 in Western Australia to 1:3090 in the Northern Territory.¹²⁹

However, all jurisdictions fell short of the ratio recommended by the Australian Psychological Society of 1:500.¹³⁰ This shortage of staff significantly affects the ability of schools to support children's mental health and wellbeing needs, which are likely to increase in the post-pandemic recovery period.¹³¹

Some young people and families also reported issues with the quality of mental health support provided in schools. They reported a need for increased, specialised support for children with complex mental health illnesses. For example:

Guidance counsellors at school is a huge issue – they aren't skilled at provided psychotherapy and that is really where the support is needed at the grassroots.

Parent or carer, QLD

I went to the school counsellor in tears because I was starting to process things at 15 years old that I was not ready to handle. I remember sitting down and trying to verbalise what was happening to me but I didn't have the tools to do so. Trying to communicate what I was going through in words was really difficult. The counsellor at my school just said 'I don't have time to deal with this. You are a child that is having an argument with a parent.'

Young person, NSW

My friend was frustrated that they 'can't deal with people who have issues more serious than 'homework makes me sad'.

Young person, VIC

The Productivity Commission's *Inquiry Report into Mental Health* found that the role of schools is changing and that they are playing an increasing role in responding to social issues, including mental health and wellbeing matters.¹³² However, there is 'limited clarity about the responsibilities of schools and the services they need to deliver or facilitate'.¹³³ Further, insufficient resources and overlapping responsibilities present challenges for schools in implementing wellbeing policies.¹³⁴

Children and young people reported that concerns about confidentiality were a barrier to seeking support from school staff. This issue was most commonly raised by LGBTIQ+ young people and children and young people who sought support from schools for family problems, including family and domestic violence.

Children and young people told us about instances when issues discussed with teachers and school counsellors were reported to their families without their consent. These disclosures can put children at risk of harm and prevent them from confiding in and trusting adults in schools. These young people shared their personal experiences:

School counsellors – bad experience where mandated by school who feeds back to abusive parents

Young person, TAS

Me and [siblings] when we were all in primary school ..when we got a school counsellor for all of us 3, we had this person and we told her to not tell our dad and our step-mum, but then after we came home, the person who we asked not to tell our step-mum and our dad, [the counsellor] told them. They were mean to us.

Child, NSW

I was always very conscious of what I did and didn't say to adults – that whole experience throughout high school meant that I wasn't true to my experience because I was conscious that it could involve my parents who already didn't understand.

Young person, NSW

They [school counsellor] breached confidentiality to my parents all the time.

Young person, QLD

I have heard bad things about school counsellors, one friend got outed to her parents as trans.

Young person, VIC

Can't talk to teachers in confidence. Trouble at school should stay at school.

Young person, NSW

Notwithstanding this, some children and parents/carers reported positive experiences of receiving mental health support at school. Some parents/carers spoke about mental health support at school being more accessible to children because 'they are at school six hours a day' and 'counselling [at school] becomes a part of their day'. One parent also explained that school wellbeing teams can help with identifying disabilities and referring children to medical professionals for diagnosis and additional support. Others told us:

The guidance counsellor at school was good in helping my son with his ADHD. He got the ball rolling with helping him to see a paediatrician.

Parent or carer, QLD

We were at [youth mental health service] for a bit and they decided that my son didn't need to see them anymore. They didn't check up or anything. The school and the support worker at the school have been very helpful.

Parent or carer, QLD

[School counsellor] – it's good to be able to talk to someone in private.

Young person, NT

One of my friends, she was just feeling low and she blocked everyone out of the picture. She is currently getting some counselling with the school. The counselling is helping her.

Young person, National

(d) Teacher training and support

Parents/carers and young people reported that it is important for teachers to have training, resources and inter-disciplinary support necessary to help students who are experiencing complex safety and wellbeing concerns. As one young person from New South Wales said in the survey, 'teachers are the first line of contact for a lot of children in unsafe situations'. Therefore, it is important that teachers are equipped to recognise when a child is facing safety and wellbeing concerns. It is equally important that they have the necessary resources and support to adequately address these concerns. Young people and parents recognised this as a key issue:

If [teachers] are not properly educated about issues (abuse, queer issues) then they have the potential to make abuse worse and/or make the child distrust them.

Young person, NSW

People working with children (teachers, anyone working with children) being trained in mental health first aid.

Young person, VIC

We have class sizes that are way too big and so the teachers are not able to give enough attention to the kids that they need.

Young person, VIC

As teachers, it can be really frustrating because they aren't supported to provide the kind of care that is expected of them.

Parent or carer, QLD

It is essential that teachers have a 'broad understanding of social and emotional development' and are trained to identify mental health concerns.¹³⁵ However, teachers do not replace specialised mental health professionals and need to be supported by inter-disciplinary teams of relevant specialists.

LGBTIQ+ young people, children with disabilities and their families also spoke about the importance of having school staff that are inclusive. They valued having teachers who understood their identity. Some young people and families expressed the need for more training on LGBTIQ+ issues, disability and cultural competency for school staff. They told us:

[It would be helpful if] If teachers in Cairns knew more about [sexuality and gender].

Young person, QLD

School staff need to be trained on mental health, chronic ill health and disability to adequately support.

Young person, National

Intersectionality – teachers and others need more understanding not only of LGBTIQ+ issues, but also Indigenous, disability, CALD young people so can understand full diversity.

Young person, NSW

Aboriginal and Torres Strait Islander young people and parents/carers, and young people from culturally and linguistically diverse backgrounds also raised the importance of having people who understand them at school. Young people spoke about facing different expectations and cultural norms between home and school, and their need for this be understood by staff. Some young people also reported wanting to have more teachers employed from diverse backgrounds. For example:

A mentor that understands both cultures and languages.

Young person, SA

Expectations at home are not the same as the expectations at school.

Young person, SA

Employ more African teachers in schools.

Young person, SA

Training up young indigenous people to work in the sector (education, child protection, youth work).

Young person, NSW

(e) **Aboriginal and Torres Strait Islander children**

Some Aboriginal and Torres Strait Islander children and families spoke about schools not being culturally inclusive or safe and the impact that this has on children's education. A lack of contemporary resources to learn about culture and a lack of understanding and respect for culture were discussed as barriers to achieving cultural safety at school. As a parent/carer in Queensland explained, 'children disengage from school when they are not culturally safe'. This was supported by other parents who said:

Cultural safety of Aboriginal and Torres Strait Islander children is always left out. [The] school refused to put up Aboriginal and Torres Strait Islander flags up. Instead, there are statues of Captain Cook ... It falls on the parents to create culturally safe spaces, the school doesn't.

Parent or carer, QLD

No contemporary resources for children to learn about culture for example, children's book.

Parent or carer, NT

Don't feel safe at school, it's boring and not friendly.

Parent or carer, NT

This aligns strongly with what Aboriginal and Torres Strait Islander women and girls shared in consultations included in the *Wiyi Yani U Thangani* report. While these women and girls acknowledged that some efforts have been made by governments to improve cultural responsiveness in schools,

implementation has been inconsistent around the country.¹³⁶ Girls highlighted that they felt their culture was only recognised on national days of celebration and shared that the system continues to be largely unsupportive of Aboriginal and Torres Strait Islander knowledges and cultural expression.¹³⁷

Aboriginal and Torres Strait Islander families that we spoke to in the Northern Territory told us about additional barriers that their children face at school. While there has been progress with early childhood education in some remote communities, there are difficulties in sustaining the gains in the transition to school after the age of five years. They also talked about how the education system can feel very foreign for them. For example, when they go to school, they have to engage with a new culture and sometimes learn a new language. They expressed the importance of recognising these additional barriers that children face and addressing them through targeted supports at schools. For example:

When are the schools going to get ready for the kids? When the kids muck up they get separated or sent home. Kids don't want to be at schools. Kids need more help (with tutors) with homework. In language and culture, everything they learn is foreign.

Parent or carer, NT

For some of our kids, English is their fifth language. They learn four languages when they are little, when they are growing up, and then they learn English. English is a foreign language for them.

Parent or carer, NT

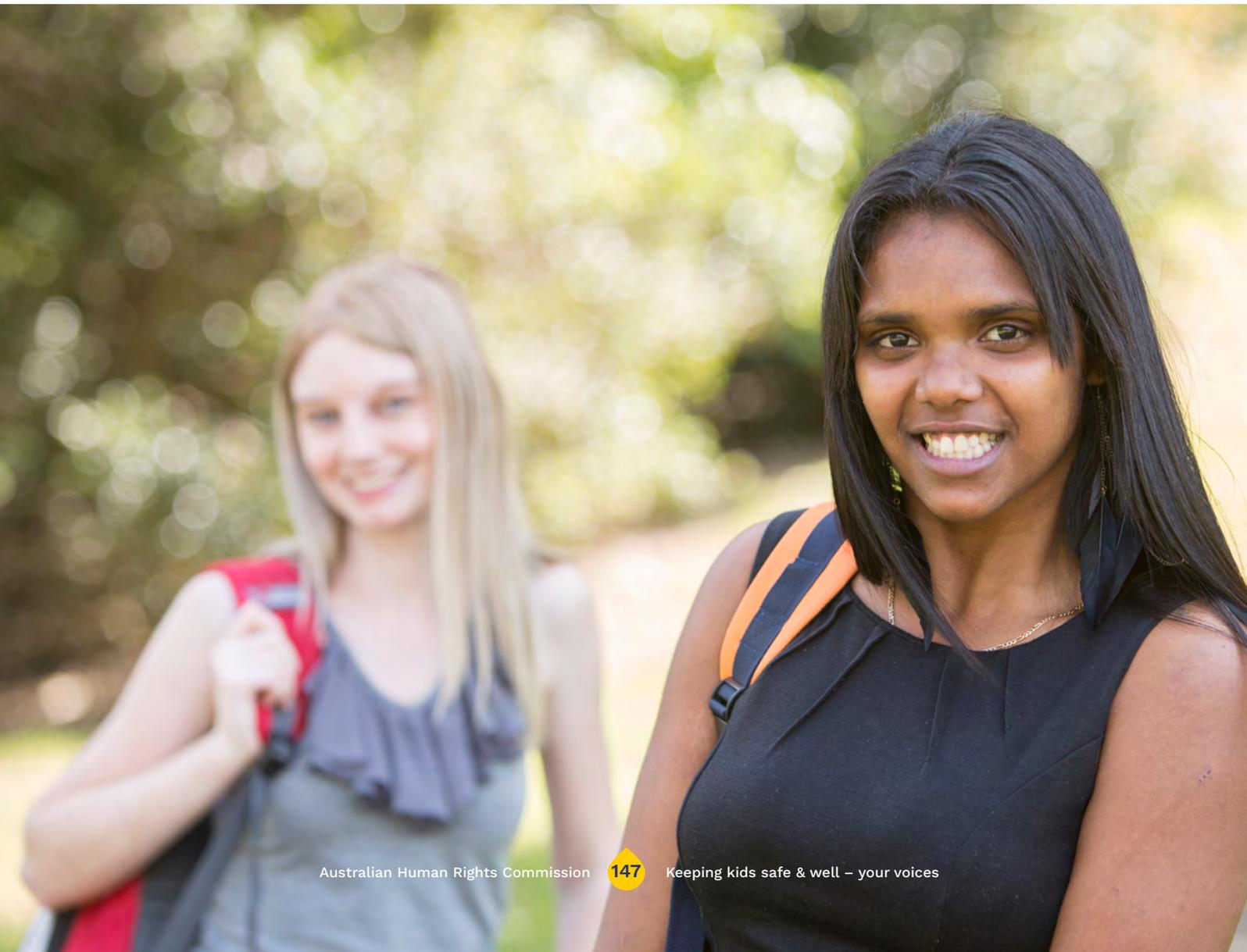
The need for targeted support for Aboriginal and Torres Strait Islander students was also discussed in one consultation with Aboriginal young people in New South Wales. In this consultation, young people expressed a need for support early on:

Gaps in knowledge translate from primary school then translate into high school and kids become discouraged in school as a result ...There is a lack of early learning support (no funding for primary school tutoring and educational support, only high school but by then it's too late).

Young person, NSW

The Closing the Gap target is 'by 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining year 12 or equivalent qualification to 96 per cent'.¹³⁸ According to Closing the Gap data, in 2016, 63.2% of Aboriginal and Torres Strait Islander peoples aged 20–24 years had attained Year 12 or obtained a non-school qualification at Certificate III or above.¹³⁹ In comparison, the percentage of non-Indigenous people who attained that level of education is 88.5%.¹⁴⁰

Making schools culturally safe spaces for Aboriginal and Torres Strait Islander students and implementing targeted supports to help them stay engaged at school are important steps in achieving this target. However, in striving for this target, it is essential that the quality of education received is not compromised.



In the *Wiyi Yani U Thangani* consultations, some Aboriginal and Torres Strait Islander girls raised concerns that schools had lower expectations of their academic performance and, as a result, academic support for them was not seen as worthwhile or was only offered in a condescending or tokenistic manner.¹⁴¹ Schools should be sites of empowerment for Aboriginal and Torres Strait Islander students and help set them up for what students want to do post-school. As an Aboriginal young person in New South Wales told us:

Schools are too worried about getting kids 'through' schools and not worried enough about the quality of their education. Kids who graduate are struggling to get jobs and find places to study because schools don't prepare them.

Young person, NSW

Parents/carers spoke about the importance of supporting Aboriginal and Torres Strait Islander children to learn about culture at school and in early childhood education and the need to incorporate cultural learning in all educational settings. For example:

Kids go to school with good Indigenous program, where they can learn about Indigenous musicians, have Indigenous person talk about bush tucker, etc.

Parent or carer, ACT

Cultural education so we can have the 'new ways and the old ways'.

Parent or carer, NT

We need a First Nations curriculum.

Parent or carer, NT

*Need more SOLUTIONS
Cultural Learning
for other non-First nation.*

Case study: Cultural education in early childhood

One consultation was conducted at an early learning hub in a remote community in the Northern Territory. The early learning hub delivers early education to remote communities focusing on First Languages and culture while incorporating 'Western' literacy and numeracy. The families at the early learning hub told us that they valued having a connection to Country, language, and culture in the education of their children.

[Early learning hub] is good (connection to Country, language and culture, early years session on Country, health sessions, bush medicine).

Parent or carer, NT

[Early learning hub] is good for the little kids (they come every day, learning language, if they can't come, we do our own learning).

Parent or carer, NT

Early learning with [early learning hub] in communities, learning culture and feeling safe.

Parent or carer, NT

Children, young people and families told us that targeted programs that employ holistic and culturally safe approaches are especially helpful. For example:

[Child protection agency] sometimes works well – helped to teach [another person] English when she came from community.
Parent or carer, NT

[Program supporting Aboriginal girls to stay engaged in education] works well.
Young person, NT

[Support program for Aboriginal boys] – takes kids out on excursions. Camping, fishing, the wave pool and to [town name]. They pick you up if you miss the bus. They have family days – friends, teachers, family have gone as well.
Young person, NT

(f) Children with multiple and complex needs

Children, young people, and families spoke about how the issues that children face outside of school impact on their education. Young people with lived experience of out-of-home care, explained that changing schools creates gaps in their education and children who are in out-of-home care, move around and change schools a lot. Similarly, young people who faced issues at home,



such as family and domestic violence or substance abuse, told us about how this made it hard to concentrate at school:

When kids go to school they are tired. Problems at home like fighting and drugs and drinking. You have to provide for yourself.
Young person, NT

Recognise that some of us get moved around lots and have very broken education. You can't progress before you catch up on what you missed first.
Young person, National

Some young people and families spoke about children who have experienced trauma as being labelled as 'troublemakers' at school. They spoke about wanting teachers and schools to support children in a trauma-informed manner, seeking to understand and empathise, rather than taking a retributive approach to a child's behaviour.

For example:

Most schools don't even deal with kids in trauma; Put it down to behaviour; No training for teachers about how to deal with kids with trauma.
Parent or carer, QLD

If we act out, find out why and help us to address the cause, don't penalise us for acting out (for example, suspension) – all that does is marginalise us more.
Young person, National

(g) Children with disabilities

See section 5.3(e) for information on this.

(h) Education in rural and remote areas

Some young people and parents/carers from rural and remote areas spoke about barriers to accessing schools and a lack of support at school.

Specifically, they told us that there were often long travel times for children to get to school which acted as deterrent to regular attendance:

We need a school for the big kids out bush. The school in [town] is too far away.
Participant, NT

Hard to access school (long way to travel).
Young person, TAS

Some young people who had attended schools in rural and remote areas as well as schools in metropolitan areas were able to compare their experiences and expressed a notable difference in the quality of education available to students. They noted that schools in metropolitan areas were better resourced and had more supports. For example:

Schools are bad back at home – teachers can't deal with drugs and alcohol.
Young person, NSW

There is a lack of support in regional schools.
Young person, NSW

The relationship between student location and educational achievements was examined in the 2018 *Independent Review into Regional, Rural and Remote Education*. This review found that for decades the progress of regional, rural, and remote students has lagged behind metropolitan students, as demonstrated in NAPLAN results and attainment of year 12 or an equivalent qualification.¹⁴²

(i) Trusted adult at school

Children and young people spoke about the importance of having an adult that they can trust and who supports them at school. Many children valued having teachers that they could talk to about anything, not limited to their learning.

Schools and teachers can be an important source of support for children and families. A range of comments were made by children and young people support this:

I wish at school that if you're having a bad, like your family be mean to you, your friends aren't at school, you're having such a bad day, you get bullied, that you have these places around the school that you can talk to someone about what's happening and they'll write it down and try make you feel better so that you actually have a great time. I wish everyone in the school had one person.

Child, NSW

Teachers support and tell you what you can do when you share your experiences.

Young person, TAS

If your family is being mean to you, you can talk to your teacher about how you're feeling.

Child, NSW

My teacher makes us feel good about ourselves and encourages us not to give up. When we are sad teachers comfort us.

Child, NSW

It is helpful to have a teacher you can go to.

Young person, NSW

This teacher helped me out a lot. She helped me to become a student counsellor and all that.

Child, WA

Having an adult, they can trust at school was particularly important for children and young people who experienced bullying and violence at school. When discussing bullying, some children and young people told us about the adults who supported them. They valued teachers who listened to them and took action to address the bullying. For instance:

I was bullied at school and the teacher in my year was really great at helping the class to fix the problem. They actually talked about disability well which was the first time.

Young person, National

My teacher helps me with homework and helps me with bullying at school.

Child, NT

I sometimes go to see my wellbeing teacher when I get bullied. They just kind of sit me down and help me calm down.

Young person, VIC

(j) Flexible learning environments with wraparound supports

Participants across all cohorts valued flexible learning environments with wraparound supports in cases where children had multiple and complex needs. They valued having a school environment tailored to them, flexible, and with the ability to address a broad range of needs. Having support in other areas of their lives enabled them to engage in education more effectively. For example:

Have been looking around for different school and have enrolled [my child] into a trauma-informed state school ..[at the school, they will] allow him to have [occupational therapy] and speech therapy, guidance counsellor, wellness support person who goes around to classrooms all day to provide support to kids who might need it. [There are also] other services like gardening etc ..[and they] have a person to come into the classroom to provide additional learning support.

Parent or carer, QLD

[Victorian Certificate of Applied Learning (VCAL)] shouldn't end. I only got through school because I had flexible learning styles.

Young person, VIC

They're really flexible – normally you have to work around school, but the school works around you and your needs. We have a flow case manager, they make you fill out a form with what you want to do and what you want to study, and they help you out with that.

Young parent, SA

Case study: Wraparound supports for children and young people with multiple and complex needs

One consultation was hosted at an educational program for young pregnant girls and young parents with babies and infants. It supports them to complete their schooling with flexible content delivery and vocational training options, combined with on-site childcare.

The program also provides them with transport to access it, onsite legal, housing and health services, and warm referrals to other support organisations.

Those who participated in this consultation valued the flexible and holistic support that enabled them to continue with their education and be supported in all aspects of their lives.

They also valued being with their peers with similar lived experiences.

Specifically, they told us about the importance of:

Access to services like legal advice, child-minding, dentists, [maternal and child health] nurses, [sexually transmissible infection] checks all in house.

Young parent, ACT

It's got everything you need, so much support, they help you out, pick you up and take you to appointments.

Young parent, ACT

[Maternal and child health] nurses at [support service] support access to pre-preschool classes by providing a reference – helps avoid costs of childcare.

Young parent, ACT

Being able to work at your own pace.

Young parent, ACT

[I] like the programs offered, like hairdressing, kitchen, business.

Young parent, ACT

(k) A practical and engaging curriculum

Children and young people valued having activities and subjects that they enjoyed at school. Children spoke about liking school because of the activities they do at school such as 'reading books', 'playing maths games', and 'gardening'.

I love being the best in class and maths.

Child, NT

Thursday afternoons gardening at school.

Child, TAS

Reading books – reading is my superpower.

Child, NSW

Free time is good at school because there are things to do like play fun maths games.

Young person, NT

Children and young people also highlighted the importance of comprehensive inclusive relationships and sexual health education. Some students reported wanting to see a more inclusive approach to education that incorporated queer sexuality and gender diversity. For example:

'Growing up' program at school – the person who runs this takes all the awkwardness out and makes it fun.
Child, TAS

[Relationships] courses at school.
Young person, NSW

[It is not working well to have] no consent or relationships education.
Young person, TAS

School sex ed classes only talk about man and woman, not about any diversity of sexuality. Sex ed is also too early (late primary school) and even when it is taught in high school they separate people into boys and girls.
Young person, QLD

Sex ed and health education in schools is woeful. There is nothing about queer sex education and it pushes abstinence. There is a lot of stigma about bodies.
Young person, VIC

Young people with disability highlighted the importance of educating all students about disability at school. One young person with a disability told us that there is a need for

'training and education [about disability] that is built by disabled people with lived experience'. This was also suggested by a parent of a young person with a disability:

I want to see education from a primary school level for children learning about diversity, learning about neurodiversity, learning about disabilities.
Parent or carer, National

Children and young people valued opportunities to develop practical skills that prepared them for life after school. They included courses about nutrition, managing money and having a job. Children and young people told us:

Kids need to be better equipped through education on life skills. We need to assume that the parents aren't doing this.
Young person, NSW

Activities and courses that help kids know how to do things for themselves – things that help kids be responsible for themselves.
Young person, WA

There are things where they come in and give you a little tour about your [bank] card – I think it's called [program name]. Having to teach you about money so you know what's going to happen when you have a card.
Child, NSW



It was noted that this is particularly important for children who are not learning these skills at home.

Case study: Practical skills at school

A consultation was conducted at a high school for children with intellectual disabilities.

This school has targeted programs in place to teach students essential life skills. The school has a nutrition program where children receive a budget, go shopping for food and then prepare the food at school. This helped children learn about budgeting, cooking and nutrition. The school also has a canteen and a shop where children can work and learn about having a job. Older students can also work there on weekends and earn money. Students spoke positively of these programs. When asked 'what is working well', students told us:

Nutrition program (shop for food and get food at school).

Young person, NT

Nutrition program at school where you learn how to buy things, cook things, living skills.

Young person, NT

(I) Family engagement at school

Children, young people and parents/carers spoke about the importance of engaging families in the school community. They spoke about how schools can be an important source of support for parents/carers who are struggling. They also explained that children are best supported when schools and families work together. For example:

Parent/teacher involvement – for example, parent/teacher interviews, grandparents day.

Young person, National

School can be really good for families.

Young person, QLD

It could be really beneficial if it [parent/teacher interviews] wasn't so much just about academics. It would be helpful if the conversation was a bit more about mental health and how both the school and the parents can support the child.

Young person, VIC

Making the education system so that it has the ability to take care of students and parents that might need additional help.

Young person, NSW

Schools that help kids and parents (including having social workers for parents).

Parent or carer, NSW

A variety of research supports the importance of parental involvement in children's education, and the need for a bi-directional relationship between home and schools.¹⁴³

Young people spoke about barriers that families from culturally and linguistically diverse backgrounds face in getting involved in schools. They expressed a need to assist families from culturally and linguistically diverse backgrounds to be involved in their children's education and to enable them to support their children. For instance:

Finding ways of getting refugee parents involved in school programs.

Young person, National

Refugee kids don't have parents to help with homework etc. And language difficulties are barriers that need to be addressed – one mother was told that she needed to bring her own translator to school. Refugee parents should be empowered to be involved with their kids' schoolwork.

Young person, National

Expectations at home are not the same as the expectations at school. More engagement of families in the school (more engagement between parents and teachers).

Young person, SA

Schools that help kids & parents - social workers for parents

In one consultation, Aboriginal and Torres Strait Islander parents/carers spoke about the importance of intergenerational engagement at schools to create culturally safe spaces. Parents/carers wanted to be involved in their children's schooling. They also wanted to be involved in incorporating cultural learning into schools. For example:

Principals must involve parents and children.

Participant, NT

Inter-generational schools.

Participant, NT

Cultural education so we can have the 'new ways and the old ways'.

Parent or carer, NT

Engaging families is crucial to improving educational outcomes for students from minority groups. When trying to engage these families however, it is important to recognise that some parents may have had negative school experiences themselves and lack confidence and skills to support their children's learning. They also may be facing complex and challenging circumstances in their own lives.

Support contact w/ parents + their children.

Schools to help with students and families (many don't)

(m) School-based food programs

In consultations, when children were asked about services that they found helpful, they frequently mentioned services which provided free food. These included breakfast programs and cooking programs, including where they grew the food and then used it to prepare meals. These types of programs also provide opportunities to learn about food and nutrition. They told us that they wanted:

*Breakfast Clubs and Lunch Clubs at school.
Child, NSW*

*Breakfast Club at school every day, with hot lunch on Wednesdays. There is a person employed to cook (the teacher's assistant).
Child, TAS*

*Schools should provide regular healthy food for kids – kids do school, better for everyone.
Young person, NT*

The value of breakfast programs in schools is well established. An evaluation of breakfast programs in Victoria showed that the benefits of the program went beyond meeting the immediate hunger needs of students, and included addressing nutritional needs, positively impacting on the capacity of students to learn, improved social skills, increased school engagement, enhanced relationships within the school community.¹⁴⁴

Breakfast Clubs also provide opportunities for schools to informally touch base with students who may need additional support.¹⁴⁵

These programs should be offered frequently, consistently, and equitably to realise maximum benefits for children.

(n) Homework Clubs

Homework Clubs are spaces where children can go after school to complete their homework supported by tutors or other adults. Children and young people who were engaged in Homework Clubs found them helpful. Children valued these programs because they provide additional educational support and a safe place to go after school. Some participants spoke about wanting greater access to Homework Clubs. For example:

*Homework centres are helpful.
Young person, SA*

*After-school Homework Clubs (don't have enough).
Young person, WA*

*More Homework Club.
Child, ACT*

*Being at Homework Club because: people are here to protect us; people can help you; and, we know the people here.
Child, ACT*



(o) Access to vocational education

Some young people and parents/carers reported limited access to vocational education. This issue was raised in consultations hosted in places where people are likely to experience barriers to accessing education generally, such as youth detention centres and family and domestic violence shelters. It was also raised in a consultation with young people from rural and remote areas. Participants told us that they wanted greater access to training that leads to employment opportunities. For example:

Nothing to do, both inside and outside. Need more programs inside to get an education and training to get a job outside.

Young person, NT

*VET
Courses cancelled
lack of staff.*

More programs that lead to apprenticeships in rangers, mechanics, station work.

Young person, NT

Education opportunities (nursing, cooking, literacy, numeracy, bank tellers, interpreters), more government courses.

Parent or carer, NT



*Educational support (TAFE) in country.
Young person, NSW*

(p) Training for meaningful jobs

Parents/carers and young people valued vocational training that leads to meaningful jobs. They spoke about the importance of vocational training that leads to actual employment opportunities in fields they are interested in. For instance:

We did a program to learn different types of skills for jobs, a resume thing. We also did a work placement at the end of the five week course. They arranged a work placement. We were at a café in [location]. I was in the back helping do catering orders.

Young person, VIC

Get a job. Need more help with training and education – make my family proud.

Young person, NT

*Training needs to lead to a job.
Participant, NT*

Extra support and training to get a meaningful job you can continue to work in and make a living out of.

Young person, National



(q) Traineeships at school

Young people who accessed traineeships and other vocational opportunities at school spoke positively of these programs. These programs were accessible and enabled them to enter career paths straight from school. They also spoke about feeling motivated to go to school when undertaking traineeships. They were motivated by the pathways that traineeships offered when they finished school and also the financial benefits of traineeships. For example:

I want to do an apprenticeship through school. You get paid to do the apprenticeship so you get paid to go to school.

Young person, WA

I go to school one day a week. I do automotive. At the end of two years I come out with a Certificate II in Automotive. When I finish school I want to join the army. The Certificate II will help me get there. This was offered at the school I originally went to.

Young person, VIC

(r) Childcare and early childhood education

Parents/carers raised issues with the affordability and accessibility of childcare. Some parents/carers told us that there are long waiting



lists and limited places for childcare. Parents/carers also told us that childcare is expensive and unaffordable for many families. For example:

Childcare is hard. There are limited spots, it's very expensive and there are long waiting lists

Young parent, ACT

More affordable or free childcare.

Young parent, NSW

We need reduced fee childcare. The cost is a problem. [The Jobs, Education and Training (JET) Childcare Fee Assistance Scheme] that cost \$21.00 for one week needs to be brought back.

Parent or carer, NSW

Childcare fees mean that it makes more sense to stay home rather than work.

Parent, NSW

[Where service provides access to 13 weeks of free childcare which can be extended] – services that help with things like this are good.

Young parent, ACT

Maternal and child nurses at [service for young parents] support access to pre-preschool classes by providing a reference which helps avoid costs of childcare.

Young parent, ACT

Young parents spoke about the importance of having access to childcare to give parents, particularly mothers, time for employment, education and other activities.

They told us that having access to childcare is essential to help them complete their education. Some mentioned that access to childcare provided them with necessary respite. This was especially important for single and young mothers who did not have family support to help with the care of their children. They told us:

In high schools, they should have a building at the back that is half childcare and half for young mums so we can still participate. If I was at a school without any accommodation for babies, I couldn't go because it's 'distracting'.

Young parent, SA

Need more day care services as, if you don't have a family to help look after your child, even if you have support to access education, it is not enough. Childcare is too expensive.

Young parent, ACT

We need [childcare] a lot – childcare is very helpful. When you need free time, cleaning the house, etc.

Young parent, SA

The Commission has previously explored the issue of access to childcare as a barrier to workforce participation.¹⁴⁶ Barriers to access include the cost of childcare and a lack of availability of childcare that meets the needs of families.¹⁴⁷ This is particularly the case for families in non-metropolitan areas and parents/carers working non-standard hours.¹⁴⁸

Some parents/carers spoke about the benefits of early childhood education in terms of the development of their children and helping them to be 'school ready'. They particularly valued having access to connected, joined-up early childhood services to help them to support their children's needs.

Aboriginal and Torres Strait Islander families valued early childhood education centres where children could learn culture and have a connection to Country. For instance:

[Early childhood education program] – especially good for kids with disability. For a kid with disability, it's really for kids with higher needs to access – and for teachers to be able to get support through funding, for example, have another [teacher's assistant].

Parent or carer, TAS

Connection to Country, language and culture, early years session on Country, health sessions, bush medicine.

Participant, NT

A synthesis of Australian research supports this, reporting that 'access to good early childhood programs ... can provide children with social and cognitive experiences that promote independence and positive attitudes to learning'.¹⁴⁹ Quality early childhood programs facilitate the transition to school and underpin later academic success. However, while it is acknowledged that early childhood learning and care settings play a critical role in educating children, the broad literature shows that this is most effectively accomplished when it is a shared responsibility with parents also taking a key role.¹⁵⁰

5.9 Youth community activities

(a) Snapshot

Children, young people and parents/carers spoke about the importance of children and young people having access to safe community spaces, such as drop-in centres, sports clubs and community hubs. They valued the supportive staff who they engaged with at these places.

They reported relying on community spaces for a range of supports, including support with mental health, physical health and accessing basic needs. In particular, children, young people and parents/carers highlighted the importance of having safe community spaces for children and young people who do not have a safe home to go to.

Some children and young people who responded to the survey chose activities with other children and young people as one of the three most important supports to help keep children and young people safe ($n=36$, 17%). For more information on survey results see section 3.3.

(b) Things to do and a safe place to go

Children, young people, and parents/carers in every jurisdiction raised the issue of children and young people not having enough activities available to them outside of school. They explained to us that when children and young people do not have safe spaces to go, they are more likely to engage in harmful activities such as violence and



substance abuse. As one child in Western Australia told us, 'kids get into trouble because they are bored'. Others said:

Young people need more support – programs, safe place, mentors, that one person that is there for you always. Without these things young people tend to use drugs and alcohol. Support is key.
Young person, National

Put programs in place after school so they aren't out running around doing things they wouldn't be doing if they weren't supervised.
Young person, QLD

[Children] need a fun place where they can play. Like more playgrounds or a festival.
Young person, WA

Teenagers need own space and support.
Participant, NT

More youth programs to stop kids getting into trouble.
Parent or carer, NT

To stop kids getting into trouble on streets (need to stay home, something to do, for example, part-time job, school, go somewhere to get wi-fi like a library)
Participant, NT

In particular, children, young people and parents/ carers highlighted the importance of a safe place to go after school for children who do not have a safe home. As one young person told us, safe places in the community enable children and young people 'to get away from home if [they] need to'. Others agreed:

Activities in town for young people (some don't have a home or don't want to go home).

Participant, NT

A place to get free food on weekends, a place to make friends, a place for abused kids.

Child, NSW

Libraries and other community centres – somewhere to get away from home if you need to.

Young person, National

We need somewhere for the people who want to hang out with their friends and not go back home.

Young person, NT

Some children and young people that we spoke to had access to places like youth clubs, drop-in centres, and community centres. They also had access to sporting facilities and sports clubs. In regional, rural, or remote areas, children and young people identified other public amenities as safe places for children to go, like the local

swimming pool which 'should be open all year' and parks. They told us that they appreciated having a safe place to go and activities to do, as well as opportunities to socialise. For example:

[What works well?] Places for (older) young people to go that are drug and alcohol free – supporting social health.

Young person, National

A safe place to go is important.

Young person, NT

I go to the youth centre every day except for Sundays.

Young person, WA

Drop-in centre – mental health support and someone to talk to. Whenever you are in stress, they are there for you. A place where you can be yourself.

Young person, NT

Youth centre – can play basketball, get food, use iPads.

Young person, NT

After-school programs that they do for kids like [mental health service for young people]. Kids go to hang out there after school. Sometimes they come over to the school or kids go to their place. It's fun and there's good people there – its positive. Arts and crafts and stuff. Teenagers.

Young person, NT

Men's group – physical activity is satisfying to test our strength. It really helps with the stress levels and there are positive role models.

Young person, QLD



(c) 'One-stop shop' support services

Children and young people valued having places to go to where they can seek support for a variety of needs and talk to people they can trust. They spoke about the importance of having places that they can turn to for a range of supports including for mental health, employment, access to basic needs, access to medical appointments and tutoring. As one young person in Victoria stated, it is important to have places that are a 'one-stop shop' or a 'no wrong door' service'. Other young people shared similar sentiments:

[Children and young people] can just come in and say 'hello I need help' and someone will be able to help.

Young person, VIC

[What is working well?] a coworking and café hybrid space that serves food for free – a lot of youth are food insecure or financially insecure and they don't like to speak about it.

Young person, National

[Youth support centre] – meet people and get support. They have a get together night – some other young parents go there. They also have youth workers who can help take you to appointments etc.

Young parent, NSW

[Youth support centre] – walk-in centre who have trained youth workers who can support you. You can go there to do art. It is a safe space for young people who are struggling with mental health issues. You can go there and find connection and safety.

Young person, VIC

[Youth support centre] – they keep kids off the street and give them a safe place to go. They run sporting activities, give kids food and they assist with tutoring.

Young person, NSW

People at [youth support centre] help a lot, take us to appointments (doctor and to court), used to give food vouchers, can watch tv and cook food (for younger people – have age limits).

Young person, QLD

(d) Peer support groups

Young people valued having access to peer support groups. They spoke about the benefits of connecting with peers who had similar experiences that they could relate to. Some young people also told us that they felt more comfortable talking to peers because they are not mandatory reporters. As one young person in New South Wales told us, they were more hesitant to talk to adults as they were worried that 'authorities would be involved'. They told us:

Peer support workers – as someone who experiences mental health issues sometimes I need someone to talk to who actually gets what I'm going through – not just when accessing mental health specific services.

Young person, National

Peer support and other queer adolescents (they are more understanding than other face-less services), [they] are more supportive than adults, their understanding of queer issues is more relatable.

Young person, NSW

Other students aren't mandatory reporters (you can go to them for help without being worried that authorities being involved), kids who don't feel safe at home are more nervous about talking to adults in case they are mandatory reporters.

Young person, NSW

Young carers can feel isolated, so it is a space to stay connected with other young people.

Young person, VIC



Case study: Peer support programs

Peer support programs provide an important safe space for children, young people and parents/carers. They offer emotional support, build self-esteem, and can be an important source of information about services and supports. They can be especially useful for people who feel stigmatised because of their life experiences, or for children and young people experiencing a lack of understanding and support from their families or mainstream institutions.

For example, children and young people with experiences of family violence have valued peer support programs as a place to meet and learn from others who have similar experiences, in a safe and trusting environment.¹⁵¹

In our consultations, young people and parents/carers told us of the benefits of receiving peer support, either through dedicated programs or through 'one-stop shops' that include regular socialising opportunities with people of similar experiences.

We heard about the benefits of peer support programs for LGBTIQ+ young people run through existing LGBTIQ+-specific organisations.

I have been going to [LGBTIQ+ program] for around six years. I have been with [LGBTIQ+ program] throughout my whole discovery of myself and my identity. Having a safe space to just hang-out with other members of the queer community (not having to worry about running into someone who could potentially hurt me). Being able to see queer adults living their lives. I remember meeting someone who is queer and much older who helped me see my future beyond my teen years. We don't have a lot of older queer members in the public eye. Having someone there who I could interact with helped me visualise my future.

Young person, NSW



(e) Safe spaces for LGBTIQ+ young people

LGBTIQ+ young people spoke about the importance of having a safe place where they feel accepted and can socialise with other LGBTIQ+ people. They highlighted the importance of making these spaces accessible to young people whose parents are not supportive of their gender identity or sexual orientation. Young people valued the opportunity to connect with other LGBTIQ+ young people who have similar experiences. One young person also spoke about the value of having access to older LGBTIQ+ role models. Young people told us:

[Youth support centre] – They ran programs and activities for teenagers and children. They were really good at giving me something to do. It got me out of the house and it got me to meet other people. They provided a space for queer kids to hang out. It was a really supportive environment and it was free.

Young person, NSW

I remember needing to hide where I was going from my parents (when I was going to meet other queer youth or when I was going to [youth support centre]). The stress of that was very bad. The main reason they didn't want me going was because they couldn't influence anything that was happening there. But I needed that space that they couldn't infiltrate. I don't know how to get around that and make getting into those spaces easier. But I do think that it would be something good to look at. It would be good to have spaces that queer people can easily access.

Young person, NSW

Being able to see queer adults living their lives. I remember meeting someone who is queer and much older who helped me see my future beyond my teen years. We don't have a lot of older queer members in the public eye. Having someone there who I could interact with helped me visualise my future.

Young person, NSW

(f) Culturally safe spaces

Aboriginal and Torres Strait Islander young people, and young people from culturally and linguistically diverse backgrounds raised the importance of culturally safe places.

A young person in NSW told us that children and young people value having somewhere to go where they can be supported by someone who 'understands'. Young people in South Australia from culturally and linguistically diverse backgrounds valued having multicultural leisure activities 'that bring people together'. We were told:

[Youth support centre] – social worker every week. [The social worker] works with Indigenous kids, understands, advocates on issues.

Young person, NSW

Community sports – social and multicultural sports, for example, African Nations Cup, Miss Africa, One Culture, indoor soccer.

Young person, SA

[Youth support centre] they help some kids getting their driver's license, cooking classes, all kids and young people can go. Run by Aboriginal and Torres Strait Islander people. Nice to know different cultures. Support workers. Trust.

Young person, WA

Aboriginal and Torres Strait Islander children and young people in the Northern Territory especially valued opportunities to connect with their Country and culture. They enjoyed opportunities to be on Country and connect with their culture, such as:

Going bush – hunting and fishing.

Young person, NT

Back to Country program – learn totem, culture, bush skills.

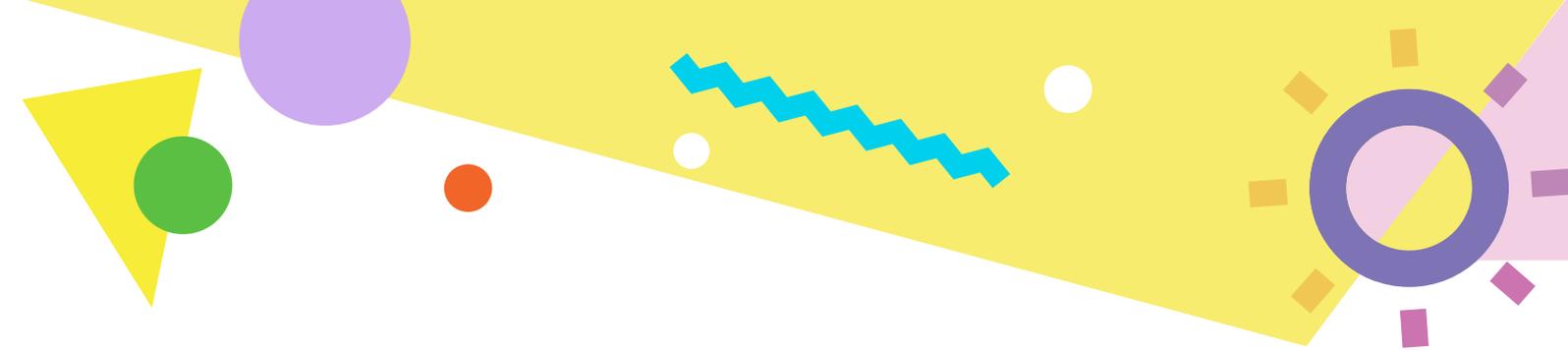
Young person, NT

Bush holiday – programs through local land council. Go to Country.

Young person, NT

Aboriginal and Torres Strait Islander young people who had been in out-of-home care spoke about the importance of cultural activities to help them connect with family, community and culture. This is discussed in more detail in section 5.5.





Appendix 1: Background

On 20 March 2020, Community Services Ministers agreed that including the voice of the child in decision-making should be a key principle underpinning the National Framework.

At their 27 November 2020 meeting, Community Services Ministers agreed to the National Framework's vision, goal, target cohort and priority groups.

The **vision** is children in Australia reaching their full potential by growing up in safe and caring homes, free from harm and neglect, with the **goal** being to make significant and sustained progress in reducing the rates of child abuse and neglect and its intergenerational impacts. The **target cohort** is children and families who are experiencing disadvantage and/or are vulnerable, with the **priority groups** being:

1. children and families with multiple and complex needs
2. Aboriginal and Torres Strait Islander children and young people experiencing disadvantage or who are vulnerable
3. children and young people and/or parents/ carers with disability experiencing disadvantage or who are vulnerable

4. children and young people who have experienced abuse and/or neglect including children in out-of-home care, and young people leaving out-of-home care and transitioning to adulthood.

These priority groups are intersectional and not mutually exclusive.

The focus areas for national effort include:

- Addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems
- A national approach to early intervention and targeted support for children and families experiencing vulnerability or disadvantage including strengthening the interface between services across jurisdictions including disability, early childhood education and care, health and mental health, drug and alcohol, domestic violence, justice, housing, and employment service systems
- Improved information sharing, data development and analysis
- Strengthening the child and family sector workforce capability.

The vision, goal, target cohort and priority groups informed the design of the consultations conducted by the National Children's Commissioner (NCC).

Appendix 2: Children and young people's right to participate in decisions affecting them

Children and young people's right to effective participation and inclusion is one of the four guiding principles in the *Convention on the Rights of the Child (CRC)*. Article 12 provides that:

States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.¹⁵²

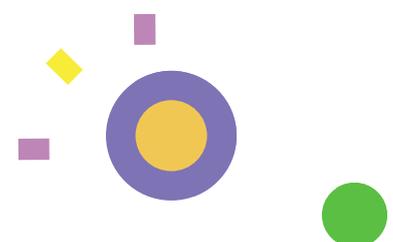
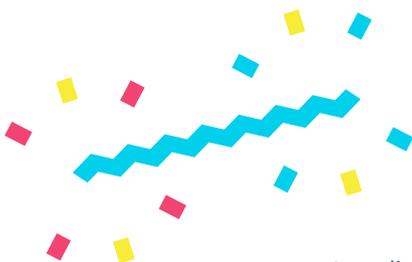
Having a genuine voice and being heard is the gateway to claiming all other rights. This right is both safeguarding and empowering for children and young people.

Participation is also a key principle in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).¹⁵³ Under Article 18, Aboriginal and Torres Strait Islander children and young people expressly have the right to participate in decision making in matters that affect their rights. Article 19 provides that States must consult and cooperate in good faith with Indigenous peoples. The rights of Indigenous children are also given special attention at Article 22. Participation and consultation must be consistent with the principles

of free, prior and informed consent. Aboriginal and Torres Strait Islander children and young people must be respected and treated as key stakeholders in developing, designing, implementing, monitoring and evaluating all policies and legislation that influences their wellbeing.

Article 7 of the *Convention on the Rights of Persons with Disabilities (CRPD)* calls for all measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children with the best interests of the child as a primary consideration. It also states that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children and to be provided with disability and age-appropriate assistance to realise that right.

The inclusion of children and young people in the development of law and policy in Australia is not yet part of the normal way of doing business. However, there has been a trend in recent years towards creating mechanisms for the participation of children and young people in a variety of contexts.



Appendix 3: Demographics

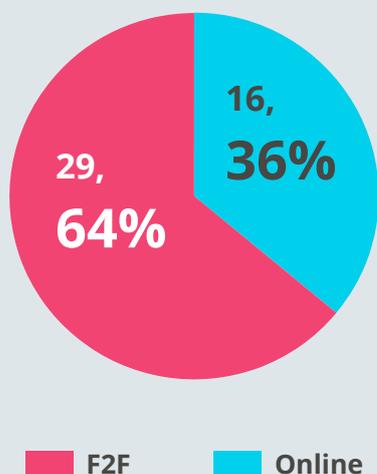
3.1 Number of national consultations (face-to-face and online) and surveys

The NCC, supported by the Children’s Rights Team, held **45** consultations with **400** children, young people and families across all Australian jurisdictions between May and July 2021, including regional and remote areas.

The original intention was to conduct all consultations face-to-face. However, this was not possible due to the COVID-19 Delta variant causing lockdowns and travel restrictions across the country. This resulted in pivoting to online consultations from 28 June 2021 onwards.

426 survey responses were received.

Number of face-to-face and online consultations

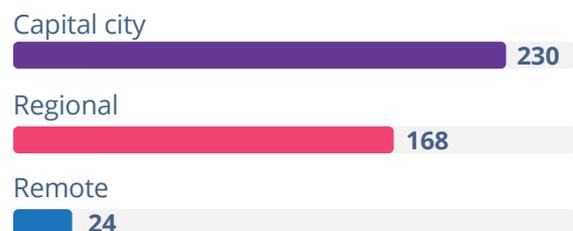


3.2 Locations of national consultations (face-to-face and online) and surveys

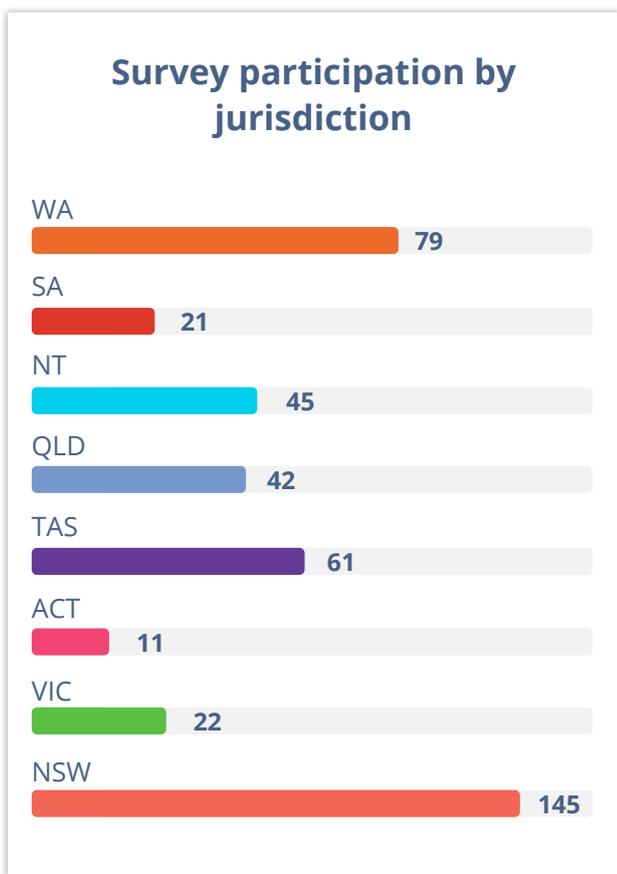
In total, there were **29** face-to-face group consultations. Eleven (11) occurred in New South Wales (Allambie Heights, Marrickville, Queanbeyan, Parramatta, Pendle Hill, Liverpool, Mount Druitt), eight in the Northern Territory (the suburb of Tiwi, Malak, Berrimah, Alice Springs, Palmerston), two in the Australian Capital Territory (Canberra), three in South Australia (Adelaide, Pooraka, Murray Bridge) and five in Tasmania (Bridgewater, Gagebrook, Hobart).

There were **16** consultations held online. Six (6) occurred in Queensland (Brisbane, Cairns), two in Western Australia (Perth, Newman), two in Victoria (unspecified locations), two in New South Wales (unspecified locations) and four nationally.

Survey participation by capital cities, regional and remote areas



Given the lockdowns and border restrictions preventing face-to-face consultations in Queensland, Victoria and Western Australia, particular effort was made to distribute the surveys to organisations who could not pivot to online consultations but had clients who were able to complete the survey if they wished. This increased the reach into Queensland, Victoria and Western Australia.



3.3 Who participated in the face-to-face consultations?

In total, there were **316** participants in the **29** face-to-face consultations. These covered all the priority groups.

To reach the priority groups, participants were primarily recruited through related services such as peak bodies for young people with disabilities or out-of-home care leavers as well as general services such as a juvenile detention centre, schools in low socio-economic areas and a residential facility for regional students. It is important to note, there is significant intersectionality and overlap amongst the priority groups. Many participants belong to two or more priority groups. So, while some consultations were targeted at a specific priority group, participants often met criteria for other priority groups. For example, a family in a consultation targeting multiple and complex needs may also include a member with a disability.

Five (5) consultations were conducted exclusively with Aboriginal and Torres Strait Islander participants. Of these, two were with young people under the age of 18, one was with young people under the age of 25 and two were intergenerational. A further five consultations were hosted at organisations that primarily work with Aboriginal and Torres Strait Islander children, young people and families. Of these, three were with parents/carers and two were with children. These consultations predominantly occurred in the Northern Territory and New South Wales.

Fifteen (15) consultations were conducted at organisations that provide services for or work with children and families with multiple and complex needs, these include residential facilities

for young parents, family and domestic violence refuges, schools in low socio-economic areas and family support centres. Of these, six consultations were with children, two were with young people, four were with parents/carers and three were with young parents.

Three consultations included participants with disabilities or their families. One consultation was conducted with children with disabilities. One consultation was conducted with parents/carers of children and young people with disabilities. One consultation was conducted with parents/carers with disabilities.

Two consultations were conducted solely with young people who had experienced out-of-home care and were considered children who had experienced abuse. One consultation was with Aboriginal young people who had experienced out-of-home care. It was also considered a consultation with Aboriginal and Torres Strait Islander peoples.

3.4 Who participated in the online consultations?

In total, there were **84** participants in the **16** **online** consultations. These covered all the priority groups. The priority groups were reached through organisations that work with, or provide, services for people in particular priority groups. As with the face-to-face consultations, there is overlap and intersectionality between the priority groups. Below, we set out how the priority groups were reached in the online consultations.

One consultation was conducted with Aboriginal and Torres Strait Islander children. A further two consultations were hosted at organisations that primarily work with, or service Aboriginal and Torres Strait Islander children and families. Of these, one was with children and one was with young people.

Nine (9) consultations were conducted at organisations that provide services for children and families with multiple and complex needs, including support groups for parents, peer support groups for young people and family and domestic violence support services. Of these, three were conducted with children, three were conducted with young people, two were with parents/carers and one was with young parents.

Three (3) consultations included participants with disabilities or their families. Two (2) consultations were conducted with children and young people with disabilities and one consultation was conducted with parents/carers of children and young people with disabilities.

One consultation was conducted with young people who had experience in out-of-home care.

3.5 Who participated in the surveys?

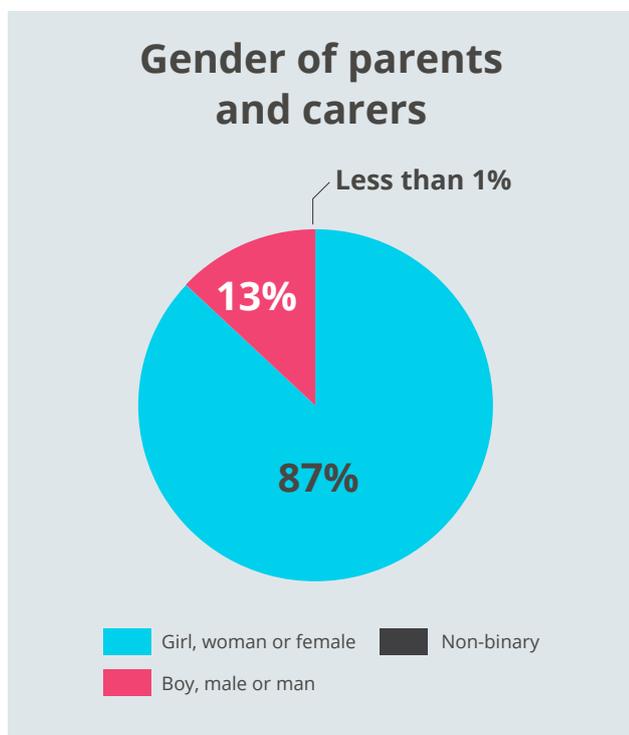
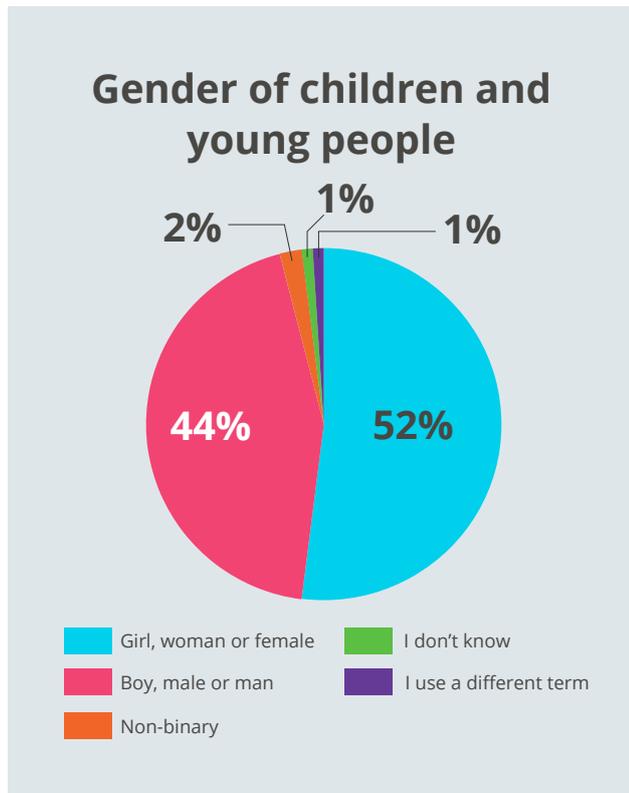
Four hundred and twenty-six (426) survey responses were received from children, young people and parents or carers. This includes responses from consultation participants, as well as survey-only respondents. These were a diverse group, as outlined in the demographic breakdowns below.

(a) Gender

Gender was recorded for 211 children and young people aged 5–25 years.

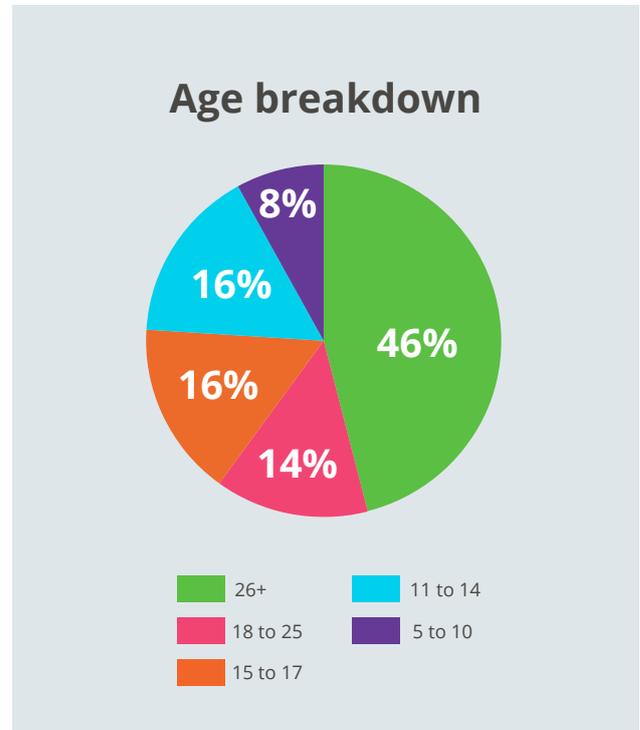
When asked to describe their gender, 108 children or young people identified as a girl, woman or female. Ninety-two (92) children and young people identified as a boy, man or male. While five identified as non-binary, two used a different term and two responded that they did not know their gender.

Amongst parents and carers, 185 identified as a woman or female, 27 identified as a male or man and one identified as non-binary.



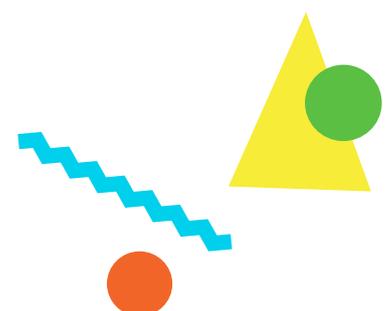
(b) Age

Thirty-four (34) survey respondents were children aged 5–10 years, 64 were aged 11–14 years, 63 were aged 15–17 years, 58 were aged 18–25 years and 203 were aged 26 years or older.



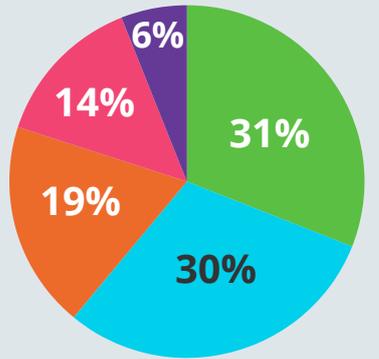
(c) Cultural background

The cultural backgrounds of the 162 children aged 5–17 years included 48 children who identified as Aboriginal and Torres Strait Islander, 31 children who identified with another cultural or ethnic background and 22 children who identified both as Aboriginal and Torres Strait Islander as well as another cultural or ethnic background. Fifty-one (51) children who responded to the survey did not identify either as Aboriginal and Torres Strait



Islander or with a particular cultural or ethnic background. The cultural backgrounds of 10 respondents are unknown.

Cultural background for children aged 5-17 years

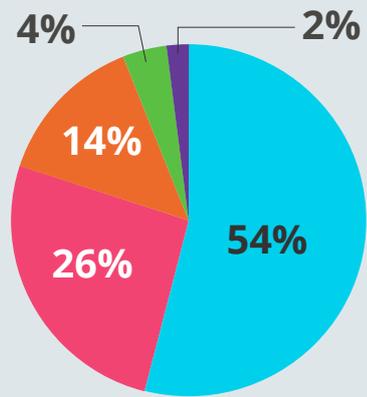


- Neither Aboriginal and Torres Strait Islander nor another cultural or ethnic background
- Aboriginal and Torres Strait Islander
- Another cultural or ethnic background
- Both Aboriginal and Torres Strait Islander and another cultural or ethnic background
- Unknown

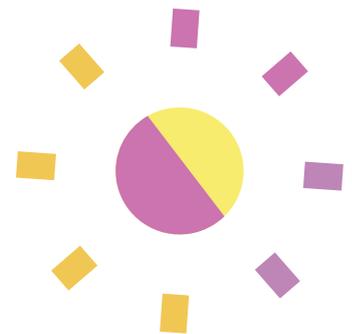
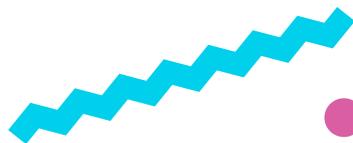
For the 57 survey respondents aged 18–25 years, eight identified as Aboriginal and Torres Strait Islander peoples, 15 identified with another cultural or ethnic background and two young people identified both as Aboriginal and Torres

Strait Islander and another cultural or ethnic background. Thirty-one (31) young people did not identify either as Aboriginal and Torres Strait Islander or with a particular cultural or ethnic background. The cultural background of one respondent is unknown.

Cultural background for young people aged 18-25 years

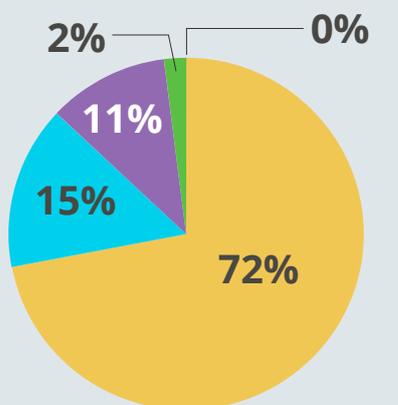


- Neither Aboriginal and Torres Strait Islander nor another cultural or ethnic background
- Another cultural or ethnic background
- Aboriginal and Torres Strait Islander
- Both Aboriginal and Torres Strait Islander and another cultural or ethnic background
- Unknown



For the 213 parents/carers aged 16 years and above who responded to the survey, 32 identified as Aboriginal and Torres Strait Islander and 24 identified with a particular cultural or ethnic background. One hundred and fifty-three (153) parents/carers did not identify either as Aboriginal and Torres Strait Islander or with a particular cultural or ethnic background. The cultural backgrounds of four respondents are unknown.

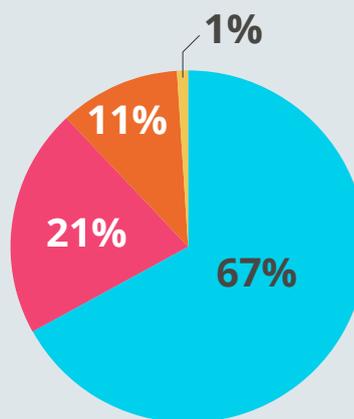
Cultural background for parents and carers



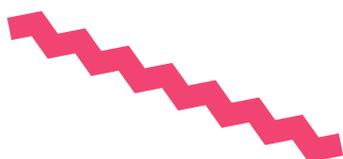
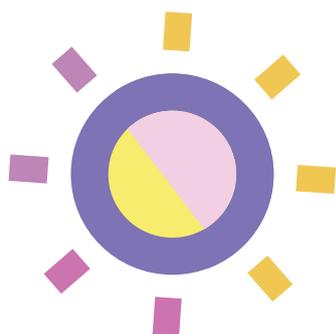
- Neither Aboriginal and Torres Strait Islander nor another cultural or ethnic background
- Aboriginal and Torres Strait Islander
- Another cultural or ethnic background
- Unknown
- Both Aboriginal and Torres Strait Islander and another cultural or ethnic background

Of the 162 children aged 5–17 years, 52 spoke a language other than English at home. Of these, 18 children spoke Indigenous languages. English was the only language spoken at home by 108 children. The languages spoken at home for two respondents are unknown.

Languages spoken at home by children aged 5–17 years

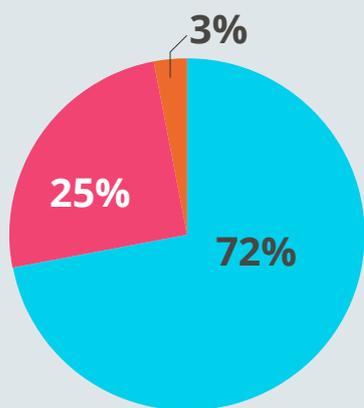


- English only
- Languages other than English or Indigenous languages
- Indigenous languages
- Unknown



Of the 57 young people aged 18–25 who responded to the survey, 16 spoke a language other than English at home. Of these, two young people spoke Indigenous languages. Forty-one (41) young people only spoke English at home.

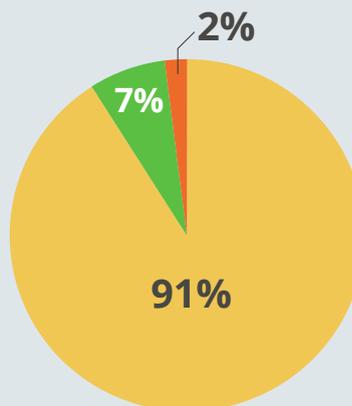
Languages spoken at home by young people aged 18–25 years



- English only
- Languages other than English or Indigenous languages
- Indigenous languages

Of the 213 parents or carers who responded to the survey, 20 spoke a language other than English at home. Of these, four spoke Indigenous languages. English was the only language spoken at home by 193 parents or carers.

Languages spoken at home by parents and carers

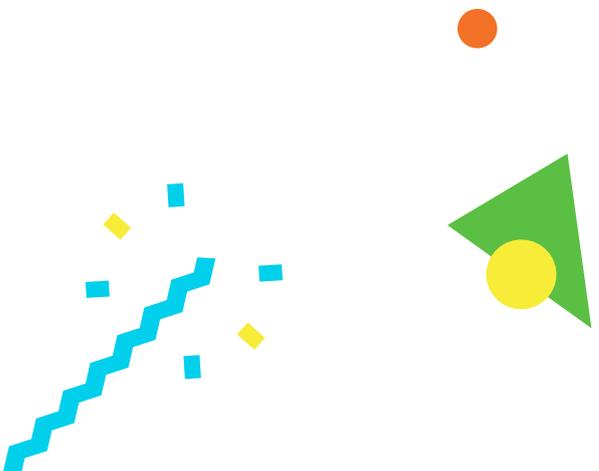
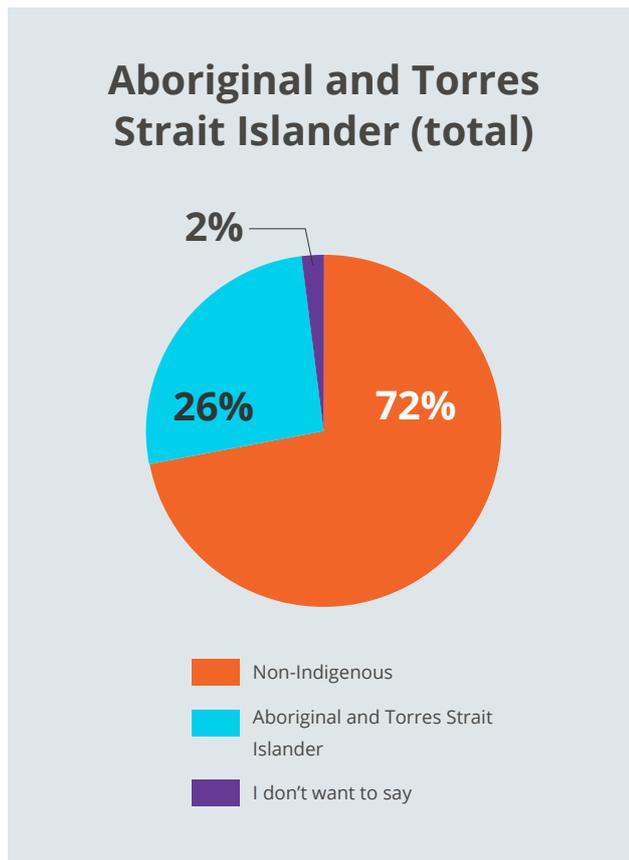


- English only
- Languages other than English or Indigenous languages
- Indigenous languages



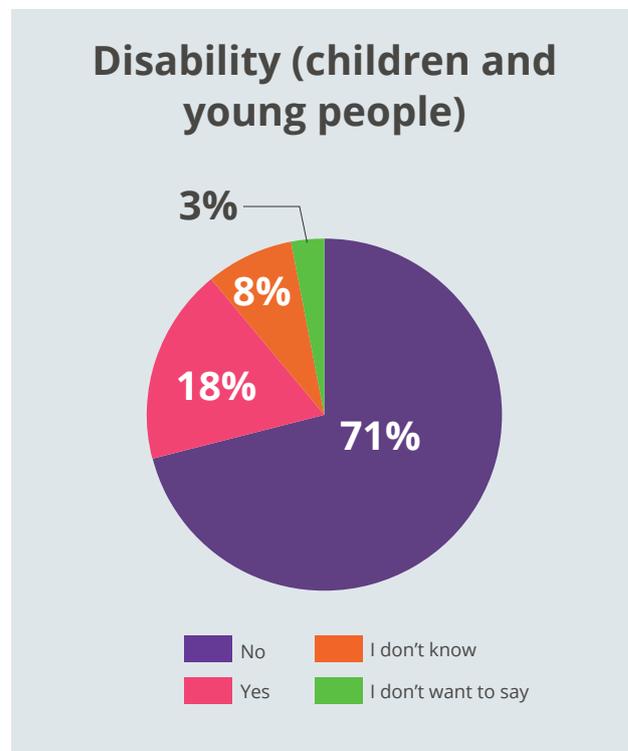
(d) Aboriginal and Torres Strait Islander children, young people and families

Amongst the 426 people who responded to the survey, in total 110 identified as Aboriginal and Torres Strait Islander. Of these, 69 were children (aged 5–17 years), nine were young people (aged 18–25 years) and 32 were parents/carers.

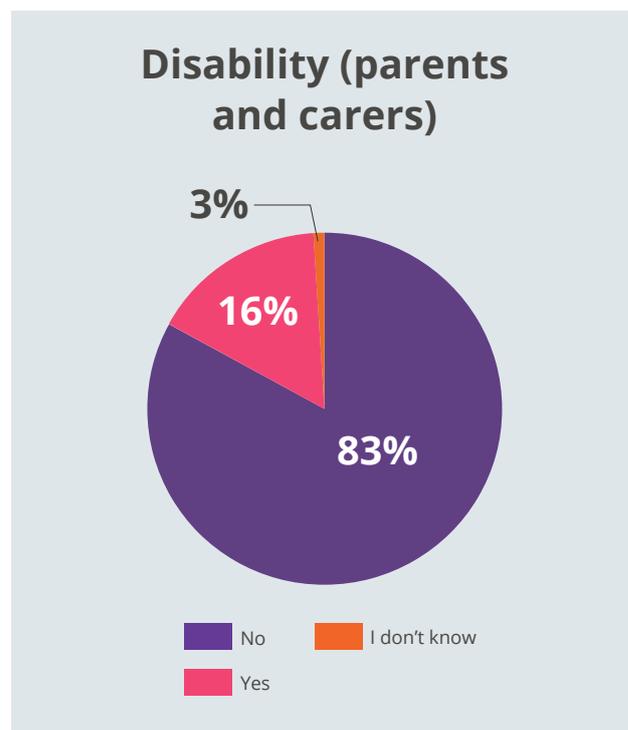


(e) Children, young people and families with disabilities

Thirty-eight (38) children and young people identified that they had disabilities in the survey.



Thirty-three (33) parents or carers who responded to the survey identified they had a disability.



Appendix 4: Methodology

A human rights-based approach guided all aspects of this project. The most common description of a human rights-based approach is the PANEL framework:

PANEL Principles: A human rights-based approach

Participation: everyone has the right to participate in decisions which affect their lives. Participation must be active, free and meaningful, and give attention to issues of accessibility, including access to information in a form and a language which can be understood.

Accountability: accountability requires effective monitoring of compliance with human rights standards and achievement of human rights goals, as well as effective remedies for human rights breaches. For accountability to be effective there must be appropriate laws, policies, institutions, administrative procedures and mechanisms of redress in order to secure human rights. This also requires the development and use of appropriate human rights indicators.

Non-discrimination and equality: a human rights-based approach means that all forms of discrimination in the realisation of rights must be prohibited, prevented and eliminated. It also means that priority should be given to people in the most marginalised or vulnerable situations who face the biggest barriers to realising their rights.

Empowerment: everyone is entitled to claim and exercise their rights and freedoms. Individuals and communities need to be able to understand their rights and to participate fully in the development of policy and practices which affect their lives.

Legality: a human rights-based approach requires that the law recognises human rights and freedoms as legally enforceable entitlements and the law itself is consistent with human rights principles.

4.1 Methodology for children and young people's participation

Consultations were guided by the Lundy model of child participation (Lundy model).¹⁵⁴ This model takes a child rights approach by engaging in ways which effectively implement the intricacies of article 12 of the CRC.

The Lundy model is used widely in Australia and internationally.¹⁵⁵ For example, it is the cornerstone of the Irish Government's National Strategy on Children and Young People's Participation in Decision-Making 2015–2020 and has also been adopted by the European Commission, UNICEF and World Vision.¹⁵⁶



Professor Lundy maintains that four separate factors require consideration to involve children and young people in meaningful decision making. These are space, voice, audience and influence, as reflected in the following figure: ¹⁵⁷

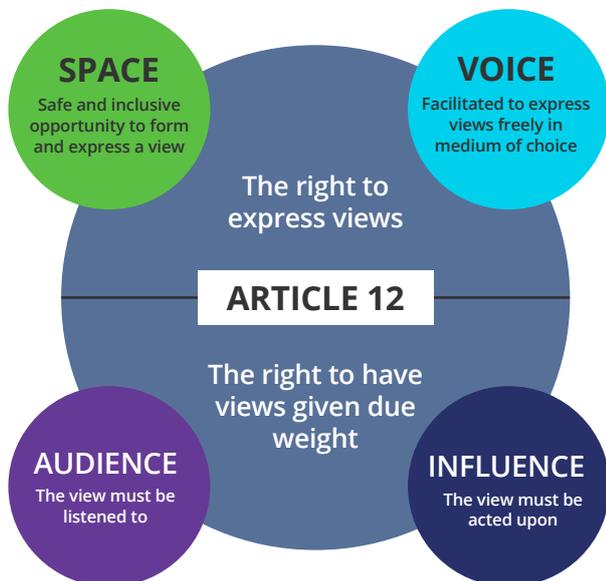


Figure 1. Elizabeth Welty and Laura Lundy, 'A Children's Rights-Based Approach to Involving Children in Decision Making' (2013) 12(3) *Journal of Science Communication* 2.

Professor Lundy argues that the questions set out below should be asked in relation to space, voice, audience and influence.

(a) Space

- Have children's views been sought actively?
- Is there a 'safe space' in which children can express themselves freely?
- Have steps been taken to ensure that all children affected by the decision can take part?

How the NCC addressed these questions:

- We actively sought children and young people's views in the target cohort and priority groups identified under the National Framework.

- We worked with key services to facilitate 'safe places' where these children and young people could express their views freely.
- We engaged with children, young people and families in the target cohort and priority groups identified under the National Framework.

(b) Voice

- Do children have the information they need in an appropriate format to enable them to form a view?
- Have children been given a range of options as to how they might choose to express their opinion?

How the NCC addressed these questions:

- We provided children, young people and families with written information about the project prior to each consultation and we discussed the project and the issues to be addressed at the start of each consultation.
- We incorporated varying ways for participants to express their views. Participants in consultations could express their views by engaging in discussions, writing and/or drawing. Participants also had the option of filling out an anonymous survey.

(c) Audience

- Who is the 'audience' for children's perspectives?
- Is there a process for communicating children's views?
- Does that person/body have the power to make decisions?

How the NCC addressed these questions:

- The Department of Social Services (DSS) is the initial 'audience' for children's and young people's perspectives. DSS will report the views to Community Services Ministers, who have primary responsibility for agreeing on the content of the action plans.

(d) Influence

- Were the children's views considered by those with the power to effect change?
- What process is in place to ensure that children's views inform decisions that affect children?
- Have children been informed of the ways in which their opinion may impact decisions?
- Have the children been provided with feedback explaining the reasons for decisions taken?

How the NCC addressed these questions:

- We told children and young people that the purpose of our work was to present their views to those who could influence the actions included under the action plans. This was achieved by providing this report to the Australian Government through DSS.
- We will provide feedback to children and young people on the ways that their views are incorporated into the action plans. This will be in the form of a child-friendly report and a short online video.

With respect to engaging with Aboriginal and Torres Strait Islander children, young people and families, consultations were informed by research methodologies to ensure cultural safety and trauma-informed engagement.

Consultations were based on recent work by Doel-Mackaway which combined Lundy's model with Nakata and Ray's Indigenous research methodologies.¹⁵⁸

Nakata's standpoint theory is a method of inquiry where the central objective is to include marginalised and otherwise subjugated experiences and knowledges 'within intellectual knowledge production'.¹⁵⁹ Ray's 'convergence Indigenous methodology' offers a framework for using a combination of Western and Indigenous research methodologies,¹⁶⁰ with the core principles of Indigenous research methodologies being empathy, respect and ethical treatment of

participants.¹⁶¹ Ray's methodology is consistent with the PANEL principles of a human rights-based approach.

4.2 Engaging participants in the consultations (face-to-face and online) and surveys

Contact with children, young people and families in the target groups occurred through organisations already providing services and support to them.

Given the priority groups are not mutually exclusive, organisations were often supporting children, young people and families across the priority groups.

The National Framework recognises this in that it defines 'multiple and complex needs' as:

Families with multiple and complex needs can have differing needs across different family members, such as disability, substance misuse and mental health concerns. Other risk factors may also be present, such as family and domestic violence, a lack of access to suitable housing and employment.

It defines children and families who are experiencing disadvantage and/or are vulnerable as:

A child/family who experience(s) a condition or circumstance that place(s) them at a higher risk of child abuse or neglect when compared to the general population.

The priority groups of 'multiple and complex needs' and 'abuse and neglect' often cross over with the priority groups of children and young people with disabilities and/or parents/carers with disabilities. There is also some cross-over with Aboriginal and Torres Strait Islander children, young people and families.

Examples of the types of organisations that supported these consultations (face-to-face and online) and surveys include peak bodies, youth support services, family support services, schools, family and domestic violence refuges, young parent support services, youth detention centres and drop-in centres.

4.3 How the consultations were safe for children, young people and families

The Commission's Child Safety and Wellbeing Policy guides all its activities involving children, young people and families. It is available at: <https://humanrights.gov.au/our-work/commission-general/child-safety-and-wellbeing-policy-2020>.

It is based on the National Principles for Child Safe Organisations, developed by the then NCC and endorsed by all states and territories.

The Commission's Child Safety and Wellbeing Policy covers core processes and procedures that must be complied with by staff, including seeking consent, involving families and communities, respecting equity and diversity, ensuring staff are suitable and supported, child-focused complaints systems, disclosure and reporting, staff training and ensuring safe physical and online environments. All staff working on this project had New South Wales Working with Children Checks.

Given that the children, young people and families were those with lived experience of vulnerability and disadvantage, consultations occurred in the presence of one or more adults that they knew such as teachers, youth workers, counsellors or caseworkers. This involved the person(s) being present during the consultation or the person(s) co-facilitating the consultation. Consulting in this way also allowed for ongoing support, if necessary, to be provided after the consultation.

Consistent with the Commission's Child Safety and Wellbeing Policy, the Child Safety Risk Assessment tool, developed by the Commission for organisations to comply with the National Child Safe Principles, was applied to the consultations.

4.4 Seeking appropriate permission and consent

Organisations were given information about the project and consulted about the best way to engage with their children, young people and families.

Information sheets and consent forms were prepared for parents, carers or guardians, young people aged 16–17 years and adult participants. Verbal consent was also obtained at the beginning of each of the consultations.

Children, young people and families were assured that they could withdraw their participation at any time without consequence.

Culturally safe and trauma-informed principles and practices are particularly important when consulting with Aboriginal and Torres Strait Islander participants.

It is important to acknowledge that the research undertaken by Doel-Mackaway with Aboriginal children and young people in the Northern Territory found that Aboriginal children wanted their parents and Elders in their community to be approached before seeking to engage directly with them.¹⁶²

These children and young people spoke about protocols to follow when governments wish to talk with Aboriginal children and young people. These included writing a letter to parents, to an Elder in the community or to the school, indicating they wanted to talk with Aboriginal children and young people.¹⁶³

These consultations followed these protocols by making contact through organisations already working with children, young people and families.

4.5 Content of the consultations

The main information gathering activities across all consultations were the 'Support Star' activity and a survey.

The consultations, both face-to-face and online, were structured around a series of core open questions. The questions sought the views and ideas of children, young people and families across three broad areas:

- Who and what are the services or supports that help to keep children and young people safe and well, and help families to keep their kids safe and well? How and why are they helpful?
- What makes it hard to get help and support? What are the barriers or gaps? What needs to change? How can we (e.g. governments) improve services and supports to keep kids safe and well?

- What are the best ways to ensure the views of children, young people and families are considered in the design and delivery of services, and the action plans?

The areas were deliberately broad to avoid shaping or biasing the ideas or experiences articulated by participants during the consultations.

The 'Support Star' activity involved working in small groups to write or draw on a star shape on a large piece of cardboard. On the inside of the star, participants wrote or drew the key supports in their lives and described why these supports were helpful for keeping children or young people safe and well. On the outside of the star, participants wrote or drew the types of supports and services they thought were missing and could have really helped them. After filling out the 'Support Star', the group discussed the supports they identified.



4.6 Survey

Three (3) different surveys were developed to appropriately collect information from children (aged 5–12 years), young people (aged 13–24 years) and parents or carers. Specific demographic information was only collected through the survey.

Surveys were distributed to consultation participants, as well as those participants who were unable to be reached due to travel restrictions or lockdowns. The surveys were available online and in paper form. They were anonymous, not differentiating between those who attended consultations and those who did not.

The surveys consisted of 14 closed-ended question, eight of which were demographic, with predefined lists of answer options and an open-ended question with a free-text option at the end.

For those who participated in the face-to-face and online consultations, the free-text responses provided a further opportunity to comment further on issues and disclose information that they were not comfortable sharing in front of others.

All participants in the consultations received a gift voucher in recognition of their contribution, as well as a certificate of appreciation for their participation.

4.7 Pilot consultations

Between 10 May and 14 May 2021, the NCC held seven pilot consultations with 59 children, young people and parents in Greater Sydney (NSW) to test the planned content and methodology for the national consultations.

The pilot consultations consisted of:

- parents with multiple and complex needs, including experiences of family and domestic violence
- young parents aged 18–24 years with multiple and complex needs

- children aged 5–12 years with multiple and complex needs from culturally and linguistically diverse backgrounds in after-school care
- Aboriginal and Torres Strait Islander young people aged 14–16 years old living away from home to attend high school
- Aboriginal and Torres Strait Islander young people aged 14–24 years, who had experienced out-of-home care
- children aged 10–12 years who were identified as at risk of exposure to family and domestic violence
- parents with intellectual disabilities who had come to the attention of the relevant child protection agency (NSW Department of Communities and Justice).

Most ($n=44$, 76%) children, young people and families who participated in the pilot completed an evaluation form for the consultation session they attended. Of the 44 participants who completed the evaluation, most ($n=40$, 67%) chose a smiling emoji sticker to show how they felt about the consultation.

Most participants indicated that the best thing about the consultation was the opportunity to express their views, be heard and understood when talking about their experiences and concerns. Most ($n=40$, 68%) said that they had the chance to express their views and all ($n=44$, 75%) said that they felt listened to.

Some identified that the best quality of the consultation was that it felt open and safe, and provided an environment where they felt they could share honestly.

Other participants said that the best thing was the discussion with other participants who had similar experiences on topics that were important to them.

When asked about the worst aspect of the consultation, over a third ($n=23$, 40%) said that there was no worst aspect.

Some ($n=5$, 8%) wanted longer sessions as they did not feel that they had enough time to share their views and suggested more time would improve the consultations.

Some ($n=5$, 8%) indicated that they did feel upset when sharing their own experiences or hearing about the experiences of others.

Overall, the feedback was extremely positive and informed the planned content and methodology for the national consultations.

4.8 Analysis of the content of the consultations and surveys

The content of the 'Support Stars', the notes taken in the consultations and the audio tapes of the consultations (where consent to record was provided) were analysed to identify broad issues. Having identified the broad issues, all information was coded under the issues and, where relevant, by specific priority groups.

4.9 Limitations

The aim of the consultations was to gather the insights of children, young people and families in the priority groups on issues of importance to them, to inform the action plans. It was not designed as a robust trial and as such, the views presented should be interpreted with caution. Given the small sample size in the survey and the qualitative nature of the consultations, generalisation to a wider population is not possible. However, there are key understandings that can be generated to help understand the experiences of specific cohorts or sub-groups.

The COVID-19 pandemic and related restrictions required the planned consultations to be modified, impacting where and the extent to which consultations could occur.

Our consultations were geographically limited and mostly conducted in urban settings. We largely consulted with children, young people and families in capital cities. Of the 10 consultations with Aboriginal and Torres Strait Islander peoples or organisations that primarily work with Aboriginal and Torres Strait Islander peoples, more than half ($n=6$) were in the Northern Territory. Some participants who attended consultations in cities were from regional, rural or remote areas. Of those who responded to the survey, over half resided in New South Wales ($n=145$, 34%) and Western Australia ($n=79$, 18%). Half ($n=213$, 50%) of survey respondents were parents or carers and the free-text responses suggested a significant proportion were grandparent carers. Less than half ($n=162$, 38%) of survey responses were from children aged under 18 years.

Children, young people and parents/carers were recruited through family service providers and education providers such as schools, as well as peak bodies. We did not consult with people who are not currently engaged with services or support. This is potentially a very important group to speak with, but the parameters of this project did not allow for targeted recruitment of non-service users. Fewer men and boys participated in the consultations. Engaging more men and boys should be a focus of future consultations.

While culturally and linguistically diverse participants were not specifically targeted as they were not specified as a priority group, there was some diversity across the consultations and surveys. Seventy (70) children, young people and parents/carers who responded to the survey identified with a cultural or ethnic background other than Aboriginal and Torres Strait Islander. A further 24 survey respondents identified as Aboriginal and Torres Strait Islander and with a particular cultural or ethnic background. These perspectives are reflected in this report.

4.10 Caveats when reading this report

The findings are presented thematically, collated into key policy areas and all participant data is presented under emergent issues. The issues are not exhaustive or mutually exclusive but represent what emerged strongly from the combined sources of information. The nature of our inquiry was such that framing differences is just as important as reporting the most frequently stated perspectives. While there were some commonalities elicited in responses, the diversity among participants added great value and richness so equal weight is given

to those responses that represent minority views. A number of direct quotes are used to shine a spotlight on the voices of participants.

At times, the locations of the participants that are quoted are not reported because these participants were part of a national online consultation, and jurisdictional detail for each individual contribution was not collected at that time. In these cases, location is left blank. Where possible, in reporting all other quotes, we have identified the participants as child (aged 5–12 years), young person (aged 13–25 years) or parent and/or carer for ease of reading. The term ‘young parent’ is used for parents aged 25 years or under.



Endnotes

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