

NATIONAL CHILD PROTECTION CLEARINGHOUSE

Preventing Child Abuse and Neglect



*FINDINGS FROM AN AUSTRALIAN AUDIT
OF PREVENTION PROGRAMS*

Adam M. Tomison and Liz Poole



*Australian Institute of Family Studies
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Foreword

In the past decade interest in preventing child abuse and neglect has increased substantially. This has resulted not only from the humanitarian desire to remedy or prevent the suffering of children, but as a result of the professional community's highlighting of the harmful and expensive outcomes that can result from child abuse and neglect: the physical and emotional harm, the intergenerational transmission of abusive behaviour, delinquency and adult criminal behaviour. These findings, taken together with evidence that the prevention of child maltreatment, and the investment in the health and wellbeing of children, families and communities, is socially and economically cost-effective, have led to a significant investment in child abuse prevention.

There are currently a multitude of government and non-government child abuse prevention strategies, initiatives and programs being undertaken across the nation. The diverse range of programs and the geographical vastness of Australia have hindered attempts to ensure that service providers are made aware of new developments, innovations in practice and of the existence of like-minded agencies operating programs with similar aims and objectives. Thus there has been some difficulty in ensuring that the lessons of child abuse prevention are learnt, that governments and non-government service providers have access to the latest in program development and service provision, and that program duplication is minimised.

The National Audit of Child Abuse Prevention Programs has been developed as a means of facilitating access to information on the latest developments in child abuse prevention and the promotion of child and family wellbeing. It represents the most comprehensive attempt to describe the state of the nation in this field, and is the most recent of an ongoing series of audits of child abuse prevention programs that have been conducted at the Clearinghouse. The National Audit, along with the resultant Child Abuse Prevention Programs database, will serve as a valuable resource for governments and service providers for some time to come.

The Australian Institute of Family Studies, through the work of the National Clearinghouse, has established a strong presence in the field of child abuse prevention. The National Audit represents the latest attempt to provide services with some of the information they need to keep abreast of developments in the child abuse prevention field; a resource that is likely to stimulate the development of new programs and associated research. We look forward with great enthusiasm to the continued monitoring of developments in child abuse prevention across Australia.

David I. Stanton
Director
Australian Institute of Family Studies

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Finally, we would like to thank to all the agencies and groups who volunteered to distribute the Audit material through their networks and/or submitted material for the Audit despite hectic work schedules (and, in many cases, limited resources). Without your assistance the Audit would not have been possible.

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Organisation of this report

The report is organised to first, provide a description of the audit process, second, an overview of current Commonwealth and State/Territory policy and initiatives, and third, a detailed analysis of the 1814 programs collected for the Audit. The latter have been divided according to type of program, geographical location and on a number of program criteria (for example, level of prevention, target population, type of program evaluation undertaken). Descriptions of a large variety of programs are provided to highlight areas of interest, innovation or best practice. Because of the number of programs included, it was not possible to highlight every program in the report.

Therefore, to guide readers' exploration and identification of particular programs or program types, two indexes are provided at the end of the publication: the first is an index of all child abuse prevention programs and service providers included in the Audit, by geographical location (page 124); the second is an index of program types and geographical location (page 162). More detailed information about each prevention program included in the Audit is provided in the Child Abuse Prevention Programs database developed by the National Clearinghouse. Information on how to access and use the database is provided in Appendix 1 (page 122).

Executive summary

In 1999, the National Child Protection Clearinghouse, with the support of the National Council for the Prevention of Child Abuse and Neglect, and the State and Territory government departments, undertook a *National Audit of Child Abuse Prevention Programs* operating across Australia. The intention was to provide an overview of child abuse prevention initiatives currently being undertaken nationally, to identify trends and any gaps in service provision, to identify programs from which service providers can learn, and thus avoid 'reinventing the wheel' with regard to program development, and to generate discussion of future directions in child abuse prevention. In this report an analysis of the results of the Audit is presented.

There are a number of significant, interrelated trends currently shaping child abuse prevention and child protection policies and practice in Australia: the focus on enhancing social capital and investing in communities; the concomitant development of programs designed to enhance child and family health and wellbeing (health promotion); the renewed popularity of early intervention prevention approaches, particularly those targeting the first three years of life; and a greater investment in secondary child and family support programs as part of the shift to a 'family support' approach to child protection.

Within the context of current government policies, the range and scope of child abuse prevention programs currently operating in Australia are identified and described, along with the types of groups or organisations involved in operating these programs. Finally, a number of trends in service provision are highlighted, with reference to previous Clearinghouse audits, and recommendations are made with regard to future directions in the development of prevention programs.

Audit process

The Audit was designed with the intention of developing a comprehensive picture of the range of child abuse prevention programs currently operating across Australia. The target group for the Audit was comprised of researchers and practitioners in the government and non-government sectors from across the nation, who were directly involved in child abuse prevention, and/or those assumed to have an interest in child maltreatment and related areas. The criteria for inclusion in the Audit were: first, that any material submitted had to contain information with an explicit child abuse prevention focus (primary, secondary or tertiary levels), or have a health promotion focus where the prevention of child abuse and neglect was an outcome. Second, the material must describe a *program* of activity. Audit material that did not meet these criteria was kept for use as ancillary information.

Information on prevention programs and ancillary material was collected via a snowball sampling technique. The information resources of the Clearinghouse were used, in conjunction with assistance provided by the State and Territory government welfare departments and a number of non-government agencies and professional organisations, in order to develop as comprehensive a sample of prevention programs as possible. In addition to providing information about their own programs, these agencies actively

promoted the Audit (internally and externally), identified and referred the Clearinghouse to programs being run by other service providers, and provided access to extensive, State-based service provider mailing lists.

The program information required for the Audit was collected mostly via a short questionnaire developed by the Clearinghouse which was sent out to service providers. The latter were asked to briefly describe their program(s) and to provide information on the sections of the population and the form(s) of maltreatment targeted, key descriptor terms, the programs' theoretical or practical basis and details of any program evaluations undertaken.

Classifying the programs

Prevention programs were categorised according to program type, prevention type, geographical location, age range of the children or young people targeted by the program and on a number of special descriptors. The classifications were developed from typologies commonly used in the literature, the observation and assessment of current trends in prevention activity and pre-existing Clearinghouse classifications. The types of prevention programs included in the Audit were: Community education; Personal safety or Protective Behaviours; Family support; Child-focused programs; Child and Family Centres; and Offender programs.

Overview of the programs

As of 30 September 2000, 1244 separate entries had been included on the National Clearinghouse's Child Abuse Prevention Programs database, giving an effective response rate of 3.7 per cent. However, because program entries often contained information on more than one program being run by an agency, (for example, agencies may run *community education* and *family support* programs separately or in combination). For audit purposes (as per previous audits), the various programs were classified as separate items. Under this approach, the 1244 entries created a total of 1814 individual programs and an effective response rate of 5.3 per cent. The nature of the programs identified generally reflected the pattern found in previous audits of Clearinghouse Prevention Programs databases, with a predominance of family support and community education programs.

Geographical distribution

The distribution of the programs approximated the national population distribution (Australian Bureau of Statistics 2000), with a preponderance of programs across the Eastern seaboard and around the State/Territory capital cities, but also including a proportion of rural and remote programs. The lesser populated States/Territories (Australian Capital Territory, Northern Territory and Tasmania) were over-represented in the Audit, possibly as a function of smaller professional networks facilitating the distribution of the Audit material. Overall, given the geographical 'spread' of the programs that were collected, and the relative consistency of the proportions of the different program types across the nation, it appears that the Audit has been able to successfully capture a reasonably representative sample of current prevention program activity, and thus provides a generally good picture of the general trends evident in the field of child abuse prevention. It also suggests, as was also borne out by the policies and practices identified, that the State and Territories have adopted globally similar approaches to child abuse prevention initiatives.

Types of maltreatment

Most programs in the Audit generally tend to focus on physical, emotional abuse and neglect. Sexual abuse (67 per cent) and domestic violence (66 per cent) are each identified as targets in two-thirds of all of the programs, while half of all programs

reported to address the full range of child maltreatment and domestic violence. The targeting of the various forms of child maltreatment and domestic violence in combination is taken as an indication that services were cognisant of the need for cross-sectoral work and an holistic approach to the prevention. There appears to be a growing number of agencies developing such programs, with much of the interest coming from the domestic violence sector, rather than the child and family welfare sector.

Levels of prevention

Half of all programs have a secondary prevention focus, although distinctions between primary, secondary and tertiary levels of prevention, while useful for research and administration purposes, do not always translate easily in practice. A high proportion of programs appear to address child maltreatment issues, or the potential for child maltreatment, across more than one level of prevention. Classification difficulties have been exacerbated by the failure of service providers to understand or use the public health classification, and the lack of a uniform definition of what constitutes each level of prevention. What one program defines as 'abuse' (therefore requiring tertiary prevention), another program may view as an early indication of a more serious problem (secondary prevention).

One-tenth of the programs have a health promotion focus; with all such programs being targeted at the primary and/or secondary level. The majority of the programs are either universal programs targeted at the whole population (primary) or secondary programs targeting 'at risk' groups. Approximately one-quarter of the health promotion programs used an early intervention philosophy or approach.

The types of programs

Community education programs

As with previous prevention program audits, programs identified as having a community education focus (22.5 per cent of the sample, N=408) can be broadly classified into a number of types: large-scale media campaigns with a regional, State-wide or national focus; local information packages or resources; and training programs. It is clear that community education initiatives are being undertaken in substantial numbers across the nation, not only by governments and regional child protection interest groups, but by individual agencies, services and groups at the local community level. Two specific issues are identified for discussion.

First, it appears that a number of training programs and information packages of similar content have been developed independently by different communities. The unnecessary duplication of community education (and other prevention) resources could be reduced via the enhancement of interagency coordination and communication at the local, regional and State levels. Apart from the general benefits of developing professional relationships and sharing ideas, greater knowledge of pre-existing prevention programs already in operation and the increased collaborative development of programs, would reduce unnecessary program duplication and thus free up valuable resources that could be better employed in refining or developing new programs.

Second, previous analyses have suggested that the general community is broadly aware of child maltreatment, but that there is a need to provide information on specific aspects of child abuse and neglect. What appears to work best are programs that provide alternatives to inappropriate behaviour, and those campaigns that promote positive, healthy interactions and the valuing of children. Thus, one option for future work would be to further extend the health promotion approach, as applied to community education, such that messages of 'positive relating' and/or child empowering stories become 'mainstream' messages in the media.

Personal safety and Protective Behaviours programs

Personal safety and Protective Behaviours programs account for 10 per cent of the programs collected for the Audit. The programs are delivered in most schools, and a variety of other settings, across the nation; over two-thirds of the programs are based on the Protective Behaviours model. Personal safety and Protective Behaviours programs remain strongly utilised, school-based prevention programs, although their nature and usage has changed as a function of changing trends in prevention and recognition of the benefits of applying the programs' principles across a range of violence prevention initiatives. The development of a health promotion approach in schools, as exemplified by the trend towards multifaceted 'health education' programs, has meant that traditional, personal safety programs no longer drive schools' prevention strategies, but are maintained as vital components of an holistic approach to school-based prevention.

Yet at the same time, the range and usage of personal safety programs and concepts has extended through a general trend towards adapting personal safety and Protective Behaviours programs for specific target groups. Thus, what has traditionally been a universal, primary prevention program has been tailored for use as a secondary and/or tertiary prevention initiative. These changes have occurred in conjunction with a general expansion of the 'risk' situations incorporated into many programs and reflect, for example, greater acknowledgment of issues around domestic violence and other forms of societal violence (for example, harassment and bullying) and, in particular, children witnessing domestic violence.

Family support programs

Constituting the majority of programs in the Audit (as has been the case in previous audits [James 1994; Tomison 1997b]), family support programs can be characterised as secondary-level initiatives with a strong parent education focus, that often employ a home visiting component. Two trends are worthy of note.

First, it has been reported in previous audits and other publications that there was a strong increase in demand for child protection and family support services in the mid-to-late 1990s that effectively swamped the professional system. This in turn led to tertiary clients effectively reducing the opportunities the non-government sector had for working with 'at risk' families (secondary prevention). From the Audit it appears that although demands from the tertiary sector remains high, governments and agencies have attempted to re-focus on secondary prevention, funding and developing more services dedicated, predominantly, to working with 'at risk' families.

Second, as part of the renewed valuing of child abuse prevention (as a function of neurobiological research; the recognition that a forensic child protection approach, in isolation, was not an effective means of preventing maltreatment; and evidence of the cost effectiveness of prevention programs), it is apparent that early intervention projects have (once again) become more salient as a result of the renewed focus on intervening in the early stages of life.

Child-focused programs

Child-focused programs account for 18 per cent of all programs in the analysis. The majority could be generally classified as: adolescent parent support programs (mainly for mothers); respite and substitute care services for children and families requiring 'time out' or emergency assistance (8 per cent of all programs; 10 per cent of child-focused programs); generalist support and counselling programs for 'at risk' and maltreated children and young people; school-based health promotion and resiliency programs; services for young people at risk of homelessness; and/or programs run in sexual assault centres or women's refuges for children who had witnessed domestic violence. Almost

half (43 per cent) of the child-focused programs are being run in combination with family support programs also offered within the host agency. However, to be considered 'child-focused', the programs had to maintain a philosophical and service provision focus predominantly on the maltreated or 'at risk' child.

Child and Family Centres

Child and Family Centres are still a relatively new initiative, which was reflected, in their small numbers in the Audit and within the child welfare/family support system as a whole. Two-thirds of the programs are located in New South Wales and run by large non-government agencies, although the NSW Government has indicated its support for the concept by strongly investing in the development of the *Schools as Community Centres* project. Of the remaining programs, most are located in Western Australia and Queensland. Operating as a service 'hub', the centres are quite suited for operation in regional centres, and in rural and remote areas of Australia where services are less frequent and the agencies that are available need to be offer a range of services.

Offender programs

The term 'offender program', is generally reserved for programs that address physical or sexual assaults, a convention that is adhered to in the Audit. Of the 47 offender programs, two-thirds of the programs target male perpetrators of domestic violence, with most of the programs incorporating a parent education component to inform fathers of the effect witnessing domestic violence has on children. The remaining third focus on sex offenders (convicted; and non-convicted, but referred by child protection services) and those at risk of sex offending. As part of the move to intervene early to break the pattern of offending, those at risk of offending are targeted in at least one-fifth of both the domestic violence and sexual abuse programs. There are also a number of secondary-level programs working with fathers at risk of abusing their children, offering anger management programs for boys (and to a much lesser extent, girls) who were aggressive or 'acting out', and family support programs for parents who have been incarcerated for criminal acts (not necessarily violent behaviour).

Special populations

A number of special populations, programs or specific approaches to preventing maltreatment are identified for particular attention in the Audit. Four specific sections of the Australian population generally identified as being at greater risk of child abuse and neglect and, thus, specifically targeted for intervention (and analysis in the Audit), were: Aboriginal and Torres Strait Islander communities (16 per cent of programs); people of non-English-speaking background (15 per cent); families where a parent or child is suffering from a physical or intellectual disability (17 per cent); and families where a parent or child is suffering from a mental disorder (9 per cent).

For all four special populations, it is apparent that while service providers may have reported targeting their programs to the groups or communities, the majority of the programs are actually generic programs that merely accept clients from a variety of backgrounds. A considerably smaller proportion of these programs - approximately 20–25 per cent - have actually been designed to cater specifically for the needs of these groups. That is, the service providers have enacted particular strategies to increase access to the service for these groups such as in the employment of staff, the design of the service, management structures and the method of service delivery.

For cultural groups who prefer to attend services that are managed and staffed by their own people, (Aboriginal and Torres Strait Islander communities, and some of the various Australian communities of non-English-speaking background), this is a particularly

serious issue. Without access to culturally appropriate services, the probability is that many children and families will not access the services they require, potentially exacerbating their problems and stresses. While it is clear that governments and non-government agencies are making efforts to meet these peoples' needs, the need to further promote the education and training of Aboriginal, Torres Strait Islander and non-English-speaking background workers, and to encourage the community's management of culturally appropriate support services, is just as clear.

For prevention programs developed to meet the needs of children residing with a parent living with a mental disorder, the issue appears to be first, to obtain access to one of a limited number of services, and then, to ensure funding is sufficient to allow the service to be used for as long as needed. Despite some small increases in the mental health sector's recognition of the needs of children with a mentally ill parent, greater service development appears to be required. Whereas, with regard to programs for families where a child or parent has a disability, the need for specific, tailored services appears to be less salient. What seems to be the paramount service delivery issue is the need to ensure the adequate funding of existing services so that children and families are able to access them for as long as is required.

Program evaluation

There remains a general acceptance that 'scientific', methodologically rigorous evaluation should be an essential part of all prevention programs. However, the difficulties of conducting research in applied settings, a lack of agency resources and staff research expertise has meant that despite the vast number of program evaluations that have been performed on a variety of child abuse prevention programs, very few rigorous evaluations have been done in Australia or internationally. The majority of program evaluations are modest, internally focused studies that assess client satisfaction, document the services delivered, describe program implementation (for replication) and, if possible, the immediate effects of service provision.

Program evaluations are fundamentally designed to assist with the planning of future programs and/or to improve pre-existing programs. It is contended that each evaluation should therefore be tailored to fulfil the specific purpose for which it is required and to meet the needs of the various stakeholders involved. This then, is an argument for 'greater pluralism' in evaluation where techniques must be broad enough to enable an assessment of effectiveness across the range of available programs and to ensure the variety of service providers are able to derive full benefits from an appropriate, relevant and action-linked evaluation.

Under such an approach, the research question, and the level of explanation required, determines the methodologies and research tools used and the degree of experimental rigour that is desired and/or possible. This has facilitated a general, progressive shift away from traditional experimental and quasi-experimental evaluation designs to a greater emphasis on qualitative and action research methodologies.

The Audit

Over the past six years, previous Clearinghouse audits have identified a general trend towards greater involvement in program evaluations by service providers, and greater attempts to incorporate a degree of experimental rigour in evaluations. Both these trends appear to have strengthened in the National Audit. The majority of programs (85 per cent) have conducted at least some basic form of evaluation. The most common form of evaluation remains an internal evaluation (that is, conducted by agency staff themselves) (77 per cent of programs), based on participant attendance and satisfaction (75 per cent of programs). Almost one-quarter of service providers (24 per cent of

programs) have incorporated a pre/post test comparison in their evaluation, although only 2.6 per cent of programs have undertaken a proper quasi-experimental design that incorporates both a comparison group and a pre/post test design. The majority of the latter are conducted predominantly for family support and child-focused programs. Not surprisingly, it is the larger non-government service provider agencies, government services (such as hospitals, regional health services or the State education department), and university-supported projects, that have more success at developing outcome evaluation designs that approach methodological rigour. These agencies either have the resources and staff expertise to undertake such an evaluation, or are able to fund an independent evaluation by external consultants.

Overall, it is concluded that to promote evaluation best practice in applied settings (real world) requires acknowledgment of the circumstances of the average service provider – the availability of physical and professional resources; consideration of the appropriateness and limitations of empirical studies; and a willingness to explore the variety of evaluation methods and techniques currently available in order to find those best suited for the purposes of the evaluation. Further, it is by having an understanding of the benefits that may be attained for program development via evaluation and, in particular, by the adoption of a developmental sequencing of program evaluations, that enables service providers to build a picture of a program's success incrementally.

Conclusions

The success or failure of an audit is predicated on the ability to identify, access and collect information on current programs as comprehensively as possible. In spite of a number of sampling limitations, given the size and breadth of the Audit database and the geographical distribution, it is contended that the issues and trends that have been identified are likely to reflect the trends in child abuse prevention activity currently occurring across the nation. The findings of the Audit provide evidence of the development of a strong foundation of child abuse prevention activity across the nation. Importantly, the development and operation of prevention initiatives was associated not only with large government departments or non-government agencies, but with 'grass roots' community groups or small agencies.

An assessment of the range and type of programs currently in operation enabled the identification of a number of specific program models that have been widely adopted (albeit with local modifications) across and within the States and Territories. Such programs included the NAPCAN community education programs, Protective Behaviours, volunteer-based home visitation and Triple P parent education programs. It was also apparent that substantial progress has been made in the creation of new programs and the modification of concepts and programs developed overseas for Australian conditions. As a result there is a vast range of innovative programs available for service providers to access and assess when planning to develop or to run a child abuse prevention program. The Audit also reflects the volatility of the child abuse prevention field and the rapidly changing nature of service provision, identifying some clear policy and service delivery trends. Finally, there is also some evidence of the professional recognition of the benefits of interagency and cross-sectoral collaborations in the prevention of a variety of social ills, including child maltreatment.

Clearly, the development of national and State child abuse prevention policies or strategies requires governments to maintain a grasp on the current state of prevention activity and to learn from what has already been achieved in order to build more effective initiatives. Similarly, at the service provision level, the coordination and collaboration between agencies and sectors in the development, and the provision of

prevention programs, requires an understanding of current directions in prevention, and knowledge of existing service models and programs that have already demonstrated their effectiveness.

The National Child Protection Clearinghouse is attempting to facilitate service providers' access to existing prevention programs from across the nation, via the production of this report which highlights current prevention activity and via the creation of the Child Abuse Prevention Programs database, which provides detailed information on all programs included in the Audit. The Clearinghouse is currently giving consideration to undertaking further National Audits of child abuse prevention programs as a means of monitoring progress and of identifying changes, issues and trends in child abuse prevention across Australia.

1. Introduction

In 1999, the National Child Protection Clearinghouse, with the support of the National Council for the Prevention of Child Abuse and Neglect, and the State and Territory government departments, undertook a *National Audit of Child Abuse Prevention Programs* operating across Australia. The National Audit is part of a strategy to reduce the incidence of child abuse and neglect throughout Australia and was funded by the Commonwealth Department of Family and Community Services, through the National Clearinghouse.

The intention was to provide an overview of child abuse prevention initiatives currently being undertaken nationally, to identify trends and any gaps in service provision, to identify programs from which service providers can learn, and thus avoid 'reinventing the wheel' with regard to program development, and to generate discussion of future directions in child abuse prevention. In this report an analysis of the results of the Audit is presented. Specifically, within a context of current government policies, the range and scope of child abuse prevention programs currently operating in Australia are identified and described, as are the types of groups or organisations involved in operating these programs. Finally, a number of trends in service provision are highlighted, with reference to previous Clearinghouse audits, and a number of recommendations are made with regard to future directions in the development of prevention programs.

2. The Audit process

The objective was to develop a comprehensive picture of the range of child abuse prevention programs currently operating across Australia. The target group for the Audit was comprised of researchers and practitioners in the government and non-government sectors from across the nation, who were directly involved in child abuse prevention, and/or those assumed to have an interest in child maltreatment and related areas.

Terminology

For the purposes of this report, a 'child' is defined as a person below the age of 18 years. Using Australian Institute of Health and Welfare definitions (Angus & Hall 1996; Broadbent & Bentley 1997), child abuse and neglect are defined for this paper as:

- * *sexual abuse*: any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards.
- * *physical abuse*: any non-accidental physical injury inflicted upon a child by a person having the care of a child.
- * *emotional abuse*: any act by a person having the care of a child which results in the child suffering any kind of significant emotional deprivation or trauma.
- * *neglect*: any serious omissions or commissions by a person having the care of a child which, within the bounds of cultural tradition, constitute a failure to provide conditions that are essential for the healthy physical and emotional development of a child.

The terms 'child abuse and neglect' and 'child maltreatment' are used interchangeably throughout this paper. Unless otherwise stated, the term 'child abuse prevention' encompasses the prevention of all forms of child abuse and neglect.

Defining child abuse prevention

'Child abuse prevention' is commonly classified into three main levels under a 'public health' model: primary, secondary and tertiary prevention (Helfer 1982; Rayner 1994).

Primary prevention is targeted at the community as a whole; primary prevention programs generally comprise mass-media campaigns aimed at both children and adults, or personal safety/Protective Behaviour programs for children. The aim of primary prevention programs is to prevent the occurrence of situations leading to maltreatment.

Secondary prevention programs target specific 'at risk' sections of the population. That is, those with special needs or who are in need of greater support, such as young parents, single parents, people with disabilities, and Indigenous peoples. Secondary prevention programs can be categorised as enhancing family functioning by providing various forms of family support and, in particular, by teaching parenting skills and increasing parents' knowledge of child development and behavioural expectations.

Tertiary prevention refers to prevention initiatives aimed at preventing the recurrence of abuse or neglect in families where children have already been maltreated. Tertiary prevention therefore incorporates State and Territory statutory child protection services.

Health promotion

Researchers investigating the risk factors that may heighten children's vulnerability to various social ills, such as child abuse and neglect, have consistently identified some children who are able to achieve positive outcomes in the face of adversity – children who are 'resilient' despite facing stressful, high risk situations (Kirby & Fraser 1997). Resilience appears to be determined by the presence of risk factors in combination or interaction with the positive forces (protective factors) that contribute to adaptive outcomes (Garmezy 1985; 1993). The enhancement of protective factors or 'strengths' has become a key facet of strategies to prevent a variety of social ills.

In order to prevent social ills like child maltreatment more effectively, strategies are required that focus on both reducing risk factors and strengthening protective factors that foster resiliency (LeGreca & Varni 1993; Tremblay and Craig 1995; Cox 1997). For example, Tremblay and Craig (1995:156-157) describe 'developmental prevention', a key component of crime prevention strategies, as 'interventions aiming to reduce risk factors and increase protective factors that are hypothesised to have a significant effect on an individual's adjustment at later points of . . . development.'

Prevention or promotion?

A developmental prevention approach has implications for not only the creation of future child abuse prevention strategies but, more specifically, the terminology employed. Many prevention initiatives have taken a problem-focused approach, where the objective is the prevention of a social ill and a reduction in risk rather than the promotion of positive, life-enhancing strategies (protective factors), such as good interpersonal relationships, appropriate parenting and pro-child policies (Tomison 1997a). Use of the term 'child abuse prevention' may also tend to focus attention on the problems of individual parents or families, without adequate recognition of the connection between individuals' problems and the influence of the wider social context (NSW Child Protection Council 1997). Thus, any models framed around *prevention* without *promotion* may be considered to offer a somewhat restrictive means to address social ills (NSW Child Protection Council 1995; Albee 1996; Zubrick, Silburn, Burton & Blair 2000).

Recently however, a 'revolution' has begun among professionals working in the child protection and child welfare arenas, such that there has been considerable focus on the development of broad-based, 'health promotion' or 'wellness'-type programs (Prilleltensky & Peirson 1999b), where the objective is the promotion of positive, life-enhancing strategies, such as good interpersonal relationships, appropriate parenting and pro-child policies, rather than the prevention of child maltreatment per se. Taking an example from an allied health field, the prevention of mental disorder in the community is generally described as mental health promotion (encouraging the development of positive mental health) rather than mental illness prevention (the prevention of a social ill). Competence building and mental health promotion efforts are perceived as being among the most promising strategies for preventing mental illness (Reppucci, Woolard & Fried 1999).

Overall, it appears that associated health fields and elements of the child welfare/family support system have moved to adopt a philosophy (and associated terminology) that promote universal health, wellbeing and the enhancement of individuals', families' or communities' ability to cope effectively with life's challenges and crises, rather than those which merely signify the minimisation of social ills (World Health Organisation 1986; Australian Health Ministers Conference 1995; NSW Child Protection Council 1997; National Crime Prevention 1999b). As Reppucci et al. (1999: 401) note: 'In the 1990s principles of community mobilisation and development have increasingly been used in health and wellness promotion efforts . . . concentration of effort on at-risk

populations has been de-emphasised, in favor of promoting healthy behaviors in all people within a community.’

Thus, the promotion of general health and wellbeing, or ‘wellness’ (Prilleltensky & Peirson 1999b) is best perceived as a broad, field of action focused on the development of child, family and community resiliency via the enhancement of a number of protective factors. Therefore, the range of prevention initiatives (public health model) developed to address specifically the variety of social ills, including child maltreatment, may best be thought of as nested within an overarching framework of health promotion activity. Given the current emphasis placed on the promotion of universal health and wellbeing in policy and practice, the decision was taken to therefore include health promotion programs in the Audit, provided the prevention of child abuse and neglect was an intended (or unintended) outcome.

Scope of the Audit

Primary and secondary prevention initiatives, that is, the prevention of maltreatment *before* it occurs, are commonly perceived as forming the major constituent elements of child abuse prevention. Consequently, most audits of child abuse prevention programs have focused on primary and secondary prevention (for example, James 1994; Tomison 1997b). For a number of reasons, however, the current Audit encompassed the full range of primary, secondary and tertiary initiatives, along with a programs that adopted a health promotion or ‘wellness’ focus.

First, although it can be useful for the purposes of research and government departmental administration, the public health classification has limitations. Many prevention programs cannot be neatly classified into the primary, secondary and tertiary categories (Calvert 1993; Tomison 1995a). For example, many family support and offender programs operate at both the secondary and tertiary levels.

Second, many practitioners feel the system creates artificial distinctions between types of prevention programs, and between ‘at risk’ and abusive or neglectful families (Tomison 1995a). Third, to develop as comprehensive a picture as possible of the ‘state of the nation’ with regard to child abuse prevention, it is important that tertiary prevention and health promotion initiatives are incorporated. In addition, the collection of the former was required to ensure that the Audit would meet the information needs of the various State/Territory departments who facilitated the Audit process.

Data collection

Prevention programs and ancillary information were collected via a snowball sampling technique. The information resources of the Clearinghouse, in conjunction with the assistance provided by the State and Territory government welfare departments and a number of non-government agencies and professional organisations, were used to develop as comprehensive a sample of prevention programs as possible. In addition to providing information about their own programs, these agencies actively promoted the Audit (internally and externally), identified and referred the Clearinghouse to programs being run by other service providers, and provided access to extensive, state-based service provider mailing lists¹.

¹ In some cases the agencies, professional groups or department wished to ensure the confidentiality of their mail list members. In such cases the Clearinghouse provided materials that could be distributed by the agency/department to their lists; in other cases the mail lists were released (with confidentiality guarantees) and the Clearinghouse conducted the entire mailout process.

The program information required for the Audit was collected mostly via a short questionnaire developed by the Clearinghouse which was sent out to service providers. The latter were asked to briefly describe their program(s) and to provide information on the sections of the population and the form(s) of maltreatment targeted, key descriptor terms, the programs' theoretical or practical basis and details of any program evaluations undertaken. Upon receipt, Clearinghouse staff also classified and coded the programs according to the type of program and level of prevention and created a program entry on the electronic Child Abuse Prevention Programs database (see Appendix 1 for a description of the database and details of how it can be accessed).

In order to facilitate responses, service providers were also given the choice of providing material via telephone interviews with Clearinghouse staff (based on the Audit questionnaire), or merely providing pre-existing documentation on the programs they were running which were then used by Clearinghouse staff to develop a program entry^{2 3}.

The questionnaire, or a Clearinghouse brochure promoting the Audit, was distributed to approximately 34,000 service providers nationally. This was achieved by the following means:

- the Director or Head of Department of each State/Territory welfare department (excluding NSW), as the Clearinghouse State partners in the Audit, nominated a departmental contact who would provide information on departmental policies and programs, assist with the identification of service providers, and facilitate Clearinghouse access to departmental service provider mailing lists. With regard to the latter, each departmental head also provided a cover letter that was sent out with the first major mailout of questionnaires in each State/Territory as a means of encouraging organisations to participate in the Audit. The bulk of the Audit questionnaires and promotional pamphlets were distributed using the extensive State/Territory departmental lists;
- the Audit brochure and/or Audit Questionnaire was also distributed via the Clearinghouse mail list (7000+ members), a number of other government and non-government agency mail lists, and during the meetings of a variety of professional bodies and local community networks;
- Audit material was distributed at a number of local and national conferences, including the Helping Families Change Conference 2000 and Beyond (Brisbane); Psychotherapy with Sexually Abused Children, (Melbourne and Sydney); and the 7th Australasian Conference on Child Abuse and Neglect (Perth);
- Questionnaires, promotional material and/or reminder notices were inserted in Clearinghouse and Institute of Family Studies publications, and a number of other professional journals and government and non-government newsletters;
- a further 300 program entries were produced via the updating of the child abuse prevention program data collected for the 1997 NSW State Audit (see below).

In addition, the Clearinghouse promoted the Audit via its web site and while responding to advisory networking and outreach tasks. Clearinghouse staff were also continually engaged in: following-up on programs identified through secondary data sources (such

² Any additional information or program publications that were provided were gratefully received. This detailed information was often useful during the Audit process and provides a useful addition to the Clearinghouse informational resources.

³ The quantity and quality of the material submitted varied widely. Although some editing was undertaken, programs appear basically in the form they were received, and have not been subject to substantial editing.

as program publications and program information supplied via State and Territory government departments) and through the information resources of the Clearinghouse; attempting to identify and access additional venues for distribution of Audit materials; responding to telephone queries relating to the suitability of programs for the Audit (over 700 queries were received); and collecting program information via telephone interviews.

Once received, programs were classified, coded and added to a National Audit Prevention Programs database, enabling Clearinghouse staff to efficiently search for and/or analyse programs across a number of dimensions. An important by-product of the Audit was the development of the Prevention Programs database, which supersedes previous Clearinghouse Prevention Programs databases and provides an improved resource for use in ongoing research, advisory and networking/outreach roles undertaken by the Clearinghouse.

New South Wales

Because the Clearinghouse had completed a detailed audit of New South Wales child abuse prevention programs for the NSW Child Protection Council (Tomison 1997b) in 1997, it was initially decided to focus predominantly on collecting information from the other Australian States and Territories. The Clearinghouse has a very strong NSW membership (4000+ members), many of whom contributed material to the 1997 State Audit. Thus, it was felt that the Clearinghouse already had access to most of the significant agencies/groups running prevention programs and that these groups would be likely to again submit material which, when combined with the 1997 Audit material, would enable an adequate picture of child abuse prevention in New South Wales to be formed.

During the Audit data collection process however, it became clear from the material submitted, that while many of the groups who had participated in the 1997 State Audit were still involved in child abuse prevention, many of the 1997 programs were no longer operating, or had changed significantly. It was therefore decided to revisit formally the 1997 NSW Audit data, and an attempt was made to update all NSW prevention program material. That is, Clearinghouse staff contacted virtually all agencies who contributed to the 1997 Audit and who had not already contributed to the National Audit in order to update the NSW programs via telephone interview and/or written questionnaire. Finally, the NSW Department of Community Services was also approached to ensure the Clearinghouse was aware of current policy and practice initiatives.

Classifying the programs

Prevention programs were categorised according to program type, prevention type, geographical location, age range of the children or young people targeted by the program and on a number of special descriptors⁴. The classifications were developed from typologies commonly used in the literature, the observation and assessment of current trends in prevention activity and pre-existing Clearinghouse classifications.

The types of prevention programs included in the Audit were: Community education, Personal safety or Protective Behaviours, Family support, Child-focused programs, Child

⁴ Respondents could select from a list of terms which best described their prevention program. The list included a number of descriptors targeted for further analysis (for example, home visits, gender issues, children's rights).

and Family Centres and/or Offender programs. These classifications are briefly described below.

Community education

Developed and run by a variety of government and non-government groups at national, state and local levels, these programs generally consist of media campaigns (for example, Australians Against Child Abuse (AACA) *Every Child is Important*), information materials, and training programs for professionals and community groups.

Personal safety or Protective Behaviours programs

Personal safety programs were originally designed to educate school-age children in order that they may more easily identify and therefore protect themselves from situations leading to possible sexual abuse. The programs attempt to involve the children's parents in the program in order to raise community awareness of sexual abuse and to teach parenting skills related to protecting children and detecting signs of abuse (Plummer 1993). More recently, many of these programs have incorporated components dealing with a variety of potential dangers for children, including bullying and sexual harassment issues. One of the most popular personal safety programs currently operating in Australia is the *Protective Behaviours* program, originally developed in the US by Peg Flandreau West (Flandreau West 1989). It has been adopted extensively across Australia and in some parts of the United Kingdom (Briggs & Hawkins 1994).

Family support programs

Although these programs may be designed to offer counselling and support to all families, most are intended to provide support for families who are defined as 'at risk' of maltreating their child and who are socially isolated (James 1994), or for families where maltreatment has already occurred. Such programs generally have two major facets: to provide counselling and support, which may incorporate respite care or a home visiting service; and secondly, to enhance parenting skills (provide parent education) with the aim of minimising the likelihood of maltreatment by enhancing parenting skills, and increasing parental knowledge of appropriate child development.

Child-focused programs

Some prevention programs, particularly substitute care programs and individual child counselling programs, focus predominantly on children and young people, without the involvement of, or with a minimal focus on, their families. A 'child-focused' category has therefore been incorporated to classify programs where the focus is almost entirely on the maltreated or 'at risk' child.

Offender programs

Offender programs are designed primarily to prevent the recurrence of sexually or physically abusive behaviour, or the development of such behaviour⁵. Thus, they incorporate elements of tertiary prevention (the prevention of re-offending) and secondary prevention (targeting those people, especially young people, at risk of offending). Offender programs are a growing field of professional action in Australia which has led to a concomitant recognition that such programs should be incorporated into previous prevention program audits (Tomison 1995a; 1996a; 1997b) and their incorporation into this audit.

⁵ It should be noted that such programs typically focus on males.

Child and Family Centres

Child and Family Centres, frequently referred to as ‘one-stop shops’, are multiservice community centres that adopt a holistic approach to preventing child maltreatment and promoting healthy communities and provide support to families on a number of dimensions (Tomison 1997a; 1997b). Similar programs, known as Family Resource Centers in the United States or ‘multi-component community-based programs’ in Canada (Prilleltensky & Peirson 1999a), have been operating for some time (Tomison & Wise 1999). Designed to be non-stigmatising and easily accessible, the Centres offer highly integrated services that promote child and family wellbeing rather than allowing family problems to develop to the extent that secondary or tertiary prevention becomes the focus of centre activity.

Criteria for inclusion

The criteria for inclusion in the Audit were first, that any material submitted had to contain information with an explicit child abuse prevention focus (primary, secondary or tertiary levels), or have a health promotion focus where the prevention of child abuse and neglect was an outcome. Second, the material must describe a *program* of activity. Audit material that did not meet these criteria were kept for use as ancillary information. Overall, approximately 100 questionnaires were excluded from the Audit. These included:

- questionnaires that described programs that were not relevant for the Audit (such as anti-bullying programs or drug rehabilitation programs where there was no child abuse prevention component);
- questionnaires where insufficient information was provided (and where the service provider was not able to be contacted), and/or where the prevention activities that were described did not constitute a program of activity or were too minimal for inclusion. For example, a drug and alcohol service for parents was reported to indirectly benefit children by improving parental functioning, but incorporated no dedicated child abuse prevention component. In another case, children residing in a women’s refuge were provided with ad hoc protective behaviours information, however, there did not appear to be an actual program operating or any structure to the information provided;
- programs still in development, where the program was not (and was some time away from being) operational;
- material relating to the provision of statutory child protection services and the investigation of child abuse and neglect reports;
- general policy documents, which provided useful summaries of departmental prevention initiatives, but which did not explicitly describe particular programs in detail. The information contained in these documents was used in developing the State/Territory overviews, and as supplemental information.

3. Child abuse prevention: a national overview

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

Trends in prevention

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

Promoting resiliency

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

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

Early intervention

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

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

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

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

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

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

'Whole of community' approaches

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

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

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

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

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

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

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

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

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

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

In developing alternative service models as a response to these critiques, attention has therefore focused on both the operations of child protection services *and* the broader child and family welfare system that the statutory protective service operates within (Little 1995; Dartington Social Research Unit 1995). Most Australian State and Territory governments are currently trialing or operating 'new' models of child protection and family support⁶ (Tomison 1996e; Mackieson 1997), based on the recommendations proposed in *Messages from Research* (Dartington Social Research Unit 1995).

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

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

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

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

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

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

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

The Commonwealth's role in prevention

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

The Government provides \$3 million annually for Early Intervention Parenting projects, the National Council for the Prevention of Child Abuse, which advises the Commonwealth on the development of primary and secondary child abuse prevention strategies that can reduce the incidence of child maltreatment⁸, and the National Child Protection Clearinghouse. The Commonwealth also provides funds to the National Association for the Prevention of Child Abuse and Neglect (NAPCAN) to organise and run National Child Protection Week, which is held annually. A number of other significant family support initiatives are currently being undertaken. These include:

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

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

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

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

Australian Capital Territory

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

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

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

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

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

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

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

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

New South Wales

The NSW Department of Community Services provides funding:

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

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

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

Never Shake A Baby campaign

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

NSW Parenting Campaign

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

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

NSW Government Initiative on the First Three Years of Childhood

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

Objectives of the Initiative include developing:

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

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

Intended outcomes of the Initiative include the development of:

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

Families First

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

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

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

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

Child protection

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

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

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

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

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

Commission for Children and Young People

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

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

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

Northern Territory

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

secondary family support services such as counselling, home visitor programs, parenting skills enhancement (for example, Triple P programs) advocacy, and mediation. In addition, the program funds the employment of Family Violence Workers in each district. While the focus of their activities is to reduce violence among adult family members (domestic violence), the workers also work to prevent children's witnessing of domestic violence. There is also a substantial family violence awareness media campaign in operation¹⁰.

PECAN

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

PECAN has initiated a number of projects including:

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

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

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

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

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

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

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

Child protection

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

Queensland

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

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

Child protection

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

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

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

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

\$1.1 million was allocated to Aboriginal and Torres Strait Islander child and family welfare services. This is in addition to the pre-existing Remote Area Aboriginal and Torres Strait Islander Child Care program¹¹. The department also embraced the development of 'one-stop shops' (child and family centres), with funds of \$300,000 allocated to pilot one-stop community service centres ('hubs') aimed at improving access to child and family support in a number of communities. They will have a cross-agency focus and be located in a variety of agencies, such as child care centres.

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

Children's Commission

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

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

South Australia

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

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

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

Other State prevention initiatives include a strong maternal and child health program, which is well established in the community. The *Never Shake a Baby* campaign, initiated by the hospital based-Child Protection Services in 1992, has been successful in reducing injuries to infants resulting from shaking¹². The successful ongoing *Building Good Relationships* clinical intervention/research collaborative project undertaken by Child Protection Services and the Neonatal Unit and the Postnatal wards of the Flinders Medical Centre is based on evidence that relationship-based interventions early in the parenting process are essential components of successful prevention of later parent-child difficulties (DHS 1999b).

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

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

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

¹² The campaign material has since been adopted for use by other Australian states.

Child protection

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

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

Tasmania

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

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

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

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

Victoria

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

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

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

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

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

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

Child protection

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

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

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

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

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

Western Australia

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

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

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

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

Men's issues

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

Child protection

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

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

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

The non-government sector

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

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

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

4. Overview of the programs

The Clearinghouse sent out approximately 34,000 Audit questionnaires¹³ from October 1999 to July 2000. As of 30 September 2000, 1244 separate entries had been included on the National Clearinghouse's Child Abuse Prevention Programs database, giving an effective response rate of 3.7 per cent. However, because program entries often contained information on more than one program being run by an agency, (for example, agencies may run community education and family support programs separately or in combination). For audit purposes, (as per previous audits), the various programs were classified as separate items. Under this approach, the 1244 entries created a total of 1814 individual programs and an effective response rate of 5.3 per cent.

Presentation of the programs

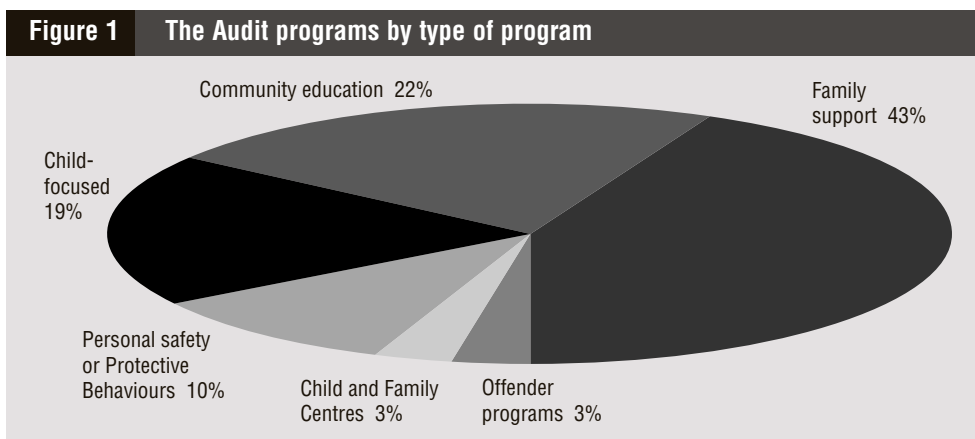
Because of the number of programs received it was not possible to provide detailed information on all programs within the body of the Audit report. Rather, an attempt has been made to showcase a range of programs from across the nation, with an emphasis on highlighting innovative programs or those of national or sector significance. A full listing of the programs included in the Audit (by service provider and geographical location) is provided in Index 1; with a further listing of programs by program type (and geographical location) provided in Index 2. To further enhance service providers' access to information on child abuse prevention activity, the Child Abuse Prevention Programs database, which encompasses all of the Audit programs, has been developed and is accessible (and searchable) via the internet, or with the assistance of Clearinghouse staff. Appendix 1 provides details of the database and methods of access.

Program types

The nature of the programs identified generally reflected the pattern found in previous audits of Clearinghouse Prevention Programs databases (James 1994; Tomison 1995a; 1996a; Tomison 1997b) (see Table 1 and Figure 1), with a predominance of family support and community education programs.

Table 1 Breakdown by program type		
Program type	Number	Proportion (%)
Community education	408	22.5
Personal safety or Protective Behaviours	181	10.0
Family support	784	43.2
Child-focused	342	18.9
Child and Family Centres	52	2.8
Offender	47	2.6
TOTAL	1814	100

¹³ This includes the questionnaires completed during the update of the programs collected for the 1997 NSW State Audit.



Although there was an increase in the proportion of programs that had adopted a child-focused approach, the majority of counselling/support programs had taken a systemic approach to prevention, focusing on the ‘family’ as clients, rather than solely or predominantly on the child. The low number of offender programs was not unexpected, despite the growing interest in this field. Similarly, Child and Family Centres, although currently perceived as a promising service model (as indicated by their uptake in New South Wales, Western Australia and Queensland, in particular), remained a small proportion of the Audit programs, thus reflecting their numbers in the professional system as a whole.

Geographical location

In an assessment of the programs by geographical location (see Figure 2), it was apparent that the Audit had successfully captured programs from across the nation, including a proportion of rural and remote programs. The distribution of the programs

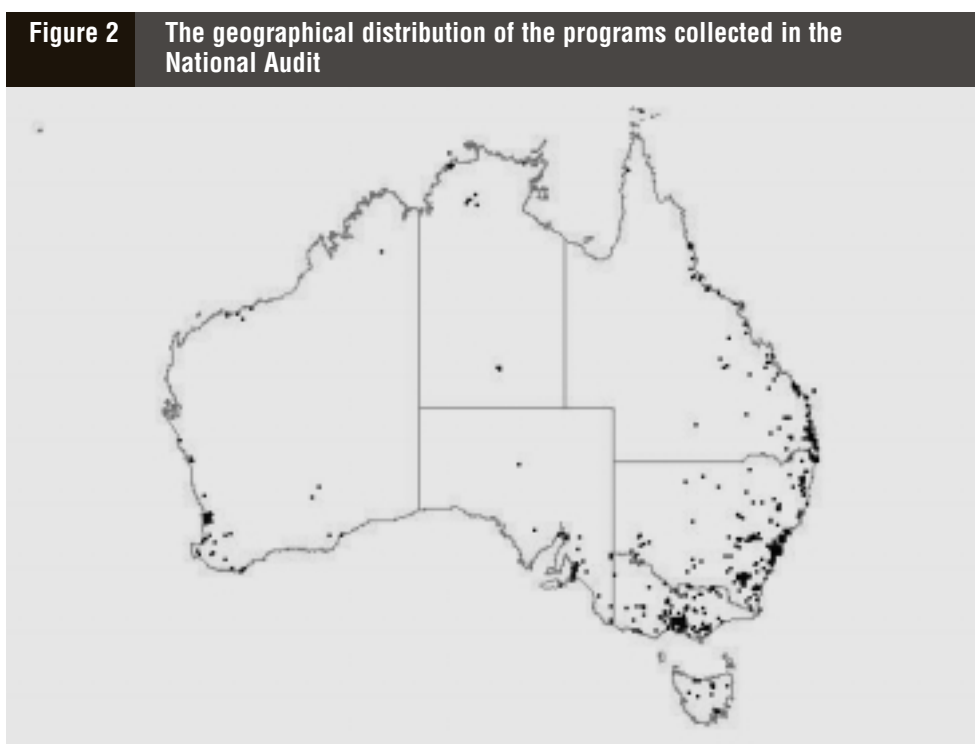


Figure 3 Comparison of the geographical distribution of the Audit programs with the national population distribution

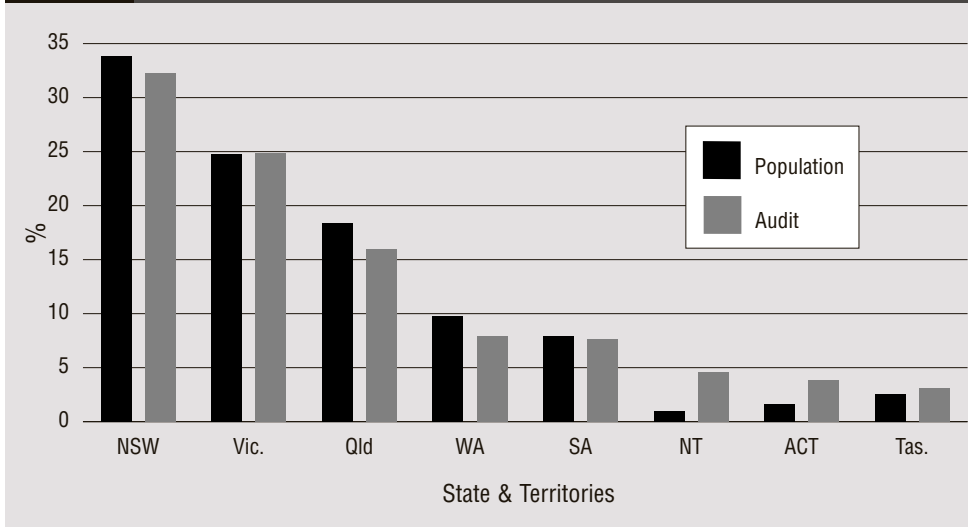


Table 2 Breakdown of the Audit programs by state of origin

Program type	ACT		NSW		NT		QLD		SA		TAS		VIC		WA	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Community education	20	29.0	150	25.6	26	31.7	72	24.8	34	24.8	10	17.9	66	14.6	30	21.0
Personal safety or Protective Behaviours	3	4.3	42	7.2	9	11.0	38	13.1	25	18.3	4	7.1	45	10.0	15	10.5
Family support	24	34.8	250	42.7	29	35.4	121	41.7	58	42.3	25	44.6	214	47.5	63	44.1
Child-focused	18	26.2	99	16.9	16	19.5	52	17.9	17	12.4	11	19.6	103	22.8	26	18.2
Child and Family Centres	1	1.4	33	5.6	2	2.4	4	1.4	0	0.0	2	3.6	3	0.7	7	4.8
Offender	3	4.3	12	2.0	0	0.0	3	1.1	3	2.2	4	7.2	20	4.4	2	1.4
TOTAL (1814)	69	100	586	100	82	100	290	100	137	100	56	100	451	100	143	100

approximated the national population distribution (Australian Bureau of Statistics 2000), with a preponderance of programs across the Eastern seaboard and around the State/Territory capital cities. It is apparent however, that the lesser populated States/Territories (Australian Capital Territory, Northern Territory and Tasmania) were over represented in the Audit (see Figure 3), possibly as a function of smaller professional networks facilitating the distribution of the Audit material.

Table 2 presents the breakdown by program types for the individual States and Territories. For the most part these generally reflected the trends evident in the overall national sample. The ACT and Northern Territory stood out as having a higher proportion of community education programs, compared with the national average, while Victoria had fewer community education programs, and a higher proportion of child-focused and offender programs. The New South Wales government and

non-government services have previously been identified as embracing the 'one-stop shop' model of service delivery (Tomison 1997b) and this was reflected by that State's over representation of Child and Family Centres in the current Audit.

Given the geographical 'spread' of the programs that were collected, and the relative consistency of the proportions of the different program types across the nation (see Figures 2 and 3), it would appear that the Audit has been able to capture successfully a reasonably representative sample of current prevention program activity and, thus, provides a reasonable picture of the general trends evident in the field of child abuse prevention. It may also suggest, as is also borne out by the policies and practices identified above, that the State and Territories have adopted globally similar approaches to child abuse prevention initiatives.

Rural and remote programs

The 'tyranny of distance' produces a number of issues specific to rural and remote communities that impact on general service provision, and child abuse prevention in particular. First, rural and remote communities generally have limited access to health, welfare, education and support services, and the people are, by definition, geographically isolated. Second, in some communities, ensuring the confidentiality of service provision may be a greater issue than is the case in more populated urban areas. The programs described below provide some typical examples of prevention programs targeting small, remote populations, who have a wide variety of needs.

Social Work Service: Family Support Team, Torres Strait and Northern Peninsula Area District Health Service, Thursday Island (Qld). One social worker, employed by the Torres Strait and Peninsula Area District Health Service, provides services to the community as required. These services include: crisis intervention; assessment; referrals to specialist services; consultations with health workers; prevention activities; education and development; counselling and support; and participation in community development activities.

Child Health, Cape York District Community Health Centre Weipa (Qld). Although there is no specific child protection program in place, individual clients are screened and necessary referrals are made to other agencies. The centre also provides ongoing surveillance in all areas of community health, as well as parenting classes, lectures and information groups throughout the year.

Nutrition Program, Milikapiti Women's Centre, Melville Island (NT). The aim of the program is to improve the health and weight of underweight children, who are referred by parents, other relatives and health clinic staff. Local women feel it is important to ensure adequate nutrition is provided so children can learn at school. Families pay \$20 per fortnight for three meals, five days per week for the children. The program operates in an informal yet productive atmosphere. Currently, there is planning being done to instigate some 'home maker' classes.

'Stop that, I'll tell' Child Sexual Abuse Prevention Program in remote Aboriginal Communities of Cape York, Cairns Community Mental Health, North Cairns (Qld). Child sexual abuse is highly prevalent in some of these remote communities. The program aims to inform children that they have a right to be safe and to convince them to report sexual abuse to appropriate adults. The program is run in schools and youth groups – wherever children meet. Two videos are shown, one featuring Indigenous persons, then issues of self-protection are discussed with the children. The children then draw a hand and write on it the names of five adults they feel they could speak to about sexual abuse if they were being abused. The program is facilitated by the Indigenous Team and the Child and Youth Mental Health Services Team.

Mobile Services for Rural and Remote Families and Children, National Association of Mobile Services for Rural and Remote Families and Children Inc., Wodonga (Vic.). Mobile Services support children and their families living in rural, remote and isolated regions of Australia and those living in disadvantaged urban communities. Priority of access is given where needs are highest, including children at risk of abuse and neglect. There are approximately 135 Mobile Services operating in Australia. The Mobile Children's Service in Albury-Wodonga works with children's health and welfare services to allow the development of a comprehensive, integrated approach to children's wellbeing. In rural and remote areas, Mobiles deliver information, resources and qualified staff. They are often the first and only point of contact, intervention and referral for families, particularly in crisis situations. The National Association aims to: represent and support Mobile Services providing for rural and remote families; facilitate networking; provide information exchange/resources; facilitate regular training; advocate for Mobile and other atypical services; promote the Association; relieve poverty, disadvantage and isolation suffered by children on the basis of need.

Contact – Project for Isolated Children, Contact Inc. (NSW). Contact Inc. is founded on the belief that strong families and strong communities are crucial to maintaining a cohesive, healthy and compassionate society. Isolation can undermine the confidence and resilience of individuals, their families and communities, and when this happens, young children are particularly vulnerable. Since 1979, the Commonwealth Children's Services Program has provided funding for the Contact Project to alleviate the negative effects of isolation on young children, and those who care for them. The Contact Project aims to help families find support so they will be better able to meet the needs of children in their care. The project also intends to stimulate interest in the wellbeing of young isolated children by improving community awareness of the needs of children. Contact has developed flexible service and community development strategies designed to combat isolation while supporting the emergence of community resilience. Contact acts as catalyst and advocate to support local initiatives. Contact has an outreach component with staff making field trips to a large number of rural and remote areas throughout the year, to discuss issues and needs in person, and link people to the most useful support or resource. Outreach processes are complimented by promotional strategies, telephone calls and the mailing out of Contact's reference materials. Contact provides information on issues such as child development, discipline, self esteem, community initiatives and resources, antenatal and postnatal information, and activities for children.

An attempt was made to identify programs that were designed specifically to address issues for rural and remote populations. However, respondents often interpreted the question as a request for the geographical location of the program, contaminating the data and precluding most analyses. Despite this, it was apparent that most programs were only targeting their local community or region; only 7 per cent of programs had a State- or Territory-wide focus, with 1 per cent having a national focus. Given that community education programs are often more able to be developed as universal (primary) programs and applied on a large scale, it was not surprising that community education programs constituted over half of the State/Territory and Australia-wide programs included in the Audit.

The 14 programs that operated Australia wide included services such as Kids Help Line and NAPCAN, national professional training programs (such as the Bachelor of Early Childhood Education at the University of South Australia) and national home visiting (*Good Beginnings*) and parent education programs. One such program was:

The Men and Boys Program: Boyswork, FatherCare, Improving Young Men's Health, Family Action Centre, University of Newcastle (NSW) The Family Action Centre delivers support programs to marginalised and transient families using staff coordinators and trained volunteers. Action research, dissemination of information at all levels and advocacy are core features of the centre's activities. Since the program was established, men's and boys' wellbeing has become a broad community concern reaching into areas of education, juvenile justice, cancer screening, fathering and suicide. The three strands which make up the Men and Boys Program are: *Boyswork* (working with schools and with boys to improve health and education outcomes); the *FatherCare Initiative* (encouraging positive father involvement in communities); and *Improving Young Men's Health* (research and teaching for better health). Parent meetings and group sessions with boys on various topics have been provided by the project in remote and rural areas as well as inner city locations.

Child and Family Centres accounted for many of the other State-wide programs identified in the Audit. For example, many of the NSW Child and Family Centres often offered the same programs at multiple sites (for example, Burnside's Family Work and Temporary Family Care programs), with some modification to cater for regional differences in needs and the availability of other services.

As was mentioned above, the distribution of programs quite closely reflected Australia's population distribution, with the majority of programs operating in urban and outer-urban areas (cities and towns) (see Figures 2 and 3). Approximately 11 per cent of programs were reported to operate in a regional centre, a further 11 per cent operated in a rural setting, and 2 per cent operated in remote Australia. It appeared that rural and remote programs had a higher proportion of personal safety and Protective Behaviour programs, community education programs and Child and Family Centres, compared with urban areas, but a lesser proportion of child-focused programs.

Types of maltreatment

Most programs in the Audit generally tended to focus on physical, emotional abuse and neglect (see Table 3), with half of all programs reported to address the former, as well as sexual abuse and domestic violence. Very few programs were specifically designed to address only one maltreatment type. There were 46 programs that addressed sexual abuse only; these included a number of sexual assault treatment programs, personal safety programs and offender programs. Even fewer programs focused exclusively on neglect (10 programs). Of those, four focused on promoting good nutrition, two were community education programs, and a final four were involved in the provision of parent education for parents with disabilities.

Table 3 Types of maltreatment

Type of maltreatment*	Number	Proportion (%)
Physical abuse	1600	88.2
Emotional abuse	1615	89.0
Neglect	1485	81.9
Physical, emotional and neglect	1450	79.9
Sexual abuse	1223	67.4
Domestic violence	1195	65.9
All of the above	912	50.2
Other	35	1.9

* Categories not mutually exclusive

Programs that addressed domestic violence were included in the Audit because of the greater professional recognition of the links between the various forms of child maltreatment and domestic violence (for example, Tomison 2000b) which has translated into various prevention initiatives (see below). Only 24 programs (2 per cent) addressed domestic violence exclusively; these were training programs that incorporated professional education on domestic violence and child maltreatment, or programs that addressed children's witnessing of domestic violence.

Note: Programs were asked to nominate additional (other) categories if the maltreatment type being addressed did not fit the categories provided. The most common issues nominated in this category were: bullying, harassment, exploitation, systems abuse and physical/corporal punishment.

Domestic violence and gender issues

There is a growing body of evidence that suggests that different types of violence may occur simultaneously in the same family, and that the presence of one form of violence may be a strong predictor of the other (Stanley & Goddard 1993; McKay 1994; Tomison 2000b). In addition, previous research has indicated the importance of assessing the nature and extent of family violence (in all its forms) when investigating child abuse and developing an intervention (Stanley 1991; Goddard and Hiller 1992; Tomison 2000b).

Yet until recently, domestic violence and child maltreatment have generally been examined as separate entities. The policies, research and practice dealing with the various forms of family violence have been fragmented, with the various types of violence that may occur between family members usually managed independently of one another (Tomison 2000b). Thus programs aimed at the prevention of child maltreatment in the context of marital violence have been relatively rare. Programs have either focused on preventing child maltreatment or preventing marital violence, but not both (Straus & Smith 1990, as cited in Rosenberg & Sonkin 1992).

In the last few years there has been greater recognition of the need to address family violence holistically. This has translated into the development of prevention programs that address aspects of both domestic violence and child maltreatment, a trend that was apparent in the 1997 NSW Audit (Tomison 1997b). Over half (57 per cent) of the prevention programs submitted for the NSW audit had adopted an holistic approach to family violence, that is, prevention of the occurrence (or recurrence) of both domestic violence and the various forms of child maltreatment. A number of programs had also focused on children's witnessing of domestic violence.

In the current National Audit, 66 per cent of programs (1195 programs) were reported to address domestic violence as a maltreatment type; with domestic violence issues addressed in the majority of initiatives across all program types (see Table 4). The

Table 4 Domestic violence within program types

Type of program	Number	Proportion (%)
Community education	250	60.3
Personal safety or Protective Behaviours	123	66.9
Family support	515	65.0
Child-focused	231	69.1
Child and Family Centres	42	80.4
Offender programs	34	72.3

increased proportion of programs addressing domestic violence (compared with the NSW Audit), may reflect an increasing awareness on the part of service providers in the child abuse prevention and domestic violence fields of the need to address family violence holistically (or it may merely be an artefact of better accessibility to such programs in the National Audit).

The fact that there were very few programs that addressed domestic violence exclusive of other types of maltreatment (2 per cent) may indicate that those working with issues of domestic violence may be more aware of the association with child maltreatment. Alternatively, it may result from the Audit selection criteria, where child abuse prevention was the predominant interest. The *Seeds of Change* program reflects an early intervention/prevention approach to domestic violence issues, and focuses in part, on children who are experiencing domestic violence.

Seeds of Change Program: Dating Violence Program, Domestic Violence Service of Central Queensland (Qld). Seeds of Change is a preventive workshop for primary-school age children which provides discussion on domestic violence. Participants are given ideas that might help a child living with domestic violence to feel safe and supported. Dating Violence is a workshop for secondary-school students which aims to increase awareness of the subject. The program looks at different types of violence and discusses what is acceptable behaviour and what is not. Students learn that there are people for them to talk to if they have concerns about Dating Violence.

Children's witnessing of domestic violence

Perhaps more than any other type of family violence, children's witnessing of domestic violence epitomises the relationship between child maltreatment and domestic violence (Tomison 2000b). Children who witness domestic violence have been called the 'silent', 'forgotten', or 'invisible' victims of family violence (Osofsky 1995; Edleson 1999), reflecting their status as the most recent victims of family violence to be 'discovered' by professionals and the wider community. In the last decade this issue has become a significant focus of research and intervention (Fantuzzo et al. 1997; Tomison & Tucci 1997; Jaffe, Suderman & Geffner 2000) and there is growing evidence that suggests that these indirect victims of family violence, who are not actually physically assaulted, may suffer social and mental health problems as a result of their experiences (Osofsky 1995; Edleson 1999).

Yet only 35 programs in the Audit dealt specifically with children's witnessing of domestic violence, the vast majority (30 of 35) of these being run by domestic violence services. In these agencies the programs appeared to be much more comprehensive and a central part of service delivery, whereas the few collected programs run by welfare and support agencies appeared to be relatively limited in scope.

Silent Witness Campaign – Domestic Violence Hurts Kids Too, Coalition of Domestic Violence Action Groups, Noarlunga Centre (SA). The aim of the Silent Witness Campaign was to provide opportunities for communities to be educated and respond to issues of domestic violence and the impact on children witnessing and experiencing this violence/abuse. This was achieved by the coordination of a 'grass roots' State-wide campaign and distribution of consistent information throughout communities at a local level. Specifically, the program sought to: raise awareness in communities that domestic violence affects everyone; promote the importance of respectful relationships; provide information and support service options to women who have escaped, or are living in, violent and abusive relationships; encourage perpetrators of violence to take responsibility for their behaviour and provide information and support service options; and to provide information and linkages to a diverse range of culturally appropriate processes and services.

Support Group for School-aged Children Affected by Domestic Violence, Manly–Warringah Pittwater Women’s Resource Centre (NSW). This is a 10-week group program for school-aged children affected by domestic violence. The program has the aim of offering children support, validating their experiences, emphasising their strengths, qualities and achievements through age-appropriate activities that are safe and offer alternatives to violence. The group involves interactive group discussion and role plays using dress ups and puppets to illustrate family violence scenarios. The group will also teach the children relaxation techniques, and promote fostering of problem solving skills and conflict resolution skills. It also aims to increase children’s awareness of protective behaviours through discussion of feelings, identifying when they feel unsafe, and developing a safe people network. Feedback is provided to parents about the outcomes of the group.

Gender issues

The assessment of gender issues as a program feature reflects an acknowledgment of feminist theories of physical and sexual abuse. Feminist theorists view child sexual abuse from a sociological rather than a familial perspective (Tower 1989), considering the sexual assault of children as an outcome of societal values. According to this view, women and children have inferior social status under the current patriarchal social structure and are subject to male dominance.

Using such a ‘social power’ framework, sexual abuse is seen merely as one part of the range of violence perpetrated by men against women and children (O’Hagan 1989). The inclusion of gender issues in prevention programs may therefore result from the perception that an understanding of power relations and societal values is intrinsic to the effective prevention of child abuse or other violence and that issues of gender (and power) are core components in facilitating the development of self-esteem and appropriate intimate and social relationships by children and young people (healthy relationships, peer relations and health promotion activities).

Of the Audit programs that addressed domestic violence, 78 per cent also indicated that they addressed gender issues. The *Breaking Free* group for children is typical of a number of programs that have been developed in recent times by domestic violence services to address the needs of children witnessing domestic violence.

Child Support – Breaking Free, Lismore Women’s and Children’s Refuge (NSW). The program aims to identify children’s needs and to help them cope with the experience of living with domestic violence. Child support workers work with children and notify parents if they need extra support or counselling. Children’s self-esteem is built through one-to-one activities, play and protective behaviours education. Parents are involved in children’s activities in the playroom. Child support workers are available to support mothers by meeting with teachers, day care workers and counsellors; to help organise children’s entry into schools, preschools or day care. The overall aim of the ‘Breaking Free’ Program is to provide group therapy for women escaping domestic abuse and their children. Group therapy can be a very effective way to break down the isolation, share each other’s experiences and provide mutual support.

Overall, gender issues were identified as a program descriptor in 16 per cent of all Audit programs. They were particularly associated with anti-violence and/or offender programs (males) (programs that usually have a strong feminist basis), and health education/promotion activities developed for children and young people. They were also incorporated in a number of personal safety/Protective Behaviours programs run in schools and as part of a number of special programs developed for battered women and/or ‘at risk’ or maltreated children and young people, (usually females, conducted by domestic violence/sexual assault services).

Self-Care Girls Project, Rosebery District High School Rosebery (Tas.) The program is designed for Grade Nine and Ten girls and is conducted by a Department of Education social worker based on the west coast of Tasmania and two other facilitators. The program focuses on topics such as self-protection, including basic self-defence, relationships, date rape and communication skills. The objective of the program is to empower the participants and give them resources to draw upon in regard to their own safety and wellbeing. Participants were also given the opportunity to discuss subjects they felt were important, such as abusive relationships. Thirty-five girls participated in the voluntary program in 1999.

See also: *Men and Boys Program: Boyswork; FatherCare; Young Men's Health*, Family Action Centre at The University of Newcastle (NSW).

In summary

The overall level of cross-sectoral work, exemplified by the development of an holistic approach to the prevention of family violence, is both heartening, and a necessary approach if violence is to be prevented effectively (Stanley & Goddard 1993; Tomison 1996d; Tomison 2000b). The paucity of programs developed for children who have witnessed domestic violence is of concern (Smith, O'Connor & Bethelsen 1996), although the low number of programs may merely reflect the relatively recent interest in this form of maltreatment. There does appear to be a growing number of agencies developing programs that can deal with this issue, although much of this interest is coming from the domestic violence sector, rather than the child and family welfare sector.

Levels of prevention

Despite a strong representation of primary and tertiary programs, and to a lesser extent health promotion programs, the Audit programs were predominantly targeted to 'at risk' clients (secondary prevention) (see Table 5).

Approximately 4 per cent of all programs addressed appeared to offer universal services (primary), targeted services (secondary) *and* services for those children and families where maltreatment had already occurred (tertiary). Many of these programs were based in Child and Family Centres, although there were some exceptions, which included help line services (Kids Help Line, Domestic Violence Help Line), school welfare programs and comprehensive training programs, such as:

Counselling, Education, Mediation and Training Services, Interrelate (NSW). The prevention of child abuse is an underlying aim and value of all the activities of

Table 5 Breakdown of programs by level of prevention

Type of program*	Number	Proportion (%)
Primary	549	30.3
Primary and secondary	232	12.8
Secondary	840	46.3
Secondary and tertiary	407	22.4
Tertiary	514	28.3
Primary, secondary and tertiary	64	3.5
Health promotion	195	10.7
Health promotion, primary and secondary	190	10.5

* not mutually exclusive

Interrelate. Interrelate provides in-service training to all professional staff in assessing the presence of violence in relationships and recognising signs of child abuse. The service conducts Sexuality Education programs for students 5–18 years (topics include the right to protection from abuse); family support, parenting and community education programs, and offender programs, all of which have child abuse prevention components. Interrelate also conducts occasional programs for Parole Services for mandated perpetrators of domestic violence, including child abuse. In addition, the service provides a program of support services for Indigenous Australians, which also has a child abuse prevention focus. Interrelate has some nine locations in NSW and two in Queensland. As well as the programs mentioned above, Interrelate provides family support in the form of counselling and mediation services. Interrelate was formerly known as Family Life Movement.

Health promotion

Ten per cent of programs appeared to have a health promotion focus, where the aim was the promotion of health, wellbeing and the ability of individuals', families' or communities' to cope effectively with life's challenges and crises. The majority of these programs were either universal programs targeted at the whole population (primary) or secondary programs targeting 'at risk' groups, such as adolescents at risk of homelessness, young parents, or disadvantaged youth. Approximately one-quarter (43 programs) of these programs used an early intervention philosophy or approach. All had a primary and/or secondary focus, with 15 programs (7.7 per cent) also involving tertiary prevention issues. Some of the programs that incorporated a health promotion approach were:

Youth Insearch, Youth Insearch (NSW and nationally). Youth Insearch operates throughout Australia and conducts camps and support groups that aim to empower young people. The camps are 48-hour workshops and explore topics of communication, trust, self-esteem, parent/adolescent relationships, drug and alcohol abuse, adolescent health, sexual assault, grief and relaxation. Support groups follow-up the camps and meet weekly at the local level, the first group being held within a few days after the camp. The role of the support group is to ensure the young person who has attended a camp and who may have dealt with a major issue in his or her life is able to embark on a program of change whilst remaining within their own home and school environment.

The Future Parents Program, Save the Children Fund Brisbane (Qld). The Future Parents Program is a primary child abuse prevention program. It is specifically designed to equip young people aged 13–19 years, with practical childcare knowledge and skills, personal self-development and access to resources. The 8-week course is provided free to participants in order to maximise participation. The course is presented to the young people as the Basic Babysitting Course. Courses are conducted at neighbourhood community centres, facilitated by a worker from the centre in order to provide additional community links for the young people, and target areas of potential high risk of child abuse and neglect. Sessions run for two-and-a-half hours each week. The course aims to build self-esteem, link the young people with networks of support within their own communities, teach them basic childcare skills, what constitutes child abuse and neglect as well as how to keep themselves safe and free from exploitation. Session topics include: caring for other people's children; finding a babysitting job; child health and safety; basic child development; toys, games and activities for children; stress and stress management; dealing with emergencies; child abuse and personal safety. A health nurse from the local community health clinic is used to give information on specific areas and to provide community links for the young people after the course is finished.

Gaining Ground Project, Gaining Ground Project, Liverpool (NSW). The Gaining Ground Project aims to identify and meet the needs of parents affected by mental health problems and their children aged 0–5 years. There are two major facets of the program: assessment of the parent's and children's needs in order to develop a strategic case management plan best able to support the child and family and prevent the occurrence of child maltreatment; and a children's playgroup where the basic premise is to encourage parent participation in encouraging, helping, or simply being nearby, while their children are discovering themselves and the world around them. The group was established as a collaborative venture between the Gaining Ground Project, Bankstown Mental Health Rehabilitation Service, and Centacare: Canterbury Family Support Service.

Early Intervention Program, Southern Fleurieu Health Service, Victor Harbour (SA). The Early Intervention Project began as a pilot program for a period of 18 months (1/1/98–30/6/99). The project objectives are to implement early childhood screening, identification and development of therapeutic and educational programs on a case-by-case basis for those families with children aged 0–8 who have a developmental delay; to maximise the health, learning and developmental potential of all children living in the region; to provide parents with the essential skills and knowledge to manage children with specific physical, communication social and/or emotional learning difficulties.

Shared Action, St Luke's Bendigo (Vic.). Shared Action¹⁴ was a three year community development project (completed late 1999) in Long Gully, an inner urban area of Bendigo. It was established to promote safety for children with the following two objectives: to mobilise existing resources in the community to promote health and wellbeing; and, to work with the community to achieve the community's vision of a safe, healthy and pleasant place to live. After developing a comprehensive community vision, Shared Action has assisted community members to implement two projects which were prioritised as the most fundamental aspects of the vision. These were to establish a Sport and Recreation Club and to build a family park. The Sport and Recreation Club has been established, as have various activities such as a junior football team and mixed netball team. The family park is almost completed. Outcomes include increased responsiveness to children by adults in the community, mutual support, improvement in the quality of the area, activities for children, forums for discussion about safety, role modelling, discipline and development. There is a greater sense of community and confidence to take further action.

Strong Men, Strong Families, Mawarnkarra Health Service Aboriginal Corporation, Roebourne (WA). The service aims to improve the life opportunities of Aboriginal children by promoting cultural development within the Roebourne community primarily by allowing Aboriginal men to define their roles and responsibilities in contemporary Aboriginal families. Aims include to: strengthen men in their roles as elders and family members; to develop a renewed respect by youth for their elders and senior men of families and community; to strengthen families and family groups, particularly Aboriginal men in Roebourne to make decisions and plan for the care and protection of their children; to enable children and youth to be cared for within their family and kin network particularly by significant Aboriginal male family members; to give control back to the community and to encourage input from Aboriginal men into community wide issues.

¹⁴ *Shared Action* is a classic community development project designed to improve social capital.

Levels of prevention – their utility

As was noted previously, distinctions between primary, secondary and tertiary levels of prevention, while useful for research and administration purposes, do not always translate easily in practice. From Table 5, it is apparent that a high proportion of programs appear to address child maltreatment issues, or the potential for child maltreatment, across more than one level of prevention. Classification difficulties¹⁵ were exacerbated by the failure of service providers to understand or utilise the public health classification, and the lack of a uniform definition of what constitutes each level of prevention. What one program defines as ‘abuse’ (therefore requiring tertiary prevention), another program may view as an early indication of a more serious problem (secondary prevention). This issue is considered further in the Discussion.

Target groups

Programs were able to be classified according to the age(s) of the children and young people that the program targeted and according to the section(s) of the population (and family members) that was (were) the focus for intervention.

Section of the population

As is evident from Table 6, over a third of programs targeted families, and another third children and young people (child-focused and school-based programs). Mothers and pregnant women (parent education and general support; intensive support for ‘at risk’ and battered women), the professional sector (training), and the general public (community education, community development) were each targeted in at least a tenth of the programs. Target groups were not mutually exclusive and often a number of groups were targeted in the one program. For example, 646 programs (36 per cent of programs) were directed at ‘families’, which by definition, meant that both caregivers and children were targeted for engagement and action (although the stronger focus for intervention was more often the parents). Taken together with the 38 per cent of programs with an explicit ‘children and young people’ focus, it was apparent that children and young people were targeted in at least 73 per cent of programs.

Age of the child

Most programs (27 per cent) targeted their programs to children of all ages (0–18 years) rather than one specific age group (see Table 7). One quarter (66 of 285) of the programs

Table 6 Target groups		
Target groups	Number	Proportion (%)
General public/community	232	12.8
Mothers/pregnant women	201	11.1
Fathers	37	2.0
Children and young people	686	37.8
Families	646	35.6
Both parents	202	11.1
Professional/paraprofessionals	193	10.6

¹⁵ It should be noted that the levels of prevention were determined entirely on the description of strategies and activities provided by the service providers and, thus, are only as accurate as the information provided

with an infant-only focus, incorporated an early intervention and/or health promotion focus, for example:

Kids ‘n’ You Family Support Program, Northern Metropolitan Community Health Service (SA) Kids ‘n’ You is an early intervention program geographically based within a multidisadvantaged area and aimed at preventing the abuse and neglect of children. Kids ‘n’ You focuses on the improvement of the mental, emotional and social health and wellbeing of women, children and families, both in the short and the long term. The program offers some initial home visiting, linking with a peer supporter, drop-in (activities include guest speakers and parenting discussions), individual and family counselling, a therapeutic group program and peer supporter training. While women attend these services, children can be placed into the children’s room with a qualified child care worker. The program has an advisory group consisting of women from the community and from the project.

Table 7 Age groups		
Age	Number	Proportion (%)
Children (all ages)	489	27.0
Infants 0–4 years	285	15.7
Children 5–12 years	334	18.4
Infants and children	107	5.9
Children (5–12) and adolescents	92	5.1
Adolescents 13–18 years	372	20.5
Young Adults 19–25 years	193	10.6

The focus of the prevention programs when targeting adolescents, and particularly when targeting young adults, was frequently to assist young parents to adjust to the parenting role via the provision of parent education, emotional and practical supports:

‘The Corner’ Youth Health Centre, Corner Youth Health Centre, Launceston (Tas.). The Corner provides a wide variety of services to young people between the ages of 12–25 years. These services include drug and alcohol counselling through which assessments and interventions may be made. Counselling also assists young parents to develop positive parenting skills. The Youth Health Team, comprising of nurses and a social worker, also provides interventions for young people experiencing child protection issues and assists parents to develop new skills. Doctors are available three times a week and can also provide assessment and intervention where necessary. All staff at the centre provide community education on child protection and child abuse prevention.

In the following sections each of the main types of prevention programs is described in more detail. This is followed by an assessment of programs that targeted a number of special populations, and finally, an assessment of the nature and extent of program evaluations conducted on the Audit programs.

5. Community education programs

As with previous prevention program audits (James 1994; Tomison 1995a; 1997b), programs identified as having a community education focus could be broadly classified into a number of types. First, large-scale media campaigns with a regional, State-wide or national focus, such as:

National Child Protection Week, NAPCAN Australia (NSW and nationally). National Child Protection Week was initiated by NAPCAN in 1990 to promote the value of children. Objectives include: to educate society on the dangers and damage to children as a result of corporal punishment; to offer advice on alternatives to physical punishment; to educate parents about nurturing children in their early years and choosing suitable carers; to increase literacy and self-esteem in children; to inform parents and adolescents about substance abuse; to lobby for policies and laws which value and protect children and young people. As part of the Week, educational material is distributed widely promoting positive ways to nurture children, and activities are held throughout Australia promoting community awareness about positive parenting and prevention of child abuse and neglect. By selecting a different theme for each year, the annual campaign provides the opportunity for all involved in the child protection/child abuse prevention field to promote their own projects and programs at both a national and State/Territory level. The campaign is recognised by governments and the community as a most effective national initiative.

Every Child Is Important – Australians Against Child Abuse (Vic.). This is a national public education campaign that aims to encourage a change in public attitudes regarding the low status of children in our society and that affirms the value and significance of children to adults, families and society. The campaign addresses the commonly-held belief that children are a cost to society, the perceived suspicion that any application of children's rights will mean an erosion of parents' rights, and the public's lack of understanding about the extent and nature of child abuse in Australia. The campaign utilises television, radio and print advertising featuring Rod Stewart's version of the song 'Have I told you lately that I love you' (written by Van Morrison). The campaign also includes information kits, parenting education seminars and a 'Celebrating Children' concert.

Katherine Community Awareness Program, Territory Health Services (NT). The project was a community awareness campaign (primary prevention) using media strategies to raise awareness of child abuse and child protection issues. The campaign was centred around the theme 'Protecting Children is a Community Responsibility', and was designed to provide information to adult members of the community about child abuse. In order to reach as large an audience as possible, it was decided to use the mass media. Five campaign elements were designed: (1) a newspaper article in the local weekly newspaper and in the monthly RAAF newsletter; (2) a one page flyer distributed to private mail boxes in Katherine and Tindal; (3) the design of a picture and caption on the local dairy's plastic milk containers; (4) a segment on the local radio station, 8KTR; (5) a static display in Katherine's major shopping centre.

Second, information packages, resource centres and community development programs operating at the local community level, for example:

The Devonport Playhouse, The Devonport Playhouse Inc. (Tas.). The Devonport Playhouse opens each weekday, 48 weeks per year. Parents come and stay with their children on any day, at any time, for as long as they wish. The objectives of the Playhouse are: to provide an informal meeting area for parents/carers of children aged 0–4 years which will facilitate the development of supportive social networks; to provide a forum where good health, parenting and life skills practices will be promoted; to provide a resource centre with information and equipment relevant to the early years of parenting; to provide a play environment which is specific to the physical and social needs of children aged 0–4 years. The Playhouse liaises and works together with government and non-government services, including schools, health centres, the Parenting Centre, Playgroup Association and Nursing Mothers Association. Organised activities include guest speakers and workshops for adults, play-gym and hands-on fun activity sessions for children, post-natal depression support group and an adoptive grandparent scheme.

Community Education and Training Package, Jannawi Family Centre (NSW). Jannawi Family Centre is a specialist child protection service working with ‘at risk’ and abused 0–9 year old children and their families. ‘Change Could Come’ and ‘Creating the Future’ is a video resource package for children and families affected by domestic violence and child abuse. Written and directed by Chris Bourke, and presented by Noni Hazelhurst, the video features a number of puppets, with indigenous actors Ernie Dingo and Bob Mazza as narrators and Pauline McLeod as story teller. The stories and resource materials assist children to recognise and talk about violence and abuse, understand the effects on their relationships, and identify strategies to develop alternative and positive family relationships and friendships. The kit is also a good example of an holistic approach to violence prevention.

Child Friendly Village– Ongoing Activities, Bangalow Chamber of Commerce, Bangalow (NSW). The Bangalow Chamber of Commerce applied for and received funding for a parent education initiative run over three years which was called the Parenting Support Project. Funding for this project has now ceased, however the Chamber of Commerce and the local community continue to be active in initiating child-friendly initiatives in their community. The Bangalow Child Friendly Village, has a primary prevention, community development focus and works in partnership with other agencies including the Northern Rivers (NSW) Area Health Service. Partially inspired by reports of Swedish attempts to create an environment designed specifically for children, the Child Friendly Village was developed to improve the environment for children via the utilisation of existing community groups and networks. The aims of the Village are to raise awareness of children’s needs in decisions affecting the physical environment, and to extend beyond the purely physical to address the social and emotional environment of children as well. Activities currently include placing parenting videos in the local video shop and working with the Road Traffic Authority on a ‘Safer routes to school’ project.

Third, local and State-wide training for professionals or community groups. One third of all community education programs were directed at educating professionals, with the training of mandated notifiers a major area of education, for example,

Child Abuse Prevention Public Speaking Kit, Department of Families, Youth and Community Care Brisbane (Qld). The Department of Families, Youth and Community

Care has recently developed a Child Abuse Prevention Public Speaking Kit. The kit has been created by the Positive Parenting Coordination Section at the department in response to an identified community need for resource support in the provision of education and information on child abuse and its prevention. It is designed to assist those who work in government departments, community organisations, parent groups and other areas where there is a need to present material about child abuse prevention and the role of the community. It can be used with a range of audiences and is particularly useful for the general public, parents and people who work directly with children. The kit includes: tips on public speaking; session plans for workshops; activity sheets; overhead transparency masters and handouts; a list of available services and agencies; a guide to contact and referral; and evaluation forms.

Cross Cultural Perspective's on Child Protection, Ethnic Childcare, Family and Community Services Co-op (NSW). This is a professional education program specifically developed for children's services workers. The program aims to assist children's staff in dealing with cross-cultural issues of child protection including information and strategies on how to resolve cross-cultural dilemmas.

Mandated Notification Trainer Training Program, Family and Youth Services (SA). Since 1989, comprehensive mandatory notification training has been offered to mandated professional groups, including: medical practitioners, pharmacists, registered or enrolled nurses, dentists, psychologists, members of the police force, community corrections officers (where their duties include the supervision of young or adult offenders in the community), social workers, teachers in any educational institution (including preschools) and approved family day care providers. It is also available to any other person who is a manager, supervisor or direct service provider of a government or non-government agency, that provides health, welfare, education, child care or residential services wholly or partly for children. The training program is provided by accredited trainers who come from a range of community organisations, government departments and agencies as well as individual contractors. The program consists of a three-day workshop that equips trainers to run the one-day or seven-hour module called the Mandated Notification Training Program (which has been nationally accredited).

'Effect of Domestic Violence on Children' Training Program for Early Childhood Workers, Port Pirie Domestic Violence Action Group Inc. (SA). The training program is a negotiated package designed to enable early childhood workers to explore the effects of domestic violence on children. The objectives are that Early Childhood workers understand the issues surrounding domestic violence and the impact and effect of witnessing violence in the home on young children's development. Workers are made aware of legal issues and professional responsibilities related to the mandated reporting of child abuse. They become aware of the principles of effectively working with children who are experiencing violence in the home and the local services and supports available for families experiencing violence. Resource kits are provided to participants and the Action Group works to assist service managers develop policy and procedures for working with children affected by domestic violence in their homes.

'Preventing Abuse Before the Cycle Begins' Interactive Workshops with Dr Sue Packer, PECAN – Prevention and Education (Child Abuse and Neglect), Casuarina (NT). Dr Sue Packer was enlisted to run a series of interactive workshops with paediatricians and GP's, members of the judiciary and others involved in the administration of justice, and family support service providers. The workshops targeted key professional

groups who work with families at risk of abuse or in situations where early intervention could prevent abuse occurring. The aims of the workshops were for each professional group to: identify current child maltreatment issues; determine any training and educational requirements; identify and share resources useful in early intervention of child abuse and neglect; initiate discussions about developing a coordinated approach to child abuse prevention; provide a framework for future directions in early intervention in child abuse in the NT; promote partnerships in child protection across professions, agencies and departments; increase reporting rates of child abuse and neglect by medical professions; elicit support for intervention in systems abuse of children within the legal system. Strategies included ensuring wide representation within each of these groups.

Parent education

The provision of *parent education* in a variety of forms, has become a cornerstone for working with 'at risk' and maltreating families to reduce the likelihood of child abuse and neglect (Tomison 1998b). Parent education is currently advocated as a significant component of any comprehensive set of preventative services for parents at high risk of abusing or neglecting their children (Dubowitz 1989, Chalk & King 1998). It can be defined as 'a systematic and conceptually based program intended to impart information, awareness and skills to the participants on aspects of parenting' (Fine 1980:5). The underlying tenet of parent education is that a parent who is:

'well-prepared for the life changes associated with childrearing is less likely to succumb to the increasing stress factors that prevail. This viewpoint supports the principles of preventative mental health – skills, knowledge, and experiences that boost the individual's coping abilities . . . will increase their resistance to the forces that oppose their healthy adjustment' (Wolfe 1993:98).

Parent education is generally assumed to benefit families, in part, by increasing parents' knowledge of child development and appropriate methods of childrearing, problem solving and home management (DePanfilis 1996; Reppucci, Britner & Woolard 1997). Analysis revealed that 63 per cent (258 of 408) of all community education programs, incorporated parent education messages (see *Parent education, Family Support programs*, page 68, for more detailed discussion), with half of these programs targeting 'at risk' families.

Parent Support and Community Education, Parentzone Gippsland (Vic.). Parentzone Gippsland provides information, support and referral to all parents and caregivers of children from birth to 18 years. The service also has a community education role in the form of training and consultancy to professionals in facilitating parenting groups and establishing parent education in local areas; a quarterly newsletter on issues, programs and groups; and a library service offering books, brochures, newsletters, videos and cassettes.

Young Parents Group, Belconnen Youth Centre Inc. (ACT). The Young Parents Group provides support and information and a play group. A child activities worker is employed to provide structured, age-appropriate activities for the children while parents under 25-years informally meet, plan and prepare a free healthy lunch, with access to a youth worker for support information and referral. Community nurses and general practitioners visit and provide free and confidential consultations. Occasionally there are outings and guest speakers. The objectives of the program include: to provide fun, interesting, developmentally-appropriate activities and a social setting for children; to increase young parents knowledge of parenting skills and referral services, while providing opportunity for interaction with professional support and other young parents.

School-based programs

In addition, one-third (34 per cent – 140 of 408) of the community education programs were provided in a school context, with the majority (64 per cent – 89 programs) designed to provide students with information on health and wellbeing, and the development of positive relationships (see *Personal safety programs*, page 60, for further discussion of the role of schools).

Hearing Clinics and Virtual Parenting– School-based Youth Health Nurse, Townsville Health Services (Qld). The Health Service provides various school-based programs for both primary and secondary school children. The Health Service provides a school-based youth health nurse at secondary schools in the Townsville area. The aim of the school-based youth health nurse is: to educate children about health issues, pregnancy and suicide prevention; to offer referrals, counselling, drug and alcohol issues, teenage issues and reducing teen pregnancy. The role of the nurse is a preventative one. A part of the strategy to reduce teen pregnancy is to run a program in schools called Virtual Parenting. Virtual Parenting seeks to reduce the rates of teen pregnancy and empower children in the role of parenting when they have made a conscious and informed decision to have a child. Virtual Parenting involves school children caring for three- and-a-half kilogram baby dolls. The dolls cry, wet themselves, scream if shaken or if they are put to sleep incorrectly.

Of the remaining programs, many were designed to provide educational staff with information and training in identifying and managing child maltreatment:

Training for School Communities to Support Students Affected by Family Violence, The Savvy Schools Kit, Education Queensland (Qld). The program aims to assist staff at primary, secondary and special schools to understand the issues for children who are witnesses to domestic violence. It also aims to strengthen the capacity of schools to provide appropriate supports to students. In 2000, Education Queensland developed the Savvy Schools Kit, a resource to assist school communities in raising their awareness of domestic and family violence.

Level of prevention and type of maltreatment

Traditionally, community education has most often been used as a primary prevention initiative. This has been reflected in the Audit data where half of all community education programs had a primary prevention focus. A smaller number of community education programs targeted 'at risk' groups (32 per cent) while fewer still, were designed as tertiary level initiatives (17 per cent). Community education programs reflected the general Audit trend (see Table 3) of focusing predominantly on addressing issues of physical abuse, emotional abuse and neglect (over 80 per cent of programs), those forms of maltreatment typically targeted in parent education initiatives. However, like the Audit as a whole, sexual abuse and domestic violence issues were also well represented (two-thirds of the programs).

In summary

It was clear that community education initiatives are being undertaken in substantial numbers across the nation, not only by governments and regional child protection interest groups, but by individual agencies, services and groups at the local community level. There was some evidence of the better known community education programs, particularly the many NAPCAN community educational programs, being used in a number of different settings by a variety of agencies and groups.

It was also apparent that a number of training programs and information packages of similar content had been developed independently by different communities. The unnecessary duplication of community education (and other prevention) resources could be reduced via the enhancement of interagency coordination and communication at the local, regional and state levels. Apart from the general benefits of developing professional relationships and sharing ideas, greater knowledge of pre-existing prevention programs already in operation and the increased collaborative development of programs would reduce unnecessary program duplication and thus free up valuable resources that could be better employed in refining or developing new programs.

One of the aims of the Audit was to identify programs from which service providers could learn, and thus avoid 'reinventing the wheel' with regard to program development. It is hoped that the documentation of a variety of community education (and other prevention) programs through the Audit and on the Child Abuse Prevention Programs database (see Appendix 1), will enable service providers to identify pre-existing programs that meet their needs and access those programs, reducing the need to always produce a new program that may add little to the prevention field as a whole. The Clearinghouse also has an extensive national collection of community education and training materials (including audiovisual resources) available for borrowing that can also inform service providers and possibly reduce program duplication.

Consideration should perhaps be given to the development of stronger partnerships with peak bodies to ensure the Clearinghouse collection remains up to date. In addition, although the resources are already used frequently when responding to requests for information on prevention activity, greater publication of their availability might reduce further, the duplication of activity.

The next step forward

Previous analyses have suggested that the general community is broadly aware of child maltreatment (Donovan Research 1992). Despite public recognition that emotional abuse occurs and is probably more prevalent than either physical or sexual abuse (Donovan Research 1992), the public perception of child maltreatment appears primarily to be associated with severe physical abuse or sexual abuse, due mainly to media coverage of various court cases and associated feature articles (Wilczynski & Sinclair 1996). Similarly, child neglect is mainly perceived in terms of the severe cases of physical neglect portrayed in the media (Donovan Research 1992).

It has been contended that Australian community education campaigns need to follow the trend set by the United States in re-targeting programs to provide the public with detailed knowledge of specific aspects of child abuse and neglect (Tomison & McGurk 1996). McGurk (1995) advocated the use of 'dramatic' television as a means of providing detailed information about child maltreatment to the public in Australia. He referred to the success of hard-hitting advertising campaigns to discourage drink-driving and driving without the use of seatbelts. These advertisements illustrate the unacceptable and undesirable nature of these actions and present the consequences of such behaviour explicitly. McGurk believed that such an approach would be useful for the secondary and tertiary prevention of family violence, and advocated a trial media campaign explicitly portraying family violence with the intention of confronting 'perpetrators with the grossness, grotesqueness and total unacceptability of their behaviour. For victims, the campaign would be directed at encouraging them to come out of the cupboard' (McGurk 1995:11).

However, despite the growing acknowledgment of child maltreatment as a societal problem, it is often difficult to convince those in the broader community that they,

themselves, may be part of the problem. It is easier to think of maltreaters in stereotypical ways, pathologising them as mentally ill, abnormal or evil, enabling non-offenders to distance themselves from the problem rather than to address the true causes of maltreatment, such as poverty, or a lack of social support (Wilczynski & Sinclair 1996). There is also some evidence indicating that families are more likely to turn away from confronting messages, and those that merely identify inappropriate or abusive conduct (Hawkins, McDonald, Davison & Coy 1994). What works, appears to be programs that provide alternatives to inappropriate behaviour, or that merely promote positive, healthy interactions and the valuing of children, such as the *Every Child is Important* campaign described above.

An older example was *Use Words That Help Not Hurt*, based on a highly successful United States campaign (Garbarino 1990) and developed by NAPCAN. Begun in 1995, the program aims to: increase community awareness of the harmful and long-term effects of harsh and abusive words on children; encourage positive communication which nurtures and supports children; and expand the 1995 National Child Protection Week theme *Let's Talk With Children*, which outlined positive ways adults could communicate effectively with their children. The program also encourages support for adults in parenting children by informing them of resources available to assist them when needed. It involved a Community Service Announcement television advertisement, community education kit, poster and brochure.

Further extensions of the health promotion approach, as applied to community education, would be the greater 'mainstreaming' of such messages via the inclusion of 'positive relating' and/or child empowering stories and messages in the media. It appears that a number of researchers and practitioners have actually begun further development of a mainstream media strategy, with the intention of having health promotion, positive parenting and child maltreatment themes embedded in television 'soaps' and/or as part of a dedicated parent education program (for example, Sanders, Montgomery & Brechman-Toussaint 2000).

6. Personal safety or Protective Behaviours programs

The other major primary prevention initiative is the education of school-aged children to teach them the means of avoiding unwanted sexual or physical advances, and/or to seek assistance. Currently the major school-based primary prevention initiatives are personal safety and Protective Behaviours programs. Personal safety programs have the aim of educating school-age children to protect themselves from sexual abuse. The programs attempt to involve the children's parents in order to raise community awareness of sexual abuse and to teach parenting skills related to protecting children and detecting signs of abuse (Plummer 1993). In contrast, Protective Behaviours programs focus on teaching children to avoid a wide range of potentially unsafe situations, only some of which involve child maltreatment.

For all such programs however, the objective is to *educate* children, not to make them solely responsible for their own safety (Plummer 1993). The most common and consistent positive outcomes of such programs have been children's heightened knowledge of sexual abuse, increased child disclosures of abuse (Plummer 1993; Reppucci & Haugaard 1993; Michaelson 1997; Staiger, Wallace & Higgins 1997) and, in personal safety programs, an improvement in parents' awareness and ability to protect their children (Plummer 1993)¹⁶.

Personal safety and Protective Behaviours programs accounted for 10 per cent of the programs collected for the Audit. The programs are delivered in most schools, and a variety of other settings, across the nation. It would have been possible to merely take examples of the major versions of the programs – using State personal safety/Protective Behaviours training and curriculum packages and collecting information on other, less widely used programs. However, it was apparent that despite the existence of State-wide training packages and curriculum material, precisely how the programs were used, and their position in the school curriculum, appeared to vary considerably between schools within the same State and same region.

Thus, the decision was taken to incorporate virtually all of the programs provided by the departments of education, schools and other agencies, as a means of highlighting the diversity of program usage and the various models employed, under which school-based prevention programs are provided.

Describing the Audit programs

Of the 178 programs included in the Audit, over two-thirds were based on the Protective Behaviours model. Examples of two State-wide education department Protective Behaviours packages are described below.

¹⁶ There is some controversy as to whether such school-based programs are actually *primary* prevention programs at all. The available evidence provides strongest support for an ability to prevent the recurrence of maltreatment (via an increased rate of children's disclosures of abuse) (Plummer 1993; Reppucci & Haugaard 1993; Michaelson 1997; Staiger et al. 1997); that is, a clear role in tertiary prevention. There is little evidence that the programs can prevent the initiation of abuse, particularly intrafamilial abuse.

'Says Who?' Students explore the issues: Sexual harassment; 'Enough's Enough', Protective Behaviours, Education Queensland, North Rockhampton (Qld). 'Says Who?' (for high school students) and 'Enough's Enough' (for primary school students) are resource kits developed and distributed free to all Queensland state schools by Education Queensland. They are a series of class-room activities which aim to teach students about abuse related issues and how to protect themselves. Participants of the program include students with intellectual impairments. The programs are taught by guidance officers, who provide a primary and secondary prevention service, responding to the needs of children 'at risk' in their district and providing educative programs to kids about their rights with a focus on child empowerment. As well as group-type programs, guidance officers provide individual support to students and their families.

Protective Behaviours – A Whole School Approach, Department of Education, Training and Employment (DETE) (SA). This is a new course requested by clients and conducted by DETE for all school and preschool staff who have undergone basic Protective Behaviours training. Training aims to assist participants with a whole school approach to implementing the Protective Behaviours program in their schools/centres. Group work is led by Protective Behaviours-trained trainers to determine the current status of the program in the participant's school/centre, and a SWOT analysis of that program. An action plan is created and examples of frameworks used in other schools are provided as models. As an outcome of the course, participants should be able to identify areas of need in their school's Protective Behaviours program and incorporate Protective Behaviours into their teaching program. This course is a half-day addition to the Basic Training Course.

The remaining one third of programs were based on personal safety programs, or other less widely used programs, such as *Safe Start Safe Future* and the *Child Sexual Abuse Prevention Program*:

Child Sexual Abuse Prevention Program (CSAPP Program), Child Sexual Abuse Prevention Program (Vic.). The Child Sexual Abuse Prevention Program seeks to prevent the sexual abuse of children and young people through the provision of widespread community education. Objectives of the program include: to provide children and young people with information and skills that may be used to detect and avoid potentially abusive situations and to access appropriate assistance if such a situation is experienced. In addition, the programs aims: to prevent the sexual abuse of children and young people by providing adults with the information and skills required to more adequately protect children and young people; to relieve the suffering and distress of children and young people who have been sexually abused; to expand the operations of the project so that it is easily accessible to all Victorian primary, secondary and special schools; and easily accessible to populations at high risk of sexual abuse, including children in care, homeless young people and children with disabilities. Activities of the program include: a workshop for teachers; parent information nights; parent workshops; and school day programs. Enhancing coping skills and children and young people's resiliency is a key component of the program.

Personal safety in context

Two trends were evident in the provision of school-based prevention programs. First, the majority (72 per cent) of the programs were provided within a context of broader service provision (for example, as part of a child and youth counselling program or health education package). This may result from the recognition that personal safety programs are merely one facet of a comprehensive attempt to prevent child abuse and neglect and/or that the programs in isolation, are not enough to prevent the maltreatment of children and young people.

The role of schools

It is also likely however, to be a reflection of the broader role schools have been expected to play in the past few years in the area of health education. There is a perception that education should not be limited to purely academic areas (Cohn 1990, as cited in Oates 1990; Crime Prevention Committee 1995), but should be strongly involved in preparing young people to function in society. As a consequence, there has been a general reliance on the school system to provide the primary access to children, young people and their families for the prevention of a number of social ills, including youth suicide, substance abuse and child maltreatment, (Tomison 1997a), and the promotion of health and wellbeing. One fifth of all programs in the Audit, covering a wide range of issues, were run in schools, or in association with schools.

It is clear that such programs have placed increasing demands on the school curriculum, and that there has only been limited support available to resource such programs. In addition, there is a growing recognition that child abuse and child abuse prevention are too complex for schools, or any one sector, to manage alone (Tomison 1997a). One possible solution advocated by Conte and Fogarty in 1990 was based on the premise that many of the different health programs share some basic goals: the encouragement of independent thinking; the resistance of peer pressure; the development of decision making, assertiveness and effective communication skills.

Conte and Fogarty perceived some benefit in developing a general prevention curriculum, primarily promoting mental health and empowering individuals (protective factors), but with a secondary focus on applying the generic skills to specific problems and situations. In theory, the adoption of such an holistic approach to prevention would also encourage cooperative ventures between a number of professional fields, such as drug and alcohol services and child protection services. This approach, enhanced by research on protective factors and resiliency, appears to form the basis for the current 'health education' programs being taught across the country.

Specifically, a wide range of maltreatment issues and other social ills are addressed, and a variety of family and student supports are provided, within a framework of enhancing general health and wellbeing and the development of healthy social relationships. Some examples of varying health education approaches are provided below (note the incorporation of personal safety programs or concepts as integral parts of the Aquinas College and Drouin Secondary College programs).

Promoting Relationships and Relationship Programs, Croydon Secondary College (Vic.). The general aim is to increase/ promote strategies that students can use in dealing with conflict; promote resilience; present role models; break the cycle of abuse. The anger management program, for example, targets 'at risk' individuals, while other programs involves all students in a particular year level. There are several peer support programs covering all year levels in the college. In addition to this the college delivers curriculum in such a way at junior levels that two teachers work intensively with a class and follow through the two years (7 and 8). The results of this are enhanced relationships/pastoral care and a smooth transition to secondary schooling. There is a full-time student welfare coordinator and chaplain who assist students/families and provide links with community agencies. The college also has services of a psychologist two days a week. College programs aim at prevention of alienation and early intervention. However intervention and postvention are also provided.

Social Skills Program, Ashley School, Ashley Youth Detention Centre, Deloraine (Tas.). The primary objectives of the program are to promote resilience, address socialisation deficits, broaden educational experience and promote the value of education.

Strategies include guest speakers, programs such as 'Raw' and 'Talk To Yourself' and the use of specific texts. Topics covered by the program include goal setting, tolerance, friendship, racism, anger management, health and hygiene, drugs, sexuality, parenting and family roles. Protective factors are harm minimisation, conflict resolution and support services available.

School-based Prevention Programs: Domestic Violence and Children's Issues Group, Parent Education, School Visits, Protective Behaviours, Mentor Programs, Aquinas Catholic College, Ashmore (Qld) Aquinas Catholic College runs several school-based prevention programs including raising awareness of domestic violence issues, with guest lectures followed up in the classroom. There is a Protective Behaviours Program focusing on child empowerment, information sessions on Al-Anon and a mentor program for boys ('T Sessions'). In addition, there is a parent education program which involves skill building and information sharing, based on 'STEP'. A program on grief is to be implemented.

Health Education: Issues and You, Drouin Secondary College, (Vic.) The primary objectives of the Health Education Unit's Issues and You program, which is conducted in all Year 7 classes, are to assist students to develop skills to make lifestyle decisions that will enhance their health and wellbeing; to assist students develop effective coping strategies to deal with issues that may challenge health and wellbeing in their own life time. Some of the activities are drawn from the Protective Behaviours program and incorporated into the 6-week unit. The Unit addresses issues that may challenge personal safety and rights and responsibilities to self and others, including physical, sexual and emotional harassment. These issues are taught through role plays, discussion, games and worksheets.

The nature and development of the health education-type programs, and the extent to which they have been adopted, has been influenced by State and Territory education department policy. In the Audit, it appeared that Victoria and Queensland, in particular, have facilitated the establishment of a large number of well-developed health education programs.

Schools as communities

Another approach to reduce some of the load placed on the school curriculum, has been to refocus efforts to involve the community as a whole in the prevention of child maltreatment and other social ills. The New South Wales *Schools as Community Centres* program recognises the need for a 'whole-of-community' response, using schools as venues to access children and families and to promote community health and wellbeing.

Schools as Community Centres, Depts of School Education, Community Services, Health and Housing¹⁷ (NSW). The program was established to reduce the impact of disadvantage for children entering school by providing integrated services for families in severely disadvantaged communities. The focus of the program is one of support rather than intervention, prevention rather than remediation. A facilitator is located in a community centre at the local public school at each of the six sites (an additional five sites to be funded under the *Families First* strategy). The facilitator works with a local management committee and community advisory committee to identify and respond to local service needs and issues for families with children aged 0-8 years, with a focus on the health and welfare of pre school aged children. The service aims to strengthen communities through interagency collaboration and community

¹⁷ The project is administered by the Department of School Education.

participation in decision-making processes related to the provision of services. Examples of projects include: Anger Management, Peer Parent Training (Chertsey), Healthy Mums, Healthy Babies Group (Coonamble); First Time Parents Support Group (Curran); and a Multicultural Women's Expo (Redfern).

Adaptability

A major criticism of school-based programs in the past, has been that they are too generalist and need to be tailored for specific audiences (Plummer 1993; Tomison 1997b). That is, that they need to cater for children's different developmental stages, gender and capabilities and for those identified as being at greater risk of maltreatment, such as children with disabilities, children living in women's refuges, or Aboriginal children (Tomison 1996b).

In this Audit, 100 of the 181 programs in the Child Abuse Prevention Programs database (55 per cent) could be defined as traditional, primary prevention programs. These included:

Pippy the Platypus: Protective Behaviours Program for Preschoolers, Macquarie Sexual Assault Service, Dubbo (NSW). This program is an initiative of rural and remote sexual assault workers in New South Wales. Sponsored by Burnside, the program targets young children aged three to five years and their carers in rural and remote areas. The program is designed to support the relationship between children and their carers and to enhance the personal development curriculum in preschools and schools, including areas of self-esteem, self-awareness, assertiveness and problem-solving skills.

Extending a shift in practice identified in the 1997 NSW Audit (1997b), the second trend apparent in the National Audit was for key personal safety components to be frequently incorporated into secondary and tertiary prevention programs (45 per cent of programs), and concomitantly, adapted in a variety of ways to address the needs of the Australian community. Specifically, the forms of maltreatment that were being addressed in the programs had often been extended to cover a variety of forms of child maltreatment, domestic violence and other forms of violence. *The Child Sexual Assault Prevention Program* (see above) developed in the mid-1990s in Victoria, is a good example of a program taking an holistic approach to violence prevention, while maintaining a focus on child sexual abuse issues. Other examples identified in the Audit were:

Gender Construction/Dating Violence/Anti Bullying, All Hallows School Brisbane (Qld). The school conducts three education programs for secondary students that include 'Gender Construction', 'Dating Violence', and 'Anti-Bullying'. The later two programs promote student's self-reflection, identify abusive behaviour and teach personal safety skills.

School Violence, Family Violence and Relationship Violence, Heatley Secondary School/Townsville Domestic Violence Resource Centre, Aitkenvale (Qld). The program provides education about and strategies to deal with school bullying, family violence and relationship violence to students at Heatley Secondary School. It uses Protective Behaviours themes, involving videos, questionnaires, Human Rights information, safety plans and support agencies that can be accessed.

Solving the Jigsaw, EASE, Bendigo (Vic.). 'Solving the Jigsaw' program is focused on the key areas of violence, bullying, depression, anxiety and abuse. The program provides opportunities for young people to feel safe and secure, to reflect and consider, to listen and be heard, to feel and show compassion, to feel and show trust and respect, to develop responsibility and optimism, to experience connection and support, and to have their uniqueness valued and to have fun. The program runs for one-and-a-

half weeks in each of the three schools in the Calder cluster; Inglewood PS, Bridgewater PS, Marong PS. The program is run for five weeks in 1999 and will run for 20 weeks in 2000. The program is run for Grades 5 and 6 students. It also includes an eight-week parenting component.

Secondary and tertiary interventions

As a result of the greater acknowledgment of the need to target specific populations, a variety of secondary and tertiary level personal safety prevention initiatives were identified in the Audit. For example most of the programs for children who have witnessed domestic violence (secondary/tertiary) incorporated aspects of personal safety programs; there were also Protective Behaviours programs designed specifically for children with disabilities.

Protective Behaviours Program, Family and Children's Services, Centacare and FamilyLink (NT). The Protective Behaviours Program is a 12-session program, run once per visit to target communities. The objectives of the Protective Behaviours Program are to provide culturally-appropriate education for young boys and girls in target Aboriginal communities on appropriate and inappropriate touching, talking about sexual 'humbug' (harassment) of young girls. The program aims to promote awareness of what sexual assault is; identify protective strategies; and consult with the community to develop a method of keeping the strategy in place. Mothers are engaged in the course and the program targets primary-school-aged children from target Aboriginal communities where sexual abuse has been reported or where significant numbers of young girls are being married and/or getting pregnant.

Human Relationships Education – Protective Behaviours for Children with Disabilities, Mt Gravatt Special School/Family Planning (Qld). The Human Relationships Education program is structured and designed for the student group, most of whom have a significant intellectual impairment. The program includes: initial collaborative planning between a small group of parents, school staff and the consultant to determine needs, roles and responsibilities; an introductory session for parents; and flexibility in grouping (that is, students can be withdrawn from topics that may not be meaningful to them).

The following programs exemplify the types (and range) of tertiary-level personal safety programs currently available.

Support Group For School Aged Children Affected By Domestic Violence, Manly-Warringah Pittwater Women's Resource Centre (NSW). The aim of the group is to offer children support; validate their experiences; emphasise their strengths, qualities and their achievements through age-appropriate activities that are safe; and offer alternatives to violence. The group also aims to increase awareness of Protective Behaviours through discussion of feelings, identifying when they feel unsafe and developing a safe people network.

Children in Shelters, Alice Springs Womens' Shelter (NT). The Alice Spring Womens' Shelter uses a variety of resources from Children in Shelters and The Right to Feel Safe to work with children who have witnessed domestic violence and/or been exposed to other forms of maltreatment. A casual relaxed environment is provided where painting and other activities are done and where topics of conversation are introduced. The focus is on 'feeling safe' and giving empowering strategies for children (and adults) to prevent and interrupt violence and abuse. Building self-esteem is focused upon in activities such as, 'what makes me special', listening to your legs (early warning signs such as jelly legs), identifying emotions and creating personal networks.

Young Homeless People and Sexual Assault Outreach Project, Brophy Family and Youth Services Inc., Warrnambool (Vic.). The objectives of the Outreach Project are to raise awareness of issues related to the sexual assault of young people; promote self-protection strategies for young people at risk of sexual assault, for example, assertiveness, self-defense and self-awareness; to provide individual support if young people disclose sexual assault or if their behaviour indicates sexual assault. The project consists of general workshops, small group work and individual support in schools and outreach work. There is a self-defence instructor who teaches self-defence skills.

In summary

Personal safety and Protective Behaviours programs remain strongly utilised, school-based prevention programs, although their nature and usage has changed as a function of changing trends in prevention and recognition of the benefits of applying the programs' principles across a range of violence prevention initiatives. The development of a health promotion approach in schools, as exemplified by the trend towards multifaceted 'health education' programs, has meant that traditional, personal safety programs no longer drive schools' prevention strategies, but are maintained as vital components of an holistic approach to school-based prevention.

Yet at the same time, the range and usage of personal safety programs and concepts has extended through a general trend towards adapting personal safety and Protective Behaviours programs for specific target groups. Thus, what has traditionally been a universal, primary prevention program has been tailored for use as a secondary and/or tertiary prevention initiative. These changes have occurred in conjunction with a general expansion of the 'risk' situations incorporated into many programs and reflect, for example, greater acknowledgment of issues around domestic violence and other forms of societal violence (for example, harassment and bullying) and, in particular, children witnessing domestic violence.

7. Family support programs

Family support programs made up the largest category of programs (44 per cent) in the Audit, with the sample encompassing a wide range of interventions, conducted across a diverse range of settings.

Primary programs

Only a small proportion of family support programs adopted a universal, primary prevention and/or health promotion focus (6 per cent – 46 programs), while a further 4 per cent of the programs (excluding Child and Family Centres) had been developed to address the needs of universal, ‘at risk’ and maltreating clients (primary, secondary and tertiary levels). The latter included generic telephone counselling services such as Kids Help Line and various State-wide Parent Lines.

Most of the programs were located in universal services attempting to cater to the everyday needs of the local community and directing their services to all family members (more often younger families), rather than targeting any particular ‘at risk’ group, or only particular family members (for example, only children and young people). Often well-established in the local community, the host agencies provided a range of generic services such as family counselling, play groups, parent education and support groups. In some ways they can be perceived as smaller versions of the Child and Family Centres, but as offering a limited, universal service.

The programs that were offered often focused on improving parental self-esteem or life skills; playgroups in which both children and parents participated, where the intention was to improve parent–child attachment in an enjoyable environment; and included a variety of parent education courses.

Family/Relationships Services Program (including domestic violence counselling, groups and education), Goldfields Centacare, Kalgoorlie (WA). The Family/Relationships Services program provides counselling, support and education on an ongoing basis to individuals (children, adolescents and adults), couples, families and for groups (for example, anger management, stress management, self-esteem, assertiveness training). Community education and awareness programs are also conducted throughout the year (for example, talking to high school students about preventing abuse in relationships). The program also runs a domestic violence perpetrators program. Services are culturally sensitive.

Family Support Program, Anglicare Preston (Vic.). The Family Support Program aims to assist families to prevent family breakdown and abuse of children by strengthening and empowering all family members. The service is a family-focused, child-centred practice which ensures the wellbeing and safety of the child within the family. The service provides primary, secondary and tertiary intervention. Family counselling, family support workers, group work and financial counselling are all employed to achieve the objectives of the program.

New Parenting Groups, Wentworth Area Health Service, Community Health, St Clair (NSW). Offering a community nursing service for first time parents, the program was developed to promote social networks and to increase parents knowledge of child and family health issues. The goal of the program is to enhance the wellbeing of parents with babies up to 12 months of age within the Wentworth area. The program objectives are: to increase parents' skills and knowledge of parenting; to facilitate the development of social networks/support among parents; to promote realistic concepts of parenting; to increase parents' awareness/access to health services; and to promote health and well being. The program runs for six weeks, back -to -back, all year round in at least four community health centres/venues. Course content will vary depending on participants needs. The program has a primary prevention focus on reducing isolation and increasing knowledge of parenting and support networks for parents, thereby decreasing the number of 'children at risk'

Somerville Community Services, Somerville Community Services Inc., Casuarina (NT). Somerville Community Services offer counselling, psychotherapy and family support. The objective is to empower individuals and family groups to participate in society at the greatest level to which they aspire and are capable of achieving and thus exert control over their lives. This is a generalist service and the interventions vary greatly. A primary goal is to break patterns of dysfunctional behaviour to change the cycle of intergenerational abuse and unsatisfactory relationships.

Secondary prevention

The majority (88 per cent) of the programs were secondary prevention services, many of which catered to the needs of particular 'at risk' groups (see *Special populations* below).

Early Intervention Program, Benevolent Society of NSW (NSW). A home visiting service that aims to support vulnerable families as they adjust to the arrival of a baby. The program focuses on strengthening the parent–infant relationship by working with parents on issues affecting their ability to nurture and protect their infant. The Early Intervention team is multidisciplinary and draws on expertise from a range of disciplines including: psychology, social work, nursing, physiotherapy, occupational therapy and psychotherapy. A worker meets regularly with the family sometimes in the centre, but usually at home. Groups are also offered from time-to-time. A special feature of the program is parent–infant psychotherapy. Those who join the program include: new parents who are feeling stressed and/or depressed; parents who worry that their own experiences in childhood might make parenting difficult for them; parents of premature babies; parents of a child with a disability.

Strengthening Families¹⁸, Children's Protection Society in conjunction with Berry Street, Reservoir (Vic.). Strengthening Families is a State-wide, case management service designed to divert vulnerable, high-needs families from the statutory child protection system. Many of the families in the program have had a child protection notification where a community, rather than statutory response, is considered likely to be more effective in strengthening the family unit and preventing further abuse. Based on a solution-focused approach, the program offers an in-home support and brokerage service and relies on other community/professional supports being engaged and managed in a cohesive manner. The program is practical and offers assistance to families in creative and pragmatic ways to meet needs the family has identified as most pressing. Services are outreach-focused and most service provision is in the family home.

¹⁸ This service is offered across Victoria, under regional contracts to various non-government agencies.

Family Support Program, Anglicare (Vic.). The Family Support Program provides services to families with parenting issues and other related concerns. The program is a voluntary agency which provides a range of family support services to under-resourced local families in the context of their own goals for change. The service provides crisis intervention, telephone counselling, formal assessment and support groups. Advocacy and community development to address systemic and structural issues are also seen as important aspects of the service.

However, the reality was that most 'secondary' level programs (in many cases funded by government departments) were actually accepting both 'at risk' *and* maltreating (tertiary) clients¹⁹, and despite some recent changes to redress the balance, the majority of clients appeared to come from the tertiary sector, often referred by statutory child protection services. This trend, evident since the mid-1990s, has resulted in a scarcity of resources being available for true secondary prevention initiatives, such as early detection or preventative services for those 'at risk' families who actively seek help prior to the development of abusive or neglectful concerns (Mitchell 1996; Tomison & McGurk 1996; Scott 1998). This issue is discussed further in the *General discussion* below.

Tertiary programs

Approximately 5 per cent (41 of 784) family support programs had an entirely tertiary-level focus. These consisted of programs that worked to provide a secure, positive experience to children on access visits with a parent; a variety of substitute care programs (including emergency and respite care, foster and residential care and reunification programs); and various support services for victims/survivors of maltreatment (usually sexual and physical abuse and witnessing domestic violence) and their non-offending caregivers.

Safe Families Program – An early intervention approach, Southern Child and Adolescent Mental Health Service (CAMHS) (SA). The Safe Families program is a therapeutic program in CAMHS for families in which child abuse has been confirmed and where there is a moderate to very high risk of abuse recurring, but where the child is not in imminent danger nor is the child being considered to be removed from his or her family. Safe Families is complementary to those services, such as Family Preservation, which primarily support families in which a child may be removed. The aim of the program is to maximise family relationships so that the possibility for further family violence becomes diminished and the family is able to promote the safety and wellbeing of the child. The explicit focus of therapy is the central question: 'What assistance do you need as parents and what needs to occur so that the safety of the child/ren is maintained?'

Going Places: Children who have experienced domestic violence, Child at Risk Assessment Unit, Social Work Dept, Canberra Hospital (ACT). Going Places is run by the cooperative effort of staff of three agencies that offer services to women and/or children in the ACT who have experienced domestic violence. Going Places operates as a concurrent group model, offering two groups, one for mothers and one for children. These groups are run in parallel, with complementary content. The group's aim are to normalise the children's experiences of domestic violence in their homes, to reduce feelings of isolation, and to address their sense of uniqueness in witnessing domestic violence. The children's sense of guilt, blame, shame and responsibility is explored and the program works to increase the children's ability to cope with anger. The goals of the

¹⁹ One exception is the Benevolent Society's Early Intervention program, which adheres to a strict policy of only accepting 'at risk' families in order to maintain program integrity.

mother's group include to increase women's understanding of the effects of domestic violence and to enhance women's self-worth, increasing their parenting skills.

Parent Assessment and Skill Development Service (PASDS), Child and Family Services, Ballarat (Vic.). PASDS is part of the High Risk Infants Project (Dept of Human Services Victoria). Its aim is to improve the quality of child protection intervention with high risk infants. The target group consists of parents or caregivers with children under two years of age, who are clients of Child Protection Services, and who present with high needs and complex issues. The service has two components. First, it assesses parents' capacity to parent and, second, it implements and monitors parent skill plans. Parent skill plans maximise parents' opportunities to develop and build on their parenting skills and facilitate positive parent-child interaction. The involvement is individualised and may involve weekly contact of up to twenty weeks duration. Attention is paid to the child's physical health and wellbeing, emotional development, social development and safety. PASDS aims to provide infants at high risk the opportunity of improved physical and emotional safety in their natural family environment. Alternatively, when this is not possible, infants are given the opportunity of early placement according to the principles of permanency planning.

Family Preservation Program, Port Pirie Central Mission (SA). Family Preservation Services incorporate a range of intervention strategies geared to strengthening families, so that children and young people can continue to live, or return to live, with their family. Family and Community Services' District Centres and service provider workers work in partnership to achieve desired outcomes. Options include: mediation and early intervention (responding to the risk of unnecessary and preventable placement of a child/young person); reconnection (encourages the retention and strengthening of relationships between families and their children in placement); reunification (provides intensive work with families and their children in placement to prepare and support them to achieve a safe return home); respite (consists of a support service for families aimed at preventing placement and a support service for foster carers). When a referral is received for family preservation, goals are developed in liaison with the FACS social worker to ensure consistency with the case plan. Goals will ensure that risk factors and safety issues are adequately addressed.

Parent education

Educating parents on appropriate methods of childrearing, problem solving and home management, combined with a reduction of parental stress via the enhancement of parents' social support networks underpin many of the family support programs currently in operation (DePanfilis 1996; Reppucci et al. 1997). It was therefore not surprising that parent education was identified as a key component of most family support programs (85 per cent) in the Audit. The *Triple P Positive Parenting Program*, one of the more rigorous (and popular) parent education programs was well-represented in the Audit. Developed at the University of Queensland by Associate Professor Matt Sanders and colleagues (for example, Sanders & Markie-Dadds 1996), 21 of the 40 Triple P programs identified in the Audit were based in that state.

Triple P Positive Parenting Program, PECAN, Casuarina (NT). The Triple P parent education program was recommended by PECAN as appropriate for the Northern Territory and endorsed by Territory Health Services. Triple P aims to promote the social competence of children by enhancing parents' knowledge and skills. As a result Triple P (primary prevention) is currently being implemented through Infant Health Clinics and Family Support Services in government and non-government agencies in Darwin and Katherine. Another element of the NT plan that has recently been

implemented is to offer (via the funding of several appropriate non-government agencies) an enhanced behavioural-family-intervention Triple P program for families entering the child protection program with parenting issues that may place children at risk of abuse (secondary/tertiary level).

Enhanced Triple P behavioural family intervention for families at risk for child maltreatment, Parenting and Family Support Centre, University of Queensland (Qld). The program represents a comprehensive multimodal model of behavioural family intervention designed to address the specific needs of parents at risk for child maltreatment. The standard Triple P program consists of four two-hour group sessions with four follow-up phone calls. The enhanced program involves eight two-hour group sessions with four follow-up phone calls. It incorporates additional sessions on anger management and attribution training (which helps parents to identify negative dysfunctional attributions of their children's behaviour). The evaluation of the enhanced program will include a clinical trial comparing the efficacy of standardised group parent training (Triple P), with the enhanced group behavioural family intervention.

Intensive Family Intervention Team (IFIT), Intellectual Disability Services Council, Specialist Intervention and Support Service (SA). The primary aims of IFIT are to prevent family breakdown and the permanent, premature out-of-home placement of the child with intellectual disability and to strengthen the family's knowledge, skills and resources to enable them to continue to care for their child at home. The program is targeted at families with a child under 18 years with intellectual disability who are experiencing significant difficulties coping. The intervention is expected to cover a 24–26 week period.

CRISP, Children raised in safety program, Pregnancy and Family Support and Anglican Crisis Care (Qld). CRISP is a community-based home visitation program that aims to support families. CRISP is an intensive, early intervention and prevention model staffed by trained volunteers. Following referral and an initial home assessment by the coordinator, the program involves the placement of a trained volunteer in the client's home. The volunteer works with the hospital/community health social worker in carrying out a 'care plan' to help restore or strengthen family functioning.

Hearth, Wesley Mission Perth (WA). The program provides in-home drug rehabilitation for parents with significant addictions. The program is designed for parents: to access treatment without lengthy separation from their children; to develop new solutions for the problems that led to addiction and problems caused by addictions; and to focus on the recovery of both the parents and the children, given the latter have also been affected by the parent's addiction.

Education for Parents and Children, Orange Family Support Service, (NSW). Orange Family Support Service provides a range of parent and child education programs that address general parenting issues, parenting in step-families, parenting adolescents, self-esteem building, teenage parents' issues, and the Rainbows group peer-support for children who have lost a parent. The service is also in the process of establishing new groups to address the needs of children whose parents are suffering from a mental illness and children who are at risk of engaging in inappropriate or self-harming behaviour.

Home visiting programs

Home visiting programs are another key element in family support work, constituting an important facet of a cohesive child abuse prevention strategy. Ideally, they offer a universal primary preventative service with the flexibility to cater for the needs of 'at risk' or maltreating families (Vimpani, Frederico, Barclay & Davis 1996). Such services

have had some success carrying out an 'early detection' role and identifying families at risk before family dysfunction reaches a level requiring protective intervention (Olds et al. 1986a; Olds et al. 1986b; Olds et al. 1997; Chalk & King 1998).

Home visiting services have been found to be effective in detecting and identifying maltreating families and/or in the alleviation of concerns once cases are 'known' (Olds et al. 1986a; Olds et al. 1986b; Nelson, Saunders & Landsman 1993; Olds et al. 1997; Chalk & King 1998). Home visiting services, whether they be similar to the home visitor service operating in the United Kingdom child protection system, to infant welfare nurses, or to family aides or volunteer family support personnel, are well placed to monitor the family over time. Where resources allow, they are also able to support and educate parents in situ, and are much more likely to detect problematic changes in family functioning (Drotar 1992; Tomison 1999). Often, they can alleviate the family situation without involving child protection services (National Research Council 1993; Vimpani et al. 1996). A consequence of the economic depression of the 1980s was the abolition or cutting back by governments of many of the services which had been conducting home visits, offering respite care, or other forms of family support (Goddard & Carew 1993). However, most Australian States and Territories maintained some form of postnatal home visiting program, albeit usually of limited duration.

More recently, the Australia-wide trend of redressing the balance between child protection and the role of family support (as discussed above), in conjunction with a greater recognition of the benefits of home visiting programs (for example, Vimpani et al. 1996), has led to a resurgence of interest in the development of home visiting programs. In Victoria, for example, Maternal and Child Health Nurses have received increased funding (and greater service flexibility) as the value of the service has become better recognised by governments.

In the Audit, one-quarter of all programs incorporated a home visiting component, the vast majority (90 per cent of all home visiting programs) being family support programs (52 per cent of all family support programs). It should be noted that only 12 per cent of the home visiting programs involved nurse visitors, the vast majority of programs used volunteers with professional services providing supervision and back-up. The following program summaries highlight the diversity of home visiting programs, a feature often documented in previous assessments (for example, Vimpani et al. 1996; Tomison 1997b).

Maternal and Child Health Service, Colac Otway Shire - Maternal and Child Health Services (Vic.). The Maternal and Child Health Service identifies 'at risk' families, provides family support services, and parent education as required. When 'at risk' families are identified, the service will implement prevention and early intervention strategies as required. The service cooperates with, and refers families to other agencies as required.

Rockhampton Home Visiting Service, Rockhampton Child and Family Health (Qld). The Child and Family Health offers home visits to new parents/caregivers referred from hospital staff/other agencies. Visits are initiated in the postnatal period and extended to families who meet the home visiting criteria. Objectives of the service include: to support the family in their environment and provide continuity of care; to provide assessment of the infant and family utilising the child health nursing care pathway; to promote and support breast feeding; to enable the parent/caregiver to develop age-appropriate child rearing practices; to establish a shared plan in collaboration with the client.

Home-Start, Family Action Centre at The University of Newcastle (NSW). Home-Start is a program within the Community Services section of the Family Action Centre. It is a voluntary home visiting service which offers practical support and friendship to families with children under the age of five years. All Home-Start visitors offer their

time voluntarily and are linked, on a one-to-one basis, to families whom they visit regularly to provide support. Volunteers offer both friendship and practical support, such as transport, help with the children, outings and help with the shopping. Families are visited once-weekly or fortnightly. Sometimes visits consist of playing and talking with the children; on other visits it may be important to help the parent cook a meal or go with the family on an outing.

Parent Aide Unit, Royal Children's Hospital (QLD). The Parent Aide Unit provides support to families finding it difficult to parent their children in a safe manner. The unit has a strong child protection focus. Thirty parent aides are trained and supervised to provide this support. They are volunteers from the community. The primary objective is to prevent child abuse and neglect through the following: improving parenting knowledge, skills and enhancing child development and safety, assisting in accessing health and welfare services, decreasing social isolation, increasing self-esteem and family functioning. A second service provides support to families through a paid family support worker who also facilitates throughout the north side of Brisbane. Referrals are received from government and non-government agencies.

'Good Beginnings' Volunteer Home Visiting and Parenting Programs, Good Beginnings National Parenting Program (NSW and nationally). Good Beginnings is a national project that conducts various parenting and family support programs including the Volunteer Home Visiting (in five states – NSW, NT, SA, Tas., Vic.) Program, and parenting programs nationally. The objectives of the project are: to improve access of parents and their children to local resources and increase opportunities to make decisions to strengthen own health and wellbeing; to involve communities in reinforcing families' efforts to raise responsible, productive, confident, joyous children; to encourage neighbourhood development where residents watch out for each other regardless of diverse cultural values; to facilitate strong links between institutions that serve children and their families, advocating for government and community-based organisations to focus on children, youth and families; to develop a national network of Good Beginning Programs and to encourage an ongoing commitment by the community for the community.

Early intervention

As described in the Introduction, early intervention strategies are often closely linked with universal services, and are one of the most effective ways to ameliorate the effects of maltreatment (Widom 1992; Tomison & Wise 1999). Eighteen per cent of the predominantly secondary family support programs included in the Audit incorporated an early intervention approach, generally targeting families with children aged from 0 to 8 years²⁰.

Management of Young Children Program (MYCP), Education Queensland (Maroochydore MYCP Centre) (Qld). The Maroochydore MYCP centre operates at Maroochydore Primary School, offering a service to parents of children aged 2–7 years, in the Maroochydore region. The Management of Young Children Program is an individual training and support program for parents of behaviourally-difficult children. MYCP is a practical approach aimed at restoring a parent–child relationship, where the child has taken control through oppositional behaviour. The MYCP

²⁰ For a detailed assessment of early intervention programs in the mental health field, see the two National Stocktakes undertaken by AusEinet (for example, AusEinet 1999).

program can effectively change children's behaviour and so prevent difficulties in the early years developing into more serious and pervasive behaviour problems in the school years. Parents attend 45-minute sessions which involve training, practice of skills, coaching and video feedback. Parents leave the program when they have demonstrated competency in the skills being learned.

Families and Schools Together (FAST), Kildonan Child and Family Services, in partnership with FAST International, Australia (Vic.). FAST is an 8-week, multifamily program with structured activities to build social connections and reduce social isolation. The program targets children aged 4–9 years, identified to be at risk of educational failure, delinquency, substance abuse and family problems and focuses on addressing risk factors and building protective factors for children, parents, family and the broader community. It is an approach based on family systems and community/school collaborations to enhance the child's functioning at school, at home and in the community. The goals of the program are: to enhance family functioning; to prevent the target child from experiencing school failure; to prevent substance abuse by the child and family; and to reduce the stress that parents and children experience from daily life situations. To implement a FAST program, a community collaborative team is trained over a two-day period by a certified FAST trainer. Implementation is supported by three site visits, feedback and weekly support to the FAST team leader. A comprehensive FAST manual is provided to trained team members.

SMART – Strategies for Men And Relationships Today, Children's Protection Society (Vic.). SMART is a new initiative, funded by the Commonwealth Department of Family and Community Services – Men and Family Relationships Services Program. These programs aim to assist men in their relationships with partners and children. The SMART program aims to develop culturally sensitive approaches to engaging men in strategies around parenting and relationship issues. It specifically targets men in marginalised communities, who have limited access to mainstream services due to cultural and linguistic diversity, working hours, socio-economic status or as a result of life experiences. SMART will develop these strategies in consultation with men from specific groups and service providers. The idea behind the program is that it will be informed and responsive to the experiences and issues raised by men themselves.

Kidlink Early Intervention Program, Kidlink Early Intervention Program Inc, Kwinana (WA). Kidlink provides three major types of programs. Early education, family support and health support. The service aims to enhance parents' skills and confidence and is primarily aimed at the families of children aged 0–8 years. The service strategies include regular home visits, on-going parent groups, parent workshops, playgroups, assistance with transport, provision of information, and advocacy for parents, particularly with children's health and education. The programs incorporate a case work model approach and include a home-based visiting scheme. Workers also facilitate group sessions in community settings. Services include assisting parents in preparing their children for successful entry to and participation in school. There is also provision of play and social activities for children.

In summary

Constituting the majority of programs in the Audit (as has been the case in previous Audits [James 1994; Tomison 1997b]), family support programs could be characterised as secondary-level initiatives with a strong parent education focus, and often employing a home visiting component. Two other trends are worthy of note.

First, as has been noted in previous audits and other publications, there was a strong increase in demand for child protection and family support services in the mid-to-late

1990s that effectively swamped the professional system. This in turn led to tertiary clients effectively removing most of the opportunities the non-government sector had for working with 'at risk' families (secondary prevention). From the Audit it appeared that although the demand from the tertiary sector remains high, governments and agencies had attempted to re-focus on secondary prevention, funding and developing more services dedicated predominantly, to working with 'at risk' families.

Second, as part of the renewed valuing of child abuse prevention (as a function of neurobiological research; the recognition that a forensic child protection approach, in isolation, was not an effective means of preventing maltreatment; and evidence of the cost effectiveness of prevention programs), it was apparent that early intervention projects had (once again) become more salient as a result of the renewed focus on intervening in the early stages of life.

8. Child-focused programs

Child-focused programs accounted for 18 per cent of all programs in the analysis. The majority could be generally classified as:

- adolescent parent support programs (mainly for mothers);
- respite and substitute care services for children and families requiring ‘time out’ or emergency assistance;
- generalist support and counselling programs for ‘at risk’ and maltreated children and young people;
- school-based health promotion and resiliency programs²¹;
- services for young people at risk of homelessness; and/or
- programs run in sexual assault centres or women’s refuges for children who had witnessed domestic violence.

Some of the child-focused programs included:

FaBRIC, Family Based Respite Care Inc., Weston Creek (ACT). FaBRIC provides respite care to families of children and young adults (up to 25 years of age) with disabilities. The program aims to enhance the quality of life for the young person with disabilities. The programs are designed to be flexible and provide care for each person on an individual level, meeting their needs in a meaningful and timely way. While not specifically targeting ‘at risk’ clients the program provides support to families to assist them in their role of primary carers. Where appropriate FaBRIC will facilitate the involvement of other agencies to assist in family support.

‘Friends’ Early Anxiety Prevention Program, Kingscote Area School, Kangaroo Island (SA). Groups for secondary students that aim to teach skills to enable the young people to cope and manage all the challenges that life will present. The program aims to develop personal self-esteem and give students skills on which to build positive and happy relationships. It also hopes to build emotional resilience and individual’s problem-solving abilities.

Big Brother, Big Sister, Jesuit Social Services, (Vic.). The program is based on the belief that friendship can make a remarkable difference to a young person’s life. Young people between the age of 7 and 16 are referred to the program because they are in need of extra support and friendship. An attempt is made to then match each young person with a Big Brother or a Big Sister who feel they have something to gain by developing a positive relationship with a young person. All volunteers are carefully screened and trained prior to being matched. All matches are supervised and supported by staff.

²¹ To be considered ‘child-focused’, programs must have incorporated programs or activities that went beyond those offered in personal safety or Protective Behaviours programs.

The Breakfast Program, Narrabundah Primary School (ACT). The Breakfast Program provides breakfast for all children in the school who wish to partake. Breakfast is prepared by parent helpers in the canteen and starts at 9:00 and finishes at 9:30. The senior children distribute trays to classrooms and collect the trays and return them to the canteen. The food is paid for from a Schools Equity Fund from the ACT Department of Education. The primary objective is to provide a nutritional breakfast for the many children in this area who would not normally have a daily breakfast. The underlying assumption is that children who have had a healthy breakfast will be better able to attend the day's academic program.

Child Therapy Program, Children and Domestic Violence, Centacare (Qld). The program aims to help children understand what domestic violence is, learn to cope with their own feelings and learn 'non-violent' behaviours for when they are angry; identify with other young people for a shared experience; have fun and increase their self-esteem; and develop a practical safety plan. The program uses artwork, puppets, symbols in the sand-tray, clay work and role playing and aims to provide a child sensitive space which allows them to address their issues in an age appropriate and child friendly ways.

Almost half (43 per cent) of the child-focused programs were being run in combination with family support programs also offered within the host agency. Adopting a family support element was generally done by programs where it was felt that involving and working with the child or young person's family was required in order to facilitate the provision of effective support to the child, such as programs for child witnesses of domestic violence (which also provide support to the mother) or programs assisting young people at risk of being made homeless. To be considered 'child-focused' however, the programs had to maintain a philosophical and service provision focus predominantly on the maltreated or 'at risk' child. School-based programs provide a good example of this sort of program:

Youth Connection Youth Work Service, Office of Youth, Department of Education and Community Services (ACT). Youth Connection has a prevention and early intervention focus to work with young people at risk of leaving school. Youth Connection provides direct support and assistance to young people in high school with the aim of supporting them to stay in education. Clients are usually referred from high schools across Canberra and present as regular truants or are receiving regular school suspensions. The service is mobile and flexible, with four youth workers, one working specifically with Aboriginal and Torres Strait Islander clients. The youth workers work closely with parents and schools to ensure workable outcomes for young people. The intervention is short to medium term, with some room for long-term support for more complex cases

Substitute care services

Eight per cent of all programs (and 10 per cent of both family support and child-focused programs), involved some form of out-of-home placement of the child or young person. The type and duration of placement ranged from very brief emergency care, to regular and irregular respite care, to the long-term placement of children and young people in foster care and residential care under guardianship of the State and generally as a function of experiencing significant harm at the hands of caregivers. For example:

Together Again Program, Children Australia Inc. (Oz Child) (Vic.). The Together Again Program (TAP) is a reunification program which works with families whose children have been referred for protective reasons. A combination of family therapy and in-

home support is used for up to 12 months with those families where a TAP assessment has determined that the return of the child/ren is appropriate. The program operates in the DHS Southern Metropolitan Region (Melbourne).

Youth For Christ Adolescent Community Placement Program, Youth For Christ Melbourne (Vic.). The Adolescent Community Placement Program has two streams, the Eastern and Metropolitan streams, developed to cater for the needs of 13–18 year old males and females. The program receives half of its referrals from the DHS Eastern region (statutory referrals), with the remainder coming from other sources within the community (voluntary referrals). The program utilises families or single people from within the community to act as caregivers, opening up their homes to accommodate a young person. As a Christian organisation, the program also utilises the support of the local church. The role of the workers is to recruit caregivers, train them and endeavour to match those young people referred to the program with available caregivers. Day programs have been developed (either school or work-related) for the young people to ensure living and social skills are developed and to support the young person with day-to-day issues; for example, transport, financial support. Workers often take on the role as case manager, with clients from the Department of Human Services. The program aims to provide young people with stable accommodation and to assist them to work towards independent living.

SOS Children's Villages, SOS Children's Villages Inc. (SA). The Children's Villages give children an opportunity to learn about themselves and experience good parenting, so that their own children are prevented from repeating the cycle that has touched their parents. Children who are under long-term State guardianship orders are welcomed into a family home, which is located in a friendly village neighbourhood. While the village is fully integrated in the local community, the children are given every opportunity to deal with the grief of their past. Stability is a major strategy, made possible by enabling siblings to be placed together, focusing care and attention solely on the children, limiting placements to foster children, paying the foster mother a salary, providing organisational supports, professional back-ups and time-out when needed. The children benefit from feeling at home in a normal environment. Through stability, the children can develop meaningful relationships – with siblings, foster parents, school teachers, friends and club leaders. The child can go on to be a capable, responsible adult and their children subsequently have a greater chance of protection from abuse.

Shared Family Care, Inala Community House, Inala (Qld). The Inala Shared Family Care program aims: to provide placements that are safe, nurturing and within a stable family environment for children coming into the care of the Department of Families, Youth and Community Care; to support care providers and care provider families before, during and after placement. Other goals and strategies include: to maintain, enhance and increase the community of approved care providers; to respond to requests from the Department of Families, Youth and Community Care to provide safe, quality care for children in the care and protection of the Director-General; to maintain and develop partnerships between the service, the area office and other agencies; and to achieve quality, professional service delivery.

CASY House, YWCA of Darwin (NT). CASY House is a crisis accommodation refuge for young homeless people aged 15–18 years. CASY house aims: to provide a safe and supportive environment where young people in crisis can be accommodated; to work with and support young people to develop independent living skills; to assess and refer young people to specialised support where appropriate; to support young people to develop their potential and implement strategies to establish an ongoing and positive direction in their lives; to advocate on behalf of young people.

Working with adolescents

Many of the child-focused programs reflected an acknowledgment of the special needs of adolescents and the issues they may face, including: family breakdown and the need for mediation services; youth homelessness; and support for young people as parents and/or as they make the transition to independent living.

Parent education

While providing general support, programs targeting teenage parents have the specific objective of developing young parents' skills and support networks in order to prevent the development of abusive or neglectful parenting behaviour, and the intergenerational transmission of maltreatment, in the next generation of 'at risk' parents.

Youth and Family Support Service, Mercy Community Services Inc, Wembley (WA). This program is also now known as the Youth Homelessness Early Intervention Program. The objective of the program is to improve the level of engagement of homeless young people or those at risk of homelessness in family, work, education, training and the community. Strategies include: using family focused early intervention strategies to achieve family reconciliation; improving coordination of services delivered by government and the community sector; working with Centrelink to ensure availability of income support. An outcome of the program is that target communities be able to build on their existing capacity to develop appropriate responses to their own needs.

Young Pregnant and Parenting Program, Community Health Bendigo, Eaglehawk (Vic.). -The program's goal is to identify vulnerable young families experiencing family breakdown or at risk of family breakdown due to a current or past involvement with abuse (substance abuse, abuse of a physical, sexual or emotional nature and abuse in the form of neglect) and provide a preventive program by means of peer support and education. The target group are young, pregnant and parenting people up to the age of 25. The objectives are: to increase the facilitators' awareness of the young pregnant people's attitudes, knowledge and barriers to achieving health, by identifying needs of young pregnant people; to maintain knowledge of, and interaction with other health, welfare and educational agencies and services; to conduct a Peer Education Program to enhance the process of health promotion; to conduct ongoing needs analysis and evaluation; to provide health education and support to the target group. The program has two youth workers who work in the clinic.

Triple P program, Kelvin Grove State High School, Kelvin Grove (Qld). Kelvin Grove State High School runs Triple P for teenage parents at the school through Behaviour Support Services. The Triple P (Positive Parenting Program) aims to deliver to parents a better understanding of their child's behaviour and provide them with management strategies to cope and better deal with inappropriate behaviour.

Health promotion

Other child-focused programs, often with a health promotion focus, included:

Home and School Support (HASS) 'Changes...Your Choice', Salvo Care, Child and Family Services, Hobart (Tas.). The Home and School Support (HASS) program works with 10–14 year old males who are at risk of homelessness, leaving school and/or offending behaviour. The program is a ten-week outreach service to the clients and their families. Work is done with families on their behaviour and reasons for their 'at risk' status. Schools give support to maintain the young person at school. Joint

counselling is provided and referrals to other agencies. Intensive support is given to the families with the aim of preventing departmental and police intervention. The organisation also runs a ten-week counselling and life skills program for 10–18 year old males and females, referred by the police as a consequence of the Diversionary Conferencing Process.

Homelink, Family Action Centre, University of Newcastle (NSW). Homelink utilises the skills and talents of volunteers to assist school-aged students to maximise their personal and academic potential. The program utilises trained community volunteers to deliver services. It is based on friendship, support and information sharing and aims to create a bridge between families, schools and the community; it is flexible, adaptable and tailored to individual need and focuses and builds on existing strengths and talents of the client group. Homelink is currently building a men's volunteer program, recruiting and training male volunteers to be linked with young males in schools. Volunteers will have a mentoring role as well as encouraging other men to be role models. Note: the Homelink program only runs when funding allows it; recent donations have enabled the funding of a part-time worker.

Vietnamese Youth and Family Service, Good Shepherd Youth and Family Service, (Vic.). The Vietnamese Youth and Family Service offers a multifaceted program for Vietnamese young people. The aim of the program is to offer Vietnamese young people a variety of chances to meet together on a regular basis in a safe, enjoyable, and friendly environment so that, through sharing life experiences and obtaining proper training, education and resources, these young people will be better equipped members of the community. The program is designed for young people in years 10, 11 and 12 who live in the City of Brimbank (LGA). The program runs for eight weeks of each term and includes teenager stress, life skills, Vietnamese culture, communication skills, conflict resolution, cross-cultural communication, dealing with authority and professionals, and identifying signs of depression.

Resourceful Adolescent Program (RAP), Northern Territory Department of Education, Student Services Darwin (NT). The Resourceful Adolescent Program was run at the Batchelor Area School in the NT by staff contracted by the NT Education Department, Student Services. The Resourceful Adolescent Program is an experiential, resilience-building program designed to promote positive coping abilities and the maintenance of a sense of self in the face of stressful and difficult circumstances. The major theoretical underpinnings of the program are cognitive-behaviour therapy. Techniques taught include keeping calm, problem solving to enhance coping, promoting harmony, and dealing with conflict and role disputes by understanding the perspectives of others. The common thread that runs through the program is the teaching of techniques to maintain self-esteem in the face of stress and difficult interpersonal situations.

Poatina Village Youth Services, Fusion Australia (Tas.). The Village is an intentional community that provides support to five to ten young people (15–25 years). The Poatina Village concept is based on being able to take 'at risk' young people from their 'normal' surroundings, where established patterns of behaviour may be destructive and unhelpful, to an environment where they can participate as independent people in a caring, child-focused, adult community. Young people are provided with: an opportunity for gainful employment (Poatina operates a commercial tourist venture that supports the youth service); long-term supported residence in a supportive environment; creative leisure pursuits; and individually designed programs of support from youth workers skilled in assisting young people to achieve a sense of purpose and personal goals.

9. Child and Family Centres

Child and Family Centres are still a relatively new initiative, which is reflected, in their small numbers in the Audit and within the child welfare/family support system as a whole. Some of these programs included:

Family and Youth Services, Canberra Children's Family Centre, Barnardos Australia (ACT). The Centre offers family support, substitute care and supported accommodation services for disadvantaged children, adolescents and their families in the ACT and surrounding areas. The programs reflect the problems of Canberra, with a population of young families and an increasing population group of adolescents. The centre has a Temporary Family Care Program which offers family crisis and respite care to families with children aged between 0–12 years, and families in which children or parents have a mental illness.

Family Child and Youth Health Service, Health and Human Services (Tas.). The Service provides a range of primary health care services to meet the needs of families, children and young people. Services included: Child Health Screening used to monitor children aged 0–12 years; a Parent Information Assistance Service that provides free telephone information and referral on issues of concern to parents; a 'Wetaway' Enuresis program that provides a service to children who are wetting the bed after 5 years of age; Youth Health Teams who work with young people 12–24 years to foster their capacity to manage and maintain better health. Examples of youth specific activities that have been developed are: young offenders program; size and self image; promoting health in schools; and self-esteem for school refusals.

Family Services Programs, Centacare (NSW). Family Services is a division of Centacare that provides a range of programs to support and assist families at a variety of centres in Sydney and its surrounds. Programs include: family support services; Parentline; relationship family counselling; family and child mediation services (assisting separated couples to make their own agreements concerning parenting arrangements, child support and settlement); financial counselling; school counselling and STAR Programs (counselling for students at risk interventions at nominated Catholic schools); child sexual assault counselling services; Vietnamese child protection service (Casework for children at risk and their families, child protection education for the Vietnamese community); early childhood intervention service; marriage relationship and parent education (offering groups for parents, step parents, men and separated/divorced people); Holyoake NSW Institute on Alcohol and Addiction (offering groups for adults and children).

Two-thirds of the programs were located in New South Wales, run by large non-government agencies (Barnardos and Centacare in particular), although the NSW Government has indicated support for the concept, strongly investing in the development of the *Schools as Community Centres* project (see *Personal safety and Protective Behaviours programs*, page 61 above). Of the remaining programs, most were located in Western Australia and Queensland. In the case of the former, along with large, well-established centres operating in Albany, Armadale, Langford and Roeburne, a new 'one-stop' centre was recently opened in Manjimup.

Manjimup Family Support Program, Manjimup Family Centre Inc. Manjimup (WA).

The Family Support Program offers a number of services including: modelling of appropriate parenting behaviour through supported playgroups, parenting courses and support groups for men and women; one-to-one parenting counselling sessions and referrals to other agencies; at least six parenting and self-development courses per year (for example, anger management groups; Sexuality In Relationships; Drugs in Perspective; Living with Teenagers; Domestic Violence Rescue Service and Domestic Violence Support Group, which received an honourable mention in the 1998 Australian Violence Prevention Awards; and in collaboration with Waratah Sexual Assault Support Centre, domestic violence training days for professionals in the health and social sector.)

Operating as a service 'hub', the centres are quite suited for operation in regional centres, and in rural and remote areas of Australia where services are less frequent and the agencies that are available need to offer a range of services. Recognising this, the Queensland government recently announced a move to fund a number of 'one-stop shops' in regional areas. In the Audit, one-third of the 52 Child and Family Centres were located in regional centres and/or rural or remote areas.

10. Offender programs

In theory, any program that attempts to prevent the recurrence of any form of maltreatment, and that works with the perpetrator of the maltreatment and/or those individuals at higher risk of maltreating a child, can be classified as an offender program. In practice however, the term 'offender program', is generally reserved for programs that address physical or sexual assaults, a convention that has been adhered to in the Audit.

The development of offender programs to address the perpetration of sexual and physical abuse by adults incarcerated for violent sexual or physical offences, as well as those in the community who are attempting to modify their abusive behaviours, has been a small, albeit significant, part of the child abuse prevention field for some time. It is also apparent that there have been growing efforts to rehabilitate young offenders (usually males), and prevent the occurrence of physical or sexual violence in those identified as 'at risk' of offending. Thus, offender programs incorporate elements of tertiary prevention (the prevention of re-offending) and secondary prevention (targeting young males at risk of offending). The efficacy of sex offender programs aiming to prevent further assault and to rehabilitate adult sex offenders is controversial and yet to be resolved. However, some assessments of sex offender recidivism indicate that, without treatment, approximately 60–70 per cent of sex offenders will re-offend, while less than half of sex offenders who undergo a treatment program are reported to re-offend (Crime Prevention Committee 1995).

What is clear, however, is that many adult offenders begin sexually deviant behaviour from the age of eight upwards (Groth, Longo & McFadin 1982, as cited in Children's Protection Society 1995). Honey Knopp (1985) reported that early intervention with children and adolescents²² is therefore paramount in order to more easily disrupt deviant behavioural patterns. Young people experiment with a variety of sexual patterns and inappropriate cognitive patterns, but are less deeply entrenched than older people in these patterns and thus more amenable to re-direction. Consequently, young people are better candidates to learn alternative skills which are socially more acceptable. In other words, it is easier to prevent further abusive behaviours in offenders where the behaviour has not become a deeply ingrained pattern (Tomison 1995b).

Similarly, in the domestic violence field, there has been growing interest in working with violent offenders (males) and, in particular, early intervention programs targeting 'at risk' young people (usually males), who are already 'acting out' aggressively, or have been involved in violent behaviour. Yet the effectiveness of domestic violence offender (and 'at risk' of offending) programs has been subject to scrutiny and debate, with no clear resolution (Keys Young 1998).

²² The labelling of a child as a perpetrator of sexual abuse, and determining accurately when normal sexual exploration, or sexualised behaviour becomes sexual assault is a contentious issue. It is important not to inappropriately label a child, but it is equally important that upsetting or aggressive sexual behaviour is not ignored (Goddard 1996).

Audit programs

A total of 181 programs (10 per cent of all programs) reported targeting maltreaters, or those 'at risk' of maltreating. Only a quarter of these programs however, could actually be defined as an offender program (that is, addressed the occurrence and recurrence of physical and sexual assault).

Of these 47 offender programs, two-thirds of the programs targeted male perpetrators of domestic violence, with most of those programs incorporating a parent education component to inform fathers of the effect witnessing domestic violence has on children. The remaining third focused on sex offenders (convicted; and non-convicted, but referred by child protection services) and those at risk of sex offending. As part of the move to intervene early to break the pattern of offending, those at risk of offending were targeted in at least one-fifth of both the domestic violence and sexual abuse programs. Some of those programs were:

Family Safety Program: Domestic Violence Men's Program, Relationships Australia (NSW). This is a course for men (part of the Family Safety Program) who use abusive and/or violent behaviours in relationships. The course focuses on: developing alternative methods for dealing with anger and stress; learning effective ways of expressing feelings and getting needs met; making connections between what people learn as they grow up and how they behave now; developing a broader view of men's and women's roles in relationships and society; learning to develop trust in others.

NSW Pre-Trial Diversion of Offenders Program (Cedar Cottage), NSW Pre-Trial Diversion of Offenders Program (Cedar Cottage) (NSW). The program allows for certain categories of child sexual assault offenders to be diverted from the criminal justice process into a two-year treatment program. The diversion occurs after charges have been filed but before the matter proceeds to conviction or entry of judgement. The objectives of the program are: to help child victims and their families resolve the emotional and psychological trauma they have suffered; to help other members of the offender's family avoid blaming themselves for the offender's actions and to change the power balance within their family so the offender is less able to repeat the sexual assault; to stop child sexual assault offenders from repeating their offences. One of the principles of the program is that the offender must take responsibility for his actions. The first step is to plead guilty to criminal charges. The program employs a number of tested treatment methods including group treatment, family therapy and individual counselling.

Children's Sexual Behaviour Program, Australians Against Child Abuse (Vic.). The program targets children between the ages of 5 and 11 who have displayed sexual behaviours which are interfering with their normal development or are considered abusive towards other children or adults. The aims of the program are: to diminish the risk these children may pose to themselves and/or others; to prevent children from repeating the behaviour; to reduce the possibility of children developing sexual aggressive behaviour into adolescence and adulthood; to decrease the number of victims of child sexual assault through early intervention with children who represent the highest risk of becoming adolescent and adult sex offenders. The CSBP provides three different levels of intervention: community consultation, assessment and stabilisation, and therapy.

Male Adolescent Program for Positive Sexuality (MAPPS), Adolescent Forensic Health Service (Vic.). The MAPPS program provides an early intervention, assessment and treatment service to all young male adolescents placed on supervised juvenile dispositions who have been convicted of a sexual offence. The program also aims to

provide education on the nature of adolescent sexual offending behaviour and disseminate this information across all agencies coming into contact with children and young people.

Secondary programs

While most programs were either for male perpetrators of domestic violence or child sexual abuse, there were a number of other programs that could be incorporated under a broader definition of 'offender'. There were a number of secondary-level programs working with fathers at risk of abusing their children, offering anger management programs for boys (and to a much lesser extent, girls) who were aggressive or 'acting out', and family support programs for parents who were incarcerated for criminal acts (not necessarily violent behaviour). For example:

Family Skills for Men, MaryMead Child and Family Centre (ACT). The program is a four-week parenting program for men who are at risk of abusing their children. The target group is low-income males who may: have a background of drug and alcohol abuse; be abusing or have abused their children; be single parents; be unable to cope with the demands of parenting; be non-residential parents who are struggling with maintaining a parenting role under changing marital circumstances. Some are self-referred and others are referred through agencies.

Parenting and Contact from the Inside: A Good Beginnings Project, Good Beginnings Prison Program (Tas.). The program operates nationally and conducts various parenting and family support programs. The aims are: to foster parenting skills for inmates with children through a parenting education program; to promote an awareness of the impact of crime, drug use and violence perpetrated by adults on the growth and development of their children; to foster positive ongoing contact between the children and their incarcerated parent; to assist families in the community when a parent is in prison on issues relating to coping with separation, grief, or change in role resulting from the incarceration of one or more parents.

Anger Management for Adolescents, Youthworks (Vic.). The program is aimed at secondary students with anger management problems. The six-week course aims at getting participants to 'own' their need to change their thinking and behaviour, and getting them to put this 'ownership' into practice. Participants are chosen by the student welfare coordinators and include groups for boys and girls, programs are generic and not specific to either gender and include physical activities so that students must work with each to solve issues and learn to rely on someone else.

In summary

Despite difficulties in determining the efficacy of offender programs, they have become an important facet of child abuse prevention strategies. In particular, the early intervention approach adopted with children and young people at risk of becoming physically or sexually abusive, as well as with young people who had already been identified as perpetrators of abuse, appears to have great potential for success. A number of agencies have recognised and developed such juvenile-focused programs, with much of the current innovative work appearing to be done in Victoria.

11. Special populations

A number of special populations, programs or specific approaches to preventing maltreatment were identified for particular attention in the Audit (see Tables 8 to 12). Four specific sections of the Australian population generally identified as being at greater risk of child abuse and neglect and thus specifically targeted for intervention (and analysis in the Audit) were: Aboriginal and Torres Strait Islander communities; people of non-English-speaking background; families where a parent or child is suffering from a physical or intellectual disability; and families where a parent or child is suffering from a mental disorder. Each population is described, in terms of the Audit, in turn below.

Table 8 Special populations		
Populations	Number	Proportion (%)
Aboriginal and Torres Strait Islander communities	296	16.3
Non-English-speaking background	266	14.7
Parent/child suffering from a physical or intellectual disability	316	17.4
Parent/child suffering from a mental illness	245	13.5

Aboriginal and Torres Strait Islander programs

Aboriginal and Torres Strait Islander peoples were identified as being a specifically targeted population in approximately 16 per cent of programs collected for the Audit. The breakdown of Indigenous programs reflected the pattern evident for the Audit sample as a whole (see Table 9), with family support and community education programs predominating.

Table 9 Aboriginal and Torres Strait Islander Programs		
Type of program	Number (of 296)	Proportion (%)
Community education	66	22.3
Personal safety or Protective Behaviours	23	7.8
Family support	129	43.6
Child-focused	57	19.2
Child and Family Centres	18	6.1
Offender	3	1.0

Program characteristics

In terms of geographical location, the highest proportion of programs (as a proportion of the programs contributed by each State/Territory) were located in the Northern Territory (28 per cent of the 82 NT programs), followed by Western Australia (14 per cent), New South Wales (12 per cent), South Australia (10 per cent), Queensland and the Australian

Capital Territory (9 per cent each), Victoria (6 per cent), and Tasmania (5 per cent). Forty per cent of all of the programs originated from New South Wales (188 programs).

An assessment of the specific program features indicated a somewhat higher proportion of programs targeting Aboriginal and Torres Strait Islander peoples addressed domestic violence and gender issues, and a higher proportion of programs incorporated a home visiting component. The strong representation of programs targeting child maltreatment and domestic violence probably reflects Aboriginal and Torres Strait Islander peoples' recognition of the need to develop holistic, 'whole of community' strategies to deal with social problems (such as child abuse and domestic violence), albeit in ways that are socially and culturally relevant (Wilson 1995; SNAIIC 1996; National Crime Prevention 1999a). The high proportion of home visiting programs may reflect an acknowledgment by services of the need to address child abuse prevention within a community setting – for reasons of physical accessibility and transport, as well as cultural sensitivity.

Targeting Indigenous communities

Although 16 per cent of all programs reported targeting Aboriginal and Torres Strait Islander peoples; however only one quarter of these programs (23 per cent – 68 of the 296) appeared to have been specifically developed or tailored for the Indigenous population. These included:

Aboriginal Maternity Support Service, Tamworth Base Hospital Health Service, Tamworth (NSW). The aim of the program is to provide support, information and assistance in a culturally-appropriate environment to the target group (living within an approximate 100 km radius of Tamworth), including partners and families on such topics as: pregnancy; birth; parenting; women's health; family health with the aim of achieving improved health, social and lifestyle outcomes for individuals and their families in line with the objectives of the New England Health Service and Aboriginal health goals. The service is aimed at antenatal to babies aged up to six months.

Supported Accommodation Assistance Program (SAAP), Darumbal Community Youth Service (Qld). The Darumbal Community Youth Services aims to assist young women and men who experience difficulties gaining access to information and resources. The service also offers supportive counselling to enhance family life in which individual young people, whether they be murris or otherwise, will gain some self-respect, self-determination, self-esteem and encouragement. This is achieved by offering socially and culturally appropriate approaches and options which include: cultural awareness; employment and vocational creation; educational strategies (individual); self-development and self-awareness; community development; crisis accommodation; camps and workshops. The target population are Aboriginal and Torres Strait Islanders youth 15 to 25 years and their families, in general. However, there is an emphasis on youth who are homeless, transient, unemployed, truant and lacking self-esteem.

Parenting and Nutrition Program, Family and Children's Services, Katherine District Hospital (NT). The Parenting and Nutrition Program is a five-session program run once per week by FACS and the Katherine District Hospital. The objectives of the Parenting and Nutrition Program are: to provide culturally appropriate education for Aboriginal women on the importance of nutrition, hygiene and budgeting for food for children; and to provide education for young Aboriginal mothers who have little knowledge on the different nutritional needs a child has when growing. Strategies include: education by example of camp cooking, general food preparation, education in types of appropriate food for babies and children, and the need to budget for babies' needs. The target group are young Aboriginal mothers from remote communities who have few skills in caring for babies or knowledge of child development. Children have

presented at hospital generally for nutrition and hygiene-related issues. The program also provides information and discussion on topics such as available services, health, alcohol intake and domestic violence

Child's Play for Aboriginal Families, Nunga Miminis Shelter-Lead Agency (also involved are Northern Country Women's Shelter and Aboriginal Family Support Service) North Adelaide (SA). The program is an adaptation of the existing child's play therapeutic program developed by Natalie Worth, a psychologist in Adelaide. The Aboriginal program is for Aboriginal women and children who have bonding/attachment problems and have come from violent homes. The program is group-based over 8 weeks for 1–2 hours at a time for mothers and one of their children at a time (there is some flexibility about this). The 'pairs' work through a series of activities specifically designed to work (in a therapeutic way) on the relationship between mother and child focusing on early attachment rituals. The goal is to improve significantly the quality of the parenting and to achieve an improved living situation for all family members.

15 Mile Aboriginal Community 'Strong Family' Day, Palmerston Community Care Centre, Casuarina (NT). The Strong Family Day was a Child Abuse Prevention Week (PECAN) activity for Palmerston Community Care Centre. The program aimed to: promote the message that the most efficient means of preventing abuse of children is to have strong families; provide information to Aboriginal Community members about FACS services and the approachability of staff; bring together 15 Mile Aboriginal Community 'Strong Family' Day members of urban Darwin and local rural Aboriginal Communities; enable FACS staff to meet community members; actively involve Palmerston staff in Child Abuse Prevention activities.

Community Education via Video production, Manning District Emergency Accommodation, Taree (NSW). Videos produced by Manning recently have included a video about domestic violence against Aboriginal women titled 'Don't Bash the Loving out of Me'. The video is used by local groups including schools and community centres and the police. Manning also produced an 'Effects of Violence' video that aims to educate the community about the effect of violence on children. The objectives are also to build self-esteem and to strengthen parenting skills. The Manning District Emergency Accommodation provides practical and emotional support to women and children experiencing domestic violence.

The bulk of the 296 programs appeared to be generalist programs, with agencies taking clients from a number of populations, including Indigenous communities, people from non-English-speaking backgrounds and people with disabilities. Given that Aboriginal and Torres Strait Islander peoples often prefer to attend services offering culturally relevant programs, staffed and managed by their own communities (Wilson 1995; Tomison 1996d), this is a significant issue. It indicates that access for Indigenous peoples to culturally appropriate services staffed and run by their community is restricted. The result may be that Aboriginal and Torres Strait Islander peoples are less likely to attend generalist services, preferring to work with services run by their own communities, or if there is inadequate access to Indigenous services, to fail to seek assistance.

Addressing accessibility

The need to enhance Aboriginal and Torres Strait Islander access to culturally appropriate services has been widely recognised and a number of approaches have been put into place to address the issue. First, there has been much work done around the provision of cross-cultural awareness training (for example, Deemal-Hall & McDonald 1998; Firebrace 1998), to ensure that non-Indigenous workers are sensitive to the needs of their Indigenous clients.

Second, cultural issues and sensitivities (for Indigenous and non-English-speaking communities) have been incorporated into a variety of programs, such as the Protective Behaviours curriculum and training materials (South Australia) (Button, Boyle, Gordon, & Sukaras 1997) and the Barnardos Family Work program that operates in a number of centres across New South Wales. Aboriginal and Torres Strait Islander communities have also been given a voice in the development of culturally-appropriate materials via representation on decision-making bodies. For example,

Protective Behaviours Basic Training, Department of Education, Training and Employment (DETE) North Adelaide (SA). Protective Behaviours Basic Training is a one-day course conducted by DETE for all school and preschool staff. Training aims: to provide participants with a clear understanding of the Protective Behaviours program and its application to the differing needs of students; to provide participants with knowledge about the two themes and supporting strategies; to enable participants to teach Protective Behaviours to a wide range of students. Themes include 'We all have the right to feel safe all the time' and 'Nothing is so awful that we can't talk to someone about it'. As an outcome of the course, participants will be able to use the Protective Behaviours program with students, as well as review and reform curriculum and the environment of the school to ensure safety and empowerment. The Basic Training course is tailored to meet the special needs of the population of the school/centre. Available topics are Protective Behaviours for children with disabilities, Protective Behaviours for children with special needs, a cultural Aboriginal perspective, and protective work practices in family day care.

NSW Aboriginal Education Consultative Group, Aboriginal Education Consultative Group Inc. NSW. The NSW Aboriginal Education Consultative Group is a consultative body which advises education workers on relevant issues and uses their network to publicise and advise on these issues. Child protection is on the agenda at every major conference they run.

Finally, in an attempt to develop more Indigenous services, a number of government and non-government agencies (child abuse prevention and child protection) have developed Aboriginal or Torres Strait Islander teams (for example, South Australia, see *National overview*, page 30), or employed Indigenous workers to work with local communities.

Training Programs, The Education Centre Against Violence Parramatta (NSW). The Education Centre Against Violence (ECAV) is a State-wide, specialist organisation committed to producing high quality training and resources for NSW Health and interagency professionals working with children and adults who experienced sexual assault, domestic violence and physical and emotional abuse and neglect of children (PANOC). ECAV also provides training and resources about children who sexually abuse other children. The training and resources developed by the Centre are designed to increase workers' awareness and understanding of the diverse needs of those whose lives have been affected by these forms of violence, particularly those who are socially, culturally or geographically disadvantaged, isolated or marginalised. The Centre is currently developing a VTAB Accredited course on Aboriginal family violence for Aboriginal family health workers.

The Commonwealth, for example, as part of the National Rural Health Strategy (Department of Health and Aged Care 1996), has funded initiatives that support the funding and training of Aboriginal health education officers, and other means of increasing Aboriginal and Torres Strait Islander involvement in the delivery of culturally-appropriate services and in the management of health services. The Government has also undertaken to accelerate the development of education programs for Aboriginal

health workers, and to pilot various service delivery models to encourage and support nurses and Aboriginal and Torres Strait Islander health workers operating in rural and remote areas that are under-supplied with medical services.

In summary, it is apparent that the need to enhance accessibility and cultural appropriateness for services aiming to work with Aboriginal and Torres Strait Islander communities has been recognised by the government and non-government sectors, with some attempts being made to remedy the situation. Clearly however, the education and training of Aboriginal and Torres Strait Islander workers and the encouragement of Indigenous management of community-based support services should remain priorities, if the issue of accessibility is to be addressed effectively.

Non-English-speaking background programs

The assessment of programs reporting to target people from non-English-speaking backgrounds (NESB) was remarkably similar to the assessment of Aboriginal and Torres Strait Islander programs provided above. Overall, 266 were reported to target NESB groups, but closer inspection revealed that only one-fifth of the programs (53 of 266 programs) were designed specifically to meet the needs of an NESB community, such as:

Playgroup Program, Playgroup Association of Western Australia Inc. (WA). The aims of the Playgroup Program are to: promote the value of play in children's growth and development; encourage interaction between parents or carers and children; support playgroup members in their parenting and caring roles; advocate for all families with young children; promote playgroups as a community resource; encourage the growth and development of playgroups and their membership. The Playgroup Program provides referral, information resources, insurance cover for member playgroups, monthly publications, telephone advice, parenting talks, community room for hire and other support services for the development of playgroups in Western Australia. The program also: provides families with additional needs with support to access their local playgroup to ensure a positive quality experience for all family members; assists families from non-English-speaking backgrounds to join playgroups; and supports special interest playgroups (for example, Vietnamese playgroup, Down's syndrome playgroup, Chinese-speaking playgroup, Spanish speaking playgroup, Aboriginal families playgroup).

Vietnamese Youth and Family Service, Good Shepherd Youth and Family Service, St Albans (Vic.). The Vietnamese Youth and Family Service offers a multiskilled program for Vietnamese young people. The aim of the program is to offer Vietnamese young people a variety of chances to meet together on a regular basis in a safe, enjoyable, and friendly environment and through sharing life experiences, proper training, education and resources, enable these young people to gain multiple skills and knowledge. The program is designed for Vietnamese young people from years 10, 11 and 12 who live in the city of Brimbank. The program runs for eight weeks of each term and includes teenager stress, life-skills, Vietnamese culture, communication skills, conflict resolution, cross-cultural communication, dealing with authority-professionals, and identifying signs of depression.

Arabic Family Support (a Vulnerable Families Project), Centacare, Lakemba (NSW). The aim of the Arabic Family Support program is to provide opportunities for families with children to develop positive change in their environment and in their interpersonal relationships. The objectives are to: ensure the service is appropriate and accessible to disadvantaged families regardless of ethnicity and ability; encourage safety, non-violence and mutually satisfying relationships between family members;

promote a family structure which supports appropriate child–parent roles and provides a nurturing and predictable environment; enhance self-esteem and socialisation of family members; develop a network of support, referral and self-help services with a preventative and educative emphasis; empower the family members to act for their own wellbeing and that of the family and community; promote the autonomy of the family towards its own independence; and liaise and advocate with existing government and statutory community bodies on behalf of the families.

Parenting Between Cultures, Marymead Child and Family Centre (ACT). Marymead offers bilingual parent education groupwork. The Centre is currently developing a parent education package able to be delivered in Vietnamese, Chinese and Croatian. The package will cover the following: effects of culture on parenting; choices available to parents in the way they parent; ways of reducing stress; making use of community services; understanding and making the best use of the school, community and welfare systems; and a comparison of community expectations of the rights of children in Australia compared with the parents’ country of origin. Group work based parenting education programs have been found to be a successful intervention in the prevention of child abuse and neglect, especially with high-risk families. Groups such as those run by Marymead have the advantages of being tailored to participants who may not have high literacy levels, are easily accessible and are culturally appropriate.

Like the Indigenous programs, the breakdown of NESB programs by program type (see Table 10), reflected the overall Audit sample, and there was a somewhat higher proportion of programs that incorporated domestic violence, gender issues or home visits. This too, may reflect the need to access isolated families within the home or cultural community (home visits), and the recognition of the need for an holistic approach to violence prevention (such as domestic violence and child abuse).

Table 10 Programs targeting people from non-English-speaking backgrounds		
Type of program	Number (of 266)	Proportion (%)
Community education	53	19.9
Personal safety or Protective Behaviours	15	5.6
Family support	139	52.3
Child-focused	39	14.7
Child and Family Centres	18	6.8
Offender	2	0.7

In terms of geographical location, the highest proportion of NESB programs (as a proportion of the programs contributed by each State/Territory) were located in the New South Wales (13 per cent), Victoria (11 per cent), Western Australia (12 per cent), Australian Capital Territory (7 per cent), Queensland (6 per cent), followed by South Australia and Tasmania (5 per cent each), and finally, Northern Territory (4 per cent). New South Wales contributed 45 per cent (121 of 266 programs) of the NESB programs included in the Audit.

Addressing accessibility

It was apparent that attempts had been made to enhance NESB families’ access to prevention programs. These included: cultural sensitivity training for workers, the incorporation of cultural issues into program material, the training and employment of workers from NESB backgrounds to work with their communities and the development of programs managed by NESB community agencies/representatives. For example:

Cross-Cultural Perspectives on Child Protection, Ethnic Child Care, Family and Community Services Co-op, Marrickville (NSW) The objectives of the program are to: raise the awareness of non-English-speaking background parents on issues of child protection; provide information and strategies on how to resolve cross-cultural dilemmas and; assist children's staff in dealing with cross-cultural issues of child protection by providing information and training. This program is a modified version of the *Making a Difference* package and was specifically developed for children's services workers. An abridged version is provided to parents through an information session. This program addresses issues not fully covered in 'Making a Difference'.

D-Training on Child Protection – 'Making a Difference' Ethnic Child Care, Family and Community Services Co-op Marrickville (NSW) This is a New South Wales Child Protection Council specified program, fully titled 'Making a Difference: Recognising and Reporting/Notifying Child Abuse and Neglect'. The workshop covers subjects such as defining abuse, values and attitudes to abuse and neglect, dynamics of abuse, indicators and effects of abuse/neglect, responding to and reporting suspected abuse/neglect. There is also extra child protection training provided, focusing on strategies for working with NESB (non-English-speaking background) families.

Family and Adult Counselling Team and Early Childhood Services, Auburn Community Health Centre (NSW). The Auburn Community Health Centre runs a wide range of services through its Family and Adult Counselling Team, and its Early Childhood Services. The service has a whole service approach to child protection. The program aims to provide child and family therapy in counselling. The mental health service does a range of counselling, and takes part in child at risk notification. The centre provides a range of early childhood services including early childhood clinics and a home visiting program, targeting all mothers in the Auburn area. The program identifies women and children at risk, with issues such as domestic violence and postnatal depression. The service offers parenting skills groups for migrant communities. The programs are available in Chinese, Vietnamese, Turkish and Arabic.

Disability programs

There were 316 programs in the Audit that targeted parents or children affected by a physical or intellectual disability (see Table 11). Reflecting the overall sample, these services were mostly provided in the context of family support programs (50 per cent), community education (18 per cent) and child-focused (17 per cent) programs.

Table 11 Programs for parents or children suffering from disabilities		
Type of program	Number (of 316)	Proportion (%)
Community education	57	18.0
Personal safety or Protective Behaviours	36	11.4
Family support	158	50.0
Child-focused	53	16.8
Child and Family Centres	8	2.5
Offender	4	1.3

Like other special populations, only 27 per cent of the programs (85 of 316) appeared to have been developed specifically for families where a parent or child had a disability:

Tiny tots Parent Support Group, Mission SA: Southern Outreach Services, Noarlunga Centre (SA). Tiny Tots Parent Support group is an ongoing support group for mothers with special needs who are having difficulties managing their parenting of preschool

children (0–5). Parents referred to the group may have an intellectual disability, mental illness or complex social issues. The group meets weekly and provides support, social contact, assistance with parenting skills and other life skills. The children participate in a creche where their developmental needs are assessed. Mothers and children are linked to other community supports as appropriate. Mothers regularly spend time in the creche with their children with a view to exposing them to play activities and put parenting skills into practice.

The Parenting Group – A program for parents with an intellectual disability, Windermere Child and Family Services (Vic.). The parenting program is for families where one or both parents have an intellectual disability. The aim of the program is to assist the children who have a parent with an intellectual disability to develop to their full potential. This is achieved by providing education and support to parents, learning through play for children and encouraging parent/child interaction. Generally the families involved have had some involvement with Protective Services. The group while essentially educative and supportive, also provided social interaction to an isolated group of parents who often have very little adult contact.

State-wide Disability Service, Anglicare (SA). The State-wide Disability Service is aimed at Social Workers who support foster carers of children with disabilities. The service comprises of a project officer and trainer who support the alternative care agencies throughout South Australia. The program provides information on access to services, disability specific information, consultation services and foster carer training. In 1999, Protective Behaviours training was available to foster carers in the metropolitan area, provided by Mission SA. Educational material from Mission SA is also included in State-wide resource kits. Worker/Foster Carer training provided by State-wide Disability Service includes Behaviour Management and workshops in communication and sexuality issues. The service also offers individual support or involvement in case planning as required. This can include home visits and carer support meetings.

Parenting Education and Staff Training Program, Yarran Early Intervention Centre/Central Coast Resource and Advisory Team Bay Village (NSW). The Yarran Early Intervention Centre provides centre-based programs on special needs and disability services for children aged 3–6 years, and home-based programs for children aged 0–2 years. All programs are provided by teachers or other experienced staff and incorporate discussion on child protection issues for children with disabilities. The program aims to increase awareness of the nature and incidence of child abuse for young children with disabilities and to assist families to develop strategies to help protect their child from abuse. The Central Coast Resource and Advisory Team facilitates training for federally funded child care centres on the central coast of New South Wales.

It should be noted that one-third of all substitute care programs (50 of 145), and one quarter of the child-focused programs that involved substitute care (22 per cent – 8 of 36 programs), catered specifically for the needs of children with intellectual or physical disabilities.

Interchange Inc., Interchange Inc., Hackney (SA). Interchange offers an amount of forty-eight hours per month, on a flexible basis, of community based respite care. The service is aimed at families who care for a child or young person with an intellectual disability. It is based on knowledge of the importance of suitable and affordable respite care to mediate the effects of stress on carers.

While the development of culturally-sensitive prevention programs specifically targeting Aboriginal and Torres Strait Islander or NESB communities appears to be necessary to ensure accessibility, in many cases it may be possible for flexible, generalist prevention programs to cater for the needs of children and families where a disability or mental disorder is present (Tomison 1996c). Many of the generalist services that have been

reported to be effective in supporting families and preventing child maltreatment may also be effective in supporting families where a parent has a mental disorder (Tomison 1996c), or a family member has a disability (Tomison 1996b). For example, respite care, home visitor programs and/or the provision of parent aides who can provide practical home assistance may also prevent maltreatment in families where there is a parent or child with a disability (in fact such programs often target such families).

The provision of adequate resources such that services are able to be provided for as long as families require them, rather than the development of specialist services to meet particular family needs, appears to be the crux of service provision to families where a member has a disability (or mental disorder). As has been noted throughout this report however, the relative unavailability of family support services is a common theme in child welfare services in Australia and overseas (Goddard & Carew 1993; Nelson Saunders & Landsman 1993), and rationing of services a common result (for example, Tomison 1997b; Scott 1998).

Mental illness

There were 245 programs in the Audit that targeted parents or children suffering from a mental disorder (see Table 12).

Table 12 Programs for parents or children suffering from a mentally illness		
Type of program	Number (of 245)	Proportion (%)
Community education	33	13.5
Personal safety or Protective Behaviours	10	4.0
Family support	134	54.7
Child-focused	56	22.9
Child and Family Centres	7	2.9
Offender	5	2.0

These services were mostly provided in the context of family support programs (50 per cent), community education (18 per cent) and child-focused (17 per cent) programs. The high proportion of child-focused programs resulted from a number of programs targeting youth suicide, youth homelessness (which is associated with the occurrence of mental disorders; National Youth Coalition for Housing 2000) and Attention Deficit Hyperactivity Disorder (ADHD)²³. Unlike other special populations, 42 per cent of the programs (N=103) appeared to have been developed specifically for families where a parent or child had a mental disorder; 12 per cent had a focus on postnatal depression in new mothers. Parent education was a key component of many programs (69 per cent) as were home visits (34 per cent). The programs included:

Families Together Program, Benevolent Society of NSW (NSW). The Families Together Program is an innovative home-visiting program which supports parents with long-term mental illness to provide a secure, consistent environment for their child. The multidisciplinary team intervenes antenatally or as soon after birth as possible to stabilise families and help parents to focus on their infant's needs. The program can

²³ It is estimated that each year some 100,000 children and young people aged from 5 to 25 years (that is 15-20 per cent of all children and young people) develop crippling emotional disorders (AusEinet 1999). Approximately one million more are seriously affected by emotional problems (Zubrick et al. 1995, as cited in AusEinet 1999).

support families until their child is five years of age. Parents referred to Families Together: are expecting a baby or have a child under 12 months; live in Eastern Sydney; have ongoing contact with a psychiatrist or mental health team who will liaise with the Families Together team. Families Together helps with: support and information on parenting issues; organising family routines; support in dealing with other agencies; referrals; understanding how mental health issues may be affecting parenting.

Lets Talk About Parenting, Windermere Child and Family Services (Vic). 'Lets Talk About Parenting' is a group for parents who have a mental illness. The group consists of both mothers and fathers and in some cases both parents attend. The group meets fortnightly at Windermere. Six months ago a worker from Eastern Region Mental Health Service began assisting the program. The group is child-focused, looking at how children cope in the family when there is mental illness. The parents involved are quite ill and often have little confidence in their parenting. Positives are emphasised and new skills taught. Referrals come from Dandenong Psychological centre, schools (where children's behaviour is a problem related to their situation at home they are referred to Windermere), there have also been self-referrals. Currently there are 16 families involved and most of these families have been involved with protective services.

Family Support Service, Australian Red Cross Western Australia East Perth (WA). This program provides an early intervention strategy in families where the mother has postnatal depression or a depressive mental illness. The service aims to support and assist mothers who have weak support networks, in areas such as immediate child care. Mothers are referred by Women's Health, Mental Health, Community Health, GP's and self-referrals. Families are linked with other community resources and services. Volunteers act as a supportive mentor or role model for appropriate behaviours. Trained volunteers provide a link between the family and ARCWA. The volunteer is placed into the family home for five hours per week for as long as a need is identified. The service also supports families who have experienced a multiple birth. The Red Cross aims to support, strengthen and nurture families so they will be better able to access services and move forward in their lives.

Children with a mentally ill parent

According to the National Survey of Mental Health and Wellbeing, it is estimated one in five Australians suffer from a mental disorder (Department of Health and Family Services 1997). Of those, 29 per cent (or approximately one million) have dependent children (Department of Health and Family Services 1996). Gottesman (1991 as cited in Cowling, McGorry and Hay 1995) calculated, (crude estimate only), that approximately 27,000 Australian children are affected in some way during their 'growing years' by a parent's psychiatric illness.

Although being the child of a parent with a mental disorder does not automatically lead to emotional disturbance for such children, or that parents will be unable to care for their child (Silverman 1989, as cited in Cowling et al. 1994), at the same time:

'such children must be regarded as an 'at risk' group, it is crucial that while focusing on the needs of the parent we bear in mind the vulnerability of their children. Despite the heterogeneity of mental illness and the varying individual capacities of children to cope with adversity, the needs of children in this population must be recognised if there is to be any attempt at reducing the effects of mental illness and thus lowering the incidence of mental illness in the next generation' (Lancaster, 1999:28).

There has been a recent shift towards an early intervention and prevention approach in mental illness, reflected in the establishment of the National Early Intervention Network in 1997, provided with \$1.95 million in funding by the Commonwealth. In the Audit, it was apparent that approximately 30 programs were targeting children with the aim of intervening to prevent the development of emotional or psychological harm.

Creative Times, Samaritans, Newcastle West (NSW). Creative Times is a group work program for children. The program is for children aged 7–13 years who are referred for a range of difficulties including; poor self-esteem, limited social skills, poor ability to resolve conflict, emotional problems, learning difficulties, school truancy, suicide ideation, heightened susceptibility to peer influence. The program works with a prevention and early intervention focus.

Children and Young People Living with a Parent who has a Mental Illness, Mid North Coast Mental Health Service (Taree Base Hospital) (NSW). The program recognises that children and young people who are living with a parent who has a mental illness or mental health problem have special needs. The program is provided on request and targets young people of high-school age and who have a parent with a significant mental health problem. It is anticipated that a program for a younger age group will be developed in different localities throughout the sector. Currently program development is in line with **IMPACT: Interventions to Help Mentally ill Parents and Their Children to Stay Together** (Wentworth Area Health Service, NSW) and draws on research outcomes from similar programs throughout Australia.

CASPAS – A program for children where parents have a mental disability, Lifeline Family and Community Services, Westend (Qld). The objective of CASPAS is to assist children whose parents have a psychiatric disability to enjoy the same opportunities as other children. The program provides: facilitated peer support groups; practical support during times of crisis; assistance to access community groups and sporting activities; help with behaviour issues and communication difficulties within the families; other support which is not available in the community. The staff at the program liaise with all the agencies who are involved with each client and take an integrated approach to case management. This assists with identification of service gaps and helps ensure there is no duplication of service. An important strategy is the creation of an Action Plan with families for use when a parent has to be hospitalised or is going through an unwell period. The benefit of the Action Plan is that there is less reliance on statutory agencies and children no longer need to worry about what will happen if mum/ dad is hospitalised or unwell.

Given that only a couple of such programs were identified in the 1997 NSW Audit (Tomison 1997b), the increased number of programs that have been identified could be taken as a promising sign. Yet while acknowledging that the Audit has by no means captured all of child abuse prevention programs currently in operation nationally, the resultant database appears to indicate that despite the prevalence of mental illness, and its role as a contributing factor in child maltreatment (Lancaster 1999), the response to families and children in this situation remains quite limited. Clearly, further programs are required to ensure the health and wellbeing of children and young people in those families where a parent or caregiver is struggling to cope with the demands of his/her disorder and childrearing.

In summary

For all four special populations for which child abuse prevention initiatives have been assessed, it was apparent that while programs may have reported targeting their service provision to the groups or communities, the majority of the programs were actually

generic programs that merely accepted clients from a variety of backgrounds. A considerably smaller proportion of these programs – approximately 20-25 per cent – had actually designed their programs to cater specifically for the needs of these groups. That is, the service providers had enacted particular strategies to increase access to the service for these groups such as in the employment of staff, the design of the service, management structures and the method of service delivery.

For cultural groups who prefer to attend services that are managed and staffed by their own people, (Aboriginal and Torres Strait Islander communities, and some of the various Australian communities of non-English-speaking background), this is a particularly serious issue. Without access to culturally-appropriate services, the probability is that many children and families will not access the services they require, potentially exacerbating their problems and stresses. While it was clear that governments and non-government agencies were making efforts to meet these peoples' needs, the need to further promote the education and training of Aboriginal, Torres Strait Islander and NESB workers, and to encourage the community's management of culturally-appropriate support services, was just as clear.

For prevention programs developed to meet the needs of children residing with a parent living with a mental disorder, the issue was first to obtain access to one of a limited number of services and, then, to ensure funding was sufficient to allow the service to be used for as long as needed. Despite some small increases in the mental health sector's recognition of the needs of children with a mentally ill parent, greater service development appears to be required. With regard to programs for families where a child or parent had a disability, the need for specific, tailored services appeared to be less salient. What seemed the paramount service delivery issue was the need to ensure the adequate funding of existing services so that children and families could access them for as long as was required.

12. Program evaluations

Under a general Public Health model, once the underlying etiological or risk factors associated with a problem are understood (Willis, Holden & Rosenberg 1992) and a problem is clearly defined, the next stage in developing an effective prevention strategy is to trial and evaluate various prevention initiatives. Based on the results of such trials, successful programs can then be implemented on a wider scale.

Program evaluations are perceived as providing a relatively objective vehicle for quality assurance and a systematic method of data collection and analysis. They may enable an analysis of service utilisation and the profiling of service users; inform ongoing improvement and refinement of program content (process evaluation²⁴), provide a measure of overall program success (impact or outcome evaluation) for funding bodies and stakeholders and thus, can inform public policy decision making (Kaufman & Zigler 1992; Willis et al. 1992; US Department of Health and Human Services 1995; Nixon 1997). 'A carefully implemented evaluation can move an argument from a discussion of opinions to a review of the evidence' (Pietrzak et al. 1990:10).

The highest level of evidence is derived from scientific, 'rigorous', experimental designs, with randomised control trials (RCTs) considered as the 'gold standard' or best practice evaluation design (Campbell & Stanley 1966; Fink & McCloskey 1990; Nixon 1997; Chalk & King 1998; Smith 1999). Such designs incorporate the strongest degree of experimental control over the program environment, restricting a number of threats to internal validity and dealing with extraneous variables. They involve the use of a pre- and post-test design, combined with the random allocation of participants to either an experimental group or a control group ('no treatment'), enabling the researcher to overcome a variety of potential sources of bias and provide the best chance of determining an unbiased estimate of the effect of participation in a program (Chalk & King 1998).

In spite of the vast number of program evaluations that have been performed on a variety of child abuse prevention programs, and the general acceptance that 'scientific' evaluation should be an essential part of all prevention programs, very few rigorous evaluations have been done in Australia or internationally (Fink & McCloskey 1990; Harrington & Dubowitz 1993; James 1994; Melton & Flood 1994; Tomison 1995a; 1997b; 2000a; Chalk & King 1998). The majority of current evaluations are non-experimental²⁵

²⁴ Also known as *implementation* or *formative evaluation*, process evaluations are designed to investigate program integrity by determining the extent to which a program is operating as intended via the assessment of ongoing program elements and the extent to which the target population is being served (US Department of Health and Human Services 1995; Nixon 1997).

²⁵ Non-experimental studies are simple pre- and post- test analyses, case studies, anecdotal reports, or client feedback and satisfaction measures. Such studies may produce useful information for service providers (or researchers developing research), such as a profile of the characteristics, experiences and presenting problems of participants, or enable the identification of program implementation or process issues (Chalk & King 1998).

or quasi-experimental²⁶ and thus provide no firm basis for determining the relative impact of a program or intervention, or of examining the impact of a particular program or activity on specific populations (Chalk & King 1998). Similarly, little is known about which interventions are most effective with each sub-population of child abuse and neglect because most studies do not differentiate between types of maltreatment (Whipple & Wilson 1996).

Given their utility, what factors have hampered the conduct of rigorous evaluations? Some of the most significant factors were described in Clearinghouse Issues Paper No. 12: *Evaluating Child Abuse Prevention Programs* (Tomison 2000a). They include:

- the potential cost, complexity and technical nature of evaluations, combined with a lack of in-house expertise and knowledge as to who can provide assistance (US Department of Health and Human Services 1995; O'Donoghue 1997), may often lead service providers to conduct only a cursory evaluation, or to fail to conduct any evaluation (US Department of Health and Human Services 1995);
- programs frequently involve the targeting of complex social issues that are affected by a multitude of extraneous factors that are difficult to control (Bickman 1992; Vimpani et al. 1996; Farmer et al. 1997; Chalk & King 1998);
- problems in conducting rigorous evaluations have been exacerbated by the relatively low priority (until recently) given to prevention programs by governments and other institutions, and the common tendency of funding only short-term demonstration or pilot projects and program evaluation efforts (Melton & Flood 1994; Tomison 1997b);
- empirical evaluations require a high degree of skills, significant resources and often, a long time frame, when most child abuse prevention programs do not continue to run past a three-year pilot implementation (Nixon 1997); and finally,
- service providers and evaluators must walk a fine line between methodological and ethical issues, such as the assignment of participants to a 'no treatment' control group and the subsequent lack of service provision (Chalk & King 1998).

Overall, while many researchers, governments and funding bodies remain focused on global program effectiveness and the use of RCTs, the nature of many family support and other child abuse prevention programs, will preclude experimental or quasi-experimental studies of program impact (Jacobs 1988; Weiss 1988). The majority of program evaluations will be modest, internally focused studies that assess client satisfaction, document the services delivered, describe program implementation (for replication) and, if possible, the immediate effects of service provision (Jacobs 1988; Weiss 1988). Given the difficulties inherent in the use of experimental rigour, what is the alternative?

There are a variety of reasons for evaluating a program, but program evaluations are fundamentally designed to assist with the planning of future programs and/or to improve pre-existing programs. It is contended that each evaluation should therefore be tailored to fulfil the specific purpose for which it is required and to meet the needs of the various stakeholders involved (Hutchinson 1999; Calder 1994). This then, is an argument for 'greater pluralism' in evaluation where techniques must be broad enough

²⁶ Depending on the criteria employed, quasi-experimental research can be considered as the lowest acceptable form of evidence when assessing program impact. The studies are similar to the RCTs, but involve the use of a *comparison group*, where participants are not randomly assigned to 'no treatment' and experimental groups (Fink & McCloskey 1990; Chalk & King 1998).

to enable an assessment of effectiveness across the range of available programs (Patton 1980; Jacobs 1988; Smith 1999; Swerissen 1999) and to ensure the variety of service providers are able to derive full benefits from an 'appropriate, relevant and action-linked evaluation' (O'Donoghue 1997). Under such an approach, the research question, and the level of explanation required, determines the methodologies and research tools used and the degree of experimental rigour that is desired and/or possible (Brennen 1992). This has facilitated a general, progressive shift away from traditional experimental and quasi-experimental evaluation designs to a greater emphasis on qualitative and action research methodologies (Swerissen 1999).

Finally, to make the best use of evaluation activity requires an emphasis on 'developmental sequencing', rather than the one-off evaluation of an intervention (McBride 1999). That is, evaluation is undertaken as a progressive series of analyses that build upon each other to provide a detailed analysis for service providers and other stakeholders. Thus, simple assessments of program structure and content that can be completed by all service providers form the basis for potentially more rigorous assessment of program characteristics (process), and short and long-term program effects (outcomes).

Program evaluation in Australia

In prior Clearinghouse audits an attempt has been made to determine first, whether an evaluation has been conducted; and second, whether the evaluation was of a rigorous nature. In a 1993 Audit of the National Child Protection Clearinghouse Prevention Programs and Research databases, James (1994) concluded that, with a few exceptions, no systematic research had preceded the implementation of primary and secondary prevention programs in Australia. In many cases, overseas programs had been adapted for use without any investigation into the needs of the community for which the program was intended. In particular, James noted the distinct lack of attention paid to the evaluation of family support/parenting programs in Australia, stating that 'none have been effectively quantified in terms of actually measuring reduction in the incidence of child abuse and neglect' (1994:3), despite the quite extensive use of such programs across the nation.

It was apparent in a second audit of the Clearinghouse Prevention Programs database that practitioners had become more aware of the need to evaluate their programs effectively. A sizeable proportion of programs were reported to incorporate an 'extensive' evaluation (Tomison 1995a). That is, they had attempted to develop an elaborate, somewhat rigorous evaluation, such as the pre-test/post-test evaluation espoused by James (1994) and others. This greater recognition of the need to rigorously evaluate program effectiveness appeared to have been due, in part, to the trend of funding bodies to stipulate adequate program evaluation as a precondition for funding. Overall, however, it appeared that more professionals were attempting to implement program evaluations with some degree of methodological rigour, thereby going some way towards satisfying the lack of quality evaluations in Australia outlined by James (1994).

The NSW Audit

In the 1997 NSW State Audit, an in-depth assessment of 453 child abuse prevention programs and their evaluation (Tomison 1997b) revealed that approximately one-third of programs included in the Audit did not conduct any form of evaluation. A further 10 per cent failed to provide sufficient information to enable an assessment of their evaluation (for example, noting only that 'the program was a success', or 'an evaluation is planned for later in the year').

Of the remaining programs (categories not mutually exclusive), approximately 80 per cent (199 of the 248 programs that supplied details of an evaluation) based their evaluation on simple client (mainly parent) satisfaction measures and levels of attendance (participation and satisfaction). In 34 per cent of cases however, a pre-test/post-test design had been used to assess a program's effect on clients – the vast majority however, without a comparison or control group. This can be taken as further evidence of the increasing acknowledgment by service providers of the importance of assessing program performance.

From an empirical perspective it was apparent that a number of agencies had attempted to incorporate a degree of methodological rigour in the evaluation performed, although none could be classified as 'rigorous'. Given the previously mentioned limitations of applying empirical designs in situ, and the degree of expertise required to conduct such outcome evaluations, this was not a surprising result. Particularly when the majority of the programs were being run by 'grass roots' agencies or groups (the so-called 'fleet' programs, Weiss 1988) who often had neither the financial nor personnel resources that would enable such an approach.

Thus, many of the evaluations appeared to have been conducted more as a means of program refinement, to fine tune service provision (process evaluation), than as an attempt to demonstrate a causal relationship between program participation and long-term outcomes (that is, reductions in child maltreatment and other social ills). In summary, the findings indicated increased acknowledgment of the need to conduct evaluations and clear attempts to apply some degree of rigour to the assessment of program 'success'.

The National Audit

In this National Audit the previously identified trends of greater use of evaluation, and an increase in the number of agencies attempting experimentally rigorous evaluation studies, were continued (see Table 13).

Table 13 Types of program evaluations*						
Key descriptor	Participant satisfaction and attendance		Pre-/post-test		Pre/post-test and comparison group	
	N	%	N	%	N	%
Community education	281	20.7	68	15.6	3	6.4
Personal safety or Protective Behaviours	116	8.5	38	8.7	5	10.6
Family support	622	45.8	204	46.9	25	53.2
Child-focused	262	19.3	91	20.9	11	23.4
Child and Family Centres	42	31.0	15	34.5	2	4.3
Offender	34	2.5	19	4.4	1	2.1
TOTAL	1357	100	435	100	47	100

* Evaluations are not mutually exclusive; some programs did more than one evaluation.

The majority of programs included in this Audit (85 per cent) had conducted at least some basic form of evaluation (with a further 10 programs in the process of developing an evaluation). The most common form of evaluation was an internal evaluation (that is, conducted by agency staff themselves) (77 per cent of programs), based on participant

attendance and satisfaction (75 per cent of programs). In contrast, one-quarter of the programs incorporated an external (independent) evaluation, with a further 17 per cent conducting both internal and external evaluations).

In a discussion of the evaluation of parent education programs, Hobbs et al. concluded 'evidence of accessibility, use, and [participants'] satisfaction is perhaps all that is possible and all that should be required. That evidence is available, and it is uniformly positive' (1984:267). It should be noted however, that often prevention programs are parent rather than child-focused; thus, measures of client satisfaction and attendance are also often parent-focused. It is important to acknowledge that parental perceptions of program 'success' or positive change may not necessarily be experienced as such by the child (Butler & Williamson 1994).

From Table 13 it is apparent that 24 per cent of programs had incorporated a pre/post-test comparison; although only 2.6 per cent of programs had undertaken a proper quasi-experimental design that incorporated both a comparison group and a pre/post test design²⁷. The majority of the latter were conducted predominantly for family support and child-focused programs. A small number of evaluations however, incorporated a full, experimental (RCT) design:

The Family Care Program, Queensland Health, Brisbane (Qld). A randomised control trial of supported nurse home visiting was conducted in Brisbane 1996/7, where nurses offered family therapy to vulnerable families where there was an 'at risk' infant (0–4 years) present. The evaluation is continuing.

Dietary Management of Children's Behaviour, Darwin ADD Support Group Parap (NT). The program supports families who wish to try dietary management of children's behaviour problems, including ADHD, oppositional defiance and aggression. As part of the program, caregivers are encouraged to learn self-control techniques. Children are referred by paediatricians, child health nurses, parents, teachers and welfare agencies. The support group also increases community awareness of the effects of food chemicals through regular newsletters. As part of this program, a placebo-controlled double-blind crossover study was recently undertaken.

Enhanced Behavioural Family Intervention for Families at Risk for Child Maltreatment, Parenting and Family Support Centre University of Queensland, St Lucia (Qld).²⁸ The project aims to evaluate a comprehensive multimodal model of behavioural family intervention to address the specific needs of parents at risk for child maltreatment. This will include a clinical trial comparing the efficacy of standardised group parent training (Triple P) based on the work of Sanders & Markie-Dadds (for example, 1996), with an enhanced group behavioural family intervention for 'at risk' families. The enhanced program incorporates additional sessions on anger management and attribution training (which helps parents to identify negative dysfunctional attributions of their children's behaviour). The standard program consists of four two-hour group sessions with four follow-up phone calls. The enhanced program is eight two-hour group sessions with four follow-up phone calls.

²⁷ Caution should be taken when interpreting the evaluation results as assessment of the programs revealed that a number of agencies had mistakenly reported they were utilising a pre-/post- test evaluation design, or a full quasi-experimental design, when in fact they were not. With service providers often only providing limited information on the evaluation being undertaken, it was not possible to determine the accuracy of some entries.

²⁸ The proposed evaluation of this *Triple P* program appeared to be based on an experimental design, however the information provided did not make it clear whether a control or a comparison group was to be used.

Home visiting programs

Thirty per cent of the quasi-experimental evaluations (14 of 47) were of a home visiting program, reflecting the continued interest in both running and evaluating such programs. The interest stems predominantly from the successful, experimentally rigorous, long-term evaluation of the Elmira Prenatal/Early Infancy Project by David Olds and colleagues (Olds et al. 1986a; Olds et al. 1986b; Olds et al. 1997), and the desire to replicate those findings in an Australian context.

Home-Start Program, Benevolent Society of NSW, Paddington (NSW). Home-Start is a volunteer home visiting program which offers practical and emotional support to families with additional needs including; geographic or social isolation, socio-economic disadvantage, a child or parent with chronic illness or disability, a parent with persistent sense of low self-worth, and NESB families. Objectives of Home-Start include: to offer support and practical assistance to families; to assist in the formation of a secure parent-child attachment; to link families with local community networks. Home-Start excludes families where a parent has a mental illness, drug dependence, a previous history of child abuse and neglect or current domestic violence. Home-Start NSW was subject to a major evaluation over 1995–1998 that used a number of evaluative tools including psycho-social scales of behaviour, consumer and stakeholder questionnaires and statistical data in a pre/post test design with comparison group.

In summary

From the Audit it appeared that the general trend towards greater involvement in program evaluations by service providers, evident in previous Audits over the past six years, had further strengthened. Similarly, the vast majority of evaluations continued to be in-house studies that used non-experimental designs focused on participant satisfaction and attendance. That one-quarter of all reported evaluations incorporated a pre-/post- test comparison provides evidence of continued service provider (and government) interest in adopting a degree of rigour in program evaluation research, as does the handful of quasi-experimental and experimental evaluation designs (mostly conducted in university settings by academics).

Not surprisingly, it was the larger non-government service provider agencies, government services (such as hospitals, regional health services or the state education department), and university-supported projects, that had more success at developing outcome evaluation designs that approached methodological rigour. These agencies either had the resources and staff expertise to undertake such an evaluation, or were able to fund an independent evaluation by external consultants. The size of the larger agencies also provided additional options when undertaking a program evaluation. When a specific prevention program was operating across a number of individual agency centres, (for example, the Family Work Program run at various Burnside centres), the data could be aggregated to provide a greater quantity of information for the evaluation than could be produced at one site, thus strengthening the power of the evaluation to provide useful results²⁹.

²⁹ To ensure such a multisite evaluation is valid, requires a standardised program implementation process, the adoption of uniform data collection methods across the sites and the adequate experimental control of any intersite differences that might affect service delivery (for example, the client population, staff training and experience).

13. General discussion

‘Prevention on a broad scale requires a web of complementary programs and strategies. No single program or service can be expected to solve the problem on its own, but each can make its own contribution to an environment which is safe for children and supports their development’ (NSW Child Protection Council 1997:31).

The findings of this Audit provide evidence of the development of a strong foundation of child abuse prevention activity across the nation. Importantly, the development and operation of prevention initiatives is associated not only with large government departments or non-government agencies, but with ‘grass roots’ community groups or small agencies. An assessment of the range and type of programs currently in operation enabled the identification of a number of specific program models that have been widely adopted (albeit with local modifications) across and within the States and Territories. Such programs include the NAPCAN community education programs, Protective Behaviours, volunteer-based home visitation and Triple P parent education programs. It is also apparent that substantial progress has been made in the creation of new programs and the modification of concepts and programs developed overseas for Australian conditions, resulting in the creation of a vast range of innovative programs. Finally, there is some evidence of the professional recognition of the benefits of interagency and cross-sectoral collaborations in the prevention of a variety of social ills, including child maltreatment.

An holistic approach to prevention programs

Child maltreatment is a complex phenomenon that may reflect the degree of underlying social problems in a family, community or society (Melton & Flood 1994). The adequate prevention of child maltreatment requires that an holistic approach be adopted in order to address what are often multiproblem, disadvantaged, dysfunctional families. It has been demonstrated that attempts focusing primarily on remedying a single family problem are often not as effective as approaches that utilise a multivariate, holistic approach. Such programs target the influence of constellations of family factors and/or problems, often working in collaboration with other services (Tomison 1996d; Durlak 1998).

A clear example in the Audit of an holistic approach, was the finding that the majority of all programs included in the Audit attempted to address domestic violence, in combination with the various forms of child maltreatment. That is, many programs were involved in holistic, *violence prevention*, rather than focusing only on either the prevention of child abuse and neglect, or the prevention of domestic violence. The magnitude of the violence prevention programs provides evidence of cross-sectoral acknowledgment of the need to prevent violence holistically. Many of the agencies involved in violence prevention were adult-focused services (such as women’s refuges or domestic violence centres), agencies traditionally not occupying a central child abuse prevention role. Yet these services had perceived a need to take an holistic approach to the prevention of family violence and to address the needs of children by incorporating some form of child abuse prevention in their service provision.

The adoption of an holistic, multidisciplinary approach was also exemplified by the continued development and refinement of Child and Family Centres. These centres aim to offer a non-stigmatising service incorporating elements of primary, secondary and tertiary prevention. The intention is to engage children and families in the local community, to promote health and wellbeing, and to encourage families proactively to seek assistance in order to ameliorate a variety of family problems prior to the development of a crisis. While retaining the flexibility to cater for more traditional preventative strategies, the centres are ideally placed to take early intervention and health promotion approaches, underpinned by their holistic service philosophy.

Involving the wider professional community – cross-sectoral partnerships

A *developmental prevention* approach (the enhancement of protective factors in combination with a reduction in risks) (Tremblay & Craig 1995) has been adopted in order to prevent a variety of social ills. As part of a developmental preventative strategy, most sectors have adopted universal, early intervention and health promotion approaches to prevent social ills and to facilitate optimal child development; and many of these interventions and initiatives share the same underlying philosophy and constructs. Overall, taking into account the need to consider and address a variety of sector-specific issues, what is apparent is the current, high degree of congruence between the prevention of the various forms of violence and/or social ills, in terms of the priorities and strategies for action that have been proposed and undertaken.

Thus, the prevention of child maltreatment and other social ills, and the promotion of health and wellbeing would appear to be facilitated by greater cross-sectoral collaboration and coordination from government, researchers and non-government agencies from policy-level linkages down to the enhancement of relationships between sectors and agencies at the service provision level. As Durlak notes:

‘those working with prevention in different fields must realize that the convergence of their approaches in targeting common risk and protective factors means that the results of their programs are likely to overlap. . . We are just beginning to learn how this occurs. Categorical approaches to prevention that focus on single domains of functioning should be expanded to more comprehensive programs with multiple goals. Future prevention programs, therefore, will need to be more multidisciplinary and collaborative. Also needed are comprehensive process and outcome assessments of how risk and protective factors influence outcomes in multiple domains’ (Durlak 1998:518).

Clearly, interagency partnerships and effective communication and collaboration between agencies can produce a range of benefits for service providers, including the creation of opportunities for professional development and the strengthening and expanding of professional networks. In the Audit, the service providers involved in approximately one-quarter of all programs could be said to be working collaboratively or in partnership with another agency. These partnerships generally involved a family support agency working with another, more specialist agency (for example, drug rehabilitation service). Most of the partnerships identified in the Audit however, were not cross-sectoral in nature, but merely involved different agencies with a shared understanding or focus on the development of particular *child abuse prevention* initiatives. This was not entirely surprising, given that most prevention work has traditionally been done in isolation, focused primarily on addressing one form of violence or social ill in particular. For example, in an earlier assessment of the Commonwealth’s role in the prevention of child abuse and neglect, Rayner (1994) found that prevention was a very fragmented exercise, with many institutional structures not geared towards perceiving or identifying aspects of their work that had a preventative role.

In the Audit, a number of programs demonstrated acknowledgment of cross-sectoral issues, although most of these were not usually conducted in partnership with other agencies. Health education and a variety of universal, community development programs both recognised and attempted to address a number of social ills and/or to promote general health and wellbeing. In general, these programs were not truly 'cross-sectoral' in that they did not involve the pooling of shared resources or the collaborative development of programs by services from a variety of sectors, where the prevention of child maltreatment was merely one facet of a program addressing a variety of social ills.

In order to facilitate the development of cross-sectoral work, a first step would appear to be ensuring that service providers recognise the role (or potential role) they play in child abuse prevention, and that they are aware of the potential for various sectors to collaborate under a broad developmental prevention approach. In the National Audit attempts were made to access those agencies or community groups not traditionally considered to be part of the child abuse prevention network, but who might be involved in child abuse prevention work. Such groups included: child care services; neighbourhood community centres; community nursing services; drug and alcohol services; disability services; and migrant resource centres.

A substantial number of these agencies were identified as operating programs that were clearly aimed at preventing child abuse and neglect (for example, they ran a parent education program), yet the agency staff did not view their work as child abuse prevention. This finding appeared mainly to be a reflection of services' differing priorities and/or the multiple aims and functions of many services. That is, child abuse prevention may have been an accidental or unforeseen benefit of a program with another focus, such as substance abuse prevention, with these unexpected child abuse prevention benefits going unrecognised.

The failure to articulate or acknowledge child abuse prevention as an aim within services, particularly in urban areas where service networks are more dissipated, is likely to impact on the extent to which services access interagency support, receive feedback on the value and relevance of their work and contribute to the development of the child abuse prevention field as a whole. The reduction of any sense of shared purpose between agencies in a local network will reduce opportunities to disseminate information both within and between agencies and the potential for collaborative and/or cross-sectoral work. Thus, one option to facilitate the development of cross-sectoral work, would appear to be assessing the extent to which child abuse prevention is formally (and informally) acknowledged as an objective of various services across the health, welfare, education and criminal justice sectors, and then identifying mechanisms to ensure that the potential for child abuse prevention is acknowledged, and the opportunities for interagency networking, information sharing and cross-pollination are enhanced.

Overall, despite the shift to addressing family violence holistically, and greater recognition of cross-sectoral issues that may be successfully incorporated into programs where child abuse prevention is a key component, the potential benefits offered by involvement in interagency, and particularly cross-sectoral, collaborative partnerships remain relatively untapped.

Adapting programs for Australian conditions

In the past, Australian State and Territory government departments and non-government organisations have been criticised for adopting international prevention programs without assessing their suitability for Australian populations (James 1994). Further concerns that have been raised, and which merit further discussion, relate to the adoption of programs for populations for which the program is untried or unsuited, or

the adaptation of primary and secondary programs for secondary and tertiary purposes. This can result in the delivery of programs unsuited for children and families needs, and a gradual decline in universal or primary preventative initiatives. Conversely, while a degree of caution should therefore be exercised when importing or modifying a prevention program, it is equally important that a prevention program be evaluated and that considered alterations are undertaken (if necessary), to enhance the 'fit' between service provision and the needs of the Australian population.

Levels of prevention

It was noted above, that the classification of programs into primary, secondary and tertiary prevention under the Public Health model has previously been criticised on the grounds that it makes somewhat artificial distinctions between programs that are not reflected in the realities of case management practice (Rayner 1994; Tomison 1996a; 1997b).

The findings of this Audit would appear to support such a perception. Despite a predominance of secondary prevention activity (see Table 5), a high proportion of programs appeared to address child maltreatment issues, or the potential for child maltreatment, across more than one level of prevention. The classification of programs appeared to be exacerbated by the failure of service providers to understand or utilise the public health classification, and/or to share a uniform definition of what constitutes each level of prevention.

When assessing programs it appeared that what one program defined as 'abuse' (therefore requiring tertiary prevention), another program viewed as an early indication of a more serious problem (secondary prevention). Children's 'witnessing' of domestic violence was a case in point (see also Tomison 2000b), with some agencies creating programs to deal with the *risk* of maltreatment and others creating programs where the objective was to prevent re-abuse. The level of prevention appeared to be dependent on service provider views of the nature of 'witnessing domestic violence', the severity of the family's violence, and the reported level of children's exposure.

Universal or targeted prevention

Despite the preponderance of secondary prevention initiatives identified in the Audit, much of the impetus for child abuse prevention work is currently being driven by the recent international and national-level 'rediscovery' of the benefits of universal, early intervention and health promotion programs for children, families and communities work with families (for example, the Commonwealth's *Stronger Families and Communities* strategy). The renewed focus on 'prevention' is on primary prevention, health promotion and the development of social capital was reflected in the formal inclusion of health promotion programs (10 per cent of all programs) in the Audit, where the objective was to develop 'wellness' and the promotion of universal health and wellbeing.

However, while the universal development of children, family and community wellbeing is a vital (and cost-effective) means of preventing child maltreatment and other social ills (for example, Tomison & Wise 1999), there will always be families for whom more intensive, targeted interventions will be required. As the NSW Child Protection Council (1997) noted, a comprehensive approach to prevention is required, one that incorporates a variety of interventions across levels of prevention. Thus, to effectively prevent maltreatment there is a requirement to ensure the adequate investment in services for 'at risk' children and their families. The demands of the tertiary sector, however, continue to negatively impact on the services available to address the needs of 'at risk' families.

Secondary vs tertiary family support

The supplanting of secondary prevention work because of the demands for service from tertiary clients was reported on in the 1997 NSW Audit (Tomison 1997b). This trend was still evident in the National Audit, as was the continued high demand for service provision at the secondary and tertiary levels. Yet there was also evidence of renewed government and non-government efforts to enhance 'at risk' families' opportunities to access professional supports, as demonstrated by an influx of funding and the development of new secondary-level programs. Despite better resourcing, however, the availability of secondary prevention services remains outstripped by demand, with the work balance still decidedly in the favour of tertiary clients (for example, Parton 1999).

The changing nature of child abuse prevention programs

Evidence of program adaptation, and the dynamic nature of the child abuse prevention field, was clearly demonstrated by the comparison of the NSW child abuse prevention programs included in the 1997 NSW Audit with the NSW programs included in the current National Audit. As mentioned above, the Clearinghouse initially decided not to intensively target New South Wales as part of the Audit process. When it became apparent that nearly *all* of the programs from the NSW Audit database had changed in some way, for the sake of accuracy the entire database of NSW Audit programs was revisited, and where possible, the entries updated or deleted (where programs were no longer running). Upon closer inspection it was discovered that at least half of the NSW programs had changed significantly in the two intervening years, with some organisations no longer operating, or having substantially changed their roles and functions. Most common was a shift to programs specifically tailored to meet particular target groups' needs.

For example, in the 1997 Audit there were a number of support groups set up to cater for the needs of women who had experienced domestic violence. In 2000, many of these had been replaced (or refined) by service providers who now provided a mix of parent education programs and women's support groups that dealt with domestic violence issues, often run in conjunction with programs for children who had witnessed the domestic violence perpetrated against their mothers. This highlights the changing nature of the prevention programs, recognition of the needs to address the specific needs of a variety of family members, and in terms of child maltreatment, it reflects the greater recognition of the need to address children's witnessing of domestic violence and non-offending caregivers' parenting and support needs.

The high level of change evident in New South Wales in only 36 months highlighted a service environment that could be characterised as a never-ending continuous cycle of program implementation, refinement and development and reconfiguration. This trend may be a reflection of the responsiveness and dynamic nature of the government and non-government sectors and a response to the changing needs of the local community. It is also likely to result, in part, from the current trend of funding predominantly short-term pilot or demonstration projects (Melton & Flood 1994; Tomison 1997b) requiring agencies to develop new initiatives in order to maintain funding and an ability to provide programs to the community.

Such dynamism may be a double-edged sword; rapid change and frequent shifts in focus may have a negative impact on program and sector development. A lack of continuity can impact on clients and may result in the loss of valuable professional expertise and knowledge regarding the development and running of particular types of programs. In some cases it was reported that the loss of a key staff member (such as a hospital social worker who was running a parent education program) resulted in the cessation of service delivery. Further, it is argued that such rapid turnover reduces the potential for

interagency and cross-sectoral information sharing and collaboration, hinders the development of professional knowledge and may lead to a failure to prioritise and develop prevention opportunities. Overall, despite general optimism regarding program 'success' by service providers, the relative dearth of comprehensive evaluations in the sample hindered any determination of the extent to which the development and modification of programs had been successful.

Special populations

There is evidence to suggest that generalist family support programs are appropriate for some groups who may be 'at risk' of developing family problems such as child maltreatment. Parents with a mental disorder and/or families where a parent or child has a disability, for example, appear to benefit from generalist prevention programs provided that the program is flexible and resources are made available to provide long-term support where needed (Tomison 1996b; Tomison 1996c). Yet it would also appear that prevention programs targeting Aboriginal and Torres Strait Islander communities or people from culturally and linguistically diverse backgrounds, need to be culturally relevant in order to attract clients and successfully reduce the potential for child maltreatment.

Thus, another area where there had been clear adaptation of programs for an Australian context, was the development or tailoring of programs to cater for specific sections of the community (such as Aboriginal and Torres Strait Islander peoples and people with a disability). As a consequence, in addition to the service providers who catered for the needs of special populations within pre-existing 'mainstream' programs, there were a variety of programs identified that had been developed specifically to meet the needs of Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds.

Catering for the needs of special populations therefore raises an important issue. Should generalist programs able to encompass a variety of client needs be developed, or should special programs be produced for particular segments of the community? What should be the balance between generalist and specialist programs?

Finding the balance between generalist and specialist programs appears to depend on the population being targeted and the clients' needs, with the crux of successful prevention being flexibility of program planning and resourcing. This conclusion again highlights the need for the adequate evaluation of prevention programs in order to provide a clear determination of whether or not a program is able to first, attract clients from target populations, and second, adequately meet the needs of clients and prevent child maltreatment. Despite improvements in evaluation methodology, it is apparent that much remains to be done to enable agencies to identify 'successful' programs.

Program evaluation research

The US National Committee on the Assessment of Family Violence Interventions concluded that:

'the field cannot be improved simply by urging researchers and service providers to strengthen the standards of evidence used in evaluation studies. Nor can it be improved simply by urging evaluation studies be introduced in the early stages of planning and design of interventions. Specific attention is needed to the hierarchy of study designs, the developmental stages of evaluation research and interventions, the marginal role of research in service settings, and the difficulties associated with imposing experimental conditions in service settings' (Chalk & King 1998:60-61).

The importance of an adequate program evaluation (incorporating an assessment of process and outcome) for the purposes of planning future programs and/or the improvement of pre-existing programs cannot be over emphasised. Clearly, while there is general acceptance that the evaluation of programs should be a core element of service provision, the difficulties associated with applying such methods in the real world, and the lack of specialist knowledge available to many service providers, has meant that most child abuse prevention program evaluations are non-experimental studies that provide no firm basis for determining the relative impact of a program or intervention, or of examining the impact of a particular program or activity on specific populations (Chalk & King 1998).

The majority of evaluations identified in this Audit were modest, internally focused studies that assessed client (mainly parent) satisfaction, documented the services delivered, and in some cases, described program implementation (for replication) and/or the immediate effects of service provision. It has been contended that in order to cater for the needs of service providers undertaking such evaluations there must be 'greater pluralism' in evaluation, where the research questions and the level of explanation required will determine which of a variety of methods and tools will be used, along with the degree of experimental rigour that is desired and/or is possible (Brennen 1992).

Evaluations may be highly complex, experimentally rigorous projects or simple, informal internal assessments, but regardless of the size, cost and degree of rigour, all evaluations should follow the same general guidelines or rules to ensure that as accurate and precise an evaluation outcome is produced (Schalock & Thornton 1988). In addition, all service providers should work to provide a solid base for any evaluation work by ensuring the adequate documentation of program activity.

Ensuring accurate records are kept is a valuable, achievable, first step in evaluating service delivery that may provide a richness of data able to be collected relatively easily. In preparing for an evaluation the following aspects of the program therefore should be clearly documented (Schalock & Thornton 1988; US Department of Health and Human Services 1995; Chalk & King 1998):

- *knowledge of other services that are currently operating in the community and the evaluation context;*
- *the theory of change that guides such interventions;*
- *the problem to be addressed;*
- *a clear description of the program* (this should include the assumptions used to develop the target population and subsequently, the program or activity);
- *the stages of implementation;*
- *the client referral, screening, and baseline assessment processes;*
- *the client population* (the characteristics of the participant population should be mapped as a diversity of clients within a program will require thought as to how the evaluation may take this diversity into account during analysis);
- *a statement of measurable objectives* (in process terms, this will involve the identification of the interventions to be carried out with the target population, the staff assigned to do it and who and how many participants will be accessed. In outcome terms, the service provider will outline the specific changes in knowledge, attitudes or behaviour that are expected to occur).

Overall, to promote evaluation best practice in applied settings (real world) requires acknowledgment of the circumstances of the average service provider – the availability

of physical and professional resources; consideration of the appropriateness and limitations of empirical studies; a willingness to explore the variety of evaluation methods and techniques currently available in order to find those best suited for the purposes of the evaluation; and an understanding of the benefits that may be attained for program development via evaluation and, in particular, by the adoption of a developmental sequencing of program evaluations, that enables service providers to build a picture of a program's success incrementally.

Generalisability

Finally, the success or failure of an audit is predicated on the ability to identify, access and collect information on current programs as comprehensively as possible. The Clearinghouse was dependent on the voluntary responses submitted by the wider community. Despite managing to identify and access the majority of service providers across the nation who were potentially running child abuse prevention programs, the responses to the Audit entries represent only a sizeable proportion of the prevention programs currently being undertaken across the nation.

Given that the resultant collection of programs constituted a non-random, accidental sample (de Vaus 1995), it is not possible to determine precisely how representative the resultant database is of the current state of child abuse prevention programs in Australia. Yet given the size and breadth of the Audit database and the geographical distribution (which approximates the nation's population distribution – see Figures 2 and 3), and in spite of the sampling limitations, it is contended that the issues and trends that have been identified are likely to reflect the trends in child abuse prevention activity currently occurring across the nation.

There appeared to be two main reasons precluding a better response rate. First, agency workload pressures meant that staff often did not have the time to prioritise the Audit and to submit material (despite various Clearinghouse attempts to facilitate the data collection process). Second, it was apparent, from the 700+ requests for clarification that were received, that many agencies did not perceive their programs or aspects of their work as having a preventative role. For example, a day care service might run a parent education program with the aim of enhancing parent-child attachment, but may perceive it merely in terms of enhancing parenting, rather than as a means of preventing child abuse or neglect, and therefore fail to submit program material to the Audit. The failure to perceive a program as having a child abuse prevention focus and thus, to fail to identify with the child abuse prevention field, has been identified in the literature (see Rayner 1994) and has been discussed above.

Congruence with previous Clearinghouse audits

Although the basic Audit methodology has remained constant, over time the process has become more sophisticated, utilising the ever-increasing information resources of the Clearinghouse and closer relationships with government and non-government agencies to develop more effective means of accessing service providers. The data collection process has also been enhanced by the addition of 'facilitators', such as the NSW Child Protection Council staff who promoted the 1997 NSW Audit across the State; and the greater use of telephone and internet resources (National Audit 2000).

It should also be recognised that the nature of the Audit has also changed to cater for changes in service provision, and the changing informational needs of the Clearinghouse, governments and service providers. Data collection has been targeted more precisely to specific aspects of program delivery, collecting information on a wider

variety of program descriptors, target groups, and geographical location, with more detailed assessment of the nature of program evaluations that have been undertaken. Such changes reduce the comparability of the current Audit data with the previous audits that have been undertaken. It is argued however, that the Audit process itself is not entirely precise (despite the best of intentions) and that broad-based comparisons are often still possible, such as the obvious increase in program evaluation activity from 1994 (James) till 2000.

In conclusion

Despite the difficulties associated with gathering information from a multitude of agencies scattered across the nation, it is contended that this National Audit provides governments and service providers alike, with a useful 'state of the nation' report of the child abuse prevention policies and programs currently in operation across Australia. The Audit has highlighted the diversity of service providers involved in the field and the wide variety of programs that have been created and implemented. Further, the Audit has been able to reflect the volatility of the child abuse prevention field and the rapidly changing nature of service provision, identifying some clear policy and service delivery trends.

Clearly, the development of national and State child abuse prevention policies or strategies requires governments to maintain a grasp on the current state of prevention activity and to learn from what has already been achieved in order to build more effective initiatives. Similarly, at the service provision level, the coordination and collaboration between agencies and sectors in the development and provision of prevention programs requires an understanding of current directions in prevention, and knowledge of existing service models and programs that have already demonstrated their effectiveness.

The Audit, and the resultant Clearinghouse Prevention Programs database provide a national resource that can be drawn upon to assist in the fulfilment of these tasks. Given the utility of the National Audit of Child Abuse Prevention Programs, the Clearinghouse must give priority to ensuring that information in the database is kept up-to-date as a means of monitoring progress and identifying changes, issues and trends in child abuse prevention across Australia.

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Appendix 1: The child abuse prevention database

The complete Child Abuse Prevention Programs database is able to be searched via the internet on the Clearinghouse and Australian Institute of Family Studies homepages at: <http://www.aifs.org.au/na2.htm>. Those without internet access, or who require specialist assistance to conduct a database search, are welcome to contact the staff of National Clearinghouse. A printout of any searches can be provided, and/or agencies are welcome to come into the Institute's library and do the search on-site. Access, advice and printouts are provided free of charge.

As mentioned in the body of the report, there are currently 1244 separate program entries that have been included on the Child Abuse Prevention Programs database. Each entry includes (where available), the following information:

Program(s) title

Organisation

Address and State

Contact details (telephone, fax and email, website)

Source of funding

Program duration/frequency

Date of commencement

Program continuity (continuous operation)

Date to finish (Month, Year)

Program to be run again

Program run before

Number of times run

Program description

Target populations

Specific groups

Professionals

Specific age groups

Sections of the population

(Aborigines and Torres Strait Islanders; people of non-English-speaking backgrounds; children or parents suffering from an intellectual or physical disability; children or parents suffering from a mental disorder)

Geographical Location (urban, rural, remote)

Scientific/empirical research on which the program is based

Existing service model on which the program is based

Program modifications undertaken

Clinical/professional experience on which the program is based

Theory on which the program is based

Abuse or maltreatment type(s) targeted by the program

Key words or program descriptors
Publications arising from the program
Program evaluation information
 Evaluation (internal or external)
 Evaluation type
 Evaluation details
Prevention type
Program type

Searches may be conducted to identify information anywhere in the program entries, or can be limited to a search of only program titles, organisations, target groups, maltreatment types, key words, program types or levels of prevention. To obtain further information or assistance, please contact the National Clearinghouse:

National Child Protection Clearinghouse
Australian Institute of Family Studies,
300 Queen Street,
Melbourne, VIC, 3000.
Ph: (03) 9214 7871
Fax: (03) 9214 7839
Email: fic@aifs.org.au

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Service providers and Child abuse prevention programs by geographical location

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Service providers and Child abuse prevention programs included in the Audit by geographical location

Note: Full details of agencies and programs are available on the Child Abuse Prevention Programs database, details of which are supplied in Appendix 1.

Australian Capital Territory

ACT Protective Education Network, Melrose Counselling Centre (ACT)	Centacare (ACT)
The Protective Behaviours Program	Faces
	Protective Behaviours Program
Alfred Deakin High (ACT)	Centacare Student and Family Counselling (ACT)
Peer Support	School Counselling
Alternative to Violence Project (AVP) (ACT)	Child at Risk Assessment Unit, Social Work Department, Canberra Hospital (ACT)
Anglican Diocese of Canberra and Goulburn (ACT)	Going Places: Children from domestic violence
Keeping Children Safe	Child Health and Development Service (CHADS) (ACT)
ASCA Advocates for Survivors of Child Abuse (ACT)	CHADS parenting program
Awareness Media Program	Child, Youth and Women's Health, ACT Community Care (ACT)
Assisting Drug Dependents Inc. (ACT)	Child, Youth and Women's Health Program (CYWHP)
Parents and Children Clinic	Domestic Violence Crisis Service (ACT)
Belconnen Youth Centre Inc. (ACT)	Family Based Respite Care Inc. (ACT)
Young Parents Group	FaBRIC
Calvary Public and Private Hospital (ACT)	Family Planning ACT (ACT)
Canberra Children's Family Centre – Barnardos Australia (ACT)	Family Planning ACT: Education Unit
Family and Youth Services	Galilee Inc. (ACT)
Canberra Institute of Technology, Child Studies Department (ACT)	Galilee Education Services, including
Diploma in Children's Services – Training in mandatory reporting, protective behaviours, and child accident prevention	Galilee Day Program
	Galilee Family Placement Scheme
Canberra One Parent Family Support – Birthright (ACT)	Lowana Young Women's Refuge (ACT)
Family Support	Marymead Child and Family Centre (ACT)
Canberra Rape Crisis Centre (CRCC) (ACT)	Exploring together
Community Education Program	Family Skills for Men
Sexual Assault and Violence – Schools Program	Parenting Between Cultures
Sexual Assault Counselling and Support For Children	Young Carers Network
	Monash Primary School (ACT)
	Monash Primary School Program
	Narrabundah Primary School (ACT)
	The Breakfast Program

Australian Capital Territory

Northside Community Service (ACT)
Domestic Violence Transit Flat Program
Office of Youth, ACT Department of
Education and Community Services (ACT)
Adolescent Day Unit
Youth Connection Youth Work Service
Parenting Support Service (ACT)
Peer Support Foundation, St Thomas Aquinas
School (ACT)
Peer Support Program
Relationships Australia, Canberra and Region
(ACT)
Domestic Violence and Abuse
Intervention Program
Relationship Education Program
Saint John the Apostle School (ACT)
Protective Behaviours
Social Work Department, Canberra Hospital
(ACT)
Child At Risk Assessment Unit
Taylor Primary School (ACT)
Protective Behaviours
The Scout Association of Australia, ACT
Branch Incorporated (ACT)
Selection of Adult Leaders
Tuggeranong Community Service (ACT)
Family Friends: Volunteer Visitation
Program
Family Support: Individual Case Work,
Parenting Programs, Behavioural
Guidance Program, Managing Children
Program Weston Creek Community Service
(ACT)
Community Program
Family Liaison Service
Weston Creek Youth Program
Woden Youth Centre, Woden Community
Services Inc (ACT)
Young Mothers Support Group
Young Women's Christian Association,
YWCA Canberra (ACT)
YWCA Child Safety Strategy
YWCA Youth Services (ACT)
AXYS Youth Services

New South Wales

Aboriginal Education Consultative Group
Inc. (NSW)
NSW Aboriginal Education Consultative
Group
Action Respite (NSW)
Respite for families who have a member
with a disability
Adolescent Family Counselling (NSW)
Counselling Service to Adolescents and
their Families
Albury City Council, Council Chambers
(NSW)
Yellow Bus Child At Risk Service
Albury Community Health Centre (NSW)
Child and Adolescent Mental Health
Service (CAMHS)
Child and Family Services
Anglicare Child and Family Services / TAMAR
(NSW)
Behind Closed Doors
Anglicare Child and Family Service (NSW)
Buckland Children's Counselling Service
Anglicare Family Support (NSW)
St Mary's Family Support Program
Anglicare Marrickville, South East Region
(NSW)
Family Support Program
Anglicare Youth Services, Parramatta (NSW)
Early Intervention Program – Carramar
Cottages
Auburn Children's Family Centre – Barnardos
Australia (NSW)
Family Support and Counselling Services
Auburn Community Health Centre (NSW)
Family and Adult Counselling Team and
Early Childhood Services
Aunties and Uncles Co-operative Family
Project Ltd. (NSW)
Australian Chinese Community Association,
Western Centre (NSW)
Family Support Services

Australian Red Cross (NSW) Breakfast Club Program Glen Mervyn Young Women's Health Program Youth Development Program	Benevolent Society of NSW Centre for Women's Health (NSW) Domestic Violence Team
Ballina Community Health (NSW) Breaking Free (DV support group) Managing Difficult Behaviour in Children	Berkeley Neighbourhood Centre (NSW) Keeping Ourselves Safe
Bangalow Chamber of Commerce (NSW) Child Friendly Village – ongoing activities	Bourke Community Development Committee Inc. (NSW) Youth Support
Bangalow Community Centre (NSW) Child Protection Program	Bowral Community Health Centre (NSW) Pre School Intervention Program
Bankstown Community Health, Primary Health Nursing Team (NSW) Child Abuse Education for Nurses (PANOC Training)	Burnside (NSW) Burnside Family Learning Centre Burnside Hastings Family Support Centre Burnside Newpin Family Work Program North Family Services –Macarthur The Drum Youth Resource Centre
Bankstown Family Support (NSW) Family Support Service Vulnerable Families	Burnside, Central Coast (NSW) Parenting Groups Program
Bankstown Mental Health Service, Centacare and Canterbury Family Support Gaining Ground Project (NSW)	Burnside, Macarthur (NSW) Intensive Family Based Service Woraminta Playgroup
Barnardos Australia (NSW) Find-A-Family Program (Adoption and Permanent Family Care)	Burnside (Airds / Bradbury Family Centre) (NSW)
Bathurst Community Health (NSW) Co-operative Kids	Burnside Cabramatta Centre (NSW) Multicultural Men and Family Relationships Service Multicultural Youth Programs
Bellambi Neighbourhood Centre Inc. (NSW) Breakfast Program Time Out Project	Burnside Claymore (NSW) Claymore Family Centre
Bellingen Neighbourhood Centre Inc. (NSW) Community Education, Information and Referral Resource	Burnside – Minto Family Centre (NSW) Minto Family Centre
Benevolent Society of NSW Early Intervention Program Families Together Program Home Start Program Infant Parent Program Sir Phillip Baxter Child Care Centre Maurice O'Sullivan Child Care Centre	Burnside – The Cottage (NSW) Mobile Youth Krisis Service (MYKS) – Central Coast
Benevolent Society of NSW - Centre for Children (NSW) Eastern Sydney Scarba Service Central Sydney Scarba Service South West Sydney Scarba Service	Burnside: Coffs Harbour Family Support (NSW) Child and Parenting education and development courses Family work High Intensity Fostering Service Playgroups and Parent's support group
	Coonamble Uniting Church (NSW) Domestic Violence Committee: Community Education in Schools

Cabramatta Community Health Centre (NSW) Early Childhood Services (including School Clinics)	Centacare Adoption Services (NSW) Early Intervention Program and Wattle Play Group Fairfield – Liverpool Temporary Family Care Program
Campbelltown City Council (NSW) Long Day Care, Occasional Care and Family Day Care	Centacare Newcastle (NSW) Footprints Respite Camp
Canterbury Child Protection Committee, Canterbury Hospital (NSW) Canterbury Child Protection High School Project Child Protection Week Resource Kits for Pre-Schoolers in Canterbury	Centacare Woodlands (NSW) Leichhardt Temporary Family Care Program
Canterbury Hospital, Social Work Department (NSW) Antenatal Clinic	Centacare: Family Services Directorate (NSW) Mt Pritchard Family Support Program
Casino Family Support Service Inc. (NSW) Family support and Group program	Central Coast Area Health Service (NSW) Child Protection Family Services (PANOC)
Catholic Education Office (NSW) Child Protection and Personal Safety	Central Coast Health (NSW) Positive Parenting Program (Triple P)
Catholic Education Office, Diocese of Parramatta (NSW) Child Protection Education / Protective Behaviours	Central Sydney Area Health Service, Broadway Community Health (NSW) Early Childhood Social Work Team
Catholic Schools Office, Diocese of Broken Bay (NSW) Protective Behaviours and Awareness Raising	Central Sydney Area Health Service, Redfern Community Health Centre (NSW) Young Parents Team
Centacare (NSW) Arabic Family Support (a Vulnerable Families Project) Canterbury Family Support Service Children and Youth Services Family Network Program Family Services Family Skills Program Leichhardt Family Support Service Parent Line Relationship Counselling Team South West Access Program Young Women's Supported Accommodation	Central West Family Support Group (NSW) Central West Family Support Centre for Community Welfare Training (NSW) Professional Development and Training Program
Centacare, Illawarra and Macarthur (NSW) Foster Care Program	Cessnock Community Health Centre (NSW) Young Parents Network
Centacare, Parramatta Diocese (NSW) Blacktown Family Support Services	Cessnock Family Support Service (NSW) Family Support Chatswood Child and Family Health Service (NSW) Lower North Shore Child and Family Counselling Service
	Chester Hill Neighbourhood Centre Inc. (NSW) Self Development Program for Local High School Students
	Child and Family Health Service (NSW) Child and Family Health Service: Early Intervention and Education Child and Family Health

Child and Family Health Team, Tamworth, Community Health Centre (NSW) Parent Support Programs	Dapto Neighbourhood Centre (NSW) Dapto Youth Project – Youth Support and Advocacy Service
Child and Family Health Service, Health Services Centre (NSW) Parenting Education Programs	Darlo Play Centre, Darlinghurst Public School (NSW)
Child Psychiatry Services (NSW) Child Psychiatry Services	Department of Community Services (NSW) Domestic Violence Counselling and Advice Montrose Home Based Family Assessment Program
Child, Adolescent and Family Teams, Taree Community Health Centre (NSW) Parenting School Aged Children	Department of Community Services – Hunter Network Office (NSW) Hunter Area Child Protection Committee
Christian Brothers (NSW) Christian Brothers Adolescent Program	Department of Community Services – Metro West Area (NSW) Nepean Area Child Protection Committee
Clarence Valley Community Programs Inc. (NSW) Barnook Program	Department of Community Services, Campbelltown Area Office (NSW) South West Sydney Child Protection Area Committee
Clarence Valley Community Programs Inc. (NSW) Family and Youth Support Service Playgroup in the Park	Department of Corrective Services (NSW) CUBIT – Intensive Treatment Program
Coffs Harbour Child and Adolescent Sexual Assault Service (NSW)	Department of Juvenile Justice (NSW) Sex Offender Program
Coleambally Community Health Centre (NSW) Parent Support	Department of School Education, Early Learning Team (NSW) Parents as Teachers Program
Communicare Sydney (NSW) Children's Services	Department of School Education, Manly Village Public School (NSW) Parents as Teachers
Community Child Care Cooperative, Addison Road Community Centre (NSW) Child Protection Issues	Departments of School Education, Community Services and Health (NSW) Schools as Community Centres
Community Health (NSW) New Mums Group	Doonside Community Health Service (NSW) Family and community support services (including playgroup program)
Community Services Commission (NSW) Community Visitors Scheme	Dorriggo Hospital Primary Health Care (NSW) Self Esteem and Personal Development
Contact Inc. (NSW) Contact – Project for Isolated Children	Drug and Alcohol Centre (NSW) Drugs and Pregnancy Service
Cooma Family Support Service (NSW) Family Support Program	Dundas Area Neighbourhood Centre (DANC) (NSW) Dundas Area Youth Service
Coral Tree Family Service (NSW)	Dural Counselling Service (NSW) The Intensive Parenting Centre
Cowra Family Support Service (NSW) Home visiting and group programs (Hey Dad)	
Dalwood Spilstead Centre (NSW) Early Intervention Program	

Early Childhood Health Services (NSW) Parent Education and Support Program	Campbelltown (NSW) Focus on New Families
Engadine Community Health Centre (NSW) Child, Youth and Family Services	Home Visitors (Focus on New Families sub-program)
Ethnic Child Care, Family and Community Services Co-op (NSW) Cross-cultural perspectives on child protection D-Training on child protection – ‘Making a Difference’	Glen Innes Community Health Centre (NSW) Early Childhood Service
Eurobodalla Family Support Service Inc. (NSW) Play Skills for Parents and Kids	Glenecho Neighbourhood House (NSW) Positive Parenting Program (Triple P)
Eurobodalla Women Against Incest Inc. (NSW) Cassie’s Place: Child and Adolescent Sexual Assault Counselling Service	Good Beginnings National Parenting Program (NSW) ‘Good Beginnings’ Volunteer Home Visiting and Parenting Programs
Fairfield Health Service, Anthony House (NSW) Early Childhood and Parenting Service (ECAPS)	Goulburn Community Health Centre, Southern Area Health Service (NSW) Child and Family Services
Fairfield/ Liverpool Youth Health Team – (NSW) The Young Women’s Group – Run at two centres	Goulburn Family Support Service Inc. (NSW) Family Support Program
Family Action Centre at The University of Newcastle (NSW) Homelink Home-Start Men and Boys Program : Boyswork; FatherCare; Young Men’s Health Caravan Project: Building caring communities	Gowrie Resource Centre (NSW) Child Protection Training
Family and Community Centre, St Vincent de Paul (NSW) Groups for Perpetrators of Domestic Violence and Women Affected	Greater Murray Area Health Service, Deniliquin Sector (NSW) Sexual Assault Service
Family Care Cottage Kiama, Bonaira Street Community Health Centre (NSW) New Parents Program	Green Valley Community Centre – Mission Australia (NSW) Family Support Programs
Far North Coast Area Child Protection Committee (NSW)	Guildford West Children’s Centre (NSW)
Far South Coast Family Support Service Inc. (NSW) Family Support Service	Gundagai Community Health Centre (NSW) Family Support and Youth Services
Focus on New Families – Uniting Church,	Gunnedah Health Service (NSW) Child Protection Services
	Guyra Neighbourhood Centre (NSW) Health and Welfare Services
	Holroyd Family Day Care (NSW) Child Protection Inservice for Family Day Care Carers Written Information Package
	Hawkesbury Care Inc. (NSW) Family Support Unit
	Hills Family Centre: Wesley Dalmar Family and Child Care (NSW) Family Work Program
	Holdsworth Street Community Centre (NSW) Holdsworth Street Community Centre: Family Support Group

Holroyd City Council (NSW) Child Protection Training and Resources	Katungal and Eurobodalla Family Support Service (NSW) Women's Business and Men's Business
Hope for the Children Foundation (NSW)	Kemblawarra Child and Family Centre Inc. (NSW)
Horizons Central Coast Family Services Inc. (NSW) 'The Entrance Youth Project' – Adolescent Counselling Program Youth Caucus	Koonawarra Community Centre (NSW) Koonawarra Youth Project
Hunter Community Legal Centre (NSW) Youth Court Support	KU Children's Service (NSW) KU Child Protection Support Program
Illawarra Youth Housing (NSW) Adolescent and Family Counsellor	Kulkuna Cottage Women's Refuge Ltd (NSW) Griffith Women's Refuge
Imlay Special Needs Group (NSW)	Kyogle Family and Youth Service (NSW) Workshops for Women
Indo-China Chinese Association Inc. (NSW) Bridging Service for Indo-Chinese Youth and Parents	Lake Macquarie Family Day Care (NSW) Child Abuse Training – notification and indicators
Infant Home Ashfield (NSW) Family Centre of Early Intervention Coffee Mornings Parenting Skills Programs	Learning Links, Peakhurst (NSW) Learning Links Family Counselling and Support Service
Inner West Area Child Protection Committee (NSW) Working Together for Children and Young People from Arabic Speaking Backgrounds	Learning Links Family Support Program Leeton Community Health Centre (NSW) Understanding Ourselves – A Sexuality Education Program for Year 6 Girls
Interrelate, Head Office (NSW) Counselling, Education, Mediation and Training Services	Life Care: Domestic Violence Intervention and Prevention Services (NSW) Kids Time
Jacaranda Family Centre (also known as Ryde Family Support Service) (NSW) Family support and kids group Community Education and Training Package Family support (tertiary prevention)	Lismore Child Sexual Assault Service (NSW) Child Sexual Assault Service
Jenny's Place Inc. (NSW) Child Support Program within a Women's and Children's Refuge	Lismore Family Support Service Inc. (NSW) Family Support program Young mums support
John Hunter Children's Hospital, Social Work Department (NSW) Paediatric Social Work Team: Tertiary Prevention Program	Lismore Neighbourhood Centre (NSW) Child and Adolescent Sexual Assault Counselling Service
Karitane (NSW) Karitane Parent Support Program	Lismore Women's and Children's Refuge (NSW) Child Support – Breaking Free
Katoomba Community Health Centre (NSW)	Liverpool Child Protection Interest Group (Voluntary Committee) (NSW) Liverpool Child Protection Interest Group
	Lower Hunter Community Health Centre (NSW) ADD-APTION ADD-ED Sexual Assault Crisis Counselling

Lower North Shore Child At Risk Committee, Child and Family Health (NSW) Child at Risk: Information seminars for professionals working with children	Marymead Child and Family Centre (NSW) Family Skills for Women
Macquarie and Far West Sexual Assault Service (NSW) Pippy the Platypus: Protective Behaviours for Pre-schoolers: Child Protection Week	May Murray Child Care Centre (NSW) Protective Behaviours Curriculum
Macquarie Area Health Service, Dubbo Community Health Centre (NSW) Macquarie Child Protection (PANOC) Service Teen Mothers Program	Mercy Family Centre (NSW) Domestic Violence Women's Support Group Parenting Programs
Macquarie Sexual Assault Service, Dubbo Community Health Centre (NSW) Pippy the Platypus: Protective Behaviours Program for Pre-schoolers	Mid North Coast Area Health Service, Taree Community Health Centre (NSW) Child Protection (PANOC) Service
Maitland and Cessnock Adolescent and Family Counselling Service (NSW) Crisis Intervention with Youth and their Families	Mid North Coast Mental Health Service (Taree Base Hospital) (NSW) Children and Young People Living with a Parent who has a Mental Illness
Maitland Hospital, Health Services Unit (NSW) Early Starters Program	Mid West Sexual Assault Service: Bathurst Base Hospital (NSW) Parenting Education Protective Behaviours
Manly Warringah Pittwater Women's Resource Centre (NSW) Support Group for School Aged Children Affected by Domestic Violence Making a difference: Recognising and reporting child abuse and neglect Northern Beaches Child At Risk Committee	Mid Western Area Health Service (NSW) Child Protection (PANOC) Service
Manning District Emergency Accommodation (NSW) Anti Violence Education in Schools Community Education via Video production Kids Club Playgroup	Migrant Resource Centre Family Support Service, Newcastle and Hunter Region (NSW) Multicultural Women's Support Group
Marian Villa Accommodation – St Vincent De Paul (NSW) Child Support Worker	Milton Ulladulla Family Support Service (NSW) '1-2-3 Magic' – Effective Discipline for 2-12 year olds
Marist Community Services (NSW) Intensive Out Of Home Care Services	Monaro Children's Service (NSW) Managing Children Program
Marrickville Centre – Barnardos Australia (NSW) Youth Services	Moree Family Support Inc. (NSW) Family Support Services
	Mt Druitt Community Health Centre (NSW) Child and Family Teams
	Mt Druitt/Blacktown Learning Difficulties Support Service, Doonside Neighbourhood House (NSW) Learning Difficulties Support Service
	Mt Pritchard Family Resource Service – Centacare (NSW) Specialist Family Support Service
	Mudgee Shire Council (NSW) Mudgee Child Protection Interagency
	Multicultural Access and Resource Service (MARS) (NSW) Child Protection for Migrants

Muswellbrook Police and Community Youth Club (NSW)	NSW Commission for Children and Young People (NSW)
Crime Prevention Workshops (Protective Behaviours, Tell a Friend) and Child protection Interagency Meetings	Publications: 'Tell a Friend'; 'Child Abuse: Confronting the Problem'
Nambucca / Bellingen Family Support Service (NSW)	NSW Department of Education and Training – Student Services and Equity Programs (NSW)
Children Witnessing Domestic Violence: Public Information Campaign	Child Protection Education: Curriculum materials to support teaching and learning in Personal Development, Health and Physical Education (Stages 1-5)
Family Support Service	
NAPCAN Australia (NSW Head Office)	NSW Police Service (NSW)
National Child Protection Week	Safety House Program NSW
Narrabri Community Health Centre (NSW)	NSW Police Service (Blacktown), School Liaison (NSW)
Home Visiting Service and Counselling Service	Personal Safety Program in Schools
Neonatal Intensive Care Unit (Westmead Hospital), Westmead Hospital (NSW)	NSW Police Service - Burwood Police and Community Youth Club (PCYC) (NSW)
Possums Playgroup	Youth Program
Nepean Division of General Practice (NSW)	NSW Police Service, Fairfield (NSW)
Youth Health Program	Stranger Danger – Safety House
New England Mental Health Service, Tamworth Hospital (NSW)	NSW Pre-Trial Diversion of Offenders Program (Cedar Cottage) (NSW)
Secondary Prevention of Individual Children whose Parents have Mental Illness	NSW Pre-Trial Diversion of Offenders Program (Cedar Cottage)
Newcastle Youth Service (NSW)	N.S.W Ombudsman – Child Protection Team (NSW)
Margaret Jurd Learning Centre – Residential Program	Monitoring of the 'response by agencies to child abuse allegations and convictions against employees' (NSW)
Margaret Jurd Learning Centre – Education Program	
Noah's Ark Centre for children with special needs (Shoalhaven) (NSW)	Orange Family Support Service (NSW)
Managing Children Program (Shoalhaven)	Education to Parents and Children
Northern Lakes – Burnside (NSW)	Home Visiting and Intensive Family Support
Family Centre (at Lake Munmorah)	Parents' and Children's Playgroup, Peak Hill (NSW)
Home Visiting Service (at Lake Munmorah)	Family Support Service's Parents and Children Playgroup
Northern Rivers Health Service (NSW)	Parkes Community Health Centre (NSW)
Koori Parenting Program	Teenage Mothers Group
Nowra Domestic Violence Support Service (NSW)	Pastoral Counselling Institute (NSW)
Abuse Prevention Program	Raising Difficult Children
Nowra Family Support Service Incorporated (NSW)	Sex Offender Treatment Program
Parent education and support groups	Penrith Children's Family Centre – Barnardos Australia (NSW)
	Family and Youth Support Services

Primary Health Care, Child and Family Counselling (NSW) Toddler Group	Save the Children Family Support Service (NSW) Parent Support
Protective Behaviours Consultancy Group of NSW Inc. (NSW) Protective Behaviours Program	SDN Children's Services Inc. (NSW) Waterloo Parent Resource Program – Early Intervention in Child Care program
Quakers Hill Family Centre: Wesley Dalmar Child and Family Care (NSW) Family Support Program	Shopfront Theatre for Young People (NSW) Shopfront Theatre for Young People
Queanbeyan Family Support Service (NSW) Family Support Service	Singleton Hospital (NSW) Multi Agency Child Protection Group, Staff Inservice Program Social Work services
Queanbeyan Youth Resources Inc. (NSW) Adolescent and Family Counsellor – Queanbeyan Youth Resources Refuge	Sisters of Charity Outreach (NSW) Parent Support Program
Relationships Australia (NSW) Family Skills Program RAPS (Resources for Adolescents and Parents) – The Adolescent Family Therapy and Mediation Service	South Coast Children's Family Centre – Barnardos Australia (NSW) Family and Community Care
Relationships Australia (NSW), Illawarra Region (NSW) Touchstone: Illawarra Adolescent Family Therapy and Mediation Service	South Coast Sexual Assault Service (NSW) South Coast Sexual Assault Service
Relationships Australia (NSW), North East Region (NSW) Family Safety Program: Domestic Violence Men's Program Family Safety Program: Counselling Program	Southern Highlands Child Protection / Interest Group (NSW) Child Abuse Prevention Network meetings and Community Education
Relationships Australia (NSW), South West Region (NSW) Men's Programs Women's Programs	Spastic Centre of NSW (NSW) Intensive Family Support
Richmond Community Services Inc. (NSW) Child Sexual Assault Service Hawkesbury Family Support Service	Springwood Community Health Centre (NSW) Parent Support
Royal Far West Children's Health Scheme (NSW) Confident Parenting Project / RAP Teens and RAP Kids / ADDERS Program Samaritans (NSW) Creative Times	St George Migrant Resource Centre (NSW) St George Migrant Resource Centre
San Remo Neighbourhood Centre (NSW) Links Youth Services (including Young Mums' Group) / Domestic Violence Group	St Mary's Community Health Centre (NSW) St Mary's Community Health Centre
	Stretch-a-Family Inc. (NSW) Stretch-a-Family Inc., which includes: Stretch-a-Family 'On Track' Transition to Independent Living; Stretch-a-Family Adolescent Fostering and Community Placement; and Stretch-a-Family Medium Term House at Stanmore
	Sutherland Hospital Community Health Service, Sylvania Community Health Centre (NSW) Child, Youth and Family Counselling Service Sutherland Family Network

Sydney Children's Hospital (NSW) Child Protection Unit	Wallsend Family Support Service Inc. (NSW) Family support services Grandparents as Parents (G.A.P)
TAFE – St George Children's Centre, Kameuka Cottage (NSW) Positive Parenting	Wattagan and Lakes Youth Service (NSW) Wattagan and Lakes Youth Service – Child Protection Issues
Tamworth Base Hospital / Health Service Maternity Unit (NSW) Tamworth Tiny Talk Helpline 24 Hour Service Aboriginal Maternity Support Service Adolescent Support Group Antenatal Education Program	Waverley Centre – Barnardos Australia (NSW) Family and Adolescent Care Services Waverley Council – Family Support (NSW) Waverley Family Support
Telopea Family Resources (NSW) Family Support	Weldon Centre (NSW) Summer Hill Family Support Program
The Deli Women and Children's Centre (NSW) Play Groups and Domestic Violence support groups	Wentworth Area Health Service (NSW) Child and Adolescent Mental Health Service Violence, Abuse and Neglect Service Network
The Education Centre Against Violence (NSW) Training Programs	Wentworth Area Health Service, Penrith Community Health Centre (NSW) Protecting our Children (Community Education Package)
The Family Centre Community Projects (Formerly Tweed Valley Family Support) (NSW) Early Response Project Family and Youth Support Group programs	Wentworth Area Health Service – Community Health E.I. and I. Team, Springwood Health Centre (NSW) Enjoying Our Toddlers Program
The Hills Family Centre (NSW) Family Support	Wentworth Area Health Service, St Clair Community Health Service (NSW) Enjoying Your Toddlers Program New Parenting Groups Parenting Program – Antenatal Education
The Royal Institute for Deaf and Blind Children (NSW) Early Childhood Services (Deafness and Hearing Impairment)	Werrington Community Project Inc. (NSW) Community Development Project
The Scout Association of Australia, NSW Branch (NSW) Personal Protection	Wesley Mission Dalmar Child and Family Care (NSW) Family Therapy Program Shared Family Care Short Term Foster Care
Thomas O'Neill (NSW) Assessment and Treatment Services	Wesley Dalmar Child and Family Care, Hawkesbury/Nepean Region (NSW) Reconnect – Reaching Out
Tumut Community Mental Health Service (NSW) Parent Education	Wesley Mission Dalmar Child and Family Care, Metropolitan Coastal Region (NSW) Family Counselling
UNIFAM Counselling and Mediation Service (NSW) UNIFAM Options – for adolescents and parents	Wesley Mission Dalmar Child and Family Care, Penrith (NSW) Family Finders
Uniting Care (NSW) Adolescent and Family Counselling	

New South Wales

West Albury Pre-school (NSW)
Protective Behaviours Program

West Ryde Early Childhood Health Centre (NSW)
Mother's Group

Western Sydney Area Health Service (NSW)
Physical Abuse and Neglect of Children (PANOC) Child Protection Team

Westlake Macquarie Family Support Service Inc. (NSW)
Family Support Service

Westmead Hospital and Community Health Services, Department of Child, Adolescent and Family Psychiatry (NSW)
Redbank House

Westmead Sexual Assault Service (NSW)
Reclaim the Night March

Wingecarribee Community Health Centre (formally Bowral CHC) (NSW)
HAYSS – Helping All Young Students Succeed

Wingecarribee Family Support (NSW)
Wingecarribee Family Support

Wollongong West Street Centre (NSW)
Wollongong West Street Centre

Wollongong Youth Accommodation and Support Association Inc. (NSW)
Family Support

Wyang Shire Council (NSW)
Purple Ribbon Project (raising awareness of child abuse)

Yarran Early Intervention Centre / Central Coast Resource and Advisory Team (NSW)
Parenting Education and Staff Training Program

Young Community Health (in cooperation with DOCS Cootamundra Office), Young Community Health Centre (NSW)
Early Intervention Child Protection Program

Youth Insearch (NSW)
Youth Insearch

Northern Territory

Aboriginal Islander Alcohol Awareness and Family Recovery (NT)
Family Program – Alcohol and other drugs

Alice Springs Community Health Centre (NT)
Maternal and Child Health – Alice Springs

Alice Springs High School (NT)
Peer Skills Support Program

Alice Springs Hospital (NT)
Social Work Services

Alice Springs Women's Shelter, Telegraph Terrace (NT)
Children in Shelters

Alice Springs Youth Accommodation and Support Service (NT)
Alice Springs Youth Accommodation and Support Service

Anglicare Top End (NT)
Connect – Linking Young People, Family and Community Health
Connections for Youth
'Resolve' – Adolescent Mediation and Family Therapy / Family and Relationship Skills Training

Anglicare Top End, Youth Programs (NT)
Anglicare Youth Housing Program (AYHP)

Australian Early Childhood Association, Northern Territory Branch (NT)
Northern Territory Children's Services Relief Staff Scheme

Behaviour Management Services NT (NT)
Protective Behaviours Anti-victimisation and Empowerment Process

Catholic Education Office (NT)
Protocol for Allegation of Improper Conduct Against Staff

Centacare NT– Katherine Family Link (NT)
Counselling and Support Services (General, domestic violence and sexual assault)
Neighbourhood Development

Childbirth Education Association of Alice Springs (NT)
Parenting Support

Northern Territory

Children's Services Community Counsellors (NT)	Holyoake (NT)
Parenting Today	Holyoake – Alice Springs
Council for Aboriginal Alcohol Program Services Inc. (NT)	Maningrida CEC (NT)
CAAPS – Community Based Programs, Treatment Programs, Training Programs	Protective Behaviours
Danila Dilba Emotional and Social Well-being Service (NT)	Milikapiti Women's Centre (NT)
Danila Dilba Emotional and Social Well-being Program	Nutrition Program
Darwin ADD Support Group (NT)	Nemarluk School (NT)
Dietary Management of Children's Behaviour	Protective Behaviours Program for Students with Disabilities
Dawn House (NT)	Nightcliff Primary School / Northern Territory Department of Education (NT)
Dawn House	Health Education
Defence Community Organisation NT (NT)	Northern Territory Department of Education, Student Services (NT)
Defence Family Liaison Officer	Resourceful Adolescent Program (RAP)
Defence Social Worker	NT Department of Education (Students Services and SHAPES), Operational Support Branch (NT)
Department of Education (NT)	Child Protection Education Working Party
Parents as Teachers	Palmerston Community Care Centre, Family and Children's Services (NT)
Family and Children's Services – Darwin Urban, Darwin Urban (NT)	15 Mile Aboriginal Community 'Strong Family' Day
Positive Discipline – Parent Information Sessions	PECAN – Prevention and Education (Child Abuse and Neglect), Palmerston Community Care Centre (NT)
Family and Children's Services, Katherine Office (NT)	Darwin (Urban and Rural) Caravan Park Project
Community Education Programs	Managing Stress and Parenting – (Triple P) for Defence Force parents whose partners have been deployed to East Timor
National Family Day Activities	National Child Protection Week 1999 – Parent Information Sessions
NT Show circuit / Child Protection Week Activities / NAIDOC Day Activities	PECAN – Prevention and Education (Child Abuse and Neglect)
Family and Children's Services / Katherine District Hospital, Katherine Office (NT)	'Preventing Abuse Before the Cycle Begins' – Interactive Workshops with Dr Sue Packer
Parenting and Nutrition Program	TIPCAN – Training in Prevention of Child Abuse and Neglect
Family and Children's Services / Centacare / Family Link, Katherine Office (NT)	Triple P – Positive Parenting Program Calendar for New Parents
Protective Behaviours Program	Relationships Australia NT (NT)
Family Planning Services Northern Territory (NT)	Relationship Education Service
School Sexuality Education Program	Ruby Gaea House (NT)
Gap Neighbourhood Centre (NT)	Stop Rape Program
Children's Services Community Counsellor	
Henbury School (NT)	
Health and Human Relations Education	

Northern Territory

Somerville Community Services Inc. (NT)
Somerville Community Services
Tangentyere Council (NT)
Diversionary Program for Larapinta Valley
Tennant Creek Hospital (NT)
Family and Children's Services
Territory Health Services, Family and
Children's Services (NT)
Katherine Community Awareness Program
YWCA Darwin Oakley House (NT)
SHEIRA Support Health Entertainment
Independence Relaxation and Art
YWCA of DARWIN (NT)
CASY House
YWCA Palmerston (NT)
Palmerston Family Crisis Accommodation
Support Service (PFCASS)

Queensland

Aboriginal and Islander Independent
Community School Inc. (Qld)
Family Support Worker Program
Abused Child Trust Inc. (Qld)
Contact House – Gold Coast
Contact House – Woolloowin
Alina Families Program (Qld)
Alina Families Program
All Hallows School, (Qld)
Gender Construction/ Dating Violence/
Anti Bullying
Al-Anon (South Queensland) (Qld)
Al-Anon Family Groups
Anglicare, (Qld)
Living in a Step Family Program
Anglicare Family and Youth Program (Qld)
Anglicare Family and Youth Program
Aquinas Catholic College, (Qld)
School Based Prevention Programs:
Domestic Violence and Children's Issues
Group, Parent Education, School Visits,
Protective Behaviours, Mentor Programs
Association for The Treatment and
Rehabilitation Unit for Survivors of Torture
and Trauma Inc. (TTRUSTT), Taylor Centre
(Qld)
Special Support Protect for TTRUSTT
Children, Adolescents and Families
Baptist Community Services (Qld)
The Illoura Child and Family Counselling
Centre
The Talera Centre – Child and Family
Therapy
Berrinba East S.E.U. (Qld)
Protective Behaviours
Boystown Link Up (Qld)
Glugor House
Brisbane Catholic Education – Equity
Services. – Guidance and Counselling (Qld)
More than Saying No Program (Protective
Behaviours)
Browns Plains State High School (Qld)
Child Protection Training
Bundaberg Area Youth Service, (Qld)
Youth Options Program

Queensland

Caboolture Hospital (Qld) Paediatric Outpatient Clinic	Community Child Health (Qld) Positive Parenting Program (Triple P) Primary Care Program
Cairns Community Mental Health (Qld) ‘Stop that, I’ll tell’ Child Sexual Abuse Prevention Program in remote Aboriginal Communities of Cape York	Community Child Health Services, Royal Children’s Hospital and District Health Services (Qld) Child Advocacy Service
Caloundra Community Centre Inc. (Qld) Family Support Program	Community Development Services (Qld) Parenting support courses
Cape York District Community Health Centre, (Qld) Child Health	Community Support Centre Innisfail (Qld) Group education programs including ‘Owning up’, ‘Seasons’, ‘DV child witness’, and ‘DV victims’.
Centacare (Qld) Central Highlands Sexual Assault Program Child Therapy Program Children and Domestic Violence Group Therapy Program Kiah Hostel	Cranbrook State School, (Qld) Protective Behaviours Program Component, School of Human Relationships Education Program
Centacare Toowoomba (Qld) Family Support Program Parent Education Program Step Parent Program	Creche and Kindergarten Resource Centre (Qld) Parent Education Talks
Centre Against Sexual Violence Inc. (Logan and Surrounds) (Qld) Schools Outreach Program Sexual Violence Training and Community Awareness	Dalby Beck Street Kindergarten Association (Qld) Systematic Training For Effective Parenting Program (STEP)
Child and Family Health, (Qld) Early Intervention Program / Positive Parenting Program (Triple P)	Darumbal Community Youth Service (Qld) Supported Accommodation Assistance Program (SAAP)
Child and Family Health (Waraburra State School), (Qld) Triple P Program	Deception Bay North State School (Qld) Positive Parenting Program (Triple P)
Child and Youth Mental Health Services, (Qld) Infant/Parent Program	Department of Families Youth and Community Care Caboolture, (Qld) Caboolture SCAN Team
Child Protection Policy – Education Qld, Golden Beach State School (Qld) Protective Behaviours	Department of Families, Youth and Community Care (Qld) Parents’ Place Youth Support Coordinator Program
Children’s Commission of Queensland (Qld) Children’s Commission Review Unit	Department of Families, Youth and Community Care, Head Office (Qld) Child Abuse Prevention Public Speaking Kit
Children’s Neighbourhood Centre (Qld) Childers Neighbourhood Centre	Domestic Violence Regional Service (Qld) Child Counsellor
Clontarf Beach State High School (Qld) Child Protection Policy	Domestic Violence Service of Central Queensland (Qld) Seeds of Change Program; Dating Violence Program

Queensland

Education Queensland, c/o Glenmore State School (Qld) ‘Says Who?’ Students explore the issues; Sexual harassment, ‘Enough’s Enough’, Protective Behaviours, Child protection	Heatley Secondary School / Townsville Domestic Violence Resource Centre (Qld) School Violence, Family Violence and Relationship Violence
Education Queensland, Darling Downs District Office (Qld) Schools Senior Guidance Officer	Hilliard State School (Qld) Student support and empowerment programs
Education Queensland, Equity Programs Unit (Qld) Training for School Communities to Support Students Affected by Family Violence – The Savvy Schools Kit	Hinchinbrook Community Support Centre Inc. (Qld) Parents Matter II – ‘Parenting Program for Young Mothers’ Personal Safety Program Youth Information and Referral Program
Education Queensland (Gladstone District Office), Gladstone District Office (Qld) Positive Parenting Program (Triple P)	Hope for the Children Foundation Inc. (Qld) Noosa Family Network
Education Queensland (Maroochydore MYCP Centre), Maroochydore State School (Qld) Management of Young Children Program (MYCP)	H.A.P.Y – Helping all parents and Youth Inc. and Young Peoples Health Agency (combined agency program), H.A.P.Y (Qld) Young Mum’s Coffee Club
Education Queensland, Murrumba District Office (Qld) SCAN – Suspected Child Abuse and Neglect	Inala Community House, (Qld) Shared Family Care
Effectiveness Training Institute of Australia Ltd. (Qld) Parent Effectiveness Training	Ipswich Women’s Health and Sexual Assault Service and Ipswich Regional Domestic Violence Service (Qld) Prevention of Violence Program
Everton Hills Wesleyan Methodist Church (Qld) Turning Points	ISIE-Burnett District Education Queensland (Qld) Take Control
Family and Friends Parent Aide Program (Qld) Family and Friends Parent Aide Program	Johnny Crows Garden Childcare Centre (Qld) Child abuse prevention activities
Family and Business Resolutions (Qld) Family Breakdown Support Program	Julia Cumming Community Child Care Centre (Qld) Guidelines for dealing with suspected child maltreatment
Family and Community Support, Uniting Church in Australia (Qld) Synod (Qld) Partners in Parenting	Kalkie State School (Qld) HRE Human Relationships Education
Family Planning Queensland (Qld) Education Programs – for families, schools, disability groups and professionals	Kallangur State School (Qld) Child Protection Training
George Street Neighbourhood Centre (Qld) Home based Family Support Program	Kelvin Grove State High School (Qld) Triple P
	Kids Help Line (Qld) Kids Help Line Parentline Peer Skills Training

Queensland

Kingston East Community Centre (Qld) Family Support Program	Lutheran Church (Kingaroy) (Qld) Pastoral care program
Kingston State High School (Qld) Parenting Group	Lutheran Community Care (Qld) Regional Extended Family Services – Family Mediation
Lifeline (Qld) South West Family Intervention Program	Maroochydore State School (Qld) Off' – Anti-violence guide to developing positive relationships.
Lifeline Bundaberg (Qld) 'Just Kids'	Maryborough Community Health in conjunction with Save the Children (Qld) Future Parents Program
Lifeline Capalaba (Qld) FAST – Families and Schools Together Group for children who have experienced domestic violence Parenting Group (for women who have experienced domestic violence) Positive Parenting Program (Triple P)	Mater Parent Aide Unit, Mater Children's Hospital (Qld) BUBS Program (Bringing Up Babies Safely) Child Protection Program Valuing Mothers Program (VMP)
Lifeline Central Queensland (Qld) Rural Family Support Program	Moranbah East State School (Qld) Child Protection Training Package
Lifeline Family and Community Services (Qld) CASPAS – A program for children where parents have a mental disability Lifeline North Queensland Youth Services – YACCA – Youth and Community Combined Action Casey's Youth Program	Mt Gravatt Special School / Family Planning Qld (Qld) Human Relationships Education – Protective Behaviours for Children with Disabilities
Lifeline Family Support Program, (Qld) Early Childhood Parenting Course	Mt Morgan State High School / Queensland Health (Qld) Positive Parenting Program (Triple P)
Lifeline Gold Coast, (Qld) Parent Wise and Kid Smart – A program for parents and their children aged 3-10 years	Nerang High School, (Qld) Protective Behaviours
Lifeline Mackay-Whitsunday (Qld) Kids in Crisis Program	Noosa District Family and Youth Support Centre (Qld) Domestic Violence Prevention Week including Personal Safety Techniques Workshop
Lifeline – Fraser District (Qld) Family Support Service	Operation Kinder Community (Qld) Operation Kinder Community
Logan Central Community Health Centre, Child Health (Qld) Positive Parenting Program (Triple P)	Othilas's – Young women's Housing and Support Service (Qld) Othilas's – Young women's Housing and Support Service
Logan West Community Centre (Qld) Community Support Program FOCUS Program (part of Logan West Community Support Program) Logan West Contact Service	Palm Beach Family Support Service Inc., (Qld) Child Abuse Prevention Program
Logan West Community Care Inc., Brisbane South (Qld) Regional Assessment Service	Parenting and Family Support Centre, School of Psychology (Qld) Enhanced behavioural family intervention for families at risk for child maltreatment

Peninsula Community Support Services, (Qld) Developing a community response to the prevention of child maltreatment	Riverton Centre (Royal Children's Hospital Health Service), Community Child Health Service (Qld) Intensive Parent Education Program
People's Alliance Against Child Sexual Abuse (PAACSA), (Qld) Child Abuse Disclosure Scheme Your the Voice – National Journal and White Balloon Day	Rockhampton Child and Family Health (Qld) Rockhampton Home Visiting Service
Pied Piper Child Care Centre (Qld) Parenting program	Rockhampton New Horizons, Rockhampton and Capricorn Coast Region (Qld) Homeless Youth Accommodation Support Service
Pine Rivers Community Health Centre (Qld) Dads caring for kids	Roma Town Council (Qld) Roma Rural Family Support Office
Pine Rivers Neighbourhood Centre (Qld) Family Support Program	Roseberry Youth Services Inc., Youth and Family Support Centre (Qld) Youth and Family Support Centre
Pregnancy and Family Support and Anglican Crisis Care (Qld) CRISP Children Raised In Safety Program	Royal Brisbane Hospital (Qld) Stillbirth and Neonatal Death Support Group (Qld) Inc.
Pregnancy Counselling Link (Qld) Sessions on unplanned pregnancy for secondary students	Royal Children's Hospital (Qld) Parent Aide Unit
Presentation Family Support Centre (Qld) Family Education Program Parent/Child Interaction Sessions Women's Empowerment Group	Royal Queensland Bush Children's Redcliffe Centre (Qld) Family Development Program
Protective Behaviours Consultancy Group (Qld) Inc. (Qld) Protective Behaviours Program	Royal Women's Hospital Health Service District (Qld) Expectations of Motherhood Program
Queensland Health (Qld) The Family Care Program	Salvation Army (Qld) Still Waters Children's Program
Queensland Police Service (Cairns) (Qld) Ongoing Lectures on Protective Behaviours and Child Safety Programs	Save the Children Fund, Queensland Division (Qld) The Future Parents Program
Queensland Police Service, (Maryborough District) (Qld) Protective Behaviours Program	Schoolies Counselling Lodge (Qld) Camp Timeout (incorporating Schoolies Counselling Lodge)
Redcliffe Neighbourhood Centre, B. J. Lisler Centre (Qld) Family Counselling and Parent Aide Program	Seville Road State School (Qld) Child Protection Training Package
Residential Care Service/Specialist Care Service/Shared Family Care Service (Qld) Rapt Residential Program	Silky Oaks Children's Haven (Qld) Silky Oaks Family Centre
	Sisters of Mercy Housing Service (Qld) Permanent Residential Program, known as 'The Depot' Respite Care Residential Program, known as 'The Depot'

Queensland

Smithfield State High School (Qld) Special Education Unit	Tingoona State School (Qld) Protective Behaviours
South Brisbane Child and Youth Mental Health Service (Qld) A Multimodal Treatment Program for the Treatment of Child Sexual Abuse Parenting and Family Support Programs	Toowoomba Youth Service (Qld) Living In A Step Family Parenting Teenagers Parents Matter II; Surviving Parenting
South Brisbane Child and Youth Mental Health Service, Yeronga CYMHS (Qld) Infant Clinic	Torquay Child Care Centre (Qld) Stranger Danger Program
South Burnett District Health Service, Kingaroy Community HealthService (Qld) Community Health	Torres Strait and Northern Peninsula Area District Health Service, Thursday Island Primary Health Centre (Qld) Social Work Service; Family Support Team
Southport State Primary School (Qld) School Social Worker	Townsville Health Services (Qld) Hearing Clinics – Virtual Parenting – School Based Youth Health Nurse Positive Parenting Program PPP – Home Visiting
St Mary's Support and Accommodation Program (Qld) Respite Childcare Pilot Program (RCPP)	TRACC Caboolture Family Support Program (Qld) Tufnell Residential and Community Care (TRACC) Caboolture Family Support Program
St Vincent de Paul (Qld) Child and Family Program	TRACC North SFC (Qld) TRACC Alternative Care
St Vincent's Centre For Family and Youth Services (part of Mercy Family Services), (Qld) St Vincent's Centre Parent Aide Program	TRACC South SFC (Qld) TRACC South SFC
Stafford District Parent Education Centre, c/o Enoggera State School (Qld) Management of Young Children Program (MYCP)	Tufnell Welfare Services (Qld) Logan TRACC (Tufnell Residential Community Care) Regent Park – Residential Care Program
Strathpine Child Health c/- Pine Rivers Community Health Centre, (Qld) Positive Parenting Program	Tullawong State School, (Qld) Protective Behaviours and Social Justice
Studio Village Community Centre Inc. (Qld) Helensvale/Studio Village Family Support Program	Uniting Church in Australia (Qld Synod), Percy House (Qld) North Coast Family Counselling Service
Tara Neighbourhood Centre (Qld) Family Support	Walkerston State School (Qld) Protective Behaviours Program / Child Protection Training Package
The Base, Youth and Community Combined Action (Qld) Youth Services	Whitsunday Community Services Inc. (Qld) Whitsunday Family Support
The Compassionate Friends Queensland Inc. (TCF) (Qld) Bereaved Parents and Families Support Program	Whitsunday Women's Service, Community Centre (Qld) Protective behaviour and child protection week celebration
Theodore State School P-10 (Qld) Human Relationships Education	

Queensland

Wide Bay Assessment Service (Qld)
Baby Sitting Course
Child Friendly Family Focussed
Family Violence Prevention Program
4 US – Program for Young People
Windaroo State School, (Qld)
Sexual Harassment Officers
Women's and Children's Service (Qld)
Child Health Services
Woorabinda Health Service, Woorabinda
Hospital (Qld)
Woorabinda Health Service
Working Against Violence Support Service
Inc. Qld)
Working Against Violence Support Service
Young Mothers for Young Women (Micah
Inc.) (Qld)
Peer Support Program
Young Parents Program (Qld)
Young Parents Program
Yungaburra State School (Qld)
PATCH Parents as Tutors of Children
Zig Zag Young Women's Resource Centre (Qld)
Zig Zag Parenting Program

South Australia

Aberfoyle Community Centre Inc. (SA)
Aberfoyle Community Centre Inc.
Adelaide Central Mission (SA)
Domestic Violence Helpline
Adelaide Central Mission – Kuitpo
Community (SA)
Kuitpo Community Family Program
Al Anon Family Groups – South Australia (SA)
Alateen
Alberton Primary School (SA)
Protective Behaviours
Anglican Community Care (SA)
Family Preservation Program
Family Support Services
Anglican Ministry Department (SA)
Mandatory Notification Training –
Reporting Child Abuse and Neglect
Anglicare SA (SA)
Emergency Foster Care – Alternative Care
Program
Family Support Service
Statewide Disability Service
Berri Primary School (SA)
Keeping Ourselves Safe (Protective
Behaviours)
Campbelltown Primary School, Ind Street (SA)
Protective Behaviours
Centacare and Louise Place (SA)
The 'Healthy Kids' Project
Centacare Catholic Family Services (SA)
Child Sexual Abuse Counselling
Family Counselling Team
Centre for Education, Women's and
Children's Hospital (SA)
Mandated Notification Training
Workshops
Child and Youth Health (SA)
Parent Helpline
Child Protection Service, Flinders Medical
Centre (SA)
Intervention Program: Sexualised children
Parenting Program: Developing as a person
Children and Domestic Violence Action
Group (SA)
Children and Domestic Violence Training

Christian Brothers College (SA) Successful Mothers	Family Supported Accommodation Program – Salvation Army (SA) Family Supported Accommodation Child Caseworker
City of Mitcham (SA) Parents Going It Alone	Family Violence Support Network (SA) Family Violence Support Network
Community Accommodation and Respite Agency (SA) Families for Families – Child Protection Training	Flinders Park Primary School (SA) Mandatory Reporting Training and Protective Behaviour Training – Staff Protective Behaviours Program
Coober Pedy Hospital (SA) Women and Children’s Support Service	Goodwood Community Services Inc. (SA) Goodwood Child Development Program The Endeavour Program
Darlington Primary School (SA) Protective Behaviours	Intellectual Disability Services Council – Specialist Intervention and Support Services (SA) Intensive Family Intervention Team (IFIT)
Department for Correctional Services (SA) Stopping Violence	Interchange Inc. (SA) Interchange Inc.
Department of Education, Training and Employment (DETE) (SA) DECS Social Work Service The Effects of Domestic Violence on Children – Protective Behaviours	Karrendi Primary School (SA) Protective Behaviours
Department of Education, Training and Employment (DETE), Training and Development Unit (SA) Protective Behaviours Basic Training Protective Behaviours Refresher Protective Behaviours – A Whole School Approach	Kingscote Area School (SA) Friends – Early Anxiety Prevention Program
Department of Education Training and Employment, Early Childhood Support Services, West Group of Districts (SA) Early Learning Program (ELP); First Start Early Literacy Program (FS)	Kingston Community School (SA) Health Education and Protective Behaviours
Division of Child and Adolescent Mental Health Services, Women’s and Children’s Hospital (SA) Infant Mental Health Service	Learning for Life Education Service / Cardijn College (SA) Flexible, Alternative, Mobile Education (FAME) Project
Elizabeth Park Schools (SA) Protective Behaviours	Legal Services Commission (SA) Domestic Violence – Effects on Children Law for Community Workers – Certificate For Community Workers
Evanston Primary School (SA) Protective Behaviours Program; School Counsellor	Living Hope Inc. (SA) Teen Hope – Telephone Service
Family and Youth Services (SA) Mandated Notification Trainer Training Program	Long Street Primary School (SA) Protective Behaviours
	Lutheran Community Care (SA) Home Visiting Service
	Mobile Creche Service Managing Anger and Relationships Course

Lyell McEwin Health Service (SA) Parent Education Program and Home Visiting Midwives	Pembroke School (SA) Health Issues at Pembroke School Mandatory Reporting Training Protective Behaviours Program – Junior School Step Parenting Program
Michelle DeGaris Memorial Kindergarten (SA) Protective Behaviours/ Human Rights/ Domestic Violence Awareness	Pinnaroo Community Library (SA) Visual Display
Minda Inc. (SA) Outreach Services Reporting Child Abuse and Neglect – training Respite Services – Redmand House Vacation Care	Port Augusta Family Centre, Wesley Uniting Mission (SA) Parenting Program, Counselling and Support
Mission SA: Southern Outreach Services (SA) Tiny tots Parent Support Group	Port Pirie and Districts Childcare Centre (SA) Children's Interagency Network
Nicolson Avenue Junior Primary School (SA) Protective Behaviours	Port Pirie Central Mission (SA) Family Preservation Program Family Support Program
North Ingle Primary School (SA) Protective Behaviours (and anti-bullying strategies)	Port Pirie Central Mission, Northern Country Area Service – Alternative Care (SA) Out of Home Care
Northern Metropolitan Community Health Service (SA) Kids 'n' You Family Support Program	Port Pirie Domestic Violence Action Group Inc. (SA) 'Effect of Domestic Violence on Children' Training Program for Early Childhood Workers
Nunga Miminis Shelter-Lead Agency (also involved are Northern Country Women's Shelter and Aboriginal Family Support Service) (SA) Child's Play for Aboriginal Families	Prince Alfred College (SA) Protective Behaviours
Onkaparinga Institute of TAFE, Noarlunga Campus (SA) Mandated Notification Training Program	Private practice via Community Health Service (SA) Family Counselling Service (Private practice)
Options Coordination – Intellectual Disability Services Council Inc., Northern Region (SA) Options	Queen Elizabeth Hospital Maternity (SA) Parent Education Program
Para Worklinks Inc. (SA) Job Placement, Employment and Training (JPET)	Renmark Primary / Junior Primary School (SA) Systematic Training for Effective Parenting (STEP) Program
Parks Office of Adelaide Central Community Health Service (SA) WOWsafe: Women of the West for Safe Families	Riverland Health Units, Loxton, Berri, Renmark, Waikerie (SA) Baby Friendly Hospital Initiative SA Coalition of Domestic Violence Action Groups (SA) Silent Witness Campaign – Domestic Violence Hurts Kids Too Safety House Association of South Australia (SA) Safety House Program

South Australia

Salvation Army, Supported Accommodation Service (SA) Child Case worker	Services Coalition Inc. (SA) Young Women's and Children's Support Services – Coolock House
Semaphore Park Primary School (SA) Protective Behaviours	Young Women's and Children's Support Services – Malvern House
SOS Children's Villages Inc. (SA) SOS Children's Villages	Youth SA, Office of Employment and Youth (SA) Baby Simulator Loan Service
Southern Child and Adolescent Mental Health Service (CAMHS) (SA) Safe Families Program – An early intervention approach	
Southern Domiciliary Care and Rehabilitation Service (SA) Rehabilitation Service	
Southern Fleurieu Health Service (SA) Early Intervention Program	
Spark Resource Centre (SA) Parenting Classes	
Terowie Rural School (SA) Protective Behaviours	
The Aldinga Community Centre Inc. (SA) The Aldinga Community Centre Inc.	
University of South Australia (SA) Bachelor of Early Childhood Education	
University of South Australia, SA Family and Youth Services (FAYS) 1997 (SA) Mandatory Notification Training	
Victim Support Service Inc. (South Australia) (SA) After Child Trauma (ACT) Group	
Whyalla Stuart Junior Primary and Primary Schools (SA) Protective Behaviours	
Whyalla Town Primary (SA) Protective Behaviours	
Women and children's hospital, Division of Mental Health, CAMHS Northern (SA) Child Protection Strengthening Linkages for Children in the North Project	
Women's and Children's Hospital (SA) CAMHS Family Partnerships Team Helen Mayo House Program	
Young Women's and Children's Support	

'The Corner' Youth Health Centre (Tas.) 'The Corner' Youth Health Centre	Glenorchy City Council (Tas.) Family Support Intervention Program
Anglican Diocese of Tasmania (Tas.) Safe Ministry with Children and Young People	Glenorchy City Council Youth Services (Tas.) Glenorchy Youth Resource Centre Street Youth Program
Anglicare Tasmania, Northern Region (Tas.) 'Hassles' Conflict Resolution Centre	Good Beginnings Prison Program (Tasmania) (Tas.) Parenting and Contact from the Inside: A Good Beginnings Project
Ashley School, Ashley Youth Detention Centre (Tas.) Social Skills Program	Hartz Support Service, Department of Education (Tas.) Hartz Support Service
Bridgewater Primary School and The Derwent Support Service, Bridgewater Primary School (Tas.) Managing our Kids	Hobart Women's Shelter (Tas.) Child Support Program
Centacare Family Services (Tas.) Changing Abusive Behaviours Program	Karinya Young Womyn's Refuge Inc. (Tas.) Karinya Young Womyn's Refuge Inc.
Centrelink/Anglicare (Tas.) North East P.A.C.E Program	Kennerley Children's Homes (Tas.) Residential Child Care
Child Health Association Inc. (Tas.) Parenting Support and Education Activities	Kingsholme For Healing Inc. (Tas.) Counselling Service
Department of Education, Arthur District, C/o Burnie High School (Tas.) Student Support Services	Lady Gowrie Tasmania Inc. (Tas.) Lady Gowrie Family Support Service
Department of Health and Human Services (Tas.) Family Child and Youth Health Service	Launceston VFC Services Inc., Launceston Community Health Centre (Tas.) Family Support Service
Department of Health and Human Services, Child and Family Services Division (Tas.) Domestic Violence Crisis Service	Northern Youth Shelter Association (Tas.) After Hours Family Support including Respite Accommodation
Department of Health and Human Services (plus the Tasmanian Family Day Care Coordinators Association) (Tas.) Protecting Children from Abuse and Neglect – A Cooperative Venture	Oakrise, Child and Adolescent Mental Health Service (Tas.) Program for children from families where violence has occurred.
Family and Child Health Services (Tas.) Parenting Centre	Pregnant and Young Parent Support (PYPS) (Tas.) Young Mums Support Group
Family Support Program (Tas.) Family Support Program	Rosebery District High School (Tas.) Self-Care Girls Project
Family, Child and Youth Health Service, Glenorchy Community and Health Service Centre (Tas.) Parenting and Family Support Programs	Salvo Care, Child and Family Services, Home and School Support (Tas.) Home and School Support (HASS) – 'Changes. . . Your Choice'
Fusion Australia (Tas.) Poatina Village Youth Services	St Mary's Community Health Centre (Tas.) Breaking Patterns Workshop

Tasmania

The Devonport Playhouse Inc. (Tas.)
The Devonport Playhouse
Walker House Parenting Centre, Walker
House (Tas.)
Young Mum's Support Group / Lifeskills
and Relationships Group (for families in
crisis)
Warrawee Committee Inc. (Tas.)
Warrawee Women's Shelter

Victoria

ACHPER (Australian Council for Health
Physical Education and Recreation) (Vic.)
Healthy Families Program (formerly
Healthy Families Project)
Adolescent Forensic Health Service (Vic.)
Male Adolescent Program for Positive
Sexuality (MAPPS)
Alamein Community Committee Inc. (Vic.)
Mothers and Children Surviving Together
Alphine Health, Wodonga Regional Health
Services (Vic.)
Antenatal Risk Assessment Project (part of
the Maternity Services Enhancement
Strategy Project)
Amaroo Neighbourhood Centre Inc. (Vic.)
'Surviving Together' – Women and
Children's Group
Anglicare (Vic.)
Choices
Strengthening Families
The Shop Family Services
Anglicare Broadmeadows, Broadmeadows
Family Services (Vic.)
Family Support Program
Anglicare Frankston (Vic.)
Family Foundations – Strengthening
Families Program
Family Foundations – Family Counselling
and In-home Support
Anglicare Gippsland (Vic.)
Family Support Program
Friends For Kids Program
Anglicare Knox (Vic.)
Knox Kids; Youth and Family Support
Service; Family Counselling
Anglicare Maroondah (Vic.)
Family Support Program
Anglicare Plenty Valley (Vic.)
Domestic Violence Support Group
Anglicare Victoria (Vic.)
Family Support Program
Out of Home Care

Anglicare Werribee (Vic.) Werribee Family Services – Family Counselling Program / Family Support Program Werribee Family Services – Youth Counselling and Support / Youth Sexual Assault Counselling	Barwon Health (Vic.) Children’s Mental Health Service
Anglicare Yarra Ranges (Vic.) Crisis/Short Term Support/Counselling and Long Term In-Home Family Support Family Strategies Friends Program	Baysa Youth Services (Vic.) Baysa Youth Support Programs Motivation and Retention of Students (MARS) Program Personal Development Programs
Austin and Repatriation Medical Centre, Child and Adolescent Mental Health Service (CAMHS) (Vic.) Statewide Child Inpatient Mental Health Service	Bayside Family Support (auspiced by Central Bayside Community Health Service) (Vic.) ‘Men’s behaviour change program’
Australian Council for Educational Research (ACER) (Vic.) Parenting Ideas 1 and 2	Bayswater Child Care and Learning Centre (Vic.) Bayswater Child Care and Learning Centre
Australians Against Child Abuse (Vic.) CHAT – Child Abuse Therapy Program Children’s Sexual Behaviour Program Every Child is Important Professional Education and Community Awareness Program	Beaumaris North Primary School (Vic.) Peer Mediation
Autism Victoria (Vic.) Family Counselling Support Service	Bellarine Peninsula Community Health Service (Vic.) Youth Health Worker
Bairnsdale Parenting Education Group Inc. (Vic.) Parenting Education and Skills course ‘Learning About Childhood Behaviour’	Berry Street Inc. (Vic.) North East Foster Care ‘RAGE’ – Responsive Adolescents Guys’ Education Intensive Case Management Services – High Risk Adolescent Program
Ballarat and Clarendon College (Vic.) Parenting A Creative Experience	Berry Street Inc., Hume Region (Vic.) Berry Street Home Based Care (Hume Region) School Focused Youth Service. Seymour Cluster
Ballarat Centre Against Sexual Assault (CASA) (Vic.) CASA victim/survivors support services (including group programs)	Berry Street Inc., Murrindindi Mitchell Shire (Vic.) Youth and Family Mediation Program
Ballarat Youth Housing (Vic.) Youth Support Service	Berwickwide Community Health Service (Vic.) Making Changes Program Making Changes Program Men Embracing Non-violent Solutions
Bandiana Primary School (Vic.) Protective Behaviours	Beth Rivkah Ladies College (Vic.) Yad L’Ezra – A Helping Hand
Banyule City Council (Vic.) Preventative/Managing Parenting Program	Bethany Family Support (Vic.) Barwon Family Violence After Hours Service / SAAP / Children’s Support Family Support Program Parenting Programs
	Bimbadeen Heights High School (Vic.) Welfare Program

Brauer College (with support of CASA, Emma House, Mortlake Health Service, Chaplaincy, Brophy Inc.) (Vic.)	Centacare Catholic Family Services (Footscray) (Vic.)
Personal Development and Learning for Living	Child and Family Counselling
Brigalong Primary School (Vic.)	Family Counselling and in-home support service
Protective Behaviours	Men's Parenting Course
Bright P – 12 College (Vic.)	Vietnamese Parenting Course
The Healthy Relationships Program	Centacare/Djerriwarrh Health Services (Vic.)
Broadmeadows Uniting Care (Vic.)	Parent Resource Service – Grampians Regional
Family Links	Central Gippsland Health Service (Vic.)
Family Support / Family Counselling	Maternal and Child Health Service
Brophy Family and Youth Services Inc. (Vic.)	Central Hume Support Services (Vic.)
School Focused Youth Service	Positive Parenting Program
Young Homeless People and Sexual Assault Outreach Project	Chaffey Secondary College (Vic.)
Buloke Shire Council (Vic.)	'Getting It Together' Program; Peer Mediation Program; Protective Behaviours Program
Parenthood links of Buloke, Buloke Shire Maternal and Child Health Initiative	Child and Adolescent Mental Health Service, Southern Health Care Network (Vic.)
Cabrini Centacare (Vic.)	Southern Intensive Mobile Youth Outreach Service (IMYOS)
Cabrini Centacare Counselling Program	Child and Adolescent Mental Health Service (CAMHS) (Vic.)
CAMCARE (Vic.)	Child and Adolescent Mental Health Promotion
In Home Family Support Program	Child and Adolescent Mental Health Service, Monash Medical Centre (Part of the Southern Health Care Network), Department of Child Psychiatry (Vic.)
CAMHS Goulburn Valley Health (Vic.)	PAIRS – Parent and Infant Relationship Support Group
Child and Adolescent Mental Health Service	Child and Family Health Service, Macedon Ranges Shire Council (Vic.)
CAMHS Goulburn Valley Health, CAMHS Seymour (Vic.)	New Parents Program and Becoming Better Parents Program
Adventure Therapy Program – Child and Adolescent Mental Health Service	Child and Family Services, Ballarat Inc. (Vic.)
Campaspe Murray Community Care (Vic.)	Intensive Family Services (Families First)
Echuca Family Support Program	Child and Family Services, Ludbrook House (Vic.)
Canterbury Family Centre (Uniting Care Connections) (Vic.)	Parent Assessment and Skill Development Service (PASDS)
Family Focus Program	Child Sexual Abuse Prevention Program (Vic.)
Careforce Recovery Ministries (Vic.)	Child Sexual Abuse Prevention Program (CSAPP Program)
Courageous Kids	
Caroline Chisholm Society (Vic.)	
Family Support Program	
CASA Centre Against Sexual Assault (Vic.)	
Geelong Rape Crisis Centre: CASA	
Centacare, Catholic Family Services (Vic.)	
Pace – Parenting Adolescents	
Well Men's Group	

Children Australia Inc. (Oz Child) (Vic.)	Cobram Community House (Vic.)
Families First	Parenting Skills Program
Family Builders	Parents of Special Needs Support Group
Together Again Program	
Children's Protection Society (Vic.)	Colac Community Health Service (Vic.)
Alys Key Family Care	Youth and Children's Support Program
Protective Behaviours Program	
Sexual Abuse Counselling and Prevention Program	Colac Otway Shire – Maternal and Child Health Services (Vic.)
SMART – Strategies for Men And Relationships Today	Maternal and Child Health
Strategies for Men and Relationships Today (SMART)	
Children's Protection Society in conjunction with Berry Street (Vic.)	Community Care: City of Monash (Vic.)
Strengthening Families	Home and Community Care (HACC)
Children's Services, Business Unit, Hobsons Bay City Council (Vic.)	Community Connections (Victoria) Ltd. (Vic.)
'Before It's Too late' (BITL)	Family Support Work Program
Christ Church Grammar School (Vic.)	Respite Foster Care
Friendly Kids	Strengthening Families Program
Christian Brethren Family Care Incorporated (Vic.)	Community Health Bendigo (Vic.)
Temcare	Young Pregnant and Parenting Program
City of Glen Eira – Youth Services (Vic.)	Concongella Primary School (Vic.)
High Wire Circus and Flying High Circus Workshops	Healthy Families Program
City of Greater Dandenong (Vic.)	Healthy Relationships Program
Family Support and Counselling Service	
City of Greater Shepparton (Vic.)	Copelen (Vic.)
Education and Information for Children's Service Workers	Family In-Home Support / Family Counselling
City of Maribyrnong (Vic.)	Strengthening Families
Maternal and Child Health Outreach Program	Corio South Primary School (Vic.)
City of Melbourne (Vic.)	Home and School Liaison Officer
Family Services Team	Cottage by the Sea, Queenscliff Inc. (Vic.)
City of Yarra Community Support (Vic.)	Short-Term Crisis and Relief Care for Needy and Disadvantaged Children
Family Support and Counselling	Council of Single Mothers and their Children (Vic.)
City of Yarra, Community Support Service (Vic.)	Parenting Support Services
Parenting Play Groups – City Of Yarra	Cranbourne Child and Adolescent Mental Health Service (CAMHS), Southern Health Care Network (Vic.)
COBAW Community Health Service (Vic.)	Cranbourne Child and Adolescent Mental Health Service (CAMHS)
COBAW Community Health Service	Croydon Secondary College (Vic.)
COBAW Early Intervention Program	Promoting Relationships and Relationship Programs
Parent Information Sessions	Darebin Maternal and Child Health Services (Vic.)
	Outreach / Day Stay Service

David Ball and Associates (Vic.) Adolescent / Adult Sex Offender Treatment Program Anger Management / Violent Behaviour Program Forensic Assessment and Treatment Programs (incorporating Sex Offender Treatment Programs)	Eagle Point Primary School (Vic.) Police in Schools – Personal Safety Program EASE (Vic.) Solving the Jigsaw Eastern Access Community Health (Vic.) Education Program to Improve Relationships Between Mothers and Their Children Just Strategies Lifestyle Group For Parents of Young Children Lunch at 1
Debney Park Secondary College / WestCASA (Vic.) Safety Peer Education Program	Eastern Region Special Schools, Belmore, Glenallen and Carronbank Schools (Vic.) Proposal for Implementation of a Sexual Abuse Prevention Program
Delatite Shire Council (Vic.) Family Support Program; In-home Support; Counselling; Parenting Programs Maternal and Child Health First Time Parent Groups Maternal and Child Health Program	Echuca Central Kindergarten (Vic.) Echuca Central Kindergarten Echuca Secondary College (Vic.) Becoming A Man Project – Year 9 and 10 Student Health Day
Department of Human Services, Youth and Family Services (Vic.) Domestic Violence Forum – The effects of violence on children	Eckankar Society of Southern Australia (Vic.) Eckankar Youth Program – Teaching religious studies of Eckankar to Victorian primary schools
Department of Human Services, Barwon sub region (Vic.) Specialist Children's Services Team	Emma House Domestic Violence Services Inc. (Vic.) Family Violence Prevention School Education Program
Department of Human Services, Child Protection Services (Vic.) Community and Professional Education	Family Mediation Centre (Vic.) Family Mediation
Dianella Community Health Inc. (Vic.) Self Esteem and Relaxation for First Time Parents	Flora Hill Secondary College (Vic.) Dealing With Sexual Assault
Dingley Village CAB (Vic.) Triple P – Positive Parenting Program	Frankston Child and Adolescent Mental Health Service (CAMHS), Southern Health Care Network (Vic.) Frankston Child and Adolescent Mental Health Service (CAMHS)
Domestic Violence and Incest Resource Centre (Vic.) Domestic Violence and Incest Resource Centre	Frankston City Council (Vic.) Family Support Service Maternal and Child Health Service – Outreach Program
Doncaster Community Care and Counselling Centre Inc. (DONCARE) (Vic.) DONCARE Information, Support and Counselling Services Good Beginnings Volunteer Home Visiting Program; Transition to Parenting Workshops	Fulham Correctional Centre (Vic.) Parenting Program
Drouin Secondary College (Vic.) Health Education: Issues and You	

Victoria

Geelong Hospital (Vic.) High Risk Infant Program	Hobson's Bay City Council (Vic.) Hobson's Bay Maternal and Child Health Service
Glass Street Kindergarten (Vic.) Glass Street Kindergarten	Ivanhoe Girls Grammar (Vic.) A range of school based programs
Glastonbury Child and Family Services (Vic.) Families First Family Group Conferencing Family Resource Program Strengthening Families Program	Jesuit Social Services (Vic.) Big Brothers – Big Sisters Parenting Australia Program
Goding Human Services (Vic.) Preventing child abuse through effective recruitment and selection of human services staff – An education program for the child welfare field.	Joan's Place and Molly's House Women's Refuges (Vic.) Protective Behaviours
Golden Plains Shire (Vic.) Maternal and Child Health Outreach Program	Kardinia International College (Vic.) Seasons Program The Vision Program
Good Shepherd Youth and Family Service (Vic.) Family services – Family Counselling and In Home Support Programs Vietnamese Youth and Family Service	Kennington Pre-School (Vic.) Kennington Pre-School Curriculum
Good Shepherd Youth and Family Services, on behalf of Brimbank City Council (Vic.) Family Services – Brimbank	Kerang and District Hospital (Vic.) Active Birthing and Parenting Classes
Goulburn Valley Family Care Inc. (Vic.) Family Counselling Family Support Service Strengthening Families Program	Kids Under Cover (Vic.) Kids Under Cover (Shelter for children in need)
Grassmere Cardinia Youth Services – (Division of Copelen) (Vic.) Pakenham Young Mums	Kildonan Child and Family Services (Vic.) Families First Youth Activities Service
Grovedale Kindergarten (Vic.) Grovedale Kindergarten; 'Nobody told me' Parent education.	Kildonan Child and Family Services, in partnership with FAST International, Australia (Vic.) Families and Schools Together (FAST)
Guidance Officer and Social Worker – Roberts McCubbin Primary School (Vic.) Parent Workshops on Behaviour Management and Other Parenting Issues	Kinglake District Neighbourhood House (Vic.) Practical Parenting Program / Family Support Worker
Heatherhill Kindergarten (Vic.) Stranger Danger/ Protective Behaviours	Knox Community Care (Vic.) Counselling, Family and Individual Support and 'High Five' (for children of divorced or separated parents)
Hepburn Health Services (Vic.) Maternal Outreach Program	Knox Community Health Service (Vic.) Family Support Program
Hepburn Shire Council (Vic.) Maternal and Child Health Outreach Program	Korowa Anglican Girl's School (Vic.) Personal Safety – A Protective Behaviours Program
	Kyabram Community and Learning Centre (Vic.) Family Counselling in Home Support
	Larmenier Child and Family Centre (Vic.) Larmenier Child and Family Centre

Latrobe Community Health Service (Vic.) Child Assault Management Program (CHAMP)	Maternal and Child Health Service, La Trobe Shire (Vic.) Maternal and Child Health Service
Lifeworks – Wangaratta and Sunbury (Vic.) Men's Business: group and counselling service	Maternal and Child Health, Mayne Shire Council (Vic.) Maternal and Child Health Program
Luther College (Vic.) Parenting Today – The Power of 'We'	Maternal and Child Health Centre, Moorabool Shire Council (Vic.) New Mothers Group
Mackillop Family Services (Vic.) Transitional Integrated Education Residential Service	McKillop College (Vic.) PACE Program and Seasons for Growth Program Special Needs Program and Individual Counselling Program
Mallee Domestic Violence Services (Vic.) Children's Survival Program Trilogy Hop, Skip and Jump to Safety (A program for children in Domestic Violence)	McKinnon Kindergarten (Vic.) Appropriate Behaviour Management – Parent group
Mallee Sexual Assault Unit (Vic.) Personal Safety Success Training	Melbourne Citymission, Western (Vic.) Parenting Teenagers
Manningham City Council (Vic.) Maternal and Child Health	Mildura Special Development School (Vic.) Curriculum combination
Mansfield Pre School (Vic.) Mansfield Pre School Personal Safety – Protective Behaviours Program	Mitcham Community House (Vic.) Family Violence Prevention and Education Program
Marc Des Landes (Vic.) Positive Parenting	Mobile Children's Service, Continuing Education Centre (Vic.) Mobile Children's Service
Marian College (Vic.) Seasons	Monash Medical Centre (part of the Southern Health Care Network) (Vic.) Child Protection Unit (CPU) / SECASA
Maribyrnong City Council (Vic.) Family Support Services	Monash Medical Centre (part of the Southern Health Care Network), Adolescent Inpatient Psychiatric Unit (Vic.) Stepping Stones Adolescent Unit
Marist Educational Welfare Service (MEWS) (Vic.) Marist Educational Welfare Service (MEWS)	MonashLink Community Health Service – Southern Health Care Network (Vic.) Bringing Up Boys Group Counselling and Casework Service Family Support Program Men's Responsibility Group Positive Parenting Workshop
Maroondah City Council (Vic.) Children's Services Maternal and Child Health Services Youth Services	Moreland Community Health Service (Vic.) Family Support Program
Maroondah Hospital Area Mental Health Service (Vic.) Homelessness Agencies Resource Project (HARP)	Mother of God Primary School (Vic.) Personal Safety Program
Maternal and Child Health, City of Kingston (Vic.) 'At Risk' Program	

Mt Evelyn Special School (Vic.) Sibling support group and parent information group	Portarlington Primary School (Vic.) Healthy families Personal Safety and Healthy Relationships
Murrindindi Community Health Service (Vic.) Access Worker Program	Reach Out for Kids (Vic.) Counselling and group programs
Narre Warren North Primary School (Vic.) Protective Behaviours/ Personal Safety	Regional Extended Family Services (Vic.) Mediation and Family Therapy Program
National Association of Mobile Services for Rural and Remote Families and Children Inc., Continuing Education Centre (Vic.) National Association of Mobile Services for Rural and Remote Families and Children Inc.	Relationships Australia (Vic) (Vic.) From Survival To Strength Relating With Kids Relationship Counselling
Netgain / Berry Street Inc. (Vic.) JPET Program – Job Placement, Employment and Training	Richmond Community Care (Vic.) Family Reunification
Northern Metropolitan Migrant Resource Centre (Vic.) Support Services for Families	River Gum Primary School (Vic.) Student Welfare and Management Program
O'Connell Family Centre (Vic.) Early Parenting Services Parent Assessment and Skills Development Program (PASD)	Rosedale Community Health Centre, Central Gippsland Health Service (Vic.) Protective Behaviours, Feelings, and Community Education Programs
Olive Phillips Kindergarten Inc. (Vic.) Personal safety	Rowville Secondary College (Vic.) Successful Parenting
Oster Children's Services (Vic.) Protective Behaviours Program	Salvation Army Family Support Services (Vic.) Creative Mothers Group
Outreach Grief Services (A program of St Vincent's and Mercy Private Hospital (Vic.) Outreach Grief Services	Salvation Army Family Support Services, Ballarat (Vic.) Children's Services Crompton Flats – Young Mums Program
Ouyen Pre-school (Vic.) Personal Safety Success Training	School Nursing Program – Grampians Region (Vic.) School Nursing Program
Ovens and King Community Health Service (Vic.) Maternal and Child Health – Positive Parenting Groups	School Nurse (Seymour) (Vic.) Protective Behaviours
Parentzone Gippsland, La Trobe House (Vic.) Parent support and Community Education	Share Care Inc. (Vic.) Share Care – Respite Foster Care Program
Peninsula Community Health Service (Vic.) PEERS-4-US (People Ensuring Everyone's Right to Safety – for young people)	Shire of Yarra Ranges (Vic.) Maternal and Child Health Service
Peninsula Youth and Family Services, Salvation Army (Vic.) Peninsula Specialist Support Unit	South East Centre Against Sexual Assault SECASA (Vic.) Respect, Protect, Connect
	South East Centre Against Sexual Assault, Department of Paediatrics Monash Medical Centre (Vic.) Child Protection Unit

South Gippsland Shire Council (Vic.) Family Counselling	Strathbogie Shire Maternal and Child Health (Vic.) Strathbogie Shire Young Mums Group
South Port Community Housing Group (Vic.) Youth Housing Program	Taylors Lakes Primary School (Vic.) Social Skills Program
South Western CASA, C/o South West Health Care (Vic.) South Western Centre Against Sexual Assault CASA	The Bridge (Vic.) Young Men's Program Young Mum's Group
Southern Family Life (Vic.) Family Support Program Family Violence Program, including Mates Program Rave Program; Rave On Program STAR (Safe Talk About Rights) Program STAR for Parents Youth Services	The Council for Christian Education in Schools (CCES) (Vic.) CCES Chaplaincy in Victorian Government Secondary Schools
St Ambrose Primary School, Moreland Council and Brunswick Secondary College, Moreland Council (Vic.) School Attendance Program – Family Support	The Gordon Homes (Vic.) Children's Contact Service
St Anthony's School (Vic.) Self Esteem Program	The Salvation Army (Vic.) Safety and Care Workshop
St Brendan's Primary School (Vic.) Personal Safety	The Salvation Army Crossroads Family Services (Vic.) 'Playspace' Parenting and Play on the Inside
St Catherine's Primary School (Vic.) Personal Safety – a protective behaviours program	The Windana Society Inc. (Vic.) The Ruth Wenig Parenting Support Group
St Josephs Babies and Family Services (Vic.) MacKillop Family Services	Trinity Youth Services Inc. (Vic.) Trinity Youth Services
St Josephs School (Vic.) Personal Safety Program	Tweedle Child and Family Health Service (Vic.) Parenting Assessment Skill Development Service (PASDS)
St Luke's (Vic.) Shared Action	Uniting Care Connections (Vic.) Starting Out Program
St Mary's Primary School (Vic.) Personal Safety – A Protective Behaviours Program The Key to Behaviour Management	Upper Hume Community Health Service (Vic.) Hume Region Parent Resource Service Positive Parenting Program (Triple P)
St Monica's College (Vic.) Parenting workshops, VCE Supportive friends program and a range of education strategies, policy and practice.	Victorian Parenting Centre (Vic.) 'Exploring together' A Program for parents, schools and community agencies to help children at risk Positive Parenting Program Family Intervention Service (FIS)
Stawell Primary School (Vic.) Student Program – Support Group Meetings	Wallan Primary School (Vic.) Students at risk program
	Werribee Support Housing Group Inc. (Vic.) Youth and Parent Mediation Program Adolescent Community Placement – Youth Parent Mediation

Victoria

Wesley Youth Services (Vic.)
Staying Together Program

West Gippsland Healthcare Group (Vic.)
Issues Group

West Wimmera Shire Council (Vic.)
West Wimmera Maternal and Child
Health Service

Western District Health Service (Vic.)
YouthBiz – Youth Access Project

Whitefriars College (Vic.)
Adolescent Depression Awareness

Windermere Child and Family Services (Vic.)
Let's Talk About Parenting
Stressed Parents
The Parenting Group – A program for
parents with an intellectual disability

Women's Health West (Vic.)
Domestic Violence Children's Services
Development Worker

Women's Resource, Information and Support
Centre (WRISC) (Vic.)
Children's and Young Persons' Program

Wonthaggi and District Hospital, Davey
House Family Resource Centre (Vic.)
Wonthaggi Child Sexual Assault
Counselling Service

Wyndham City Council (Vic.)
A.W.A.R.E

Yarram and District Health Service (Vic.)
Behaviour over the life span

Youth For Christ Melbourne (Vic.)
Youth For Christ Adolescent Community
Placement Program

Youthworks, Shire of Yarra Ranges (Vic.)
Anger Management for Adolescents

Western Australia

Agencies for South West Accommodation
(WA)
South West Youth and Family Support
Service

Albany Women's Centre (WA)
Children's Domestic Violence Program

Albany Women's Refuge (WA)
Children's Domestic Violence Group

Albany Youth Support Association Inc.,
Young House (WA)
Young House

Al-Anon (WA)
Al-Anon Family Groups

Anglicare WA (WA)
Teenshare

Applecross Primary School (WA)
Student safety and wellbeing programs

Armadale Community Family Centre Inc.
(WA)
Armadale Community Family Centre

Armadale Gosnells Domestic Violence
Services (WA)
Domestic Violence Children's and Parents'
Support Services

Australian Red Cross Western Australia (WA)
Family Support Service

Beldon Community Centre (WA)
The Homestead

Boogurlarri Community House Association
(WA)
Family support program
Langford Youth Group

Bunbury Catholic College (WA)
School Counselling Program

Bunbury Primary Health Service (WA)
Assertive Discipline For Parents
First Time Parents
Parenting Your Toddler
'Twinkle Twinkle' Sleep Management
Program

Burbridge School (WA)
Protective Behaviours Program

Charthouse Primary School (WA)
Pastoral Care Program

City of Stirling (WA) Women's Refuge	Goldfields Centacare (WA) Family/Relationships Services Program (Including Domestic Violence counselling, groups and education)
CLAN (Community Link and Network) (WA) CLAN (Community Link and Network) – Family Support, Parent Link, Family Relationship Skills Training	Goldfields Women's Refuge Association (WA) Crisis Accommodation
Clan Midland Inc. – Midland Junction Lotteries House (WA) Respite Program	Growing Families International (WA) Parent education program
Collie Family Centre Inc. (WA) Family Support Service / Counselling Service	Harvey Family Support Program (WA) Women Going Places
Collie Health Service, Child Health Centre (WA) Post Natal Parenting Program (including Postnatal Stress Support Group)	Herdsman Neighbourhood Centre (WA) Family support activities
Community Health (WA) Positive Parenting Program (Triple P) and Home Safety Parties	Incest Survivors Association ISA Inc. (WA) Breaking Free (adolescent girls group) Parenting Skills Group
Derby District High School (WA) Healthy Lifestyles Day	Integrated Approaches to Sexual Abuse (IASA) (WA) Integrated Approaches to Sexual Abuse (IASA)
East Fremantle Baptist Church (WA) Growing Kids God's Way	Kalamunda Health Service, Community Health Services (WA) Positive Parenting Program (Triple P)
Eaton Family Centre (WA) Community Classes	Kapinara Primary School (WA) Protective Behaviours
Education Department of Western Australia (WA) Child Abuse Education Programs	Karawara Community Centre (WA) Karawara Community Project
Escare Inc. (WA) Escare Parenting Services; Parenting Development Group; Parenting Courses	Kawbarri Health Centre (WA) Parent Bub Group
Family and Children's Services (WA) Protective Behaviours	Kelmscott Senior High School (WA) Alternative Education Initiative
Family Crisis Anonymous (WA) Family Crisis Anonymous	Kidlink Early Intervention Program Inc. (WA) Kidlink Early Intervention Program Inc.
Geraldton Community Education Centre (WA) Family and Youth Support Service	Kinway (WA) 'Reclaiming Our Lives' – Victims of domestic violence counselling service Co-Parenting in Separation and Divorce
Geraldton Family Counselling Service (WA) Counselling and support services: (Family Therapy, Child Psychology and generalist services)	Lockridge Community Health Centre (WA) Post Natal Depression Group
Geraldton Sexual Assault Resource Centre (WA) Child Counselling Service Perpetrator Program	Lockridge Community Health Centre, Lockridge Community Group (WA) Exploring Together – A program for children and parents

Maddington Education Support Centre (WA)	Protective Behaviours Consultancy (WA)
EDWA Prevention Education (Health Education Syllabus)	Protective Behaviours Program
Gladys Newton School Protective Behaviours Program	Rainbow Coast Family Services, Rainbow Coast Neighbourhood Centre Inc. (WA)
Teacher-devised individualised programs	Family Support and Community Neighbourhood Houses
Manjimup Family Centre Inc. (WA)	Relationships Australia WA, Head Office (WA)
Manjimup Family Support Program	Child Sexual Abuse Treatment Service
Margaret River Child Health Clinic (WA)	Children as Victims of Domestic Violence
New parents group and sleep management Outreach Program	Rockingham Women's Health and Information Centre (WA)
Mawarnkara Health Service Aboriginal Corporation (WA)	Family Abuse Advocacy Support Team (FAAST)
Domestic Violence – Safe House	Safety House Association of WA (WA)
Strong men, strong families	Safety House Program
Meerilinga Parent Link, Kulungah-Myah Family Centre (WA)	SDA Church / Carmel Adventist College (WA)
Meerilinga Parent Link	Sexual Abuse Within Faith Communities – WA Conference of the SDA Churches
Mercy Community Services Inc. (WA)	Sexual Assault Resource Centre (WA)
Placement Service	Sexual Assault Resource Centre
Youth and Family Support Service	Sexuality, Education, Counselling and Consultancy Agency (WA)
Mirrabooka Primary School (WA)	Sexuality, Education, Counselling and Consultancy Agency
Innovative Mental Health Awareness Program; Managing Student Behaviour Program	Shire of Denmark, Denmark Recreation Centre (WA)
Noongar Alcohol and Substance Abuse Services Inc. (WA)	Vacation Care Program
Stephanie's Puppet Show	Swan View Primary (WA)
Outcare Inc., c/o Canningvale Prison (WA)	Protective Behaviours
Outcare Family Support Centres	The Churches Commission on Education (WA)
Parkerville Children's Home Inc. (WA)	Chaplaincy in State Schools
Protective Behaviours	The Meeting Place Community Centre and Family and Children's Services (WA)
Perth Inner City Youth Service (WA)	Protective Behaviours
Perth Inner City Youth Service	The Samaritans (WA)
Playgroup Association of Western Australian Inc. (WA)	Samaritan 24 Hour Emergency Phone Service
Playgroup Program	Youthline Emergency Phone Service
Port Hedland PCYC (WA)	Youth Liaison Service
PCYC School Holiday Program	Youth Info Service
Primary Health Services (WA)	Tranby Primary School (WA)
Positive Parenting Program (Triple P)	Health Education
Postnatal Parenting Program	
Princess Margaret Hospital, Psychological Medicine Clinical Care Unit - Alamein (WA)	
Family Early Intervention Program	

Western Australia

Volunteering WA (WA)

- Volunteer Management Program
- Community Volunteer Resource Program
- Parent Support Project

Wesley Mission Perth (WA)

- Hearth

West Sterling Neighbourhood House (WA)

- Playgroups

Yaandina Family Support (WA)

- Family Support

Yorganop Child Care Aboriginal Corporation (WA)

- Carer Training Module – Caring for the sexually abused child (including Protective Behaviours)

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Child abuse prevention programs by type of program and geographical location

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Child abuse prevention: type of program and geographical location

Note: Full details of agencies and programs are available on the Child Abuse Prevention Programs database, details of which are supplied in Appendix 1.

Note: The program material submitted to the Audit often contained information on more than one program being run by an agency, (for example, agencies may run community education and family support programs separately or in combination). For Audit purposes, (as per previous audits), the various programs were classified as separate items. In this index, which is not designed to provide an exhaustive guide to all the programs included in the Audit, each program is only listed under one program type.

Australian Capital Territory

Community education

Awareness Media Program, ASCA Advocates for Survivors of Child Abuse
Community Education Program, Canberra Rape Crisis Centre (CRCC)

Diploma in Children's Services – Canberra Institute of Technology

Family Planning ACT, Education Unit, Family Planning ACT

Family Skills for Men, Marymead Child and Family Centre

Selection of Adult Leaders, The Scout Association of Australia

Sexual Assault and Violence Schools Program, Canberra Rape Crisis Centre

Parenting Between Cultures, Marymead Child and Family Centre

Young Carers Network, Marymead Child and Family Centre

Young Parents Group, Belconnen Youth Centre Inc.

YWCA Child Safety Strategy, Young Women's Christian Association

Personal safety or Protective Behaviours

Keeping Children Safe, Anglican Diocese of Canberra and Goulburn

Protective Behaviours Program, Centacare ACT

Protective Behaviours, Saint John the Apostle School

Protective Behaviours, Taylor Primary School

The Protective Behaviours Program, ACT Protective Education Network

Family support services

Calvary Public and Private Hospital

Canberra Children's Family Centre – Barnardos Australia

Canberra One Parent Family Support – Birthright

Child Health and Development Service (CHADS) ACT

Child, Youth and Women's Health Program (CYWHP), ACT Community Care

Community Program, Weston Creek Community Service

Domestic Violence Crisis Service

Domestic Violence Transit Flat Program, Northside Community Service

FaBRIC, Family Based Respite Care Inc.

Faces, Centacare

Family Friends, Tuggeranong Community Service

Family Liaison Service, Weston Creek Community Service

Galilee Family Placement Scheme, Galilee Inc.

Australian Capital Territory

Going Places, Social Work Dept, Canberra Hospital
Monash Primary School Program, Monash Primary School
Parents and Children Clinic, Assisting Drug Dependents Inc.
Parenting Support Service, Kippax
Relationship Education Program, Relationships Australia
School Counselling, Centacare Student and Family Counselling
Young Mothers Support Group, Woden Youth Centre

Child-focused programs

Adolescent Day Unit, Office of Youth
AXYS Youth Services, YWCA Youth Services
Child At Risk Assessment Unit, Social Work Dept, Canberra Hospital
Exploring together, Marymead Child and Family Centre
Galilee Education Services, Galilee Inc.
Lowana Young Women's Refuge, Lowana Young Women's Refuge
Peer Support, Alfred Deakin High
Peer Support Program, Peer Support Foundation
Sexual Assault Counselling and Support For Children, Canberra Rape Crisis Centre (CRCC)
The Breakfast Program, Narrabundah Primary School
Youth Connection Youth Work Service, Office of Youth
Weston Creek Youth Program, Weston Creek Community Services

Child and Family Centres

Family and Youth Services, Canberra
Children's Family Centre – Barnardos Australia

Offender programs

Alternatives to Violence Project (AVP)
Domestic Violence and Abuse Intervention Program, Relationships Australia

Community education

Abuse Prevention Program, Nowra Domestic Violence Support Service

Behind Closed Doors, Anglicare Child and Family Services, TAMAR

Burnside Family Learning Centre, Burnside
Child Abuse Education for Nurses (PANOC Training), Bankstown Community Health

Child Abuse Prevention Network meetings and Community Education, Southern Highlands Child Protection/Interest Group

Child Abuse Training – notification and indicators, Lake Macquarie Family Day Care

Child and Family Services, Goulburn Community Health Centre

Child at Risk: Information seminars for professionals working with children, Lower North Shore Child At Risk Committee

Child Friendly Village – ongoing activities, Bangalow Chamber of Commerce

Child Protection Education/Protective Behaviours, Catholic Education Office

Child Protection Inservice for Family Day Care Carers and Written Information Package (Use of ‘Making a Difference’ staff training program), Holroyd Family Day Care

Child Protection Issues, Community Child Care Cooperative

Child Protection (PANOC) Service, Mid North Coast Area Health Service

Child Protection Services, Gunnedah Health Service

Child Protection Training and Resources, Holroyd City Council

Child Protection Training, Gowrie Resource Centre

Child Protection Unit, Sydney Children’s Hospital

Child Support Program within a Women’s and Children’s Refuge, Jenny’s Place Inc.

Children Witnessing Domestic Violence: Public Information Campaign, Nambucca/Bellingen Family Support Service

Community Education and Training Package, Jannawi Family Centre

Community Education, Information and Referral Resources, Bellingen Neighbourhood Centre Inc.

Community Education via Video production, Manning District Emergency Accommodation

Contact – Project for Isolated Children, Contact Inc.

Counselling, Education, Mediation and Training Services, Interrelate

Cross-cultural perspectives on child protection, Ethnic Child Care, Family and Community Services Co-op

Dapto Youth Project – Youth Support and Advocacy Service, Dapto Neighbourhood Centre

Domestic Violence Team, Benevolent Society Centre for Women’s Health

D-Training on child protection – ‘Making a Difference’, Ethnic Child Care, Family and Community Services Co-op

Domestic Violence Committee: Community Education in Schools, c/o Coonamble Uniting Church

Domestic Violence Counselling and Advice, Department of Community Services

Early Childhood Service, Glen Innes Community Health Centre

Education to Parents and Children, Orange Family Support Service

Far North Coast Area Child Protection Committee, Far North Coast Area

Guildford West Children’s Centre

Hope for the Children Foundation

Hunter Area Child Protection Committee, Department of Community Services, Hunter Network Office

Keeping Ourselves Safe, Berkeley Neighbourhood Centre

Koonawarra Youth Project, Koonawarra Community Centre

- KU Child Protection Support Program, KU Children's Service
- Liverpool Child Protection Interest Group, Liverpool Child Protection Interest Group (Voluntary Committee)
- Making a difference: Recognising and reporting child abuse and neglect, Manly Warringah Women's Resource Centre
- Men and Boys Program : Boyswork; FatherCare; Young Men's Health, Family Action Centre at The University of Newcastle
- Monitoring of the 'response by agencies to child abuse allegations and convictions against employees' NSW, N.S.W Ombudsman, Child Protection Team
- Mudgee Child Protection Interagency, Mudgee Shire Council
- Multi Agency Child Protection Group, Staff Inservice Program, Singleton Hospital
- Multicultural Men and Family Relationships Service (counselling and parenting groups), Burnside Cabramatta Centre
- Multicultural Youth Programs, Burnside Cabramatta Centre
- National Child Protection Week, NAPCAN Australia, with all NAPCAN branches and interest groups in all states and territories of Australia
- Nepean Area Child Protection Committee, Department of Community Services – Metro West Area
- Northern Beaches Child At Risk Committee, Manly Warringah Women's Resource Centre
- NSW Aboriginal Education Consultative Group Inc.
- NSW Commission for Children and Young People Publications: 'Tell a Friend'; 'Child Abuse: Confronting the Problem', NSW Commission for Children and Young People
- Paediatric Social Work Team: Tertiary Prevention Program, John Hunter Children's Hospital
- Parent Education, Tumut Community Mental Health Service
- Parenting Education and Staff Training Program, Yarran Early Intervention Centre / Central Coast Resource and Advisory Team
- Parenting Education, Mid West Sexual Assault Service: Community Education and Health Promotion Activities.
- Parenting Groups Program, Burnside
- Parenting Programs, Mercy Family Centre
- Parenting School Aged Children, Child, Adolescent and Family Teams
- Parent Support, Coleambally Community Health Centre
- Personal Protection, The Scout Association of Australia, NSW Branch
- Physical Abuse and Neglect of Children (PANOC) Child Protection Team, Western Sydney Area Health Service
- Professional Development and Training Program – Child Protection and Children and Families streams, Centre for Community Welfare Training
- Protecting our Children (Community Education Package), Wentworth Area Health Service
- Purple Ribbon Project (raising awareness of child abuse), Wyong Shire Council
- Raising Difficult Children, Pastoral Counselling Institute
- Reclaim the Night March, Westmead Sexual Assault Service
- Self Development Program for Local High School Students, Chester Hill Neighbourhood Centre Inc.
- Sexual Assault Crisis Counselling, Lower Hunter Community Health Service
- South West Sydney Child Protection Area Committee, Department of Community Services
- Social Work Services, Singleton Hospital
- St George Migrant Resource Centre
- Tamworth Tiny Talk Helpline 24 Hour Service, Tamworth Base Hospital /Health Service Maternity Unit

Teenage Mothers Group, Parkes Community Health Centre

The Drum Youth Resource Centre, Burnside

The Young Women's Group – Run at two centres, Fairfield/Liverpool Youth Health Team – Fairfield/Liverpool Sexual Assault Centre

Training Programs, The Education Centre Against Violence

Understanding Ourselves – A Sexuality Education Program for Year 6 Girls, Leeton Community Health Centre

Violence, Abuse and Neglect Service Network, Wentworth Area Health Service

Wattagan and Lakes Youth Service – Child Protection Issues, Wattagan and Lakes Youth Service

Wollongong West Street Centre

Working Together for Children and Young People from Arabic Speaking Backgrounds, Inner West Area Child Protection Committee – Department of Community Services

Youth Development Program, Australian Red Cross NSW

Youth Support, Bourke Community Development Committee Inc.

Personal safety or Protective Behaviours

Anti Violence Education in Schools, Manning District Emergency Accommodation

Canterbury Child Protection High School Project, Canterbury Child Protection Committee

Child and Parenting Education and Development Courses, Burnside: Coffs Harbour Family Support

Child Protection and Personal Safety, Catholic Education Office

Child Protection Education: Curriculum materials to support teaching and learning in Personal Development, Health and Physical Education (Stages 1-5), NSW Department of Education and Training – Student Services and Equity Programs

Child Protection Program, Bangalow Community Centre

Child Sexual Assault Service, Children's Services, Communicare Sydney
Crime Prevention Workshops (Protective Behaviours, Tell a Friend) and Child protection Interagency Meetings, Muswellbrook Police and Community Youth Club

Kids Club, Manning District Emergency Accommodation

Personal Safety Program in Schools, NSW Police Service (Blacktown), School Liaison

Pippy the Platypus: Protective Behaviours for Pre-schoolers: Child Protection Week, Macquarie and Far West Sexual Assault Service

Pippy the Platypus: Protective Behaviours Program for Pre-schoolers, Macquarie and Far West Sexual Assault Service

Protective Behaviours and Awareness Raising, Catholic Education Office

Protective Behaviours / Community Education and Health Promotion Activities, Mid West Sexual Assault Service

Protective Behaviours Curriculum, May Murray Child Care Centre

Protective Behaviours Program, Protective Behaviours Consultancy Group of NSW Inc.

Protective Behaviours Program, West Albury Pre-school

Safety House Program NSW, NSW Police Service

Stranger Danger – Safety House, NSW Police Service, Fairfield

Family support services

Aboriginal Maternity Support Service, Tamworth Base Hospital Health Service

ADD-ED, Lower Hunter Community Health Service

Adolescent and Family Counsellor, Illawarra Youth Housing

Adolescent and Family Counsellor – Queanbeyan Youth Resources Refuge, Queanbeyan Youth Resources Inc.	Child Protection for Migrants, Multicultural Access and Resource Service (MARS)
Airds / Bradbury Family Centre, Burnside	Child Protection (PANOC) Service, Mid Western Area Health Service
Antenatal Clinic, Canterbury Hospital	Children and Young People Living with a Parent who has a Mental Illness, Mid North
Antenatal Education Program, Tamworth Base Hospital Maternity Unit	Children and Youth Services, Centacare
Arabic Family Support (a Vulnerable Families Project), Centacare	Child Support – Breaking Free, Lismore Women’s and Children’s Refuge
Assessment and Treatment Services, Thomas O’Neill	Child Support Worker, Marian Villa Accommodation – St Vincent De Paul
Barnook Program, Clarence Valley Community Programs Inc.	Child, Youth and Family Counselling Service, Sutherland Hospital Community Health Service
Blacktown Family Support Services, Centacare	Claymore Family Centre, Burnside Claymore
Breakfast Program, Bellambi Neighbourhood Centre Inc.	Coast Mental Health Service (Taree Base Hospital)
Breaking Free (DV support group), Ballina Community Health Centre	Coffee Mornings, Infants Home Ashfield
Bridging Service for Indo-Chinese Youth and Parents, Indo-China Chinese Association Inc.	Community Development Project, Werrington Community Project Inc.
Burnside Hastings Family Support Centre, Burnside	Confident Parenting Project / RAP Teens and RAP Kids / ADDERS Program, Royal Far West Children’s Health Scheme
Burnside Newpin, Burnside	Co-operative Kids, Bathurst Community Health
Canterbury Family Support Service, Centacare	Coral Tree Family Service
Caravan Project: Building caring communities, Family Action Centre at The University of Newcastle	Crisis Intervention with Youth and their Families, Maitland and Cessnock Adolescent and Family Counselling Service
Central Sydney Scarba Service, Benevolent Society of NSW – Centre for Children	Domestic Violence Women’s Support Group, Mercy Family Centre
Central West Family Support, Central West Family Support Group	Drugs and Pregnancy Service, Drug and Alcohol Centre
Child and Family Health Service: Early Intervention and Education, Child and Family Health Service	Early Childhood and Parenting Service (ECAPS), Fairfield Health Service
Child and Family Services, Albury Community Health Service	Early Childhood Services (Deafness and Hearing Impairment), The Royal Institute for Deaf and Blind Children
Child and Family Teams, Mt Druitt Community Health Centre	Early Childhood Services (including School Clinics), Cabramatta Community Health Centre
Child Protection Family Services (PANOC), Central Coast Area Health Service	Early Childhood Social Work Team, Central Sydney Area Health Service

Early Intervention Child Protection Program, Young Community Health (in cooperation with DOCS Cootamundra Office)	Family Counselling, Wesley Mission Dalmar Child and Family Care
Early Intervention Program, Benevolent Society of NSW	Family Finders, Wesley Mission Dalmar Child and Family Care
Early Intervention Program – Carramar Cottages, Anglicare Youth Services, Parramatta	Family Network Program, Centacare
Early Intervention Program, Dalwood Spilstead Centre	Family Services, Centacare
Early Response Project, The Family Centre Community Projects (Formerly Tweed Valley Family Support)	Family Skills for Women, Marymead Child and Family Centre
Early Starters Program, Maitland Hospital	Family Skills Program, Centacare
Eastern Sydney Scarba Service, Benevolent Society Centre for Children	Family Skills Program, Relationships Australia
‘1-2-3 Magic’ – Effective Discipline for 2-12 year olds, Milton Ulladulla	Family Safety Program: Counselling Program, Relationships Australia (NSW) North East Region
Enjoying Our Toddlers Program, Wentworth Area Health Service – Community Health E.I. and I. Team	Family Support and Counselling Services, Auburn Children’s Family Centre, Barnardos Australia
Enjoying Your Toddlers Program, Wentworth Area Health Service	Family Support and Group program, Casino Family Support Service Inc.
Family and Adolescent Care Services, Waverley Centre – Barnardos Australia	Family support and kids group, Jacaranda Family Centre (also known as Ryde Family Support Service)
Family and Adult Counselling Team and Early Childhood Services, Auburn Community Health Centre	Family Support and Youth Services, Gundagai Community Health Centre
Family and Community Care, South Coast Children’s Family Centre – Barnardos Australia	Family Support, Cessnock Family Support Service
Family and community support services (including playgroup program), Doonside Community Health Service	Family Support Program, Anglicare Marrickville
Family and Youth Support Service, Clarence Valley Community Programs Inc.	Family Support Program, Cooma Family Support Service
Family and Youth Support, The Family Centre Community Projects Inc.(Formerly Tweed Valley Family Support)	Family Support Program, Goulburn Family Support Service Inc.
Family and Youth Support Services, Penrith Children’s Family Centre – Barnardos Australia	Family Support program, Lismore Family Support Service Inc.
Family Centre (at Lake Munmorah), Northern Lakes – Burnside	Family Support Program, Quakers Hill Family Centre: Wesley Dalmar Child and Family Care
	Family Support Programs, Green Valley Community Centre – Mission Australia
	Family Support Service, Far South Coast Family Support Service Inc.
	Family Support Service, Queanbeyan Family Support Service

Family Support Services (including 'Growing up with your Adolescent Children'), Australian Chinese Community Association	Griffith Women's Refuge, Kulkuna Cottage Women's Refuge Ltd
Family Support Services, Moree Family Support Inc.	Group programs, The Family Centre Community Projects (formerly Tweed Family Support)
Family Support Service's Parents and Children Playgroup, Parents' and Children's Playgroup, Peak Hill	Hawkesbury Family Support Service, Richmond Community Services Inc.
Family support services, Wallsend Family Support Service Inc.	Health and Welfare Services, Guyra Neighbourhood Centre
Family Support Service, Westlake Macquarie Family Support Service Inc.	Holdsworth Street Community Centre: Family Support Group, Holdsworth Street Community Centre
Family Support, Telopea Family Resources	Home-Start, Family Action Centre at The University of Newcastle
Family support (tertiary prevention), Jannawi Family Centre	Home-Start Program, Benevolent Society of NSW
Family Support, The Hills Family Centre	Home visiting and group programs (Hey Dad), Cowra Family Support Service
Family Support Unit, Hawkesbury Care Inc.	Home Visiting and Intensive Family Support, Orange Family Support
Family Support, Wollongong Youth Accommodation and Support Association Inc.	Home Visitors Program, Focus on New Families
Family Therapy Program, Wesley Mission Dalmar Child and Family Care	Home Visiting Service (at Lake Munmorah), Northern Lakes – Burnside
Families Together Program, Benevolent Society of NSW	Imlay Special Needs Group
Family Work Program, Coffs Harbour Family Support Service, Burnside	Infant Parent Program, Benevolent Society of NSW
Family Work Program, Hills Family Centre: Wesley Dalmar Family and Child Care	Intensive Family Based Service, Burnside
Family Work Program (including Family Decision Making and Professional training), Burnside	Intensive Family Support, Spastic Centre of NSW
Focus on New Families (formerly known at Cottage Community Care Program), Focus on New Families – Uniting Church, Campbelltown	Karitane Parent Support Program (soon to add new program 'Linking Families'), Karitane
Gaining Ground Project	Katoomba Community Health Centre, Katoomba Community Health Centre
Glen Mervyn Young Women's Health Program, Australian Red Cross NSW	Kemblawarra Child and Family Centre
'Good Beginnings' Volunteer Home Visiting and Parenting Programs, Good Beginnings National Parenting Program	Koori Parenting Program, Northern Rivers Health Service
Grandparents as Parents (G.A.P), Wallsend Family Support Service Inc.	Learning Difficulties Support Service, Mt Druitt/Blacktown Learning Difficulties Support Service
	Learning Links Family Counselling and Support Service

Learning Links Family Support Program	Parent Education and Support Program, Early Childhood Health Services
Leichhardt Family Support Service, Centacare	Parenting Education Programs, Child and Family Health Service
Leichhardt Temporary Family Care Program, Centacare Woodlands	Parenting Program – Antenatal Education, Wentworth Area Health Service
Links Youth Services (including Young Mums' Group) / Domestic Violence Group, San Remo Neighbourhood Centre	Parenting Skills Programs, Infants Home Ashfield
Long Day Care, Occasional Care and Family Day Care, Campbelltown City Council	Parent Line, Centacare
Lower North Shore Child and Family Counselling Service, Chatswood Child and Family Health Service	Parents as Teachers Program, Department of School Education
Macquarie Child Protection (PANOC) Service, Macquarie Area Health Service	Parent Support Programs, Child and Family Health Team, Tamworth
Managing Children Program, Monaro Children's Service	Parent Support Program, Sisters of Charity Outreach
Managing Children Program (Shoalhaven), Noah's Ark Centre for children with special needs (Shoalhaven)	Parent Support, Save the Children Family Support Service
Managing Difficult Behaviour in Children, Ballina Community Health Centre	Parent Support, Springwood Community Health Centre
Men's Programs, Relationships Australia	Playgroup in the Park, Clarence Valley Community Programs Inc.
Minto Family Centre, Burnside, Minto Family Centre	Play Groups and Domestic Violence support groups, The Deli Women and Children's Centre
Montrose Home Based Family Assessment Program, NSW Dept of Community Services	Playgroups and Parent's support group, Burnside, Coffs Harbour Family Support Service
Mother's Group, West Ryde Early Childhood Health Centre	Play Skills for Parents and Kids, Eurobodalla Family Support Service Inc.
Mt Pritchard Family Support Program, Centacare: Family Services Directorate	Positive Parenting Program (Triple P), Central Coast Health
Multicultural Women's Support Group, Migrant Resource Centre Family Support Service	Positive Parenting Program (Triple P), Glenecho Neighbourhood House
Nambucca/ Bellingen Family Support Service, Nambucca/ Bellingen Family Support Service	Positive Parenting, TAFE – St George Children's Centre
New Mums Group, Community Health	Possums Playgroup, Neonatal Intensive Care Unit (Westmead Hospital)
New Parenting Groups, Wentworth Area Health Service	Relationship Counselling Team, Centacare
New Parents Program, Family Care Cottage Kiama	Respite for families who have a member with a disability, Action Respite
North Family Services – Macarthur, Burnside	Schools as Community Centres, Departments of School Education, Community Services and Health
Parent education and support groups, Nowra Family Support Service Inc	

Sexual Assault Service, Greater Murray Area Health Service

Shared Family Care, Wesley Mission Dalmar Child and Family Care

Sir Phillip Baxter Child Care Centre; Maurice O'Sullivan Child Care Centre, Benevolent Society

South Coast Sexual Assault Service

South West Access Program, Centacare

South West Sydney Scarba Service, Benevolent Society of NSW – Centre for Children

Specialist Family Support Service, Mt Pritchard Family Resource Service – Centacare

St Mary's Community Health Centre

St Mary's Family Support Program, Anglicare Family Support

Summer Hill Family Support Program, Weldon Centre

Sutherland Family Network, Sutherland Hospital Community Health Service

Teen Mothers Program, Macquarie Area Health Service (Community Midwives)

The Intensive Parenting Centre, Dural Counselling Service

Time Out Project, Bellambi Neighbourhood Centre Inc.

Toddler Group, Primary Health Care, Child and Family Counselling

Touchstone: Illawarra Adolescent Family Therapy and Mediation Service, Relationships Australia (NSW)

UNIFAM Options – for adolescents and parents, UNIFAM Counselling and Mediation Service

Vulnerable Families, Bankstown Family Support Service

Waterloo Parent Resource Program – Early Intervention in Child Care program, SDN Children's Services Inc.

Waverley Family Support, Waverley Council – Family Support

Wingecarribee Family Support

Women's Business and Men's Business, Katungal and Eurobodalla Family Support Service

Women's Programs, Relationships Australia Woraminta Playgroup, Burnside, Macarthur Family Services

Workshops for Women, Kyogle Family and Youth Service

Yellow Bus Child At Risk Service, Albury City Council Child and Adolescent Mental Health Service (CAMHS), Albury Community Health Centre

Young mums support, Lismore Family Support

Young Parents Network, Cessnock Community Health Centre

Young Parents Team, Central Sydney Area Health Service

Young Women's Supported Accommodation, Centacare

Child-focused programs

ADD-APTION, Lower Hunter Community Health Centre

Adolescent Support Group, Tamworth Base Hospital Maternity Unit

Adolescent and Family Counselling, Uniting Care

Aunties and Uncles Co-operative Family Project

Baptist Community Services

Breakfast Club Program, Australian Red Cross NSW

Buckland Children's Counselling Service, Anglicare Child and Family

Service

Cassie's Place, Child and Adolescent Sexual Assault Counselling Service, Eurobodalla Women Against Incest Inc.

Central Coast Family Services Inc.

Child and Adolescent Mental Health Service, Wentworth Area Health Service

Child and Adolescent Sexual Assault Service	Kids Time, Life Care: Domestic Violence Intervention and Prevention
Child and Adolescent Sexual Assault Counselling Service, Lismore Neighbourhood Centre	Margaret Jurd Learning Centre – Education Program, Newcastle Youth Service
Child Protection Week Resource Kits for Pre-Schoolers in Canterbury, Canterbury Child Protection Committee	Margaret Jurd Learning Centre, Residential Program, Newcastle Youth Service
Child Psychiatry Services, Child Psychiatry Services	Mobile Youth Krisis Service (MYKS) Central Coast, Burnside, The Cottage
Child Sexual Assault Service, Riverwood Community Centre	Playgroup, Manning District Emergency Accommodation
Christian Brothers Adolescent Program, Christian Brothers	Pre School Intervention Program, Bowral Community Health Centre
Coffs Harbour Child and Adolescent Sexual Assault Service	Self Esteem and Personal Development, Dorrigo Hospital Primary Health Care
Community Visitors Scheme, Community Services Commission	RAPS (Resources for Adolescents and Parents) – The Adolescent Family Therapy and Mediation Service, Relationships Australia (NSW)
Counselling Service to Adolescents and their Families, Adolescent Family Counselling	Reconnect – Reaching Out, Wesley Mission Dalmar Child and Family Care
Creative Times, Samaritans	Redbank House, Westmead Hospital and Community Health Services
Darlo Play Centre	Secondary Prevention of Individual Children whose Parents have Mental Illness, New England Mental Health Service
Dundas Area Youth Service, Dundas Area Neighbourhood Centre (DANC)	Shopfront Theatre for Young People
Early Intervention Program and Wattle Play Group, Centacare Adoption Services	Short Term Foster Care, Wesley Mission Dalmar Child and Family Care
Fairfield – Liverpool Temporary Family Care Program, Centacare Adoption Services	Support Group for School Aged Children Affected by Domestic Violence, Manly Warringah Pittwater Women’s Resource Centre
Family Centre of Early Intervention, Infant Home Ashfield	Stretch-a-Family Inc.
Find-A-Family Program (Adoption and Permanent Family Care), Barnardos Australia	‘The Entrance Youth Project’ – Adolescent Counselling Program, Horizons
Footprints Respite Camp, Centacare Newcastle	Youth Caucus, Horizons Central Coast Family Services Inc.
Foster Care Program, Centacare	Youth Court Support, Hunter Community Legal Centre
HAYSS – Helping All Young Students Succeed, Wingecarribee Community Health Centre (formally Bowral CHC)	Youth Health Program, Nepean Division of General Practice
High Intensity Fostering Service, Burnside: Coffs Harbour	Youth Insearch
Homelink, Family Action Centre at The University of Newcastle	Youth Services, Marrickville Centre, Barnardos Australia
Intensive Out Of Home Care Services, Marist Community Services	

Youth Program, NSW Police Service,
Burwood Police and Community Youth Club
(PCYC)

Child and Family Centres

Airds / Bradbury Family Centre, Burnside
(Airds / Bradbury Family Centre)

Burnside Hastings Family Support Centre,
Burnside

Child and Family Health, Child and Family
Health Service

Child, Youth and Family Services, Engadine
Community Health Centre

Claymore Family Centre, Burnside Claymore

Dundas Area Youth Service, Dundas Area
Neighbourhood Centre (DANC)

Family and community support services
(including playgroup program), Doonside
Community Health Service

Family and Youth Support Services, Penrith
Children's Family Centre – Barnardos
Australia

Family Centre (at Lake Munmorah),
Northern Lakes – Burnside

Family Support and Counselling Services,
Auburn Children's Family Centre – Barnardos
Australia

Family support and kids group, Jacaranda
Family Centre (also known as Ryde Family
Support Service)

Family Support Program, Goulburn Family
Support Service Inc.

Family Support Services, Moree Family
Support Inc.

Family Work Program (including Family
Decision Making and Professional training),
Burnside

Hawkesbury Family Support Service,
Richmond Community Services Inc.

Home Visiting Service and Counselling
Service, Narrabri Community Health Centre

Kemblawarra Child and Family Centre,
Kemblawarra Child and Family Centre Inc.

Minto Family Centre, Burnside – Minto
Family Centre

Schools as Community Centres, Depts of
School Education, Community Services and
Health

Wingecarribee Family Support, Wingecarribee
Family Support

Offender programs

CUBIT – Intensive Treatment Program,
Department of Corrective Services

Family Safety Program: Domestic Violence
Men's Program, Relationships Australia
(NSW)

Groups for Perpetrators of Domestic Violence
and Women Affected by Domestic Violence,
Family and Community Centre, St Vincent
de Paul

Pre-Trial Diversion of Offenders Program
(Cedar Cottage)

Sex Offender Program, Department of
Juvenile Justice

Sex Offender Treatment Program, Pastoral
Counselling Institute

Community Education

15 Mile Aboriginal Community 'Strong Family' Day, Palmerston Community Care Centre

Calendar for New Parents, PECAN – Prevention and Education (Child Abuse and Neglect)

Child Protection Education Working Party, NT Department of Education (Students Services and SHAPES)

Children's Services Community Counsellor, Gap Neighbourhood Centre

Community Education Programs, Family and Children's Services

Family and Children's Services, Tennant Creek Hospital

Katherine Community Awareness Program, Territory Health Services

National Child Protection Week 1999 – Parent Information Sessions, PECAN – Prevention and Education (Child Abuse and Neglect)

National Family Day Activities, Family and Children's Services

Neighbourhood Development, Centacare NT– Katherine Family Link

Northern Territory Children's Services Relief Staff Scheme, Australian Early Childhood Association

NT Show circuit/Child Protection Week Activities/NAIDOC Day Activities, Family and Children's Services

Parenting Support, Childbirth Education Association of Alice Springs

Parenting Today, Children's Services Community Counsellors

PECAN – Prevention and Education (Child Abuse and Neglect), PECAN

Positive Discipline – Parent Information Sessions, Family and Children's Services – Darwin Urban

'Preventing Abuse Before the Cycle Begins' – Interactive Workshops with Dr Sue Packer, PECAN

Protocol for Allegation of Improper Conduct Against Staff, Catholic Education Office

School Sexuality Education Program, Family Planning Services Northern Territory

Stop Rape Program, Ruby Gaea House

TIPCAN – Training in Prevention of Child Abuse and Neglect, PECAN -Prevention and Education (Child Abuse and Neglect)

Personal safety or Protective Behaviours

Children in Shelters, Alice Springs Women's Shelter

Health Education, Nightcliff Primary School/Northern Territory Department of Education

Protective Behaviours Anti-victimisation and Empowerment Process, Behaviour Management Services NT

Protective Behaviours, Maningrida CEC

Protective Behaviours Program, Family and Children's Services / Centacare/ Family Link

Protective Behaviours Program for Students with Disabilities, Namarluk School

Family support services

Anglicare Youth Housing Program (AYHP), Anglicare Top End

CAAPS – Community Based Programs, Treatment Programs, Training Programs, Council for Aboriginal Alcohol Program Services Inc.

Counselling and Support Services (General, domestic violence and sexual assault), Centacare NT– Katherine Family Link

Danila Dilba Emotional and Social Well-being Program, Danila Dilba

Darwin (Urban and Rural) Caravan Park Project, PECAN – Prevention and Education (Child Abuse and Neglect)

Dawn House

Defence Family Liaison Officer, Defence Community Organisation NT

Defence Social Worker, Defence Community Organisation NT

Northern Territory

Diversionary Program for Larapinta Valley,
Tangentyere Council

Emotional and Social Well-being Service

Holyoake – Alice Springs, Holyoake

Managing Stress and Parenting – (Triple P)
for Defence Force parents whose partners
have been deployed to East Timor, PECAN

Maternal and Child Health – Alice Springs,
Alice Springs Community Health Centre

Palmerston Family Crisis Accommodation
Support Service (PFCASS), YWCA Palmerston

Parenting and Nutrition Program, Family and
Children's Services / Katherine District
Hospital

Parents as Teachers, Department of
Education

Relationship Education Service, Relationships
Australia NT

'Resolve' – Adolescent Mediation and Family
Therapy / Family and Relationship Skills
Training, Anglicare Top End

Social Work Services, Alice Springs Hospital

Somerville Community Services Inc.

Triple P – Positive Parenting Program, PECAN

Resourceful Adolescent Program (RAP),
Northern Territory Department of Education,
Student Services

SHEIRA Support Health Entertainment
Independence Relaxation and Art, YWCA
Darwin Oakley House CASY House, YWCA of
DARWIN

Child-focused programs

Alice Springs Youth Accommodation and
Support Service

Connect – Linking Young People, Family and
Community, Anglicare Top End

Dietary Management of Children's
Behaviour, Darwin ADD Support Group

Family Program – Alcohol and other drugs,
Aboriginal Islander Alcohol Awareness and
Family Recovery Peer Skills Support Program,
Alice Springs High School

Health and Human Relations Education,
Henbury School

Health Connections for Youth, Anglicare Top
End

Nutrition Program, Milikapiti Women's Centre

Community education

Baby Sitting Course, Wide Bay Assessment Service

Caboolture SCAN Team, Department of Families Youth and Community Care, Caboolture

Central Highlands Sexual Assault Program, Centacare

Child Abuse Disclosure Scheme, People's Alliance Against Child Sexual Abuse (PAACSA)

Child Abuse Prevention Public Speaking Kit, Department of Families, Youth and Community Care

Child Friendly Family Focused – Community Wide Bay Assessment Service

Child Health Services, Women's and Children's Service

Child Protection Policy, Clontarf Beach State High School

Child Protection Training, Browns Plains State High School

Child Protection Training, Kallangur State School

Child Protection Training Package, Moranbah East State School

Child Protection Training Package, Seville Road State School

Children's Commission Review Unit, Children's Commission of Queensland

Dads caring for kids, Pine Rivers Community Health Centre

Developing a community response to the prevention of child maltreatment, Peninsula Community Support Services

District School Social Worker, Southport State Primary School

Domestic Violence Prevention Week including Personal Safety Techniques

Education Programs – for families, schools, disability groups and professionals, Family Social Work Service, Family Support Team, Torres Strait and Northern Peninsula Area District Health Service

Expectations of Motherhood Program, Royal Women's Hospital Health Service

Family Support, Tara Neighbourhood Centre

Gender Construction/ Dating Violence/ Anti Bullying, All Hallows School

Group education programs including 'Owning up', 'Seasons', 'DV child witness', and 'DV victims', Community Support Centre Innisfail

Guidelines for dealing with suspected child maltreatment, Julia Cumming Community Child Care Centre

Hearing Clinics – Virtual Parenting – School Based Youth Health Nurse, Townsville Health Services

'Just Kids', Lifeline Bundaberg

Living In A Stepfamily, Toowoomba Youth Service

More than Saying No Program (Protective Behaviours), Brisbane Catholic Education – Equity Services – Guidance and Counselling

Ongoing Lectures on Protective Behaviours and Child Safety Programs, QLD Police (Cairns)

Parent Education Talks, Creche and Kindergarten Resource Centre

Parents' Place, Department of Families, Youth and Community Care

Parenting support courses, Community Development Services

Peer Skills Training, Kids Help Line

Planning Queensland

Positive Parenting Program (Triple P), Education Queensland Gladstone District Office

Positive Parenting Program (Triple P), Logan Central Community Health Centre

Prevention of Violence Program, Ipswich Women's Health and Sexual Assault Service and Ipswich Regional Domestic Violence Service

Primary Care Program, Community Child Health Service

Protective behaviour and child protection week celebration, Whitsunday Women's Service

'Says Who?' Students explore the issues; Sexual harassment, 'Enough's Enough', Protective Behaviours, Child protection, Education Queensland

SCAN – Suspected Child Abuse and Neglect, Education Queensland

School Based Prevention Programs: Domestic Violence and Children's Issues Group, Parent Education, School Visits, Protective Behaviours, Mentor Programs, Aquinas Catholic College

Schools Outreach Program, Centre Against Sexual Violence Inc. Logan and Surrounds

School Violence, Family Violence and Relationship Violence, Heatley Secondary School / Townsville Domestic Violence Resource Centre

Sessions on unplanned pregnancy for secondary students, Pregnancy Counselling Link

Sexual Violence Training and Community Awareness, Centre Against Sexual Violence Inc. Logan and Surrounds

TRACC South SFC

Training for School Communities to Support Students Affected by Family Violence – The Savvy Schools Kit, Education Queensland

Triple P, Kelvin Grove State High School

Workshop, Noosa District Family and Youth Support Centre

Young Mum's Coffee Club, H.A.P.Y – Helping all parents and Youth Inc. and Young Peoples Health Agency

You're the Voice – National Journal and White Balloon Day, People's Alliance Against Child Sexual Abuse (PAACSA)

Youth and Family Support Centre, Roseberry Youth Services Inc.

Youth Information and Referral Program, Hinchinbrook Community Support Centre

Zig Zag Parenting Program, Zig Zag Young Women's Resource Centre

Personal safety or Protective Behaviours

Education Program, Cranbrook State School

Human Relationships Education – Protective Behaviours for Children with Disabilities, Mt Gravatt Special School / Family Planning QLD

Human Relationships Education, Theodore State School

Personal Safety Program, Hinchinbrook Community Support Centre Inc.

Protective Behaviours and Social Justice, Tullawong State School

Protective Behaviours, Berrinba East SEU

Protective Behaviours, Child Protection Policy – Education Qld

Protective Behaviours, Nerang High School

Protective Behaviours Program / Child Protection Training Package, Walkerston State School

Protective Behaviours Program Component, School of Human Relationships

Protective Behaviours Program, Protective Behaviours Consultancy Group (QLD) Inc.

Protective Behaviours Program, QLD Police Service

Protective Behaviours, Tingoona State School

Seeds of Change Program, Dating Violence Program, Domestic Violence Service of Central Queensland

'Stop that, I'll tell' Child Sexual Abuse Prevention Program in remote Aboriginal Communities of Cape York, Cairns Community Mental Health

Stranger Danger Program, Torquay Child Care Centre

Take Control, ISIE-Burnett District Education Queensland

Family support services

Al-Anon Family Groups, Al-Anon (South Queensland)

Alina Families Program

Anglicare Family and Youth Program

Queensland

Bereaved Parents and Families Support Program, The Compassionate Friends Queensland Inc. (TCF)	Family Breakdown Support Program, Family and Business Resolutions
BUBS Program (Bringing Up Babies Safely), Mater Parent Aide Unit, Mater Children's Hospital	Family Counselling and Parent Aide Program, Redcliffe Neighbourhood Centre
Camp Timeout (incorporating Schoolies Counselling Lodge), Schoolies Counselling Lodge	Family Development Program, Royal Queensland Bush Children's Redcliffe Centre
Child abuse prevention activities, Johnny Crows Garden Childcare Centre	Family Education Program, Presentation Family Support Centre
Child Abuse Prevention Program, Palm Beach Family Support Service Inc.	Family Support Program, Caloundra Community Centre Inc.
Child Advocacy Service, Community Child Health Services	Family Support Program, Kingston East Community Centre
Child and Family Program, St Vincent de Paul Child Health, Cape York District Community Health Centre	Family Support Program; Parent Education Program; Step Parent Program, Centacare Toowoomba
Childers Neighbourhood Centre	Family Support Program, Pine Rivers Neighbourhood Centre
Child Protection Program, Mater Parent Aide Unit, Mater Children's Hospital	Family Support Service, Lifeline – Fraser District
Community Health, South Burnett District Health Service	Family Support Worker Program, Aboriginal and Islander Independent Community School Inc.
Community Support Program, Logan West Community Centre	Family Violence Prevention Program, Wide Bay Assessment Service
Contact House – Gold Coast, Abused Child Trust Inc.	FOCUS Program (part of Logan West Community Support Program), Logan West Community Centre
Contact House – Woolloowin, Abused Child Trust Inc.	Glugor House, Boystown Link Up
CRISP Children Raised In Safety Program, Pregnancy and Family Support and Anglican Crisis Care	Helensvale/Studio Village Family Support Program, Studio Village Community Centre Inc.
Early Childhood Parenting Course, Lifeline Family Support Program	Home based Family Support Program, George Street Neighbourhood Centre
Early Intervention Program / Positive Parenting Program (Triple P), Child and Family Health	Infant Clinic, South Brisbane Child and Youth Mental Health Service
Enhanced behavioural family intervention for families at risk for child maltreatment, Parenting and Family Support Centre	Infant/Parent Program, Child and Youth Mental Health Services
FAST – Families and Schools Together, Lifeline Capalaba	Intensive Parent Education Program, Riverton Centre (Part of Royal Children's Hospital Health Service)
Family and Friends Parent Aide Program	Living in a Step Family Program, Anglicare

Queensland

Management of Young Children Program (MYCP), Education Queensland Maroochydore MYCP Centre	Partners in Parenting, Family and Community Support, Uniting Church in Australia (Qld) Synod
Management of Young Children Program (MYCP), Stafford District Parent Education Centre	Pastoral care program, Lutheran Church PATCH Parents as Tutors of Children, Yungaburra State School
Noosa Family Network, Hope for the Children Foundation Inc.	Peer Support Program, Young Mothers for Young Women (Micah Inc.)
North Coast Family Counselling Service, Uniting Church in Australia (QLD Synod)	Positive Parenting Program (Triple P), Community Child Health Services
Operation Kinder Community, Othilas's young women's housing and support service	Positive Parenting Program (Triple P), Deception Bay North State School
Parent Aide Unit, Royal Children's Hospital	Positive Parenting Program (Triple P) – Home Visiting, Townsville Health Services
Parent/Child Interaction Sessions, Presentation Family Support Centre	Positive Parenting Program (Triple P), Lifeline Capalaba
Parent Effectiveness Training, Effectiveness Training Institute of Australia Ltd.	Positive Parenting Program (Triple P), Mt Morgan State High School / Queensland Health
Parenting and Family Support Programs, South Brisbane Child and Youth Mental Health Service	Positive Parenting Program (Triple P), Strathpine Child Health C/- Pine Rivers Community Health Centre
Parenting Group (for women who have experienced domestic violence), Lifeline Capalaba	Regional Extended Family Services – Family Mediation, Lutheran Community Care Shared Family Care, Inala Community House
Parenting Group, Kingston State High School	Respite Care Residential Program, known as 'The Depot', Sisters of Mercy Housing Service
Parenting program, Pied Piper Child Care Centre	Respite Childcare Pilot Program (RCPP), St Mary's Support and Accommodation Program
Parenting Teenagers, Toowoomba Youth Service	Rockhampton Home Visiting Service, Rockhampton Child and Family Health
Parentline, Kids Help Line	Roma Rural Family Support Office, Roma Town Council
Parents Matter II – 'Parenting Program for Young Mothers', Hinchinbrook Community Support Centre Inc.	Rural Family Support Program, Lifeline Central Queensland
Parents Matter II – 'Parents of Teenagers', Hinchinbrook Community Support Centre Inc.	Silky Oaks Family Centre, Silky Oaks Children's Haven
Parents Matter II: Surviving Parenting, Toowoomba Youth Service	South West Family Intervention Program, Lifeline
Parent Wise and Kid Smart – A program for parents and their children aged 3-10 years, Lifeline Gold Coast	

Special Support Protect for TTRUSTT Children, Adolescents and Families, Association for The Treatment and Rehabilitation Unit for Survivors of Torture and Trauma Inc.

Stillbirth and Neonatal Death Support Group (QLD) Inc., Royal Brisbane Hospital

Student support and empowerment programs, Hilliard State School

St Vincent's Centre Parent Aide Program, St Vincent's Centre For Family and Youth Services (part of Mercy Family Services)

Supported Accommodation Assistance Program (SAAP), Darumbal Community Youth Service

Systematic Training For Effective Parenting Program (STEP), Dalby Beck Street Kindergarten Association

The Family Care Program, Queensland Health

The Illoura Child and Family Counselling Centre, Baptist Community Services

The Talera Centre – Child and Family Therapy, Baptist Community Services

Triple P Program, Child and Family Health (Waraburra State School)

Tuffnell Residential and Community Care (TRACC) Caboolture Family Support Program

Turning Points, Everton Hills Wesleyan Methodist Church

Valuing Mothers Program (VMP), Mater Parent Aide Unit, Mater Children's Hospital

Whitsunday Family Support, Whitsunday Community Services Inc.

Women's Empowerment Group, Presentation Family Support Centre

Woorabinda Health Service,

Working Against Violence Support Service
Young Parents Program

Child focused programs

A Multimodal Treatment Program for the Treatment of Child Sexual Abuse, South Brisbane Child and Youth Mental Health Service

CASPAS – A program for children where parents have a mental disability, Lifeline

Child Therapy Program; Children and Domestic Violence Group Therapy Program, Centacare

Child Counsellor, Domestic Violence Regional Service

4 US – program for young people, Wide Bay Assessment Service

Future Parents Program, Maryborough Community Health in conjunction with Save the Children.

Group for children who have experienced domestic violence, Lifeline Capalaba

'Hands Off' – Anti-violence guide to developing positive relationships., Maroochydore State School

Homeless Youth Accommodation Support Service, Rockhampton New Horizons

HRE Human Relationships Education, Kalkie State School

Kiah Hostel, Centacare

Kids Help Line

Kids in Crisis Program, Lifeline Mackay-Whitsunday

Lifeline North Queensland Youth Services – Casey's Youth Program

Lifeline North Queensland Youth Services – YACCA

Logan TRACC (Tufnell Residential Community Care), Tufnell Welfare Services

Logan West Contact Service, Logan West Community Centre

Paediatric Outpatient Clinic, Caboolture Hospital

Permanent Residential Program, known as 'The Depot', Sisters of Mercy Housing Service

Queensland

Rapt Residential Program, Residential Care Service/Specialist Care Service/Shared Family Care Service

Regent Park -Residential Care Program, Tufnell Welfare Services

Regional Assessment Service, Logan West Community Care Inc.

Schools Senior Guidance Officer, Education Queensland

Sexual Harassment Officers, Windaroo State School

Special Education Unit, Smithfield State High School

Still Waters Children's Program, Salvation Army

The Future Parents Program, Save the Children Fund

TRACC Alternative Care, TRACC North SFC

Youth Options Program, Bundaberg Area Youth Service

Youth Services, The Base

Youth Support Coordinator Program, Department of Families, Youth and Community Care

South Australia

Community education

Baby Friendly Hospital Initiative, Riverland Health Units

Baby Simulator Loan Service, Youth SA, Office of Employment and Youth

Bachelor of Early Childhood Education, University of South Australia

Children and Domestic Violence Training, Children and Domestic Violence Action Group

DECS Social Work Service, Department of Education, Training and Employment (DETE)

Domestic Violence – Effects on Children, Legal Services Commission

Early Learning Program (ELP); First Start Early Literacy Program (FS), Department of Education Training and Employment, Early Childhood Support Services

'Effect of Domestic Violence on Children' Training Program for Early Childhood Workers, Port Pirie Domestic Violence Action Group Inc.

Family Violence Support Network, Family Violence Support Network

Health Education and Protective Behaviours, Kingston Community School

Health Issues at Pembroke School, Pembroke School

Law for Community Workers – certificate for community workers, Legal Services Commission SA

Mandated Notification Trainer Training Program, Family and Youth Services

Mandated Notification Training Program, Onkaparinga Institute of TAFE

Mandatory Notification Training, University of South Australia

Mandated Notification Training Workshops, Centre for Education, Women's and Children's Hospital

Mandatory Notification Training – Reporting Child Abuse and Neglect, Anglican Ministry Department

Mandatory Reporting Training and Protective Behaviour Training – Staff, Flinders Park Primary School	Protective Behaviours, Karrendi Primary School
Mandatory Reporting Training, Pembroke School	Protective Behaviours, Long Street Primary School
Parent Helpline, Child and Youth Health	Protective Behaviours, Nicolson Avenue Junior Primary School
Protective Behaviours Basic Training, Department of Education, Training and Employment (DETE)	Protective Behaviours, Prince Alfred College
Protective Behaviours Refresher, Department of Education, Training and Employment (DETE)	Protective Behaviours Program, Flinders Park Primary School
Reporting Child Abuse and Neglect – training, Minda Inc.	Protective Behaviours Program – Junior School, Pembroke School
Silent Witness Campaign – Domestic Violence Hurts Kids Too, SA Coalition of Domestic Violence Action Groups	Protective Behaviours Program, School Counsellor, Evanston Primary School
Statewide Disability Service, Anglicare SA	Protective Behaviours, Semaphore Park Primary School
The ‘Healthy Kids’ Project, Centacare and Louise Place	Protective Behaviours, Terowie Rural School
Visual Display, Pinnaroo Community Library	Protective Behaviours, Whyalla Stuart Junior Primary and Primary Schools
WOWsafe: Women of the West for Safe Families, Parks Office of Adelaide Central Community Health Service	Protective Behaviours, Whyalla Town Primary
<i>Personal safety or Protective Behaviours</i>	<i>Family support services</i>
The Effects of Domestic Violence on Children – Protective Behaviours, Department of Education, Employment and Training	Aberfoyle Community Centre Inc.
Keeping Ourselves Safe (Protective Behaviours), Berri Primary School	After Child Trauma (ACT) Group, Victim Support Service Inc. (South Australia)
Protective Behaviours, Alberton Primary School	CAMHS Family Partnerships Team, Women’s and Children’s Hospital
Protective Behaviours (and anti-bullying strategies), North Ingle Primary School	Child Case worker, Salvation Army
Protective Behaviours – A whole school approach, Department of Education, Training and Employment (DETE)	Child Protection Strengthening linkages for children in the north project, Women and children’s hospital, Division of Mental Health, CAMHS
Protective Behaviours, Campbelltown Primary School	Child’s Play for Aboriginal Families, Nunga Miminis Shelter-Lead Agency
Protective Behaviours, Darlington Primary School	Domestic Violence Helpline, Adelaide Central Mission
Protective Behaviours, Elizabeth Park Schools	Early Intervention Program, Southern Fleurieu Health Service
	Emergency Foster Care – Alternative Care Program, Anglicare SA

Families for Families – Child Protection Training, Community Accommodation and Respite Agency	Options, Options Coordination – Intellectual Disability Services Council Inc.
Family Counselling Service, Private practice via Community Health Service	Out of Home Care, Port Pirie Central Mission
Family Counselling Team, Centacare Catholic Family Services	Outreach Services, Minda Inc.
Family Preservation Program, Anglican Community Care	Parent Education Program and Home Visiting Midwives, Lyell McEwin Health Service
Family Preservation Program, Port Pirie Central Mission	Parent Education Program, Queen Elizabeth Hospital Maternity
Family Supported Accommodation Child Caseworker, Family Supported Accommodation Program – Salvation Army	Parenting Classes, Spark Resource Centre
Family Support Program, Port Pirie Central Mission	Parenting Program, Counselling and Support, Port Augusta Family Centre
Family Support Service, Anglicare SA	Parenting Program: Developing as a person, Child Protection Service
Family Support Services, Anglican Community Care	Parents Going It Alone, City of Mitcham
Goodwood Child Development Program, Goodwood Community Services Inc.	Protective Behaviours/ Human Rights/ Domestic Violence Awareness, Michelle DeGaris Memorial Kindergarten
Health Services, Women's and Children's Hospital	Rehabilitation Service, Southern Domiciliary Care and Rehabilitation Service
Helen Mayo House Program, Women's and Children's Hospital	Respite Services – Redmand House, Minda Inc.
Home Visiting Service, Lutheran Community Care	Safe Families Program – An early intervention approach, Southern Child and Adolescent Mental Health Service (CAMHS)
Infant Mental Health Service, Division of Child and Adolescent Mental	Step Parenting Program, Pembroke School
Intensive Family Intervention Team (IFIT), Intellectual Disability Services Council– Specialist Intervention and Support Services	Successful Mothers, Christian Brothers College
Interchange Inc.	Systematic Training for Effective Parenting (STEP) Program, Renmark Primary / Junior Primary School
Intervention Program: Sexualised children, Child Protection Service	The Aldinga Community Centre Inc., The Aldinga Community Centre Inc.
Kids 'n' You Family Support Program, Northern Metropolitan Community Health Service	The Endeavour Program, Goodwood Community Services Inc.
Kuitpo Community Family Program, Adelaide Central Mission	Tiny tots Parent Support Group, Mission SA: Southern Outreach Services
Mobile Creche Service, Lutheran, Community Care	Vacation Care, Minda Inc.
	Women and Children's Support Service, Coober Pedy Hospital
	Young Women's and Children's Support Services – Coolock House, Young Women's and Children's Support Services Coalition Inc.

South Australia

Young Women's and Children's Support Services – Malvern House, Young Women's and Children's Support Services Coalition

Child-focused programs

Alateen, Al Anon Family Groups – South Australia

Children's Interagency Network, Port Pirie and Districts Childcare Centre

Child Sexual Abuse Counselling, Centacare Catholic Family Services

Flexible, Alternative, Mobile Education (FAME) Project, Learning for Life

Education Service / Cardigan College Friends – Early Anxiety Prevention Program, Kingscote Area School

Job Placement, Employment and Training (JPET), Para Worklinks Inc.

Safety House Program, Safety House Association of South Australia

SOS Children's Villages, SOS Children's Villages Inc.

Teen Hope – Telephone Service, Living Hope Inc.

Offender programs

Managing Anger and Relationships Course, Lutheran Community Care

Stopping Violence, Department for Correctional Services

Tasmania

Community education

North East PACE Program, Centrelink/Anglicare

Parenting Support and Education Activities, Child Health Association Inc.

Protecting Children from Abuse and Neglect – A Cooperative Venture, Department of Health and Human Services (plus the Tasmanian Family Day Care Coordinators Association)

Safe Ministry with Children and Young People, Anglican Diocese of Tasmania

Social Skills Program, Ashley School, Ashley Youth Detention Centre

'The Corner' Youth Health Centre

Personal safety or Protective Behaviours

Self-Care Girls Project, Rosebery District High School

Family support services

After Hours Family Support including Respite Accommodation, Northern Youth Shelter Association

Breaking Patterns Workshop, St Mary's Community Health Centre

Child Support Program, Hobart Women's Shelter

Counselling Service, Kingsholme For Healing Inc.

Domestic Violence Crisis Service, Department of Health and Human Services

Family Child and Youth Health Service, Health and Human Services

Family Support Intervention Program, Glenorchy City Council

Family Support Program

Family Support Service, Launceston VFC Services Inc.

Hartz Support Service

'Hassles' Conflict Resolution Centre, Anglicare Tasmania

Tasmania

Home and School Support (HASS) –
'Changes...Your Choice', Salvo Care, Child
and Family Services

Lady Gowrie Family Support Service, Lady
Gowrie Tasmania Inc.

Managing our Kids, Bridgewater Primary
School and The Derwent Support Service

Parenting and Contact from the Inside: A
Good Beginnings Project, Good Beginnings
Prison Program (Tasmania)

Parenting and Family Support Programs,
Family, Child and Youth Health Service

Parenting Centre, Family and Child Health
Services

Residential Child Care, Kennerley Children's
Homes

The Devonport Playhouse Inc.

Warrawee Women's Shelter, Warrawee
Committee Inc.

Young Mum's Support Group / Lifeskills and
Relationships Group (for families in crisis),
Walker House Parenting Centre

Young Mums Support Group, Pregnant and
Young Parent Support (PYPS)

Child -focused programs

Glenorchy Youth Resource Centre, Glenorchy
City Council Youth Services

Karinya Young Womyn's Refuge Inc.

Poatina Village Youth Services, Fusion Australia

Program for children from families where
violence has occurred., Oakrise, CAMHS

Street Youth Program, Glenorchy City
Council Youth Services

Student Support Services, Department of
Education, Arthur District

Offender programs

Changing Abusive Behaviours Program,
Centacare Family Services

Victoria

Community education

Active Birthing and Parenting Classes, Kerang
and District Hospital

Adolescent Depression Awareness,
Whitefriars College

Appropriate Behaviour Management – Parent
group, McKinnon Kindergarten

'At Risk' Program, Maternal and Child Health
AWARE, Wyndham City Council

'Before It's Too late' (BITL), Children's
Services, Business Unit

Behaviour Over the Life Span, Yarram and
District Health Service

Cabrini Centacare Counselling Program,
Cabrini Centacare

Catholic Family Services (Footscray)

CCES Chaplaincy in Victorian Government
Secondary Schools, The Council for Christian
Education in Schools (CCES)

Child and Adolescent Mental Health
Promotion (CAMHS)

Child Protection Unit (CPU) / SECASA,
Monash Medical Centre

Community and Professional Education,
Department of Human Services

Choices, Anglicare

Domestic Violence and Incest Resource Centre

Domestic Violence Children's Services
Development Worker, Women's Health West

Domestic Violence Forum – The effects of
violence on children, Department of Human
Services, Youth and Family Services

Early Parenting Services, O'Connell Family
Centre

Eckankar Youth Program – Teaching religious
studies of Eckankar to Victorian primary
schools, Eckankar Society of Southern
Australia

Education and Information for Children's
Service Workers, City of Greater Shepparton

Every Child is Important, Australians Against
Child Abuse

Family Counselling, South Gippsland Shire Council	Preventing child abuse through effective recruitment and selection of human services staff – An education program for the child welfare field., Goding Human Services
Family Violence Prevention School Education Program, Emma House Domestic Violence Services Inc.	Professional Education and Community Awareness Program, Australians Against Child Abuse
Grovedale Kindergarten; ‘Nobody told me’ Parent education, Grovedale Kindergarten	Respect, Protect, Connect, South East Centre Against Sexual Assault SECASA
Healthy Families Program (formerly Healthy Families Project), ACHPER (Australian Council for Health Physical Education and Recreation)	Safety and Care Workshop, The Salvation Army
Healthy Relationships Program, Concongella Primary School	Safety Peer Education Program, Debney Park Secondary College / WestCASA
Issues Group, West Gippsland Healthcare Group	School Focused Youth Service. Seymour Cluster, Berry Street Inc.
Male Adolescent Program for Positive Sexuality (MAPPS), Adolescent Forensic Health Service	School Nursing Program – Grampians Region
Men’s Business: group and counselling service, Lifeworks – Wangaratta and Sunbury	Sexual Abuse Counselling and Prevention Program, Children’s Protection Society
Men’s Parenting Course, Centacare	Shared Action, St Luke’s, Bendigo
PACE Program and Seasons for Growth Program, McKillop College	The Ruth Wenig Parenting Support Group, The Windana Society Inc.
Parent Assessment and Skills Development Program (PASD), O’Connell Family Centre	Well Men’s Group, Centacare
Parenthood Links of Buloke, Buloke Shire Maternal and Child Health Initiative, Buloke Shire Council	Young Homeless People and Sexual Assault Outreach Project, Brophy Family and Youth Services Inc.
Parent Information Sessions, COBAW Community Health Service	<i>Personal safety or Protective Behaviours</i>
Parenting Ideas 1 and 2, Australian Council for Educational Research (ACER)	CASA victim/survivors support services (including group programs), Ballarat Centre Against Sexual Assault (CASA)
Parenting Programs, Bethany Family Support	Children’s Survival Program Trilogy, Mallee Domestic Violence Services
Parent support and Community Education, Parentzone Gippsland	Child Sexual Abuse Prevention Program (CSAPP Program)
Parent Workshops on Behaviour Management and Other Parenting Issues, Guidance Officer and Social Worker – Roberts McCubbin Primary School	Curriculum combination, Mildura Special Development School
Positive Parenting Program Family Intervention Service (FIS), Victorian Parenting Centre	Dealing With Sexual Assault, Flora Hill Secondary College
	Echuca Central Kindergarten
	Hop, Skip and Jump to Safety (A program for children in Domestic Violence), Mallee Domestic Violence Services

Kennington Pre-School Curriculum,
Kennington Pre-School

Mansfield Pre School Personal Safety –
Protective Behaviours Program, Mansfield Pre
School

Personal Development and Learning for
Living, Brauer College (with support of
CASA, Emma House, Mortlake Health
Service, Chaplaincy, Brophy Inc.)

Personal Safety and Healthy Relationships,
Portarlington Primary School

Personal Safety – A Protective Behaviours
Program, Korowa Anglican Girl's School

Personal Safety – A Protective Behaviours
Program, St Catherine's Primary School

Personal Safety – A Protective Behaviours
Program, St Mary's Primary School

Personal Safety Program, Mother of God
Primary School

Personal Safety, Olive Phillips Kindergarten
Inc.

Personal Safety Program, St Josephs School

Personal Safety, St Brendan's Primary School

Personal Safety Success Training, Mallee
Sexual Assault Services

Personal Safety Success Training, Ouyen Pre-
school

Police in Schools – Personal Safety Program,
Eagle Point Primary School

Proposal for Implementation of a Sexual
Abuse Prevention Program, Eastern Region
Special Schools

Protective Behaviours, Bandiana Primary
School

Protective Behaviours, Briagalong Primary
School

Protective Behaviours, Feelings, and
Community Education Programs, Rosedale
Community Health Centre

Protective Behaviours, Joan's Place and
Molly's House Women's Refuges Programs,

Protective Behaviours/ Personal Safety, Narre
Warren North Primary School

Protective Behaviours Program, Children's
Protection Society

Protective Behaviours Program, Oster
Children's Services

Protective Behaviours, School Nurse

Solving the Jigsaw, EASE

Stranger Danger/ Protective Behaviours,
Heatherhill Kindergarten

Family support services

Access Worker Program, Murrindindi
Community Health Service

Alys Key Family Care, Children's Protection
Society Inc.

Antenatal Risk Assessment Project, Alphine
Health

Barwon Family Violence After Hours Service /
SAAP / Children's Support, Bethany Family
Support

Baysa Youth Support Programs, Baysa Youth
Services

Bayswater Child Care and Learning Centre,
Bayswater Child Care and Learning Centre

Berry Street Home Based Care (Hume
Region), Berry Street Inc. (Hume Region)

Bringing Up Boys Group, MonashLink
Community Health Service – Southern
Health Care Network

Child and Family Counselling, Centacare
Catholic Family Services (Footscray)

Children's Services, Maroondah City Council

Children's Services, Salvation Army Family
Support Services

COBAW Early Intervention Program, COBAW
Community Health Service

Counselling and Casework Service,
MonashLink Community Health Service –
Southern Health Care Network

Counselling and group programs, Reach Out
for Kids

Courageous Kids, Careforce Recovery
Ministries

Cranbourne Child and Adolescent Mental Health Service (CAMHS)	Family Focus Program, Canterbury Family Centre (Uniting Care Connections)
Creative Mothers Group, Salvation Army Family Support Services	Family Foundations – Family Counselling and In-home Support, Anglicare Frankston
Crisis/Short Term Support/Counselling and Long Term In-Home Family Support, Anglicare Yarra Ranges	Family Foundations – Strengthening Families Program, Anglicare Frankston
Crompton Flats – Young Mums Program, Salvation Army Family Support Services	Family Group Conferencing, Glastonbury Child and Family Services
Domestic Violence Support Group, Anglicare Plenty Valley	Family In-Home Support / Family Counselling, Copelen
DONCARE Information, Support and Counselling Services, Doncaster Community Care and Counselling Centre Inc. (DONCARE)	Family Links, Broadmeadows Uniting Care
Echuca Family Support Program, Campaspe Murray Community Care	Family Mediation, Family Mediation Centre
Education Program to Improve Relationships Between Mothers and Their Children, Eastern Access Community Health	Family Reunification, Richmond Community Care
‘Exploring together’ A Program for parents, schools and community agencies to help children at risk, Victorian Parenting Centre	Family Resource Program, Glastonbury Child and Family Services
Families and Schools Together (FAST), Kildonan Child and Family Services, in partnership with FAST International, Australia	Family Services – Brimbank, Good Shepherd Youth and Family Services on behalf of Brimbank City Council
Families First, Children Australia Inc. (Oz Child)	Family services – Family Counselling and In Home Support Programs, Good Shepherd Youth and Family Service
Families First, Glastonbury Child and Family Services	Family Services Team, City of Melbourne
Families First, Kildonan Child and Family Services	Family Support and Counselling Service, City of Greater Dandenong
Family Builders, Children Australia Inc. (Oz Child)	Family Support and Counselling, City of Yarra Community Support
Family Counselling and in-home support service, Centacare Catholic Family Services (Footscray)	Family Support / Family Counselling, Broadmeadows Care
Family Counselling, Goulburn Valley Family Care Inc.	Family Support Program, Anglicare Broadmeadows
Family Counselling in Home Support, Kyabram Community and Learning Centre	Family Support Program, Anglicare Gippsland
Family Counselling Support Service, Autism Victoria	Family Support Program, Anglicare Maroondah
	Family Support Program, Anglicare Victoria
	Family Support Program, Bethany Family Support
	Family Support Program, Caroline Chisholm Society
	Family Support Program; In-home Support; Counselling; Parenting Programs, Delatite Shire Council

Family Support Program, Knox Community Health Service	Just Strategies, Eastern Access Community Health
Family Support Program, MonashLink Community Health Service – Southern Health Care Network	Kids Under Cover (Shelter for children in need), Kids Under Cover
Family Support Program, Moreland Community Health Service	Knox Kids; Youth and Family Support Service; Family Counselling, Anglicare Knox
Family Support Program, Southern Family Life	Larmenier Child and Family Centre, Larmenier Child and Family Centre
Family Support Service, Frankston City Council	Lifestyle Group For Parents of Young Children, Eastern Access Community Health
Family Support Service, Goulburn Valley Family Care Inc.	Lunch at 1, Eastern Access Community Health
Family Support Services, Maribyrnong City Council	MacKillop Family Services, St Josephs Babies and Family Services
Family Strategies, Anglicare Yarra Ranges	Making Changes Program, Berwickwide Community Health Service
Family Support Work Program, Community Connections (Victoria) Ltd.	Maternal and Child Health, Colac Otway Shire – Maternal and Child Health Services
Family Violence Prevention and Education Program, Mitcham Community House	Maternal and Child Health First Time Parent Groups Maternal and Child Health Program, Delatite Shire Council
Family Violence Program, including Mates Program, Southern Family Life	Maternal and Child Health, Manningham City Council
From Survival To Strength, Relationships Australia (Vic)	Maternal and Child Health Outreach Program, City of Maribyrnong
Geelong Rape Crisis Centre: CASA, CASA Centre Against Sexual Assault	Maternal and Child Health Outreach Program, Golden Plains Shire
Glass Street Kindergarten	Maternal and Child Health Outreach Program, Hepburn Shire Council
Good Beginnings Volunteer Home Visiting Program; Transition to Parenting Workshops, Doncaster Community Care and Counselling Centre Inc. (DONCARE)	Maternal and Child Health – Positive Parenting Groups, Ovens and King Community Health Service
Healthy Families Program, Concongella Primary School	Maternal and Child Health Program, Mayne Shire Council
High Risk Infant Program, Geelong Hospital	Maternal and Child Health Service, Central Gippsland Health Service
Hobson's Bay Maternal and Child Health Service, Hobson's Bay City Council	Maternal and Child Health Service – Outreach Program, Frankston City Council
Home and Community Care (HACC), Community Care: City of Monash	Maternal and Child Health Service, Shire of Yarra Ranges
Hume Region Parent Resource Service, Upper Hume Community Health Service	Maternal and Child Health Services, Maroondah City Council
In Home Family Support Program, CAMCARE	Maternal and Child Health Service, Traralgon
Intensive Family Services (Families First), Child and Family Services, Ballarat Inc.	

Maternal Outreach Program, Hepburn Health Services	Parenting Program, Fulham Correctional Centre
Mediation and Family Therapy Program, Regional Extended Family Services	Parenting Skills Program, Cobram Community House
Mobile Children's Service, Wodonga	Parenting Support Services, Council of Single Mothers and their Children
Mothers and Children Surviving Together, Alamein Community Committee Inc.	Parenting Teenagers, Melbourne City Mission
Motivation and Retention of Students (MARS) Program, Baysa Youth Services	Parenting Today – The Power of 'We', Luther College
National Association of Mobile Services for Rural and Remote Families and Children Inc., National Association of Mobile Services for Rural and Remote Families and Children Inc.	Parent Resource Service – Grampians Regional, Centacare/Djerriwarrh Health Services
New Mothers Group, Maternal and Child Health Centre	Parents of Special Needs Support Group, Cobram Community House
New Parents Program and Becoming Better Parents Program, Child and Family Health Service	Peninsula Specialist Support Unit, Peninsula Youth and Family Services
North East Foster Care, Berry Street Inc.	'Playspace' Parenting and Play on the Inside, The Salvation Army Crossroads Family Services
Out of Home Care, Anglicare Victoria	Positive Parenting, Marc Des Landes
Outreach / Day Stay Service, Darebin Maternal and Child Health Services	Positive Parenting Program, Central Hume Support Services
PACE – Parenting Adolescents, Centacare	Positive Parenting Program (Triple P), Upper Hume Community Health
PAIRS – Parent and Infant Relationship Support Group, Child and Adolescent Mental Health Service, Monash Medical Centre	Positive Parenting Workshop, MonashLink Community Health Service – Southern Health Care Network
Pakenham Young Mums, Grassmere Cardinia Youth Services – (Division of Copelen)	Practical Parenting Program / Family Support Worker, Kinglake District Neighbourhood House
Parent Assessment and Skill Development Service (PASDS), Child and Family Services	Preventative/Managing Parenting Program, Banyule City Council
Parenting: A Creative Experience, Ballarat and Clarendon College	Relating With Kids, Relationships Australia
Parenting Assessment Skill Development Service (PASDS), Tweedle Child and Family Health Service	Relationship Counselling, Relationships Australia
Parenting Australia Program, Jesuit Social Services	Respite Foster Care, Community Connections (Victoria) Ltd.
Parenting Education and Skills course 'Learning About Childhood Behaviour', Bairnsdale	Self Esteem and Relaxation for First Time Parents, Dianella Community Health Inc.
Parenting Education Group Inc.	Share Care – Respite Foster Care Program, Share Care Inc.
Parenting Play Groups – City Of Yarra, City of Yarra, Community Support Service	

Short-Term Crisis and Relief Care for Needy and Disadvantaged Children, Cottage by the Sea, Queenscliff Inc.

SMART – Strategies for Men And Relationships Today, Children's Protection Society Inc.

Specialist Children's Services Team, Department of Human Services

Special Needs Program and Individual Counselling Program, McKillop College

STAR (Safe Talk About Rights) Program; STAR for Parents, Southern Family Life

Starting Out Program, Uniting Care Connections

Staying Together Program, Wesley Youth Services

Strategies for Men and Relationships Today (SMART), Children's Protection Society Inc.

Strathbogie Shire Young Mums Group, Strathbogie Shire Maternal and Child Health Strengthening Families, Anglicare

Strengthening Families, Children's Protection Society in conjunction with Berry Street

Strengthening Families, Copelen

Strengthening Families Program, Community Connections (Victoria) Ltd.

Strengthening Families Program, Glastonbury Child and Family Services

Strengthening Families Program, Goulburn Valley Family Care Inc.

Stressed Parents, Windermere Child and Family Services

Successful Parenting, Rowville Secondary College

Support Services for Families, Northern Metropolitan Migrant Resource Centre

'Surviving Together' – Women and Children's Group, Amaroo Neighbourhood Centre Inc.

Temcare, Christian Brethren Family Care Incorporated

The Parenting Group – A program for parents with an intellectual disability, Windermere Child and Family Services

The Shop Family Services, Anglicare Family Service

Together Again Program, Children Australia Inc. (Oz Child)

Triple P – Positive Parenting Program, Dingley Village CAB

Vietnamese Parenting Course, Centacare Catholic Family Services (Footscray)

West Wimmera Maternal and Child Health Service, West Wimmera Shire Council

Werribee Family Services – Family Counselling Program / Family Support Program, Anglicare Werribee

Werribee Family Services – Youth Counselling and Support / Youth Sexual Assault Counselling, Anglicare Werribee

Yad L'Ezra – A Helping Hand, Beth Rivkah Ladies College

Young Pregnant and Parenting Program, Community Health Bendigo

Young Mum's Group, The Bridge – Options for Young People

Youth and Family Mediation Program, Berry Street Inc.

Youth and Parent Mediation Program, Werribee Support Housing Group Inc.

YouthBiz – Youth Access Project, Western District Health Service

Youth Housing Program, South Port Community Housing Group

Youth Support Service, Ballarat Youth Housing

Child-focused programs

Adolescent Community Placement – Youth Parent Mediation, Werribee Support and Housing Group Inc.

Adventure Therapy Program – Child and Adolescent Mental Health Service, CAMHS Goulburn Valley Health

Anger Management for Adolescents, Youthworks

A range of school based programs, Ivanhoe Girls Grammar

Becoming A Man Project – Year 9 and 10 Student Health Day, Echuca Secondary College	JPET Program – Job Placement, Employment and Training, Netgain / Berry Street Inc.
Big Brothers – Big Sisters, Jesuit Social Services	Lets Talk About Parenting, Windermere Child and Family Services
CHAT – Child Abuse Therapy Program, Australians Against Child Abuse	Marist Educational Welfare Service (MEWS), Marist Educational Welfare Service (MEWS)
Child and Adolescent Mental Health Service, CAMHS Goulburn Valley Health	Outreach Grief Services, Outreach Grief Services (A program of St Vincent's and Mercy Private Hospital)
Child Assault Management Program (CHAMP), Latrobe Community Health Service	Parenting workshops, VCE Supportive friends program and a range of education strategies, policy and practice., St Monica's College
Child Protection Unit, South East Centre Against Sexual Assault	Peer Mediation, Beaumaris North Primary School
Children's and Young Persons' Program, Women's Resource, Information and Support Centre (WRISC)	PEERS-4-US (People Ensuring Everyone's Right to Safety – for young people), Peninsula Community Health Service
Children's Contact Service, The Gordon Homes	Personal Development Programs, Baysa Youth Services
Children's Mental Health Service, Barwon Health	Promoting Relationships and Relationship Programs, Croydon Secondary College
Children's Sexual Behaviour Program, Australians Against Child Abuse	Rave Program, Southern Family Life
Counselling, Family and Individual Support and 'High Five' (for children of divorced or separated parents), Knox Community Care	School Attendance Program – Family Support, St Ambrose Primary School, Moreland Council and Brunswick Secondary College
Frankston Child and Adolescent Mental Health Service (CAMHS), Frankston Child and Adolescent Mental Health Service (CAMHS)	School Focused Youth Service, Brophy Family and Youth Services Inc.
Friendly Kids, Christ Church Grammar School	Seasons Program, Kardinia International College
Friends For Kids Program, Anglicare Gippsland	Seasons Program, Marian College
Friends Program, Anglicare Yarra Ranges	Self Esteem Program, St Anthony's School
'Getting It Together' Program; Peer Mediation Program; Protective Behaviours Program, Chaffey Secondary College	Sibling support group and parent information group, Mt Evelyn Special School
Health Education: Issues and You, Drouin Secondary College	Social Skills Program, Taylors Lakes Primary School
Healthy Families, Portarlington Primary School	Southern Intensive Mobile Youth Outreach Service (IMYOS), Child and Adolescent Mental Health Service
High Wire Circus and Flying High Circus Workshops, City of Glen Eira Youth Services	South Western Centre Against Sexual Assault CASA, South Western CASA
Home and School Liaison Officer, Corio South Primary School	Statewide Child Inpatient Mental Health Service, Austin and Repatriation Medical Centre
Homelessness Agencies Resource Project (HARP), Maroondah Hospital Area Mental Health Service	

Stepping Stones Adolescent Unit, Monash Medical Centre (Part of the Southern Health Care Network)

Student Program – Support Group Meetings, Stawell Primary School

Students at risk program, Wallan Primary School

Student Welfare and Management Program, River Gum Primary School

The Healthy Relationships Program, Bright P – 12 College

The Key to Behaviour Management, St Mary's Primary School

The Vision Program, Kardinia International College

Transitional Integrated Education Residential Service, Mackillop Family Services

Trinity Youth Services Inc.

Vietnamese Youth and Family Service, Good Shepherd Youth and Family Service

Welfare Program, Bimbadeen Heights High School

Wonthaggi Child Sexual Assault Counselling Service, Wonthaggi and District Hospital

Youth Activities Service, Kildonan Child and Family Services

Youth and Children's Support Program, Colac Community Health Service

Youth For Christ Adolescent Community Placement Program, Youth For Christ Melbourne

Youth Health Worker, Bellarine Peninsula Community Health Service

Young Men's Program, The Bridge

Youth Services, Maroondah City Council

Youth Services, Southern Family Life

Child and Family Centres

COBAW Community Health Service

National Association of Mobile Services for Rural & Remote Families and Children Inc., Ballarat

Parent Resource Service - Grampians Region, Centacare/Djerriwarrh Health Services

Offender programs

Adolescent / Adult Sex Offender Treatment Program, David Ball and Associates

Anger Management / Violent Behaviour Program, David Ball and Associates

Forensic Assessment and Treatment Programs (incorporating Sex Offender Treatment Programs), David Ball and Associates

Intensive Case Management Services – High Risk Adolescent Program, Berry Street Inc.

'Men's behaviour change program', Bayside Family Support (auspiced by Central Bayside Community Health Service)

Men Embracing Non-violent Solutions, Berwickwide Community Health Service

Men's Responsibility Group, MonashLink Community Health Service – Southern Health Care Network

'RAGE' – Responsive Adolescents Guys' Education, Berry Street Inc.

Community education

Armadale Community Family Centre

Carer Training Module – Caring for the sexually abused child (including Protective Behaviours), Yorganop Child Care Aboriginal Corporation

Child Abuse Education Programs, Education Department of Western Australia

Co-Parenting in Separation and Divorce, KinWay – A Division of Anglicare WA

EDWA Prevention Education (Health Education Syllabus); Gladys Newton School Protective Behaviours Program; Teacher-devised individualised programs, Maddington Education Support Centre

Escare Parenting Services; Parenting Development Group; Parenting Courses, Escare Inc.

Family Support Service / Counselling Service, Collie Family Centre Inc.

Growing Kids God's Way, East Fremantle Baptist Church

Integrated Approaches to Sexual Abuse (IASA)

Parent Education Program, Growing Families International

Pastoral Care Program, Charthouse Primary School

Playgroup Program, Playgroup Association of Western Australian Inc.

Sexual Abuse Within Faith Communities – WA Conference of the SDA Churches, SDA Church / Carmel Adventist College

Stephanie's Puppet Show, Noongar Alcohol and Substance Abuse Services Inc.

The Homestead, Beldon Community Centre

Volunteer Management Program/
Community Volunteer Resource Program/
Parent Support Project, Volunteering WA

Personal safety or Protective Behaviours

Healthy Lifestyles Day, Derby District High School

Protective Behaviours, Family and Children's Services

Protective Behaviours, Kapinara Primary School

Protective Behaviours, Parkerville Children's Home Inc.

Protective Behaviours Program, Burbridge School

Protective Behaviours Program, Protective Behaviours Consultancy (WA)

Protective Behaviours, Swan View Primary

Protective Behaviours, The Meeting Place Community Centre and Family and Children's Services

Safety House Program, Safety House Association of WA

Sexuality, Education, Counselling and Consultancy Agency

Student safety and wellbeing programs, Applecross Primary School

Family support services

Al-Anon Family Groups, Al-Anon

Assertive Discipline For Parents, Bunbury Primary Health Service

Chaplaincy in State Schools, The Churches Commission on Education

CLAN (Community Link and Network) – Family Support, Parent Link, Family Relationship Skills Training, CLAN (Community Link and Network)

Community Classes, Eaton Family Centre

Counselling and support services: (Family Therapy, Child Psychology and generalist services), Geraldton Family Counselling Service

Crisis Accommodation, Goldfields Women's Refuge Association

Domestic Violence – Safe House, Mawarnkara Health Service Aboriginal Cooperation

Exploring Together – A program for children and parents, Lockridge Community Health Centre

Family Abuse Advocacy Support Team (FAAST), Rockingham Women's Health and Information Centre

Family Crisis Anonymous, Family Crisis Anonymous

Family Early Intervention Program, Princess Margaret Hospital

Family/Relationships Services Program (Including Domestic Violence counselling, groups and education), Goldfields Centacare

Family support activities, Herdsman Neighbourhood Centre

Family Support and Community Neighbourhood Houses, Rainbow Coast Family Services

Family Support Service, Australian Red Cross Western Australia

Family Support Service/ Counselling Service, Collie Family Centre Inc.

Family support program, Boogurlarri Community House Association

Family Support, Yaandina Family Support

First Time Parents, Bunbury Primary Health Service

Hearth, Wesley Mission Perth

Karawara Community Project, Karawara Community Centre Family Support Services,

Kidlink Early Intervention Program Inc., Kidlink Early Intervention Program Inc.

Meerilinga Parent Link, Meerilinga Parent Link

New parents group and sleep management, Margaret River Child Health Clinic

Outcare Family Support Centres, Outcare Inc.

Outreach Program, Margaret River Child Health Clinic

Parent Bub Group, Kawbarri Health Centre

Parenting Your Toddler, Bunbury Primary Health Service

Playgroups, West Sterling Neighbourhood House

Positive Parenting Program (Triple P) and Home Safety Parties, Community Health

Positive Parenting Program (Triple P), Kalamunda Health Service

Positive Parenting Program (Triple P), Primary Health Services

Post Natal Depression Group, Lockridge Community Health Centre

Post Natal Parenting Program (including Postnatal Stress Support Group), Collie Health Service

Postnatal Parenting Program, Primary Health Services, Narrogin

'Reclaiming Our Lives' – Victims of domestic violence counselling service, Kinway

Respite Program, Clan Midland Inc. – Midland Junction Lotteries House

Samaritan 24 Hour Emergency Phone Service; Youthline Emergency Phone Service; Youth Liaison Service; Youth Info Service, The Samaritans

South West Youth and Family Support Service, Agencies for South West Accommodation

Strong men, strong families, Mawarnkarra Health Service Aboriginal Corporation

Teenshare, Anglicare WA

'Twinkle Twinkle' Sleep Management Program, Bunbury Primary Health Services

Vacation Care Program, Shire of Denmark

Women Going Places, Harvey Family Support Program

Women's Refuge, City of Stirling

Child-focused programs

Albany Women's Centre

Alternative Education Initiative, Kelmscott Senior High School

Breaking Free (adolescent girls group), Incest Survivors Association ISA Inc.

Child Counselling Service, Geraldton Sexual Assault Resource Centre

Children as Victims of Domestic Violence, Relationships Australia WA

Western Australia

Children's Domestic Violence Group, Albany
Women's Refuge

Child Sexual Abuse Treatment Service,
Relationships Australia WA

Domestic Violence Children's and Parents'
Support Services, Armadale

Family and Youth Support Service, Geraldton
Community Education Centre

Gosnells Domestic Violence Services

Health Education, Tranby Primary School

Innovative Mental Health Awareness
Program; Managing Student Behaviour
Program, Mirrabooka Primary School

Langford Youth Group, Boogurlarri
Community House Association

Parenting Skills Group, Incest Survivors
Association (ISA) Inc.

PCYC School Holiday Program, Port Hedland
PCYC

Perth Inner City Youth Service, West
Leederville

Placement Service, Mercy Community
Services Inc.

School Counselling Program, Bunbury
Catholic College

Sexual Assault Resource Centre

Young House, Albany Youth Support
Association Inc.

Youth and Family Support Service Mercy
Community Services Inc.

Child and Family Centres

Family support program, Boogurlarri
Community House Association

Family Support Service / Counselling Service,
Collie Family Centre Inc.

Family Support, Yaandina Family Support

Manjimup Family Support Program,
Manjimup Family Centre Inc.

Offender programs

Perpetrator Program, Geraldton Sexual
Assault Resource Centre

National Child Protection Clearinghouse

The National Child Protection Clearinghouse, based at the Australian Institute of Family Studies, is an informational and advisory resource on child abuse prevention, child protection and associated family violence. It forms the hub of a network of people concerned about preventing child abuse and neglect.

The mission of the Clearinghouse's mission is to help families and communities create an environment conducive to the wellbeing, care and protection of children.

In a two-way relationship with the community concerned with child abuse and neglect – and its prevention – the Clearinghouse collects, shares, monitors and distributes information and resources on the latest developments in the prevention of child abuse and neglect. It aims to inform policy, practice and research in child abuse prevention. Clients are those people needing information and resources on the latest developments in the prevention of child abuse and neglect for their work.

For further information about the Clearinghouse and its work, write to the National Child Protection Clearinghouse, Australian Institute of Family Studies, 300 Queen Street, Melbourne, Victoria 3000, Australia. Phone (03) 9214 7888. Fax (03) 9214 7839. Internet www.aifs.org.au/

CLEARINGHOUSE PUBLICATIONS IN PRINT

The National Child Protection Clearinghouse, at the Australian Institute of Family Studies, produces Newsletters, Issues Papers, Discussion Papers and Research Reports.

Child Abuse Prevention – Newsletters

The National Child Protection Clearinghouse Newsletter, *Child Abuse Prevention*, is produced twice a year to keep members up-to-date with new information and provide a forum for ideas.

Child Abuse Prevention – Issues Papers

- No. 1 *Child abuse and neglect: incidence and prevention*, by Marianne James, 1994.
- No. 2 *Domestic violence as a form of child abuse: identification and prevention*, by Marianne James, 1994.
- No. 3 *Child abuse prevention: a perspective on parent enhancement programs from the United States*, by Marianne James, 1994.
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- *Preventing child abuse and neglect in NSW: findings from a state audit*, by Adam M. Tomison, Published by the NSW Child Protection Council, Sydney, 1997.
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