
Submission

What is known about systems that enable the 'public health approach' to protecting children

March 2019

Following is The Benevolent Society's submission to the Productivity Commissions Discussion Paper – Systems for Protecting Children. The Benevolent Society welcomes the Commission's investigation of what is known about systems that enable 'the public health approach' to child protection and strongly supports the work that is being undertaken to build the child protection system's capacity to respond early to prevent child abuse and neglect.

As Australia's oldest charity the Benevolent Society has been delivering services to Australian families for 200 years. Our range of child and family services includes parenting support and coaching, early childhood development programs, and support for families needing specialist or crisis support, including children at risk of or experiencing maltreatment.

Across NSW and QLD we provide services to vulnerable families where children have been identified as at risk, including Brighter Futures, Intensive case management programs, Headspace, Resilient Families, Communities for Kids, Family Mental Health Support Services, Family Preservation and Intervention Programs and Family and Child Connect. Our Fostering Young Lives program provides out-of-home care services to children and young people in NSW. The Benevolent Society has also delivered state wide post adoption services in Queensland and NSW for over 26 years.

Our submission provides two examples of our own programs and practice that show effective service design, implementation and outcomes.

1. Our Early Years Centres (EYC's) funded by the Queensland Government are a model for universal, early intervention one-stop-shops or service hubs supporting the health, development, wellbeing and safety of families who have young children aged up to eight years.
2. At the crisis end of the system, The Benevolent Society's Resilient Families program in NSW has shown sustained and measurable outcomes for families whose children are in danger of entering out-of-home care.

We also include a summary of early work undertaken by The Benevolent Society to identify the gaps in current data collection that limit the ability of the system to identify and understand how Australia's children are faring and what their prospects might be. This work is a contribution to discussions of how indicators for the measurement and monitoring of children's wellbeing can inform policy, service planning and delivery for a more responsive and effective child protection system.

The Benevolent Society strongly supports reform that enables the development of a public health approach to protecting Australian children and looks forward to the findings of the Productivity Commission's final research report providing further evidence and a pathway to the redesign of the child protection system.

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

1. EARLY YEARS CENTRES (EYC's) – SUCCESSFUL MODELS OF INTEGRATED EARLY CHILDHOOD SERVICE DELIVERY

Introduction

There is clear evidence from Australia and overseas that the early years of a child's life have a profound impact on their future health, development, learning and wellbeing.¹ A child who starts behind stays behind, which comes at enormous cost to him or her, the community and governments. Targeted, evidence-based early childhood interventions can prevent this from happening, and break intergenerational cycles of disadvantage.²

The Benevolent Society in partnership with the Qld Department of Education has established nine EYC's and one satellite centre at 10 sites in Queensland. EYCs are located in socio-economically disadvantaged areas (according to the SEIFA index) where higher numbers of children who are developmentally vulnerable on one or more domains of the Australian Early Development Census live.

The EYC is a one-stop-shop family hub that supports the multiple needs of families and their children from conception through to school entry. Services are free and include infant health checks, supported playgroups, infant massage classes, immunisation clinics, parenting programs, playgroups, toy library, family support services, community based midwifery services and a coordinated program approach to working with early childhood education services and allied health professionals.

How it works

EYC's are funded by the Qld Department of Education under its Early Year's Service Funding, Integrated Service Delivery Category which provides a broad ranging funding envelope that is flexible and able to be used by service delivery organisations to build and tailor their service offerings to meet the particular needs of different communities.

A significant contributor to the effectiveness of the EYC model is the enduring partnership between Queensland Health and Hospital Services (HHS) and The Benevolent Society. Through this partnership, parents and children aged 0 – 8 years are able to access high quality and seamless child health, early childhood development and family support services, in a single EYC location or cluster of locations. The integration of midwifery at most EYCs, means that consistent support and advice is available to parents during pregnancy and immediately following the birth of their baby, building trust between families and services and encouraging families to access a range of supports that builds parenting capacity and enables children's healthy development.

While these and other services, such as supported playgroups, are universally available to all families in a particular community, The Benevolent Society's approach is specifically targeted to those families who, due to a range of complexities, may be reluctant or are unable to engage in the health, early childhood and education service systems.

EYCs provide a wide range of programs and services dependent on location and community needs including:

- Speech Therapy

¹ Investing in the Early Years—A National Early Childhood Development Strategy, Council of Australian Governments (2009) Canberra

² Pascoe, Susan., Brennan, Deborah., (2017) Lifting our Game. Report of the review to achieve Educational Excellence in Australian Schools through Early Childhood Interventions.P8

- Occupational Therapy
- Child Health Nurses
- Psychologist
- Aboriginal Family Support
- Homelessness support
- Child and Family Support

Programs are enhanced through brokerage of allied health services delivered at the EYC, providing a centralised model that is accessible and reassuring for families who may be reluctant or unaware of the range of help that is available, or their eligibility for assistance.

Example: Cairns EYC and Kindergarten

The Cairns EYC includes a stand-alone kindergarten, linked to the centre. Both the EYC and the kindergarten provide soft entry points for vulnerable families to engage with health, education and support programs and are able to cross refer to early learning and child and family assistance. The kindergarten provides a highly skilled workforce staffed by an early childhood teacher, diploma qualified lead educator, and early childhood educators.

Parental and child engagement with the Cairns EYC has been shown to encourage kindergarten enrolment for families who have not previously participated in early childhood learning, creating a pathway from post-natal services, to playgroups and on to kindergarten. Children and parents are exposed to early learning through play and parent support services at the EYC and gain understanding of the benefits for their children in attending early learning. This understanding extends to kindergarten enrolment, expanding children’s experience and preparing them for the routines of school.

The Benevolent Society provides transport for families to the EYC and kindergarten, to ensure consistent attendance for families. Brokerage funds at the EYC are also used to provide a weekly speech pathology and occupational therapy service at the kindergarten, with therapists contributing to kindergarten program planning, and available for discussion with parents about their child’s development.

The kindergarten has 44 places with 10 places prioritised for Aboriginal and/or Torres Strait Islander children and four places for children with additional needs. The decision to create the priority for particular groups within the Cairns kindergarten was made by The Benevolent Society in response to an identified community need, and evidence that these groups of children were typically under-represented in kindergarten enrolment both locally and state wide.

As The Benevolent Society is funded to deliver a number of kindergarten programs, including those for Aboriginal and Torres Strait islander children, we recognised it was crucial to address the barriers to enrolment and participation for Indigenous children and provide culturally competent, Indigenous identified kindergarten placements to guide children into. This decision is supported by the Department of Education and enabled by the flexible funding model which allows service providers discretion to structure its service delivery to meet local needs.

The integration of the Cairns kindergarten with the EYC means The Benevolent Society is able to address the types of barriers that families typically experience – fees, cost of supplies and transport. In addition, the wrap around services from the health, family support and allied health services ensure children’s participation and success in early childhood education and care.

This is an important service offering for families who otherwise would not be able to afford to access these services privately and is made in the context of a whole of family service environment that is non-threatening and accessible to children and families.

CASE STUDY OF THE SERVICE OFFERINGS AT THE CAIRNS EYC AND KINDERGARTEN

The client is a Torres Strait Islander mother with five biological children in her care ranging in age from 11yrs to 4yrs old.

Presenting issues:

- Domestic violence by ex-partner (father of the children) including physical, financial, social and emotional abuse.
- One of the children displaying very aggressive behaviour at school (multiple incidents and suspensions).
- Financial hardship – client has several debts and payment plans that are putting strain on her low family income (Centrelink income).
- At risk of homelessness- has received Notice to Remedy Breach from the Department of Housing, due to overcrowding, property being damaged, yard overgrown and littered with piles of rubbish.
- Social isolation- family originally from the Torres Strait Islands, moved to Cairns several years ago, some limited family support in the area.

Client A – Mother

The initial referral came from the children’s school as one of the children (focus child A) was displaying very aggressive behaviour towards other children and teachers, and had been involved in multiple incidents and suspended several times. During the first meeting with the mother, she expressed fear of her ex-partner, stated that he was living with them in the family home, and that there was a Domestic Violence Order in place. The mother did not wish to take legal action in the beginning due to her personal safety. To reduce the risk of the mother being at home with her ex-partner and to allow staff to build rapport, staff introduced the mother to some of the Cairns EYC programs. Consequently, she attends the Yarn and Craft program very regularly, and is able to meet with EYC staff without causing her ex-partner to become suspicious of her receiving support.

Once the client became comfortable with the support provided, she was willing to take legal action against her partner. A plan was formulated between staff and the mother to maximise her and her children’s safety and to have the ex-partner removed from the property. This involved assistance from DV Connect, the Police and the Cairns Women’s Centre. With the help of DV Connect the family entered a safe-house, the Police were notified and the perpetrator was taken into custody. The family remained in hiding for more than a week. After it was established that the ex-partner would be in custody for some time, further security measures were taken to ensure the house was secure from break in, should the ex-partner be released and attempt to return to the family home.

Cairns EYC staff supported the mother with safety planning, risk assessment and a referral to the Cairns Serious and Imminent Threat Panel. The mother was also referred to the Cairns Regional Domestic Violence Service for counselling.

The client had requested support accessing Emergency Relief on several occasions and at this point a budget plan was created. Once the budget plan had been completed it was evident that the client was living beyond her means, and that there were a number of debts and repayment plans for items that were not necessary. To address the debts and payment plans the client was referred to a specialist financial advocacy service. The client was given advice regarding her rights and was able to cancel some of the smaller payment plans while some of the debts were paid out by the client.

The financial counselling service is continuing to provide legal support and is working closely with the Cairns EYC's Saver Plus Program Coordinator (Financial Inclusion Program) who has been advocating on behalf of the client for a refund in relation to some of the debts.

As there have been notices issued from the Department of Housing regarding the state of her property, the client was referred to a specialised homelessness service. This service was able to assist with bringing the property back to an acceptable standard. Cairns EYC staff have provided advocacy and support to coordinate meetings with the Department of Housing and organise inspections.

To address the mother's social isolation and to build her confidence in social settings, she has been attending the Cairns EYC for programs such as Yarn and Craft and Playgroup.

Support activities provided included:

- Building rapport and trust, maintaining engagement in service.
- Engaging mother in positive social connections whilst attending universal services such as playgroup and Indigenous-focused craft group.
- Providing support and advocacy to access and engage with domestic violence services, financial advocacy services, tenancy support services and the Department of Housing.

Children

Mother had agreed for one of the older children to meet with a child counsellor and is supported by Cairns EYC staff to attend and understand the importance of these appointments. The Cairns EYC child and family practitioner also made weekly visits the child at his school, with assistance from the Schools Community Liaison staff to allow the child to debrief. The behaviour of all of the children has improved since initial referral and the focus child has had a significant reduction in incidents at school.

Support activities provided included liaising with staff at the school, including behavioural management staff, teacher and principal.

The younger children attend the Cairns EYC regularly with their mother, accessing crèche and playgroups, and in 2019 will attend the Cairns EYC Kindergarten.

The family's overall circumstances were improved:

Mother

- Mother and children are presently safe from domestic violence
- Mother is developing her confidence and has a better support network.
- Financial- all debts have been addressed.
- Refunds paid to client with the possibility of thousands of dollars more.
- Breach notice has been remedied and property is back to a standard that client can maintain upkeep.

Children

One child's behaviour at school has improved significantly, with only occasional incidents. The mother continues to be supported to access counselling for this child to support their emotional regulation.

The youngest child has made vast improvements within social settings. At the playgroup he displays confidence among the other children, and has a good social awareness of the others in the group, and will be supported to attend kindergarten +in 2019.

2. RESILIENT FAMILIES PROGRAM AS AN INNOVATIVE MODEL OF SERVICE DELIVERY

Introduction

Resilient Families is an innovative program developed by The Benevolent Society as one of Australia's first Social Benefit Bonds with a focus on preventing at-risk children entering out-of-home care (OOHC). On 3 July 2018, The Benevolent Society Social Benefit Bond became the first Social Benefit Bond in Australia to reach maturity.

Resilient Families is delivered in partnership by The Benevolent Society, NSW Office of Social Impact Investment (OSII), NSW Department of Family and Community Services (FACS), Westpac and Commonwealth Bank. Drawing on the resources and expertise of each member of this innovative partnership, Resilient Families has delivered important results in preventing children from entering out-of-home-care.

Results

Over the five years of operation (2013 – 2018), Resilient Families has delivered impact for clients and investors as follows:

- 816 children in total were supported by Resilient Families, when all siblings are included in measurement.
- 303 families accessed Resilient Families and were eligible for outcomes measurement.
- 32 % fewer children from families referred to Resilient Families entered out-of-home care than children from the matched control group of families (i.e. those who received a business as usual service from NSW Family & Community Services).
- The Resilient Families program achieved an 86 % preservation rate for families referred to the program. Meaning 86% of families that accessed the program remained intact, compared to 80% for the matched control group of families.
- The overall weighted average Performance Percentage (used to measure Investor Returns) achieved across the full 5 years of The Bond is 16 %.

Resilient Families Overview

Resilient Families is an evidence-informed, therapeutic service that delivers outcomes for vulnerable children through intensive, long-term, in-home support. It is a vital element of a spectrum of services for children and families, which offers scalable support based on need. Services work in an integrated manner to ensure the right support is available at the right time. It is important to note that Resilient Families was provided in addition to supports ordinarily available through the NSW Government, highlighting the strength of the partnership between The Benevolent Society and FACS.

Resilient Families takes a whole-of-family approach to building resilience and stability for families that have reached the Risk of Significant Harm (ROSH) threshold but are considered to be 'Safe with a Plan' in terms of the FACS safety and risk assessment. By supporting parents to create safe home environments, the program is proven to successfully prevent children from entering out-of-home-care and is the only program in the NSW child protection context with validated results against a control group. Resilient Families also reduces the need for costly reunification services. Ideally, the money saved at the tertiary end of the spectrum can be invested earlier in the system to prevent children reaching the Risk of Significant Harm (ROSH) threshold and entering out-of-home-care.

Key success factors

Key success factors for Resilient Families include the following:

- Holistic, including case management and therapeutic supports
- Data-driven decision making, enabling continuous improvement

- Higher intensity, and accepts re-referrals over years for families to re-engage and sustain change
- Families that choose not to engage are measured in our results, resulting in more targeted and persistent engagement activity
- No additional licensing fees
- No additional training fees
- No intermediary
- Proven results in an Australian context.

Resilient Families is underpinned by The Benevolent Society Resilience Practice Framework, which was developed in collaboration with the Parenting Research Centre. The Framework is based on evidence about what works in building resilience for children and provides 42 Evidence Informed Practices designed to achieve outcomes across five areas:

- increasing safety;
- secure and stable relationships;
- improving self-efficacy;
- improving empathy; and
- improving coping / self-regulation.

Core to Resilient Families' success is the delivery of holistic support in a home environment. The Benevolent Society Senior Child and Family Practitioners develop support plans in partnership with families to address identified risk factors and build on family strengths. Drawing on the Evidence Informed Practices, Practitioners then deliver a combination of therapeutic and practical supports including support to build parenting skills and confidence, encourage child development and positive behaviours and manage conflict. Eighty-five per cent of Resilient Families interactions occur face-to-face, building quality relationships, trust and rapport.

For the first twelve weeks of a family's engagement with Resilient Families, they have access to 4-6 hours of in-home support per week, with 24/7 support available as required. As family resilience is built, this tapers to less intensive support (2-4 hours per week) for up to twelve months. During this support period, the full range of challenges faced by families is addressed, including substance misuse, domestic and family violence and mental health issues.

Throughout, the focus remains on child safety and family resilience, with positive engagement facilitated by intensive face-to-face contact driving sustainable results.

Once referred, families access Resilient Families on a voluntary basis, and once engaged in the program, families are able to re-refer themselves to the program for repeat or ongoing support.

Overview of families

From October 2013 to October 2018, 303 families eligible for measurement were referred to Resilient Families. These families were assessed by FACS as at Risk of Significant Harm, but Safe with a Plan. Risk factors exhibited by referred families include:

- 53%: Current substance misuse seriously impairs the carer's ability to protect, supervise and meet the ongoing care needs of the child.
- 50%: Neglect – Carer does not meet the child's immediate protective and care needs which places the child at risk of significant harm.
- 51%: Domestic and family violence in the home poses significant risk of harm to the child.
- 30%: Carer's current emotional state/ mental health functioning or physical condition/disability seriously impairs their ability to supervise, protect or care for the child.

(Note: Risks are not mutually exclusive. Families regularly present with multiple and complex risks.)

Families supported by Resilient Families are representative of the immense cultural diversity within metropolitan Sydney. Eighteen per cent of the children referred to Resilient Families identified as Aboriginal or Torres Strait Islander. This reflects the over-representation of Aboriginal and Torres Strait Islander children in the child protection system, with Aboriginal and Torres Strait Islander people representing 1.5% of the Greater Sydney population in the 2016 Census (ABS, 2017). Forty per cent were from a Culturally and Linguistically Diverse (CALD) background, many of whom required the ongoing support of interpreters to enable them to engage with the Program.

Outcomes measurement

Resilient Families' performance is measured based on the outcomes for the youngest child in eligible families, referred to as the 'index child'. However, as Resilient Families is a whole-of-family program, its impact is far greater than the 303 Index Children measured and reported. When all children in these 303 families are counted, the number of children supported by Resilient Families is 816.

The Resilient Families pilot was a voluntary program and used an intention-to-treat design in outcome measurement. This means that those families of Index Children who declined the service were still counted as part of the Index Group. The intention-to-treat design aims to estimate the effects of programs as they are offered, or as assigned, and ignores any noncompliance or withdrawal that occurs following the random allocation. Further, the intention-to-treat design avoids 'cherry-picking', whereby delivery is focused on those families that are easier to engage. As such, Resilient Families sought to prevent the hardest-to-help families from falling through the gaps in service delivery.

From its outset, Resilient Families has included an external evaluation, along with internal evaluation undertaken by The Benevolent Society, to inform the continuous improvement of the program. The NSW Government engaged ARTD Consultants to complete the independent evaluation of the program. To date Stage 1 reports including a preliminary (December 2014), mid-term (September 2015), interim report (May 2016) and final progress report (2017) have been published by ARTD. The second stage and the final report is due to be completed and published in mid-2019.

Legacy of the Bond for the Australian child protection system

The performance measurement framework is a key legacy of The Benevolent Society Social Benefit Bond. This framework included the following three key outcome measures:

1. Reduced OOHC entries;
2. Reduced number of Safety and Risk Assessments (SARAs); and
3. Fewer Child Protection Helpline reports from six months after entry to the service.

The performance of the Bond, and subsequently the return for investors, was measured by comparing the children who received the Resilient Families service against the control children on these measures. For the period of the Bond, these measures were routinely reviewed and adapted³ as part of the process evaluation that ARTD Consultants undertook to ensure the performance framework was robust, accurate and reflected the outcomes achieved by the service.

The NSW Government continues to use elements of the performance measurement framework. In particular, this framework supports the NSW Government in assessing the performance of newly introduced Intensive Family Support services (i.e.: Resilient Families – post Bond, Functional Family Therapy-Child Welfare [FFT-CW], Multisystemic Therapy for Child Abuse and Neglect [MST-CAN]).

³ ARTD Consultants. (2017). *Evaluation of the Resilient Families Service (Social Benefit Bond Pilot): Evaluation Stage 2 – Progress Report (Report 4)*. Sydney, New South Wales: ARTD Consultants.

More broadly, the framework is being used to drive the measurement of the entire NSW child protection system⁴.

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

3. IMPROVING THE MONITORING OF CHILDREN'S WELLBEING

Introduction

For TBS, a major concern is how government, the community services sector and the general public can be engaged in a more concerted focus on improving the wellbeing of children, especially those who are most vulnerable and at-risk. Unlike some other OECD countries, particularly the US and UK, Australia does not currently have an enduring framework of indicators for gauging the overall wellbeing of children. There remain gaps in understanding of how Australia's children are faring and what might be their prospects. More importantly is the issue of how indicators for the measurement and monitoring of children's wellbeing can inform policy, service planning and delivery.

There is a global effort for measuring child wellbeing, beginning with the UNICEF publication of its first *State of the World's Children* report in 1979. However, these efforts have led to a series of debates about child wellbeing indicators.

Key debates and issues in child wellbeing indicators

Some of the key issues and debates have included the following:

What is meant by 'child wellbeing'?

Whilst there appears to be limited consensus on this issue, it is clear that a definition of 'child wellbeing' needs to be defined and agreed within the Australian context, considering international developments in this regard, and across key stakeholder groups including government, non-government, academic and advocacy constituencies. One definition of 'child wellbeing' that seems promising is provided.

Theoretical basis for child wellbeing indicators

Clarity about the theoretical basis for child wellbeing is important in terms of informing the identification of child wellbeing domains and associated indicators.

Incorporating measures of children's subjective wellbeing

The rationale for incorporating measures of children's subjective wellbeing is that current, traditional approaches that rely heavily upon administrative data do not necessarily capture what children themselves consider to be important for their wellbeing. It is possible to incorporate both statistical and administrative data indicators with subjective measures to gain a fuller picture of child wellbeing.

Incorporating a focus on culture and racial identity

It is imperative in any measures of indicators of Australian child wellbeing to incorporate genuine measures of culture and identity for Aboriginal and Torres Strait Islander children and families.

⁴ Greenfield, A. (2019, February 12). *Their Futures Matter Investment Approach – Building A Smarter System Together* [online video]. Retrieved from <https://youtu.be/j8AwPA3mklw>.

Descriptive versus predictive indicators

It is important to incorporate predictive measures of child wellbeing, focusing on possible life course trajectories, that might sit alongside more descriptive measures which also have an important role. One way to do this is to incorporate the use of risk and protective factors framework.

Incorporating a risk and protective factors perspective

By incorporating a set of empirically tested risk and protective factors into indicators of children's wellbeing can enhance the predictive value of these indicators. There is now strong Australian evidence of the salience of these factors.

Consideration of children's age and stage of development

Indicators of children's wellbeing need to have sufficient sensitivity and specificity to children's age and stage of development across the key developmental phases of childhood development. Different measures to accommodate different developmental phases will be required.

Geographical level of analysis

It becomes imperative for indicators of child wellbeing to develop a more finely-grained understanding of the 'geography of outcomes' in terms of disadvantaged areas. The importance of gauging the wellbeing of children at a small area level has been highlighted to identify which communities may benefit from particular kinds of planning and resource deployment.

Policy impact and relevance for service planning and delivery

On their own, indicators of children's wellbeing are necessary but not sufficient to have an impact on public policy. A significant public relations and communication strategy to accompany these efforts is also needed.

Current Australian efforts in measuring and monitoring of Australian children's health, development and wellbeing

The preeminent authority at the forefront in Australian efforts to measure and monitor children's health, development and wellbeing is the Australian Institute of Health and Welfare (AIHW). Currently, there are three key AIHW national reporting frameworks relating to children's health, development and wellbeing:

1. Key National Indicators of Children's Health, Development and Wellbeing which has been developed for the report *A Picture of Australia's Children* (AIHW, 2005, 2009, 2012);
2. National Framework for Protecting Australia's Children indicators (plus the National Standards for Out-of-Home Care);
3. Children's Headline Indicators.

Gaps and issues in Australian efforts in measuring and monitoring of Australian children's health, development and wellbeing

Key gaps:

- There is a distinct lack of measures of subjective wellbeing for children and young people at various levels of measurement. This has been achieved in other countries as shown above.
- In the existing suite of indicators, there could be a stronger consideration to measure the cultural identity and self-esteem of Indigenous children, rather than a preponderance to primarily focus on the mostly negative indicators of wellbeing. As indicate earlier, there are new validated instruments that could be used in such an endeavour.

- The level of geographical aggregation of measures of child wellbeing indicators does not allow for a meaningful engagement of key service providers in attempts to refine service planning to better target service delivery. Whilst this is not a primary purpose of child wellbeing indicators, a more finely-grained geography of indicators of child outcomes could assist in planning service planning and delivery.

Key questions:

- By their nature, most indicators are ‘lag’ indicators drawing upon data collected at some point in the past. Is it possible to develop ‘lead’ indicators or ‘predictive’ indicators? We are particularly interested in this point in terms of driving accountability for policy or budget reform which improves child wellbeing. How could accountability arrangements be improved in reporting on child outcomes?
- Whilst we have never had as much data on children’s wellbeing as we do now, are there gaps in this landscape and are there useful ‘emergent’ indicators? What further dimensions of children’s wellbeing could be incorporated?
- The growth in the number of outcomes frameworks prevents a coherent conversation across the sector in terms of what is core or bespoke to particular concerns. Is there a way to understand the commonalities and differences between the frameworks, to identify what is core and which set of indicators enable us to describe child wellbeing in Australia?
- Most indicators draw upon administrative data collected by various government agencies. Is it possible to include subjective perceptions through, for example, maximising possible qualitative data available through LSAC and LSIC?
- It is evident from a number of AIHW indicators that children’s outcomes vary by socioeconomic position with those in the most disadvantaged quintile faring much worse than those in the least disadvantaged. Is it possible to develop a more finely grained understanding of the ‘geography of outcomes’ in terms of disadvantaged areas?

The Benevolent Society has recently embarked on work with AIHW to explore how indicators of children’s wellbeing can be enhanced. It is particularly important that improved indicators of children’s wellbeing (including through data linkage) can be used to inform a more responsive service system for children, especially for those most vulnerable and at-risk.