National Framework for Protecting Australia's Children 2009–2020

Technical paper on operational definitions and data issues for key national indicators

National Framework for Protecting Australia's Children 2009–2020

Technical paper on operational definitions and data issues for key national indicators

August 2013

**The Australian Institute of Health and Welfare is a major national agency
which provides reliable, regular and relevant information and statistics
on Australia's health and welfare. The Institute's mission is
authoritative information and statistics to promote better health and wellbeing.**

**Please note that there is the potential for minor revisions of data in this report.
Please check the online version at <www.aihw.gov.au> for any amendments.**

Contents

Abbreviations

ABS	Australian Bureau of Statistics
AEDI	Australian Early Development Index
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
CA NSMHW	Child and Adolescent component of the National Survey of Mental Health and Wellbeing
COAG	Council of Australian Governments
CP NMDS	Child Protection National Minimum Data Set
ECEC	Early Childhood Education and Care
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
GSS	General Social Survey
HILDA	Household, Income and Labour Dynamics in Australia
ICPP	Indigenous Child Placement Principle
LSAC	Growing Up in Australia: the Longitudinal Study of Australian Children
NAPLAN	National Assessment Program—Literacy and Numeracy
National Framework	National Framework for Protecting Australia's Children 2009–2020
NFIWG	National Framework Implementation Working Group
SCCDSAC	Standing Council on Community and Disability Services Advisory Council
SDQ	Strengths and Difficulties Questionnaire
SEIFA	Socioeconomic Indexes for Areas
SGA	Small for gestational age
TSS NMDS	Treatment and Support Services National Minimum Data Set

Summary

This paper provides the technical specifications for the 31 key national indicators under the 2012–15 action plan of the *National Framework for Protecting Australia's Children 2009–2020* (the 'National Framework') (COAG 2009a).

These specifications will guide the reporting of these indicators in the National Framework annual report to the Council of Australian Governments (COAG) from the 2012–13 edition onwards.

This paper draws together the National Framework indicators developed under two related pieces of work:

- 29 indicators (high-level and supporting outcomes 2–6) were developed by the National Framework Implementation Working Group (NFIWG) in 2012. The Standing Council on Community and Disability Services Advisory Council (SCCDSAC) and the Community and Disability Services Ministers endorsed these indicators in August 2012 (FaHCSIA 2012).

- 2 indicators (supporting outcome 1) were developed through a SCCDSAC-funded AIHW scoping project in 2011–2012. The SCCDSAC endorsed these indicators in March 2013.

The specifications include the best currently available data sources, and comments on data gaps and limitations, as identified by the Australian Institute of Health and Welfare (AIHW). To enhance consistency across national reporting mechanisms, the data specifications have been drawn from existing national child indicator frameworks where possible.

1   Introduction

This technical paper specifies the operational definitions and primary data sources for the key national indicators of the *National Framework for Protecting Australia's Children 2009–2020* (the 'National Framework') (COAG 2009a). It sets out the best currently available data sources that the AIHW has identified for the key national indicators selected by the NFIWG. It comments on data gaps and limitations, particularly inconsistencies between indicator (ideal) definitions and existing data definitions. These specifications will guide the analysis of data for the national indicators in the National Framework annual report to the COAG, from the 2012–13 edition onwards.

In the lead-up to the commencement of the 2012–2015 action plan under the National Framework, a program logic exercise was undertaken and NFIWG reviewed the existing indicators of change (high-level and supporting outcomes 2–6)—the indicators presented in this technical paper reflect this discussion. The Community and Disability Services Ministers endorsed the revised set of indicators in August 2012 (FaHCSIA 2012).

The indicators for supporting outcome 1 were developed through a separate process. The AIHW undertook a scoping project in 2011–2012 to gain a clearer understanding of the nature, quality and frequency of data available to report against supporting outcome 1. The SCCDSAC (formerly the Community and Disability Services Ministers' Advisory Council) endorsed the final report from this project (AIHW forthcoming) in March 2013. The report recommended some indicators for implementation and others for medium or longer term development and consideration. This technical paper presents information about the supporting outcome 1 indicators that SCCDSAC agreed to implement immediately.

The specifications set out in this technical paper are accurate at the time of writing, but may be superseded as new issues come to light, for example, in relation to new data sources, changes to existing data sources, and progress with indicators identified as requiring data development. A summary of revisions made to the indicator specifications is provided in Appendix 2.

To enhance consistency across national reporting mechanisms, the data specifications have been drawn from existing national child indicator frameworks where possible—these are cited throughout the document. This is not intended to be an exhaustive review of all national indicator frameworks.

This paper includes:

- a summary of the proposed domains, indicators, data sources, and data development needs for the National Framework (see Table 1). There are 31 indicators under 28 domains—including 8 indicators under the high-level outcome, and 23 indicators under the six supporting outcomes
- detailed data specifications for each indicator, including numerator, denominator and data source (Section 2)
- an overview of the overall aim and supporting outcomes of the National Framework (Appendix 1)
- a summary of revisions made to the indicator specifications (Appendix 2).

Table 1: Summary of indicators for the *National Framework for Protecting Australia's Children 2009–2020*

Domain	Indicator		Data source	Development status
High-level outcome: Australia's children and young people are safe and well				
Child protection substantiations	0.1	Rate of children aged 0–17 years who were the subject of child protection substantiation	AIHW National Child Protection Data Collection	Reportable
Out-of-home care	0.2	Rate of children aged 0–17 years who are in out-of-home care	AIHW National Child Protection Data Collection	Reportable
Teenage births	0.3	Age-specific birth rate for women aged 15–19 years	AIHW National Perinatal Data Collection	Reportable
Low birthweight	0.4	Proportion of live born infants of low birthweight	AIHW National Perinatal Data Collection	Reportable
Child homicide	0.5	Assault (homicide) death rate for children aged 0–17 years	AIC National Homicide Monitoring Program	Reportable
Early childhood development	0.6	Proportion of children who are developmentally vulnerable on one or more domains of the Australian Early Development Index (AEDI)	Australian Early Development Index	Reportable
Child social and emotional wellbeing	0.7	Proportion of children aged 8–17 years scoring 'of concern' on the Strengths and Difficulties Questionnaire	To be determined	Operational definition and data source to be developed
Family economic situation	0.8	Proportion of households with children aged 0–14 years where at least 50% of gross household income is from government pensions and allowances	ABS Survey of Income and Housing	Reportable
Supporting outcome 1: Children live in safe and supportive families and communities				
Family functioning	1.1	Proportion of families who report 'good', 'very good' or 'excellent' family cohesion	Longitudinal Study of Australian Children	Reportable
Perceived safety	1.2	Proportion of households with children aged 0–14 years where their neighbourhood is perceived as safe	ABS General Social Survey	Reportable

(continued)

Table 1 (continued): Summary of indicators for the *National Framework for Protecting Australia's Children 2009–2020*

Domain	Indicator		Data source	Development status
Supporting outcome 2: Children and families access adequate support to promote safety and intervene early				
Family support service use	2.1	Number of children aged 0–17 years seeking assistance through treatment and support services	*Proxy data source:* AIHW National Child Protection Data Collection	Data source pending implementation. A proxy indicator and data source are available for interim reporting.
Early childhood education	2.2	Attendance rate of children aged 4–5 years at preschool programs	ABS Early Childhood Education and Care national data collection	Reportable
Antenatal care	2.3	Proportion of women who had at least five antenatal visits during pregnancy	AIHW National Perinatal Data Collection	Reportable
Supporting outcome 3: Risk factors for abuse and neglect are addressed				
Parental substance use	3.1	Proportion of parents with children aged 0–14 years who used any illicit drug within the last 12 months	AIHW National Drug Strategy Household Survey	Reportable
	3.2	Proportion of parents with children aged 0–14 years who drank alcohol at risky levels	AIHW National Drug Strategy Household Survey	Reportable
Parental mental health	3.3	Proportion of parents with children aged 0–14 years who have a mental health problem	Household, Income and Labour Dynamics in Australia (HILDA) Survey	Reportable
Homelessness	3.4	Rate of children aged 0–17 years who receive assistance through homelessness services (accompanied and unaccompanied)	AIHW Specialist Homelessness Services data collection	Reportable
Domestic violence	3.5	Proportion of adults who experienced current partner violence and their children saw or heard the violence in the previous 12 months	ABS Personal Safety Survey	Reportable (expected from 2012 Survey)

(continued)

Table 1 (continued): Summary of indicators for the *National Framework for Protecting Australia's Children 2009–2020*

Domain	Indicator		Data source	Development status
Supporting outcome 4: Children who have been abused or neglected receive the support and care they need for their safety and wellbeing				
Child protection resubstantiations	4.1	Rate of children aged 0–17 years who were the subject of a child protection resubstantiation in a given year	AIHW National Child Protection Data Collection	Reportable
Placement stability	4.2	Proportion of children aged 0–17 years exiting out-of-home care during the year who had one or two placements	AIHW National Child Protection Data Collection	Reportable
Carer retention	4.3	Proportion of out-of-home carer households that were retained in a given year	AIHW National Child Protection Data Collection	Data source under development by AIHW
Rebuilding resilience of abuse survivors	4.4	Proportion of children aged 15–17 years leaving care and scoring 'of concern' on the Strengths and Difficulties Questionnaire	To be determined	Operational definition and data source to be developed
Literacy and numeracy	4.5	Proportion of children on guardianship and custody orders achieving at or above the national minimum standards for literacy and numeracy	To be determined	Data source under development by AIHW
Leaving care plans	4.6	Proportion of children aged 15–17 years who have a leaving care plan	AIHW National Child Protection Data Collection	Reportable
Cross-sector clients	4.7	Proportion of child protection clients aged 0–17 years who enter juvenile corrective services or seek assistance from homelessness services	To be determined	Operational definition and data source to be developed
Supporting outcome 5: Indigenous children are supported and safe in their families and communities				
Placement of Indigenous children	5.1	To be developed (Indigenous Child Placement Principle compliance indicator)	To be determined	Operational definition and data source to be developed
	5.2	Proportion of Indigenous children aged 0–17 years in out-of-home care placed with extended family or other Indigenous caregivers	AIHW National Child Protection Data Collection	Reportable
	5.3	Proportion of Indigenous children aged 0–17 years placed through Indigenous-specific out-of-home care agencies	AIHW National Child Protection Data Collection	Data source under development by AIHW
Cultural support plans	5.4	Proportion of Indigenous children aged 0–17 years in care who have a cultural support plan	AIHW National Child Protection Data Collection	Data source under development by AIHW
Supporting outcome 6: Child sexual abuse and exploitation is prevented and survivors receive adequate support strategies				
Sexual abuse substantiations	6.1	Proportion of children aged 0–17 years who were the subject of a child protection substantiation for sexual abuse	AIHW National Child Protection Data Collection	Reportable
Child sexual assault	6.2	Rate of children aged 0–14 years who have been the victim of sexual assault	ABS Recorded Crime—Victims collection	Reportable

Note: In addition to the Indigenous-specific indicators under supporting outcome 5, NFIWG recommends that all indicators under the high-level and supporting outcomes be disaggregated by Indigenous status for National Framework reporting (where possible).

2   Operational definitions and data issues

2.1   High-level outcome: Australia's children and young people are safe and well

Child protection substantiations

Indicator 0.1: Rate of children aged 0–17 years who were the subject of child protection substantiation

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 0–17 years who were the subject of child protection substantiations of notifications received in the reference period	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1991 onwards (2011–12 available as at May 2013)
Denominator	Number of children aged 0–17 years at 31 December	AIHW Population Database	AIHW Population Health Unit	Quarterly and/or annual time series from 1979 onwards (Dec 2011 available as at May 2013)

Justification for selection

Child abuse may include neglect, physical abuse, sexual abuse and emotional or psychological abuse. Children who have been abused or neglected often have poor social, behavioural and health outcomes in childhood and later in life (AIHW 2011a).

Abuse is substantiated if, in the professional opinion of officers of the child protection authority, there is reasonable cause to believe that a child has been, is being, or is likely to be abused or neglected or otherwise harmed (AIHW 2013a).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

*   Key national indicators of children's health, development and wellbeing *(children aged 0–12)* (AIHW 2008a, 2012a)

*   Children's Headline Indicators *(children aged 0–12)* (AIHW 2011a)

*   National Youth Information Framework *(children aged 12–17)* (AIHW 2010, 2011b)

*   Key national indicators for reporting against the Early Childhood Development Outcomes Framework *(children aged 0–8)* (AIHW 2011c)

*   Overcoming Indigenous Disadvantage—Substantiated child abuse and neglect *(children aged 0–16)* (SCRGSP 2011)

*   Aboriginal and Torres Strait Islander Health Performance Framework *(children aged 0–16)* (DOHA 2011)

*   Social inclusion monitoring and reporting framework (Australian Social Inclusion Board 2010).

Data issues

- The data reported to the AIHW on child protection substantiations reflects departmental activity. Differences in child protection legislation, policies and practices across jurisdictions and over time can affect the number and rate of children in substantiations and so caution must be used when interpreting the data.

- Administrative data captures incidence of substantiations of harm, or risk of harm, rather than prevalence of abuse and neglect.

- Substantiations are when a notification was received during the financial year (e.g. 1 July 2010–30 June 2011), for which an investigation was completed and an outcome of 'substantiated' was recorded by 31 August 2011. Only substantiations that are finalised by the 31 August cut-off are included in the current aggregate-level data collection. The implementation of the forthcoming unit record collection—the Child Protection National Minimum Data Set (CP NMDS)—under the AIHW National Child Protection Data Collection will resolve this issue. Reporting using unit record-level data is expected to commence in 2012–13, pending data quality assessment and endorsement by jurisdictions to publish.

- Unit record data will allow counts of both 'substantiations of notifications received during the year' (as per the proposed operational definition) and 'all substantiations during the year' (substantiations recorded during the financial year, regardless of notification date). The benefits and limitations of both measures will be explored further once unit record data are available, with a view to identifying the most appropriate substantiation measure for national reporting.

Key cross-tabulations of interest

- Sex
- Age
- State and territory
- Indigenous status.

Out-of-home care

Indicator 0.2: Rate of children aged 0–17 years who are in out-of-home care

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 0–17 years who were in out-of-home care at 30 June	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1991 onwards (June 2012 available as at May 2013)
Denominator	Number of children aged 0–17 years at 31 March	AIHW Population Database	AIHW Population Health Unit	Annual from 1981 onwards (March 2012 available as at May 2013)

Justification for selection

Out-of-home care provides alternative overnight accommodation for children and young people who are unable to live with their parents. The reasons for this are varied, and may include parental substance abuse, incarceration of a parent, the death of one or both parents, a parent's mental or physical illness, a child's disability or poor health, or the child's need for a more protective environment (AIHW 2009).

Children living in out-of-home care represent a particularly disadvantaged group. Many have suffered child abuse or neglect, or family relationship breakdown (particularly breakdowns in parent–child relationships), while others have suffered emotional trauma through the loss of one or both parents (AIHW 2009).

Out-of-home care arrangements include foster care, placements with relatives or kin and residential care. In most cases, children in out-of-home care are also on a care and protection order of some kind (AIHW 2013a).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- Key national indicators of children's health, development and wellbeing *(children aged 0–12)* (AIHW 2008a, 2012a)
- Aboriginal and Torres Strait Islander Health Performance Framework (DOHA 2011).

Data issues

- Differences in legislation, policies and practices in relation to out-of-home care across jurisdictions and over time can affect the number and rate of children in out-of-home care and so caution must be taken when interpreting the data.
- March population estimates are usually the most recent data available for the denominator at the time the rates are calculated (i.e. June estimates are not yet available).

Key cross-tabulations of interest

- Sex
- Age
- State and territory
- Indigenous status
- Placement type.

Teenage births

Indicator 0.3: Age-specific birth rate for women aged 15–19 years

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of live births to women aged less than 20 years in the reference period	AIHW National Perinatal Data Collection	AIHW	Annual from 1991 onwards (2010 available as at May 2013)
Denominator	The female estimated resident population aged 15–19 years at 30 June	AIHW Population Database	AIHW Population Health Unit	Quarterly and/or annual time series from 1979 onwards (June 2012 available as at May 2013)

Justification for selection

Teenage motherhood is associated with significant health and social problems for the infant and the mother. Children born to teenage mothers are at greater risk of low birthweight and increased morbidity during their first year of life, tend to develop more behaviour problems than children of older mothers and are more likely to be born into, and continue to live in, social and economic disadvantage (AIHW 2011a).

Risk factors associated with teenage motherhood include family history of teenage pregnancy, unstable housing arrangements, socioeconomic disadvantage, sexual abuse in childhood, and being Indigenous. While not all teenage births result in negative outcomes for mother and child, the circumstances that often contribute to teenage birth may mean many young mothers do not receive the support they need during and after birth (AIHW 2011a).

Relevance to existing national indicators

This indicator is also included in the following national indicator frameworks:

- Key national indicators of children's health, development and wellbeing (AIHW 2008a, 2012a)
- Children's Headline Indicators (AIHW 2011a)
- National Healthcare Agreement (AIHW 2012b).

Data issues

- Mother's age is at the time of birth. Due to the small number of births occurring among women aged less than 15 years, births to mothers aged under 15 years are included in the numerator but not the denominator.
- The teenage birth rate is distinct from the teenage pregnancy rate. The birth rate includes only live births and is therefore lower than the pregnancy rate, which would include stillbirths, miscarriages and terminations.

Key cross-tabulations of interest

- State and territory
- Indigenous status of mother
- Birthplace of mother (born in Australia/overseas born)
- Remoteness of residence of mother
- Socioeconomic status of mother.

Low birthweight

Indicator 0.4: Proportion of live born infants of low birthweight

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of low birthweight (<2,500g) live born infants in the reference period	AIHW National Perinatal Data Collection	AIHW	Annual from 1991 onwards (2010 available as at May 2013)
Denominator	Number of births (live born) registered in the reference period	AIHW National Perinatal Data Collection	AIHW	Annual from 1991 onwards (2010 available as at May 2013)

Justification for selection

Birthweight is a key indicator of infant health and a principal determinant of a baby's prospective chance of survival and good health, development and wellbeing. A baby may be small due to being born early (pre-term), or may be small for its gestational age (including intrauterine growth restriction). Multiple factors can contribute to low birthweight including maternal age, illness during pregnancy, low socioeconomic status, multi-fetal pregnancy, maternal history of spontaneous abortion, harmful behaviours such as smoking or excessive alcohol consumption, poor nutrition during pregnancy, and poor prenatal care. Some of these risk factors are modifiable and susceptible to intervention (AIHW 2009).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- Key national indicators of children's health, development and wellbeing (AIHW 2008a, 2012a)
- Children's Headline Indicators (AIHW 2011a)
- Key national indicators for reporting against the Early Childhood Development Outcomes Framework (AIHW 2011c).

Data issues

- The definition of low birthweight as weighing less than 2,500 grams at birth is the Australian and World Health Organization standard.
- Maternal data experts note there is a push both internationally and in Australia to move from the standard indicator of low birthweight to an indicator of small for gestational age (SGA). The rationale is that the standard low birthweight indicator does not currently distinguish between pre-term babies who are appropriate weight for gestational age and full-term babies who are SGA. SGA is associated with poor long-term outcomes, in particular chronic diseases in adulthood such as diabetes and hypertension, whereas pre-term babies at appropriate weight for age who are cared for appropriately can develop along a normal growth trajectory. A measure of SGA infants at full-term may be appropriate, and a watching brief should be kept on data development progress in this field.

Key cross-tabulations of interest

- Baby characteristics:

- – sex
- – gestational age at birth.
- Maternal characteristics:
  - – age
  - – Indigenous status
  - – remoteness of residence
  - – birthplace of mother (born in Australia/overseas born)
  - – parity
  - – plurality
  - – socioeconomic status.
- State and territory.

Child homicide

Indicator 0.5: Assault (homicide) death rate for children aged 0–17 years

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of deaths of children aged 0–17 years from assault in the reference period	Australian Institute of Criminology (AIC) National Homicide Monitoring Program (NHMP)	AIC	Annual from 1989–90 onwards (2009–10 available as at May 2013)
Denominator	Number of children aged 0–17 years at 31 December	AIHW Population Database	AIHW Population Health Unit	Quarterly and/or annual time series from 1979 onwards (Dec 2011 available as at May 2013)

Justification for selection

Although deaths from assault are relatively rare among children, fatal outcomes from intentionally inflicted injuries or homicide provide an indication of the nature and extent of extreme interpersonal violence in this age group. Interpersonal violence, including domestic violence and child abuse, is often associated with parental drug and alcohol misuse and mental health problems (AIHW 2008a).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- Key national indicators of children's health, development and wellbeing *(children aged 0–14)* (AIHW 2008a, 2012a)
- National Youth Information Framework *(children and young people aged 12–24)* (AIHW 2010, 2011b).

Data issues

- The current recommended data source for deaths due to assault (homicide) is the Australian Institute of Criminology National Homicide Monitoring Program (AIC NHMP) (AIHW 2008a, 2010). This is subject to review in light of changes to the Australian Bureau of Statistics (ABS) Causes of Death Collection from 2006 onwards which aim to improve the quality of cause of death data.
- As a result of using the AIC NHMP for this indicator, the data will not be comparable to that obtained from the AIHW National Mortality Database (sourced from ABS Causes of Death Collection).

Key cross-tabulations of interest

- Age
- Sex
- Indigenous status
- Relationship to perpetrator.

Early childhood development

Indicator 0.6: Proportion of children who are developmentally vulnerable on one or more domains of the Australian Early Development Index (AEDI)

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children developmentally vulnerable on one or more domains of the AEDI	Australian Early Development Index	Department of Education, Employment and Workplace Relations (DEEWR)	Every 3 years from 2009 onwards (2012 available as at May 2013)
Denominator	Total children with valid scores on one or more domains of the AEDI	Australian Early Development Index	Department of Education, Employment and Workplace Relations (DEEWR)	Every 3 years from 2009 onwards (2012 available as at May 2013)

Justification for selection

Early childhood development outcomes are important markers of the welfare of children, and a number of factors influence such development. These include factors at the individual, family and community levels, such as socioeconomic status; child health; family characteristics such as family type, parental education and mental health; the home and community environment; and participation in a quality preschool program (AIHW 2011a).

Results on the AEDI domains group children into the following categories:

- developmentally vulnerable (below the 10th percentile)
- developmentally at-risk (between the 10th and 25th percentile)
- on track (between the 25th and the 50th percentile, and above the 50th percentile).

Results also describe children as developmentally vulnerable on one or more domains and on two or more domains. These children are considered to be at particularly high risk developmentally (CCCH & TICHR 2009).

Relevance to existing national indicators

This indicator is used as a measure of children's transition to primary school in the following national indicator frameworks:

- Key national indicators of children's health, development and wellbeing (AIHW 2008a, 2012a)
- Children's Headline Indicators (AIHW 2011a)
- Key national indicators for reporting against the Early Childhood Development Outcomes Framework (AIHW 2011c).
- Social inclusion monitoring and reporting framework *(vulnerable on two or more domains)* (Australian Social Inclusion Board 2010).

Data issues

- The AEDI is based on the scores from a teacher-completed checklist in the children's first year of full-time schooling—the preparatory year prior to Year 1 (may be known as kindergarten, prep, pre-primary, reception or transition across jurisdictions). The average age of children at the time the checklists were completed for the 2009 data

collection was 5 years and 7 months; however, this varied by 2–3 months between the states and territories. Age-based cut-offs are used to control for differences in age in the AEDI results.

- Home-schooled children are not included in the AEDI as teachers collect these data. However, distance education is included.

Key cross-tabulations of interest

- Sex
- Indigenous status
- State and territory
- Remoteness
- Socioeconomic status
- Language diversity.

Child social and emotional wellbeing

Indicator 0.7: Proportion of children aged 8–17 years scoring 'of concern' on the Strengths and Difficulties Questionnaire

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 8–17 years scoring 'of concern' on the Strengths and Difficulties Questionnaire	To be determined	To be determined	Not currently available
Denominator	Number of children aged 8–17 years in the reference period	To be determined	To be determined	Not currently available

Justification for selection

Mental health is a National Health Priority Area. The prevalence of mental health problems among children in modern societies is estimated to be as high as 20% and, in Australia, such problems are a major contributor to the burden of disease among children. Children with mental health problems experience a range of physical and social impairments and are at an increased risk of premature death. Further, these children can be exposed to stigma and discrimination (AIHW 2008a).

Social and emotional wellbeing is a Children's Headline Indicator priority area, due to the emphasis on mental wellbeing rather than on mental disorders or pathology (AIHW 2012c). The indicator recommended for reporting on this priority area is: *Proportion of children scoring 'of concern' on the Strengths and Difficulties Questionnaire*. The Strengths and Difficulties Questionnaire (SDQ) collects information about children's mental health and behaviour. The SDQ is suitable for those aged 3–17 years (parent and teacher report versions). There is also a self-report version suitable for young people aged 11–17 years, depending on their level of comprehension and literacy.

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- Children's Headline Indicators *(children aged 8–12)* (AIHW 2011a)
- Key national indicators of children's health, development and wellbeing (*children aged 8–12*) (AIHW 2012a)
- Key national indicators for reporting against the Early Childhood Development Outcomes Framework *(children aged 0–8)* (AIHW 2011c).

Data issues

- There are limited national data available on the mental health status of children. Currently there is not a satisfactory source of national SDQ data. A number of jurisdictions have used the SDQ; however, it is not comparable between jurisdictions due to different survey methodology and age of children. Growing Up in Australia: the Longitudinal Study of Australian Children (LSAC) used the SDQ to measure social and emotional outcomes in the K-cohort (children aged 4–5 years in Wave 1 and 6–7 years in Wave 2). However, the cohort design limits its usefulness for reporting population measures against the National Framework over time.

- Other current national collections containing mental health data for children and young people are also not suitable. The most recent national data that could be used to capture child mental health come from the 1998 Child and Adolescent component of the National Survey of Mental Health and Wellbeing (CA NSMHW). A new iteration of the CA NSMHW may be completed in the coming years. However, the current frequency of data collection limits the capacity to measure the progress made under the National Framework.

- Due to differences in the conceptualisation of mental health, it is difficult to collect data on non-Indigenous and Indigenous mental health using the same instrument (the Indigenous Health Survey provides comparative data to the CA NSMHW and is collected every 6 years).

- A detailed report on this subject suggested that reporting these data for children aged 8 years and older would represent a culmination of experience from birth (AIHW 2012c).

Key cross-tabulations of interest
- Available cross-tabulations to be determined.

Family economic situation

Indicator 0.8: Proportion of households with children aged 0–14 years where at least 50% of gross household income is from government pensions and allowances

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Households with children aged 0–14 years where at least 50% of gross household income is from government pensions and allowances	ABS Survey of Income and Housing	ABS	Most years from 1994–95 to 2002–03, every 2 years from 2003–04 (2009–10 available as at May 2013)
Denominator	Total gross household income for households with children aged 0–14 years in the reference period	ABS Survey of Income and Housing	ABS	Most years from 1994–95 to 2002–03, every 2 years from 2003–04 (2009–10 available as at May 2013)

Justification for selection

Reliance on income support is often associated with long-term poverty and social exclusion. The extent and duration of income support varies across households—some receive income support for relatively short periods, while others are reliant for a longer duration. The highest level of reliance is found among lone parents with dependent children, whose childrearing responsibilities often limit their ability to gain employment (Tseng & Wilkins 2002).

Relevance to existing national indicators

No relevant national indicator frameworks identified.

Data issues

- Data from the ABS Survey of Income and Housing are collected from usual residents of private dwellings in urban and rural areas of Australia, excluding *Very remote* areas.
- Indigenous identification is not available from the ABS Survey of Income and Housing.
- Households are included where the youngest dependent child is aged 0–14 years.
- Government pensions and allowances are income support payments from government to persons under social security and related government programs. Included are pensions and allowances that aged, disabled, unemployed and sick persons receive; payments for families and children, veterans or their survivors; and study allowances for students. All overseas pensions and benefits are included here, although some may not be paid by overseas governments. Family Tax Benefit, Baby Bonus and Child Disability Assistance Payment paid to recipients of Carer Allowance are also included in government pensions and allowances (ABS 2011a).
- In line with the ABS report *Household income and income distribution* (ABS cat. no. 6523.0), the proportion of gross household income from government pensions and allowances will be reported using the following categories:
  - Nil or less than 1%
  - 1% to less than 20%

- – 20% to less than 50%
- – 50% to less than 90%
- – 90% and over (ABS 2011a).
- Data are also available on households whose main source of income is government pensions or allowances. The main source of income is determined from which the most positive income is received. If the total income is nil or negative, the main source of income is undefined. As there are several possible sources of income, the 'main' source may account for less than 50% of gross income.

Key cross-tabulations of interest
- Proportion of gross household income from government pensions and allowances (categories listed above)
- Family composition (couple family, one parent family).

2.2 Supporting outcome 1: Children live in safe and supportive families and communities

As noted in the introduction, the SCCDSAC supported the AIHW report's recommendations that indicators of positive family functioning and perceptions of safety be implemented immediately as key indicators under supporting outcome 1 (AIHW forthcoming). This section provides technical specifications for those indicators.

Family functioning

Indicator 1.1: Proportion of families who report 'good', 'very good' or 'excellent' family cohesion

Operational definition

	Definition	Data source	Data custodian	Data availability[a]
Numerator	Number of families with children in the reference period who report good, very good or excellent family cohesion	Longitudinal Study of Australian children (LSAC)	Australian Institute of Family Studies (AIFS)	Every 2 years from 2006 onwards (2010 available as at May 2013).
Denominator	Number of families with children in the reference period	Longitudinal Study of Australian children (LSAC)	Australian Institute of Family Studies (AIFS)	Every 2 years from 2006 onwards (2010 available as at May 2013).

(a)   LSAC data collection waves are conducted every 2 years. Family cohesion data are available from wave 2 (2006) onwards.

Justification for selection

The AIHW report on supporting outcome 1 recommended that an indicator of positive family functioning be included to measure whether children lived in a 'safe and supportive family' (AIHW forthcoming).

Family functioning is defined by the way family members interact, make decisions, solve problems and maintain relationships. Benefits for young people living in strong and stable families include having positive role models for building relationships, the ability to cope with change and stressful life events, and higher self-esteem (Geggie et al. 2000; Shek 2002).

Family functioning is not easily measured and lacks easily defined concepts. Additionally, a single measure would not capture the complexity of family functioning. As a result, there are currently no national data available on a single overarching measure of family functioning in families with children. For this reason, AIHW (forthcoming) recommended consideration of a more detailed scale-based indicator of family functioning for longer-term national development (recommendation 10).

National data are, however, currently available on specific components of family functioning, such as family cohesion. Family cohesion is a conceptually-relevant underlying component of family functioning which reflects the ability of the family to get along with each other (AIHW 2009).

Relevance to existing national indicators

No relevant national indicator frameworks identified. However, this indicator has been operationalised for consistency with supplementary data on family functioning reported in *A picture of Australia's children* (AIHW 2009).

Data issues

- A measure of family cohesion only partially captures the concept of family functioning.

- The cohort nature of the Longitudinal Study of Australian Children (LSAC) limits the usefulness of the data as an indicator over time. LSAC is a longitudinal study of two age-based cohorts (i.e. children aged either 0–1 or 4–5 at wave 1), rather than a longitudinal panel study sampling a cross-section of the population. LSAC is therefore capturing the same families at each wave as the children grow older, rather than providing a more representative cross-section of the population over time. LSAC is a child-based collection, and as such, families with no children are excluded.

- Family cohesion data are collected for both LSAC cohorts—the birth cohort (children aged 0–1 years at wave 1) and the child cohort (children aged 4–5 years at wave 1). As such, the reportable age groups will vary across each wave of family cohesion data as the children grow older. Each wave is two years apart.

- LSAC captures parent self-reported family cohesion. Parents rate their family's ability to get along with each other against five response categories: excellent, very good, good, fair, and poor (AIFS 2013). LSAC has limited ability for disaggregation by population groups.

Key cross-tabulations of interest

- Age of child
- Family type.

Perceived safety

Indicator 1.2: Proportion of households with children aged 0–14 years where their neighbourhood is perceived as safe

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of households with children aged 0–14 years where the respondent reports feeling safe or very safe	ABS General Social Survey	ABS	Every 4 years from 2002 onwards (2010 available as at May 2013).
Denominator	Total households with children aged 0–14 years in the reference period	ABS General Social Survey	ABS	Every 4 years from 2002 onwards (2010 available as at May 2013).

Justification for selection

The AIHW report on supporting outcome 1 recommended that, as an indicator of perceived neighbourhood safety fits the program/indicator logic of this outcome, it should be included to measure whether children lived in 'safe and supportive communities' (AIHW forthcoming).

Parental perception of neighbourhood safety affects children's activities and can have a significant impact on children's health, development and wellbeing. Low levels of perceived neighbourhood safety may be contributing to the decline in children's independent mobility over time. Increasing restrictions on outdoor activities, particularly unsupervised activities, could lead to negative effects on mental, social and physical development, a more sedentary lifestyle and poorer health outcomes overall (AIHW 2009; Zubrick et al. 2010).

Perceptions of safety when alone at home often relates to crime levels in the local vicinity; previous experience as a victim of assault or household break-in; relationships with people living nearby; sense of strength and capacity to be in control; perceptions of crime levels generally; and level of trust in the local community (ABS 2012).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

• Key national indicators of children's health, development and wellbeing (AIHW 2009, 2012a).

Data issues

• Data from the ABS General Social Survey (GSS) are only available every four years.
• The GSS asks about how safe a person feels in various circumstances—for example, when home alone during the day, when home alone at night, or when walking alone through their local area at night. The GSS does not capture what factors may have enhanced or compromised neighbourhood safety, or whether there were specific child safety concerns.
• Data items on the GSS are collected at the person-level (not household-level); therefore it is the household respondent (aged over 18 years) who is asked about their perceptions of safety (not the household as a whole). It is possible that the household respondent may be any adult in the household and not necessarily a parent.

- As the survey only includes respondents over 18 years of age, children's perceived neighbourhood safety will not be captured. Children's perceptions and understanding of their own safety is likely to differ significantly from adults' (Murray 2009).

- The order of response categories was changed for the 2006 GSS, so that 'Very safe' was the first possible response ('Very unsafe' was the first possible response in the 2002 survey). This methodological change has very likely had an impact on the data, with more people reporting they feel safer in 2006. Due to this change, 2002 and 2006 data are not directly comparable and trend information should be interpreted with caution (ABS 2007). There were no changes for the 2010 GSS.

Key cross-tabulations of interest

- Age of respondent
- Circumstances (at home alone during the day/night, walking alone at night)
- Country of birth
- Remoteness
- Socioeconomic status.

2.3 Supporting outcome 2: Children and families access adequate support to promote safety and intervene early

Family support service use

Indicator 2.1: Number of children aged 0–17 years seeking assistance through treatment and support services

Operational definition

This indicator will initially be reported using a proxy (details provided on following page).

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 0–17 years seeking assistance through treatment and support services in the reference period	Treatment and Support Services NMDS (not yet implemented)	AIHW Child Welfare and Prisoner Health Unit	To be determined following implementation
Denominator	Not applicable			

Justification for selection

Family support services are increasingly recognised as playing a critical role in assisting families, and minimising or complementing statutory child protection intervention. Vulnerable and at-risk families are strengthened when they are identified early and are provided with appropriate services and supports to meet their needs.

This indicator aims to capture selected family support services that have a funding relationship with the state/territory child protection department.

Relevance to existing national indicators

No relevant national indicator frameworks identified.

Data issues

- A Treatment and Support Services National Minimum Data Set (TSS NMDS) has been developed, but has not yet been implemented. This indicator is currently reported using a proxy (details provided on next page). Treatment and support services have a broader scope of clients and activities than those currently reported in the proxy indicator.

- The scope of the TSS NMDS is limited to service provider organisations about which the state/territory departments responsible for child protection currently hold data, or where the data are readily accessible due to a funding relationship between the department and the organisation. The scope of clients includes children who have had some contact with the statutory child protection system. The AIHW hopes the TSS NMDS scope will be expanded in future phases.

Key cross-tabulations of interest (pending implementation)

- Age
- Sex
- Indigenous status
- Client group (child only, family)

- Main service activity type
- Service intent
- Presenting issue.

Proxy indicator

This indicator is currently reported using the proxy indicator: Number of children aged 0–17 years who commenced intensive family support services.

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 0–17 years who commenced intensive family support services in the reference period	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1991 onwards (2011–12 available as at May 2013).
Denominator	Not applicable			

Data issues

- Current available data are aggregate and limited in scope, including children commencing (not continuing) intensive family support services that state/territory child protection departments fund. Intensive family support services only include services that explicitly work to prevent imminent separation of children from their primary caregivers because of child protection concerns, and to reunify families where separation has already occurred. They are intensive in nature, averaging at least 4 hours of service provision per week for a specified short-term period (usually less than 6 months).

Key cross-tabulations of interest

- Age
- Sex
- Indigenous status
- Living situation of the child.

Early childhood education

Indicator 2.2: Attendance rate of children aged 4–5 years at preschool programs

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 4–5 years enrolled in and attending a preschool program in the year before full-time schooling, in the reference year	ABS Early Childhood Education and Care (ECEC) national data collection	ABS	Annual from 2012 (2012 available as at May 2013)
Denominator	Estimated number of children aged 4 years in the population in the reference year	Estimated Resident Population of children aged 4 years (ERP)	ABS	Australian Demographic Statistics, Cat no. 3101.0 (June 2012 available at May 2013)

Justification for selection

Studies have repeatedly demonstrated that children who attended early education programs or interventions showed better performance and progress in their early school years in almost all intellectual, cognitive and school domains, and many socialisation domains (AIHW 2011a).

Participation in high-quality early childhood education programs may be particularly beneficial for children from disadvantaged backgrounds. These children—who may experience low family incomes, lone parenting, young maternal age, low parental education and overcrowded households—have been shown to be at risk of attaining poorer cognitive, language and other school outcomes. Targeted early education interventions have been shown to be effective at overcoming the effects of many of these disadvantages, and have the potential to close the gap in academic achievement among disadvantaged populations (AIHW 2011a).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- Key national indicators for reporting against the Early Childhood Development Outcomes Framework (AIHW 2011c)
- Key national indicators of children's health, development and wellbeing (AIHW 2008a, 2012a)
- Children's Headline Indicators (AIHW 2011a)
- National Indigenous Reform Agreement *(Indigenous children only)* (AIHW 2012d)
- National Partnership Agreement on Early Childhood Education (COAG 2009b).

Data issues

- A preschool program is defined as a structured, play-based learning program, delivered by a degree-qualified teacher, aimed at children in the year before they commence full-time schooling. This is irrespective of the type of institution that provides it or whether it is government funded or privately provided. Programs may be delivered in a variety of service settings including separate preschools or kindergartens, long day care centres, in

association with a school etc. The terminology used to describe a preschool program differs across states and territories (ABS 2013).

- Children commence full-time schooling in the preparatory year prior to Year 1 (this may be known as kindergarten, prep, pre-primary, reception or transition across jurisdictions). Preschool programs are aimed at children in the year before they commence the preparatory year.

- Children are included regardless of whether they also attend a preschool program in a previous year (i.e. including children who were enrolled in and attending more than one year of a preschool program).

- A 'qualified' teacher is one who has completed at least a 3-year university qualification in early childhood education (AIHW 2013b). The Australian Children's Education and Care Quality Authority publishes a list of approved qualifications (ACECQA 2013).

- The ABS ECEC collection has recently been implemented, with experimental estimates first published for 2010 data. Unit record data are currently available across all jurisdictions (however Queensland and Western Australia continue to provide a mix of unit record and aggregate data). The 2010 and 2011 publications were labelled 'experimental estimates', but data quality improvements meant the 2012 estimates were no longer considered experimental. However, there are ongoing data quality and comparability issues, and not all jurisdictions are currently able to align their data with the ECEC National Minimum Data Set. Data for this indicator are not currently available for all jurisdictions—in 2012, Queensland was unable to provide data at child level (ABS 2013).

- Once all jurisdictions have fully implemented unit record data, the AIHW expects the ECEC collection will allow child-level data to be disaggregated by:
    - Indigenous status
    - Socioeconomic status (SEIFA, from geographic information)
    - Preschool program received from a qualified teacher.

  These items may provide a description of child disadvantage and program quality.

Key cross-tabulations of interest (pending implementation)
- Age
- Sex
- Indigenous status
- Preschool program received from a qualified teacher
- Socioeconomic status (SEIFA, from geographic information)
- Sector (government preschool, non-government preschool, long day care).

Antenatal care

Indicator 2.3: Proportion of women who had at least five antenatal visits during pregnancy

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of women who gave birth at 32 weeks or more gestation, who had at least five antenatal visits during pregnancy	AIHW National Perinatal Data Collection	AIHW	Annual from 1991 onwards (2010 available as at May 2013)
Denominator	Number of women who gave birth at 32 weeks or more gestation, in the reference period	AIHW National Perinatal Data Collection	AIHW	Annual from 1991 onwards (2010 available as at May 2013)

Justification for selection

Antenatal care is a system of regular medical check-ups, throughout the course of the pregnancy, to promote healthy lifestyles and screen for and institute early treatment for potential health problems, for the benefit of both mother and child. There is a strong relationship between regular antenatal care and positive child health outcomes. Receiving antenatal care at least four times during pregnancy, as the World Health Organization recommends, increases the likelihood of receiving effective maternal health interventions during antenatal visits (Li et al. 2012).

This indicator aligns with the antenatal care indicator in the National Indigenous Reform Agreement, which sets a benchmark of at least five antenatal visits during pregnancy (AIHW 2012e).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- National Indigenous Reform Agreement (AIHW 2012e). This agreement also includes a second antenatal care indicator *(at least one visit in the first trimester)*.

Data issues

- Data on the number of antenatal visits during pregnancy is scheduled for collection for all births in all jurisdictions from 1 July 2013 (AIHW 2013c). However, in 2010, data were only available for Queensland, South Australia, Tasmania, Australian Capital Territory and the Northern Territory.
- In line with the National Indigenous Reform Agreement indicator, the numerator and denominator include women who gave birth at 32 weeks or more of gestation, whether resulting in live or still birth.

Key cross-tabulations of interest

- State and territory
- Maternal characteristics:
    - age
    - Indigenous status
    - number of antenatal visits.

- Baby characteristics:
    - gestational age at birth
    - gestational age at the first antenatal visit.

2.4 Supporting outcome 3: Risk factors for abuse and neglect are addressed

Parental substance use

Indicator 3.1: Proportion of parents with children aged 0–14 years who used any illicit drug within the last 12 months

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of parents with children aged 0–14 years who used any illicit drug in the 12 months prior to the Survey	AIHW National Drug Strategy Household Survey	AIHW Drug Surveys and Services Unit	Three-yearly from 1985 onwards (2010 available as at May 2013)
Denominator	Number of parents with children aged 0–14 years in the reference period	AIHW National Drug Strategy Household Survey	AIHW Drug Surveys and Services Unit	Three-yearly from 1985 onwards (2010 available as at May 2013)

Justification for selection

Parental substance misuse is a key risk factor for child abuse and neglect. Parents who misuse substances may find it difficult to maintain household tasks and routines, such as preparing meals, ensuring children's clothes are clean, supervising children, maintaining regular routines for school attendance, and responding to their children's emotional needs. Financial difficulties may arise as parents may ignore paying for household essentials such as food, clothes and bills in order to buy drugs. Fluctuating mood swings due to substance intoxication or withdrawal often cause inconsistent parenting, and lack of supervision increases the child's risk of sexual abuse. Children may develop pervasive fears and the emotional stress can impair cognitive and sensory development. Exposure to drug use, drug overdose, drug dealing and other criminal activity is also possible (Bromfield et al. 2010).

Relevance to existing national indicators

No relevant national indicator frameworks were identified regarding parental substance use. However, the indicator has been operationalised for consistency with supplementary data on parental illicit drug use reported in the AIHW report *A picture of Australia's children* (AIHW 2009, 2012a).

Data issues

- Illicit drugs include illegal drugs (such as cannabis, amphetamines, and heroin), pharmaceutical drugs (such as pain-killers, tranquillisers) when used for non-medical purposes (strictly an illicit behaviour), and other substances used inappropriately (such as inhalants) (AIHW 2011d). Due to the illegal nature of illicit drugs it is likely that self-reported data underestimate the number of people using these drugs.

- Reported usage is based on what drug the person believed they were taking, and it is possible that they may not have known.

Key cross-tabulations of interest

- Age
- Sex

- Type of drug used
- Time since last use (last week, last month, 12 months)
- Frequency of use (every day, once a week or more, about once a month, every few months, once or twice a year).

Parental substance use (continued)

Indicator 3.2: Proportion of parents with children aged 0–14 years who drank alcohol at risky levels

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of parents with children aged 0–14 years who drink at levels that put them at lifetime risk of alcohol-related harm, or who drink at levels that put them at single occasion risk at least once a month	AIHW National Drug Strategy Household Survey	AIHW Drug Surveys and Services Unit	Three-yearly from 1985 onwards (2010 available as at May 2013)
Denominator	Number of parents with children aged 0–14 years in the reference period	AIHW National Drug Strategy Household Survey	AIHW Drug Surveys and Services Unit	Three-yearly from 1985 onwards (2010 available as at May 2013)

Justification for selection

Parental alcohol misuse is a key risk factor for child abuse and neglect. Parents who misuse alcohol may find it difficult to maintain household tasks and routines, such as preparing meals, ensuring children's clothes are clean, supervising children, maintaining regular routines for school attendance, and responding to their children's emotional needs. Financial difficulties may arise as parents may ignore paying for household essentials such as food, clothes and bills in order to buy alcohol. Fluctuating mood swings due to alcohol intoxication or withdrawal often cause inconsistent parenting, and parents may become violent or abusive (Bromfield et al. 2010).

Alcohol consumption is described in terms of risk of alcohol-related harm on a single occasion of drinking (short-term harm), and over a lifetime (long-term harm).

Relevance to existing national indicators

No relevant national indicator frameworks were identified regarding parental substance use. However, the indicator has been operationalised for consistency with supplementary data on parental alcohol consumption reported in the AIHW report *A picture of Australia's children* (AIHW 2009, 2012a).

Data issues
- Data from the 2010 Survey onwards are reported using the National Health and Medical Research Council (NHMRC) *2009 Australian guidelines to reduce health risks from drinking alcohol* (AIHW 2011d), which include definitions of 'lifetime risk' and 'single occasion risk'. As such, data from earlier Surveys, which used the 2001 NHMRC Guidelines, are not comparable.
- Self-reported data may underestimate the number of people drinking alcohol at risky levels. Reported usage is based on the quantity of alcohol the person believed they were drinking.

Key cross-tabulations of interest
- Age
- Sex
- Single occasion risk (5 or more days a week, weekly, monthly, yearly)/lifetime risk.

Parental mental health

Indicator 3.3: Proportion of parents with children aged 0–14 years who have a mental health problem

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of parents who have a mental health problem and have co-resident dependent children aged 0–14 years	Household, Income and Labour Dynamics in Australia (HILDA) Survey	FaHCSIA	Annual from 2001 onwards (2011 data available as at May 2013)
Denominator	Total number of parents with co-resident dependent children aged 0–14 years	Household, Income and Labour Dynamics in Australia (HILDA) Survey	FaHCSIA	Annual from 2001 onwards (2011 data available as at May 2013)

Justification for selection

Children living with a parent with a mental health problem may be at increased risk of social, psychological and physical health problems compared with children in families not affected by mental illness. Children may also experience physical and/or sexual violence, verbal abuse, neglect, loss of close intimate contact with a parent, and social and emotional problems as a result of poor parental mental health (AIHW 2009). It is important to improve access to services and provide sufficient supports to those populations at increased risk of perpetrating abuse or neglect if a sustained reduction in child abuse and neglect is to be achieved.

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- Key national indicators of children's health, development and wellbeing (AIHW 2008a, 2012a)

- National Youth Information Framework (AIHW 2010, 2011b).

Data issues

- It is difficult to measure the number of children living with a parent with mental illness as the parental role of people accessing mental health services is not always recorded and definitions of mental illness vary in survey data. Due to differences in the conceptualisation of mental health, it is also difficult to collect data on non-Indigenous and Indigenous mental health using the same instrument.

- The HILDA Survey measures mental health using the SF-36—a 36-item survey that measures eight domains of subjective health. Scale scores for each of the eight health domains can be summarised to produce a single measure of mental health: the Mental Health Component Summary (MCS) Score. An analysis of population averages suggests that an MCS score of less than 41 is indicative of a poor level of mental health. The survey has limited information on access to services, limiting the capacity to report on areas where improvements might be expected under the National Framework.

- The Survey of High Impact Psychosis (SHIP) is an alternative collection that can provide data on the mental health status of parents of children aged 0–17 and provide a measure of service usage. However, this data set only captures the more severe mental health problems. Further, SHIP is likely to only occur once during the 2009–2020 period,

creating issues with measuring improvements under the National Framework. It also does not allow for the reporting of Indigenous status.

Key cross-tabulations of interest

- Age
- Sex
- Indigenous status
- Parental status
- Family type
- Socioeconomic status.

Homelessness

Indicator 3.4: Rate of children aged 0–17 years who receive assistance through homelessness services (accompanied and unaccompanied)

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 0–17 years who receive assistance through Specialist Homelessness Services (accompanied and unaccompanied) in the reference period	Specialist Homelessness Services data collection	AIHW Specialist Homelessness Services Collection Unit	Annual from July 2011 onwards (2011–12 available as at May 2013)
Denominator	Number of children aged 0–17 years at 30 June	AIHW Population Database	AIHW Population Health Unit	Quarterly and/or annual time series from 1979 onwards (June 2012 available as at May 2013)

Justification for selection

Children experience a number of negative educational, social and health consequences as a result of being homeless. These can include early school leaving, behavioural problems, lack of parental affection and support, and psychological problems such as depression and anxiety. The effects of homelessness often persist beyond the period of homelessness. The causes of homelessness are complex and may include economic factors such as poverty, unemployment, increased housing costs, and unstable home environments caused by domestic violence. Factors that may lead to homelessness among children include family problems such as neglect, abuse, conflict, and drug and alcohol problems (AIHW 2009).

Relevance to existing national indicators

This indicator has been operationalised for consistency with the child homelessness indicator included in the following framework, which previously sourced data from the SAAP collection:

- Key national indicators of children's health, development and wellbeing *(children aged 0–14)* (AIHW 2008a, 2012a).

Data issues

- All children at risk of homelessness are not captured in the data as only those who sought and received assistance are included.
- Assistance from Specialist Homelessness Services includes any service received (for example, shower or meal), not only accommodation (although accommodation can be singled out). However, all SHS clients are either homeless, or at risk of homelessness, regardless of the service type they receive.
- The national Specialist Homelessness Services data collection was implemented on 1 July 2011, replacing the Supported Accommodation Assistance Program (SAAP) data collection.

Key cross-tabulations of interest

- Sex
- Age
- Indigenous status

- Main reason for seeking assistance
- Accompanied and unaccompanied children
- Residential type (e.g. house, caravan, emergency accommodation)
- Tenure type (e.g. renter, rent-free).

Domestic violence

Indicator 3.5: Proportion of adults who experienced current partner violence and their children saw or heard the violence in the previous 12 months

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Adults aged 18 years and over who experienced current partner violence, had children in their care when the violence occurred, and the children saw or heard the violence in the 12 months prior to the Survey	ABS Personal Safety Survey	ABS	Every 4 years from 2012 onwards (previous survey 2005, 2012 data not yet available as at May 2013)
Denominator	Number of adults aged 18 years and over in the reference period	ABS Personal Safety Survey	ABS	Every 4 years from 2012 onwards (previous survey 2005, 2012 data not yet available as at May 2013)

Justification for selection

Domestic violence is a key risk factor for child abuse and neglect. Children living with domestic violence are at high risk of experiencing physical abuse, and the toxic stress and complex trauma caused by living in such an environment can damage the developing brain and have profound long-term psychological effects. Compared to those who don't witness domestic violence, children who do have been shown to have significantly poorer outcomes across a range of childhood psycho-social, developmental and behavioural dimensions (Bromfield et al. 2010).

There is a well-established relationship between the experience of intimate partner violence and mental health problems such as depression, anxiety, trauma, self-harming and suicide. The effects of domestic violence on women can result in mothers who are emotionally distant, unavailable or unable to meet their children's needs and therefore increase the risk of children experiencing neglect. Domestic violence is also linked with homelessness and housing instability for victims fleeing violent partners (Bromfield et al. 2010).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- National Plan to Reduce Violence against Women and their Children 2010–2022 *(children exposed to their mother's or carer's experience of domestic violence)* (COAG 2010)

- Social inclusion monitoring and reporting framework *(people experiencing family violence in past 12 months)* (Australian Social Inclusion Board 2010). This indicator is reported using the same data source, and disaggregated by whether children were in their care.

Data issues

At the time of publication of this technical paper, the 2012 Personal Safety Survey had been completed, but the methodology and results had not yet been published. The data issues described below are based on advice that AIHW received from ABS in 2012, and may be subject to revision once the survey details are published.

- The 2012 Survey captured self-reported data on adults 18 years and over who experienced current and previous partner violence, and whether the violence was seen

or heard by children in their care in the previous 12 months. As such, while the indicator specifies current partner violence, similar data are expected to be available on previous partner violence.

- The Survey was conducted with adults aged 18 years and over. Information on partner violence is collected separately for women and men.

- Data from the 2005 Personal Safety Survey indicate some estimates on children witnessing partner violence have high relative standard errors and should be used with caution (ABS 2006). Similar reporting considerations may occur with the 2012 survey data.

- Data did not capture use of support services. The 2012 Survey included data on advice or assistance sought about their partner's violence, and police or court involvement regarding their partner's violence, however these data may not be available for cross-tabulation by those who had children in their care. Additional data on whether violence occurred during pregnancy is also expected to be available.

Key cross-tabulations of interest (pending implementation)
- Sex of victim
- Frequency of violence
- Whether children saw or heard the violence.

2.5 Supporting outcome 4: Children who have been abused or neglected receive the support and care they need for their safety and wellbeing

Child protection resubstantiations

Indicator 4.1: Rate of children aged 0–17 years who were the subject of a child protection resubstantiation in a given year

Operational definition

The resubstantiation rate reported for reference year, y, is defined in terms of resubstantiation within 90 or 365 days of a substantiation in the previous year.

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 0–17 years who were the subject of a substantiation in year y minus 1 (the year prior to the reference year), who were the subject of a resubstantiation within 90 days/365 days	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1991 onwards (2011–12 available as at May 2013)
Denominator	Number of children aged 0–17 years who were the subject of a substantiation in year y minus 1	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1991 onwards (2011–12 available as at May 2013)

Justification for selection

Children who were the subject of a resubstantiation are those who were the subject of a substantiation during the reference period, regardless of the date of notification, who were also the subject of at least one subsequent notification within the periods specified (90 days and 365 days) that is subsequently substantiated.

Resubstantiation rates are an indicator of governments' objective to reduce the risk of harm and to prevent the recurrence of abuse and neglect or harm to children. This indicator also partly reveals the extent to which intervention by child protection authorities has succeeded in preventing further harm to a child who is known to be at risk.

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

• Key national indicators of children's health, development and wellbeing (AIHW 2008a, 2012a)

• Report on Government Services—Protection and support services (SCRGSP 2012).

Data issues

• Data are not comparable across jurisdictions because definitions of 'substantiations' vary significantly across jurisdictions. Because data are not comparable across jurisdictions, national data cannot be reliably presented.

• Resubstantiation data should be interpreted with caution, as cases of resubstantiation do not necessarily imply that child protection agencies have failed to protect children from repeated abuse. The resubstantiation rate is affected by the finalisation of investigations,

and also by factors beyond the control of the child protection system, such as changes in family situations (for example, illness, pregnancy or unemployment), which may place children in danger of being re-abused or neglected.

- A resubstantiation does not necessarily refer to the same source or risk as the original substantiation.

Key cross-tabulations of interest

- State and territory.

Placement stability

Indicator 4.2: Proportion of children aged 0–17 years exiting out-of-home care during the year who had one or two placements

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 0–17 years exiting out-of-home care in the reference period who had one or two placements during a period of continuous out-of-home care	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1991 onwards (2011–12 available as at May 2013)
Denominator	Number of children aged 0–17 years exiting out-of-home care in the reference period	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1991 onwards (2011–12 available as at May 2013)

Justification for selection

Children in planned, stable out-of-home care placements tend to have better learning and psychosocial outcomes than children experiencing instability. Several characteristics are associated with placement disruption, including children with health and behavioural problems, older children, birth families from socially and economically marginalised ethnic minorities, and children in non-kin placements (NSW Department of Community Services 2007).

Children can have multiple short-term placements for appropriate reasons (for example, an initial placement followed by a longer term placement) or it may be desirable to change placements to achieve better compatibility between a child and family. It is not desirable for a child to stay in an unsatisfactory or unsupportive placement. Also, older children are more likely to have multiple placements as they move towards independence and voluntarily seek alternate placements (SCRGSP 2012).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- National Standards for Out-of-Home Care (FaHCSIA 2011)
- Report on Government Services—Protection and support services (SCRGSP 2012).

Data issues

- Differences in legislation, policies and practices in relation to out-of-home care across jurisdictions and over time can affect the number and rate of children in out-of-home care and so caution must be taken when interpreting the data.

- These data capture children who exited out-of-home care in the reference period and did not return within 60 days. It captures the number of placements during the period the child was in continuous out-of-home care (from entry to exit). Each placement is only counted once, and a return to a previous placement is not counted as a different placement.

- Reporting the length of time in continuous out-of-home care preceding exit provides important contextual information. Having one or two placements is a stronger indicator of stability for those in out-of-home care for a longer period of time (e.g. two placements over 5 years, compared to two placements over 3 months).

Key cross-tabulations of interest

- Number of different placements
- Length of time in continuous out-of-home care preceding exit.

Carer retention

Indicator 4.3: Proportion of out-of-home carer households that were retained in a given year

Operational definition

The rate reported for reference year, y, is defined in terms of retention from the previous year.

	Definition	Data source	Data custodian	Data availability
Numerator	Number of carer households that were authorised to provide funded home-based out-of-home care placements at 30 June in the year y minus 1 (the year prior to the reference year), and remained authorised through to 30 June in year y	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 2013–14 onwards (pending implementation)
Denominator	Number of carer households that were authorised to provide funded home-based out-of-home care placements at 30 June in the year y minus 1 (the year prior to the reference year)	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 2013–14 onwards (pending implementation)

Justification for selection

Effective retention of out-of-home care families increases the likelihood that children are placed with skilled, experienced carers and have stable and secure placements. It also decreases the reliance on recruitment of new families, which is a costly, time-consuming activity (Richardson et al. 2005). The National Framework and *National Standards for Out-of-Home Care* (the 'National Standards') acknowledge that retaining existing carers is a key priority (COAG 2009a; FaHCSIA 2011).

Relevance to existing national indicators

Under the National Standards, proposed future development of measures includes data on foster carer and kinship carer retention, pool size, attrition rates and reasons (FaHCSIA 2011).

Data issues

- The AIHW is currently developing data for this indicator. Relevant data items have been included in the AIHW CP NMDS. Reportable data for this indicator are expected by 2015 (for 2013–14 data) pending data development work, and data quality assessment and endorsement by jurisdictions. Data are expected to be available for foster carer households and relative/kinship carer households.

- Due to variation in authorisation policies and practices across jurisdictions, carer households are considered a more appropriate and comparable reporting unit than number of individual carers.

- Differences in legislation, policies and practices in relation to out-of-home care across jurisdictions and over time can affect the number and rate of carers and so caution must be taken when interpreting the data.

- Supplementary contextual data could be reported about the number of households commencing and exiting care in the reference period.

Key cross-tabulations of interest (pending implementation)

- Type of carer household (foster, relative/kinship)
- Placements during the reference period
- Length of time the carer household has been authorised.

Rebuilding resilience of abuse survivors

Indicator 4.4: Proportion of children aged 15–17 years leaving care and scoring 'of concern' on the Strengths and Difficulties Questionnaire

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 15–17 years with a leaving care plan scoring 'of concern' on the Strengths and Difficulties Questionnaire	To be determined	To be determined	Not currently available
Denominator	Number of children aged 15–17 years with a leaving care plan completing the Questionnaire in the reference period	To be determined	To be determined	Not currently available

Justification for selection

Persisting mental health problems are a common consequence of child abuse and neglect, including depression, anxiety disorders, post-traumatic stress disorder, suicidal behaviour, self-harm and eating disorders. The psychological effects of child abuse and neglect may lead to alcohol and drug abuse problems, and the development of aggressive and violent behaviours in adolescence and adulthood (Lamont 2010). In order to achieve a significant and sustained reduction in child abuse and neglect, it is necessary to reduce the adverse effects of abuse and neglect for survivors to prevent intergenerational issues and improve quality of life.

Relevance to existing national indicators

This indicator is included as a measure of *Social and emotional wellbeing* in the following national indicator frameworks:

- Children's Headline Indicators *(all children aged 8–12)* (AIHW 2011a)
- Key national indicators of children's health, development and wellbeing *(all children aged 8–12*) (AIHW 2012a).

Data issues

- There are no satisfactory data sets available for this indicator, particularly if the intent of the indicator is to measure the role of care in restoring resilience. Including an SDQ instrument as part of the National Out-of-Home Care Survey (currently under development) may be a viable option. Work under the National Standards will allow those children and young people in care aged 15–17 years with a leaving care plan to be identified; however, the mental health status of these children cannot be measured using currently proposed items. Data linkage work between the unit record child protection collection and the NMDSs under the National survey of Mental Health Services in Australia (NMHSA) could provide an indication of number of young people leaving care with mental health concerns, but sampling may become problematic as the NMHSA will only capture a subgroup of those children and young people of interest (i.e. those within the desired group who use services covered by the collection within the reference period).
- Refer to the Child social and emotional wellbeing indicator under the 'high-level outcome' (indicator 0.7) for information relating to existing difficulties in obtaining an

appropriate data source for this indicator. It is desirable to compare the social and emotional wellbeing of children leaving care to the wellbeing of all children. As such, in selecting a data source for this indicator, care should be taken to ensure comparable data are available for all children to allow such comparisons. Including an SDQ instrument as part of the National Out-of-Home Care Survey (currently under development) may be a viable option, if the sampling methodology is deemed appropriate for national reporting. The questions to be included in the Survey are yet to be finalised.

- Children in 'care' are defined as those whose care arrangements have been ordered by the Children's Court, where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive.

Key cross-tabulations of interest
- Available cross-tabulations to be determined.

Literacy and numeracy

Indicator 4.5: Proportion of children on guardianship and custody orders achieving at or above the national minimum standards for literacy and numeracy

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children on guardianship and/or custody orders, in Years 3, 5, 7 and 9 achieving at or above the national minimum standards for literacy (reading and writing) and numeracy	Under development	To be determined	To be determined
Denominator	Number of young people on guardianship and/or custody orders, in Years 3, 5, 7 and 9, eligible and sitting the literacy and numeracy tests in the reference year	Under development	To be determined	To be determined

Justification for selection

Education is particularly important for children placed in child protection services as it is an important gateway to future employment and life opportunities. However, children in the care of the state often have poorer educational outcomes than other children, including: poorer school grades; lower scores on standardised tests; developmental delays; higher rates of special education placements and repeating grades; behavioural and disciplinary problems; and higher absenteeism, truancy and drop-out rates (AIHW 2011e).

Australian national minimum standards for literacy and numeracy have been developed as part of the National Assessment Program—Literacy and Numeracy (NAPLAN).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- Report on Government Services—Protection and support services (SCRGSP 2012)
- National Standards for Out-of-Home Care (FaHCSIA 2011)
- Key national indicators of children's health, development and wellbeing (*all children in Year 5, reading and numeracy only*) (AIHW 2008a, 2012a)
- Children's Headline Indicators (*all children in Year 5, reading and numeracy only*) (AIHW 2011a).
- Key national indicators for reporting against the Early Childhood Development Outcomes Framework (*all children in Year 3, reading and numeracy only*) (AIHW 2011c)
- National Youth Information Framework *(all children in Years 7 and 9)* (AIHW 2010, 2011b)
- Social inclusion monitoring and reporting framework *(all children in Year 9)* (Australian Social Inclusion Board 2010).

Data issues

- The AIHW is currently developing a data source for this indicator. This will require linkage of NAPLAN and child protection data at the national level.
- Data are only available for selected school Years. The NAPLAN tests are conducted in May each year for all students across Australia in Years 3, 5, 7 and 9, on the assessment

domains of reading, writing, language conventions (spelling, grammar and punctuation) and numeracy.

Key cross-tabulations of interest

• Available cross-tabulations to be determined.

Leaving care plans

Indicator 4.6: Proportion of children aged 15–17 years who have a leaving care plan

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 15 years and over and who have a current and approved leaving care plan at 30 June	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 2011–12 onwards (June 2012 available as at May 2013)
Denominator	Number of children aged 15 years and over and who are required to have a current and approved leaving care plan at 30 June	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 2011–12 onwards (June 2012 available as at May 2013)

Note: Population scope includes young people whose care arrangements were ordered through the Children's Court and for whom parental responsibility has been transferred to the Minister/Chief Executive **and** who are aged 15 years and over at 30 June of the reference period.

Justification for selection

Historically, young people leaving care and making the transition to independent living have been considered one of the most vulnerable and disadvantaged social groups. Research has also shown that these young people do not have the level of support (emotional, social and financial) available to most young people in their transition to adulthood and that this transition occurs at an earlier age and in a more abrupt manner than young people of the same age in the general (Osborn & Bromfield 2007).

A leaving care plan (also called a transition from care plan) is developed in preparation for the young person exiting out-of-home care into independent living. Leaving care plans are developed in agreement with the child/young person and usually include:

- Goals/objectives
- Needs assessment including: accommodation, education/training, employment, health and living skills
- Planned measures/actions
- Family contact arrangements/relationship connections
- Income support
- Post-care support (counselling, mentoring, ongoing case management).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- National Standards for Out-of-Home Care (FaHCSIA 2011).

Data issues

- Children in 'care' are defined as those whose care arrangements have been ordered by the Children's Court, where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive.
- 2012 leaving care plan data were available for Victoria, Queensland and Western Australia only. These data were provided for national reporting for the first time in 2012.

Key cross-tabulations of interest

- Age
- Indigenous status.

Cross-sector clients

Indicator 4.7: Proportion of child protection clients aged 0–17 years who enter juvenile corrective services or seek assistance from homelessness services

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	To be determined	To be determined	To be determined	To be determined
Denominator	To be determined	To be determined	To be determined	To be determined

Justification for selection

Existing research shows that there are clear links between the experience of child abuse or neglect, homelessness and criminal activity. There is strong evidence that children who suffered abuse or neglect are more likely to engage in criminal activity than those who did not. There is also extensive research demonstrating that young people who have been involved in the child protection system are over-represented among the homeless, and that many young people under juvenile justice supervision were not living in a family home before entering supervision (AIHW 2012f).

There are several possible reasons for these links. First, children who are maltreated typically have parents or guardians who, usually due to social and economic stress, are not able to provide adequate supervision, which increases the probability of the child's involvement in delinquent activity. Second, young people who have been involved in the child protection system are more likely to be homeless and often have low levels of educational attainment and employment, and thus are more likely to commit survival crimes such as theft. Third, young people under juvenile justice supervision typically have higher levels of substance abuse and mental and physical illness than other young people, and lower levels of educational attainment. These attributes are likely to increase their probability of being homeless (AIHW 2012f).

Relevance to existing national indicators

No relevant national indicator frameworks identified.

Data issues

- Development is required. A feasibility study confirmed the ability to undertake data linkage between child protection, SAAP (homelessness) and juvenile justice data, following the implementation of the child protection unit record collection (AIHW 2008b). A pilot project is already underway linking SAAP and juvenile justice data (AIHW 2012f). Pending implementation as an ongoing data linkage project, this may offer a future data source for this indicator.

- The AIHW CP NMDS does not currently contain relevant stand-alone data for (partial) interim reporting of this indicator.

Key cross-tabulations of interest

- Available cross-tabulations to be determined.

2.6 Supporting outcome 5: Indigenous children are supported and safe in their families and communities

In addition to the Indigenous-specific indicators under supporting outcome 5, NFIWG recommends that all indicators under the high-level and supporting outcomes be disaggregated by Indigenous status for National Framework reporting (where possible).

Placement of Indigenous children

Indicator 5.1: To be developed (Indigenous Child Placement Principle compliance indicator)

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerators	To be determined	To be determined	To be determined	To be determined
Denominator	To be determined	To be determined	To be determined	To be determined

Justification for selection

Where Indigenous children are unable to live with their parents, culturally appropriate responses for their care and protection are needed (COAG 2009a). The Indigenous Child Placement Principle (ICPP) outlines a preference for the placement of Aboriginal and Torres Strait Islander children with other Aboriginal and Torres Strait Islander people when they are placed outside their family (HREOC 1997). All jurisdictions have adopted the ICPP in legislation and policy. The ICPP has the following order of preference for the placement of Indigenous children:

- with the child's extended family
- within the child's Indigenous community
- with other Indigenous people.

This indicator captures compliance with the ICPP process, rather than the final placement outcomes for Indigenous children.

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- National Standards for Out-of-Home Care (*following data development*) (FaHCSIA 2011).

Data issues

- Development is required. This indicator is intended to capture whether the ICPP process was complied with in determining placement outcomes. Developing a national definition of 'compliance' with the ICPP may be challenging, as jurisdictions currently define this differently for local reporting purposes.
- The ICPP is just one of the many considerations taken into account when making decisions on placements for Indigenous children. Where placement options outlined in the ICPP are not optimal for a child's safety and wellbeing, the child may be placed in an alternative care arrangement; this is usually only done after extensive consultation with appropriate Indigenous individual(s) and/or organisations.

Key cross-tabulations of interest

- Available cross-tabulations to be determined.

Placement of Indigenous children (continued)

Indicator 5.2: The proportion of Indigenous children aged 0–17 years in out-of-home care placed with extended family or other Indigenous caregivers

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of Indigenous children aged 0–17 years placed with relatives/kin or other Indigenous caregivers at 30 June	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1997–98 onwards (2011–12 available as at May 2013).
Denominator	Number of Indigenous children aged 0–17 years in out-of-home care at 30 June	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1997–98 onwards (2011–12 available as at May 2013).

Justification for selection

Where Indigenous children are unable to live with their parents, culturally appropriate responses for their care and protection are needed (COAG 2009a). The Indigenous Child Placement Principle (ICPP) outlines a preference for the placement of Aboriginal and Torres Strait Islander children with other Aboriginal and Torres Strait Islander people when they are placed outside their family (HREOC 1997). All jurisdictions have adopted the ICPP in legislation and policy. The ICPP has the following order of preference for the placement of Indigenous children:

- with the child's extended family
- within the child's Indigenous community
- with other Indigenous people.

This indicator captures placement outcomes for Indigenous children, rather than compliance with the ICPP process.

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- National Standards for Out-of-Home Care (FaHCSIA 2011)
- Report on Government Services—Protection and support services (SCRGSP 2012)
- Overcoming Indigenous Disadvantage—Substantiated child abuse and neglect (SCRGSP 2011)
- Aboriginal and Torres Strait Islander Health Performance Framework (DOHA 2011).

This indicator is usually reported as a proxy for 'Placement in accordance with the Indigenous Child Placement Principle'. An ICPP compliance indicator will soon be developed (see indicator 5.1).

Data issues

- This indicator captures placement outcomes for Indigenous children, rather than whether the ICPP process was complied with in determining placement outcome.
- The ICPP is just one of the many considerations taken into account when making decisions on placements for Indigenous children. Where placement options outlined in the ICPP are not optimal for a child's safety and wellbeing the child may be placed in an

alternative care arrangement; this is usually only done after extensive consultation with appropriate Indigenous individual(s) and/or organisations.

Key cross-tabulations of interest

- Age
- Sex
- Relationship of caregiver to child.

Placement of Indigenous children (continued)

Indicator 5.3: Proportion of Indigenous children aged 0–17 years placed through Indigenous-specific out-of-home care agencies

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of Indigenous children aged 0–17 years who were in out-of-home care at 30 June, whose placement was arranged by an Indigenous-specific agency	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 2013–14 onwards (pending implementation)
Denominator	Number of Indigenous children aged 0–17 years who were in out-of-home care at 30 June	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1991 onwards (June 2012 available as at May 2013)

Justification for selection

Indigenous-specific services are important in providing culturally appropriate service system responses, to meet the specific needs of Indigenous children and young people. The past practice of forced removal of Indigenous children has impacted on Indigenous communities' current perceptions of the government welfare system, including out-of-home care services. The intent of Indigenous-specific services is to sustain Indigenous children's family, community and cultural identity while attending to their need for safety (Richardson et al. 2007).

Relevance to existing national indicators

No relevant national indicator frameworks identified.

Data issues

- The AIHW is currently developing data for this indicator. A relevant data item has been included in the CP NMDS. Reportable data for this indicator are expected by 2015, for 2013–14 data, pending data availability, data quality assessment and endorsement by jurisdictions to publish.

- The 'Indigenous-specific agency flag' is currently a data item in the CP NMDS. The flag identifies whether an organisation that provides funded out-of-home care placements specifically for and by Indigenous people arranged for the placement. Data quality issues will be identified once unit record data become available.

- Once CP NMDS data become available, options for national reporting may be explored further—for example, assessing the benefits of the proposed 'at 30 June' child-based measure, compared to a 'during the year' placement-based measure, or an 'average day' measure.

Key cross-tabulations of interest

- Available cross-tabulations to be determined.

Cultural support plans

Indicator 5.4: Proportion of Indigenous children aged 0–17 years in care who have a cultural support plan

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of Indigenous children aged 0–17 years who have a current documented and approved cultural support plan at 30 June	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 2012–13 onwards (pending implementation)
Denominator	Number of Indigenous children aged 0–17 years who are required to have a current documented and approved cultural support plan at 30 June	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 2012–13 onwards (pending implementation)

Justification for selection

A cultural support plan is an individualised plan or support agreement that aims to develop or maintain children's cultural identity through connection to family, community and culture, while they are in care. Cultural support plans help to ensure that planning and decision making are culturally appropriate and in the best interests of the child.

A cultural support plan is usually developed between the person and the agency in consultation with members of the cultural community (or relevant officer) and usually includes:

- Relevant cultural information, including about the child, his or her family, the nation and/or country, community, language, clan, ethnic, island or cultural group and personal history

- Activities that maintain and support the child's cultural identity and connection with communities and culture

- Supports required to ensure that the child maintains his or her connections and is able to participate in activities documented in the cultural support plan.

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- National Standards for Out-of-Home Care (FaHCSIA 2011).

Data issues

- The AIHW is currently developing data specifications for this indicator. Relevant items will be added to the AIHW CP NMDS. National reporting for this indicator against the National Standards is expected by 2014, for 2012–13 data, pending data availability, data quality assessment and endorsement by jurisdictions to publish.

- Children in 'care' are defined as those whose care arrangements have been ordered by the Children's Court, where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive.

Key cross-tabulations of interest

- Available cross-tabulations to be determined.

2.7 Supporting outcome 6: Child sexual abuse and exploitation is prevented and survivors receive adequate support strategies

Sexual abuse substantiations

Indicator 6.1: Proportion of children aged 0–17 years who were the subject of a child protection substantiation for sexual abuse

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 0–17 years who were the subject of a child protection substantiation of a notification received in the reference period, for sexual abuse	AIHW National Child Protection Data Collection	AIHW Child Welfare and Prisoner Health Unit	Annual from 1991 onwards (2011–12 available as at May 2013)
Denominator	Number of children aged 0–17 years at 31 December	AIHW Population Database	AIHW Population Health Unit	Quarterly and/or annual time series from 1979 onwards (Dec 2011 available as at May 2013)

Justification for selection

Children who have been abused or neglected often have poor social, behavioural and health outcomes in childhood and later in life. In particular, a history of child sexual abuse has been associated with psychopathology, depression, anxiety disorder, phobias, panic disorder, post-traumatic stress disorder, substance abuse and violent and sexual offending later in life (AIHW 2008a).

Abuse is substantiated if, in the professional opinion of officers of the child protection authority, there is reasonable cause to believe that a child has been, is being, or is likely to be abused or neglected or otherwise harmed (AIHW 2013a).

Relevance to existing national indicators

No relevant national indicator frameworks identified.

Data issues

- The data reported to the AIHW on child protection substantiations reflect departmental activity. Differences in child protection legislation, policies and practices across jurisdictions and over time can affect the number and rate of children in substantiations and so caution must be taken when interpreting the data.

- Administrative data capture incidence of substantiations of harm rather than prevalence of abuse and neglect.

- Substantiations are when a notification was received during the financial year (e.g. 1 July 2010–30 June 2011), for which an investigation was completed and an outcome of 'substantiated' was recorded by 31 August 2011. Only substantiations that are finalised by the 31 August cut-off are included in the current aggregate-level data collection. The implementation of the forthcoming unit record collection (CP NMDS) will resolve this issue. Reporting using unit record-level data is expected to commence in 2012–13,

pending data availability, data quality assessment and endorsement by jurisdictions to publish.

- Only the most serious type of abuse for the first substantiation of the year for each child is currently reported. The implementation of a unit record collection should improve identification of the occurrence of sexual abuse, allowing for data collection on multiple types of abuse for each child.

- Substantiation data generally capture maltreatment by a parent/guardian. Extra-familial maltreatment (i.e. by someone other than a child's parent or guardian) is not within the mandate of most jurisdictions unless a child's parents are not acting to protect the child. However, some states and territories have policies in place about reporting such matters to police and do include such matters in the data provided for national reporting purposes (Holzer & Bromfield 2008).

- Unit record data will allow counts of both 'substantiations of notifications received during the year' (as per the proposed operational definition) and 'all substantiations during the year' (substantiations recorded during the financial year, regardless of notification date). The benefits and limitations of both measures will be explored further once unit records are available, with a view to identifying the most appropriate substantiation measure for national reporting.

Key cross-tabulations of interest
- Sex
- Age
- State and territory
- Indigenous status
- Abuse type (sexual abuse, physical abuse, emotional abuse, neglect).

Child sexual assault

Indicator 6.2: Rate of children aged 0–14 years who have been the victim of sexual assault

Operational definition

	Definition	Data source	Data custodian	Data availability
Numerator	Number of children aged 0–14 years who were the victim of sexual assault in the reference period	ABS Recorded Crime—Victims	ABS	Annual from 1993, break in series in 2010 (2011 available as at May 2012)
Denominator	Number of children aged 0–14 years at 30 June	AIHW Population Database	ABS	Quarterly and/or annual time series from 1979 onwards (June 2012 available as at May 2013)

Justification for selection

Sexual assault has multifaceted short- and long-term negative effects on child development. In particular, a history of child sexual abuse has been associated with psychopathology, depression, anxiety disorder, phobias, panic disorder, post-traumatic stress disorder, substance abuse and violent and sexual offending later in life (AIHW 2008a).

Relevance to existing national indicators

This indicator is included in the following national indicator frameworks:

- Key national indicators of children's health, development and wellbeing *(physical and sexual assault)* (AIHW 2008a, 2012a)

- National Plan to Reduce Violence against Women and their Children 2010–2022 *(all ages sexual assault)* (COAG 2010).

Data issues

- The 2010 publication marks a break in series for the Recorded Crime—Victims collection. This is due to changes in police recording practices, implementation of a revised offence classification, and completion of the National Crime Recording Standard (NCRS) implementation. Consequently, comparisons should not be made with data prior to 2010.

- The offence categories used for national crime statistics are based on the Australia and New Zealand Standard Offence Classification (ANZSOC) (ABS 2011b). The recorded crime statistics relate to victims of a selected range of offences that police have recorded. These offences may have been reported by a victim, witness or other person, or they may have been detected by police. The statistics do not provide a total picture of crime, as not all crimes are reported to police, nor do all incidents which are reported to police get recorded as a crime. These data are not designed to provide counts of total number of victims—victims may be double-counted where multiple offences have occurred.

- The reported level of crime that children and young people experience is likely to be underestimated as children, in particular, may feel intimidated and reluctant to report personal crimes if the perpetrator is known to them or in a position of power.

- National totals for sexual assault are available from 2010 onwards. National totals for physical assault are not available as data are not available for all states and territories.

- ABS also advises care in interpreting police statistics as fluctuations in recorded crime may be a reflection of changes in community attitudes in reporting crime, changes in police procedures or changes in crime reporting systems, rather than a change in the incidence of criminal behaviour.

Key cross-tabulations of interest

- Age
- Sex
- Indigenous status (NSW, Qld, SA and NT only)
- State and territory
- Relationship of offender to victim.

Appendix 1: National Framework for Protecting Australia's Children 2009–2020

The *National Framework for Protecting Australia's Children 2009–2020* consists of high-level and supporting outcomes, strategies to be delivered through a series of 3-year action plans and indicators of change that can be used to monitor the success of the National Framework. The actions and strategies that governments and others will agree to take under this National Framework are all aimed to achieve the following high-level outcome:

Australia's children and young people are safe and well.

As a measure of this outcome, governments and the non-government sector have set the following target:

A substantial and sustained reduction in child abuse and neglect in Australia over time.

To demonstrate progress towards achieving the target the following measures have been identified:

- trends in key national indicators of children's health, development and wellbeing
- trends in hospital admissions and emergency department visits for neglect and injuries to children under three years
- trends in substantiated child protection cases
- trends in the number of children in out-of-home care.

Supporting outcomes, strategies and indicators of change

The six supporting outcomes are:

1. Children live in safe and supportive families and communities.

2. Children and families access adequate support to promote safety and intervene early.

3. Risk factors for child abuse and neglect are addressed.

4. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing.

5. Indigenous children are supported and safe in their families and communities.

6. Child sexual abuse and exploitation is prevented and survivors receive adequate support.

The supporting outcomes and strategies help to focus effort and actions under the National Framework in order to reach the high-level outcome. Indicators of change are provided to measure the extent to which governments and non-government organisations are achieving the supporting outcomes. Given the inherent difficulties in isolating the impact of specific actions on broader social outcomes, a broad suite of indicators have been identified which, when viewed collectively, will be reported annually and provide a basis for measuring progress over the life (12 years) of the National Framework (COAG 2009a).

Appendix 2: Revisions to indicator specifications

The specifications set out in this technical paper are accurate at the time of writing, but may be superseded as new issues come to light, for example, in relation to new data sources, changes to existing data sources, and progress with indicators identified as requiring data development.

In August 2012, the 2012–2015 action plan under the National Framework was released, including a set of indicators for national reporting (Appendix B of FaHCSIA 2012). Table A1 summarises subsequent revisions made to the indicator set.

Table A1: Summary of revisions made to the indicator specifications

Domain	Indicator	Revision/s	Justification
Teenage births	0.3	Indicator reworded slightly from 'Age-specific fertility rate for women aged 15–19 years' to 'Age-specific birth rate for women aged 15–19 years'.	The revised wording better reflects what is reported, and improves alignment with existing national indicator frameworks (AIHW 2008a, 2012a, 2012b). The operational definition for this indicator, which captures teenage birth rate, has not changed.
Family functioning	1.1	This new indicator was added following SCCDSAC endorsement of the final report on a scoping project that AIHW carried out (AIHW forthcoming). Refer to Introduction for further details.	The Minister-endorsed action plan noted that indicators for supporting outcome 1 were 'pending AIHW development work in progress' (FaHCSIA 2012).
Perceived safety	1.2	This new indicator was added following SCCDSAC endorsement of the final report on a scoping project that AIHW carried out (AIHW forthcoming). Refer to Introduction for further details.	The Minister-endorsed action plan noted that indicators for supporting outcome 1 were 'pending AIHW development work in progress' (FaHCSIA 2012).

References

ABS (Australian Bureau of Statistics) 2006. Personal Safety Survey, Australia, 2005. ABS Cat. no. 4906.0. Canberra: ABS.

ABS 2007. General Social Survey: summary results, Australia, 2006. Explanatory notes. ABS Cat. no. 4159.0. Viewed 25 January 2013, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4159.0Explanatory%20Notes12006?OpenDocument>.

ABS 2011a. Household income and income distribution, Australia, 2009–10. ABS Cat. no. 6523.0. Canberra: ABS.

ABS 2011b. Australia and New Zealand Standard Offence Classification (ANZSOC) 2011. ABS Cat. no. 1234.0. Canberra: ABS.

ABS 2012. Recorded crime: victims, Australia 2011. ABS Cat. no. 4510.0. Canberra: ABS.

ABS 2013. Preschool education, Australia, 2012. ABS Cat. no. 4240.0. Canberra: ABS.

ACECQA (Australian Children's Education and Care Quality Authority) 2013. Early childhood teaching qualifications. Viewed 27 February 2013, <http://acecqa.gov.au/qualifications/approved-early-childhood-teaching-qualifications/>.

AIFS (Australian Institute of Family Studies) 2013. LSAC wave 4 data dictionary. Viewed 25 January 2013, <http://www.growingupinaustralia.gov.au/data/datadict/index.html>.

AIHW (Australian Institute of Health and Welfare) 2008a. Technical paper on operational definitions and data issues for key national indicators of children's health, development and wellbeing. Cat. no. WP 59. Canberra: AIHW.

AIHW 2008b. Linking SAAP, child protection and juvenile justice data collections: a feasibility study. Cat. no. CSI 5. Canberra: AIHW.

AIHW 2009. A picture of Australia's children 2009. Cat. no. PHE 112. Canberra: AIHW.

AIHW 2010. Health and wellbeing of young Australians: technical paper on operational definitions and data issues for key national indicators. Cat. no. WP 63. Canberra: AIHW.

AIHW 2011a. Headline indicators for children's health, development and wellbeing, 2011. Cat. no. PHE 144. Canberra: AIHW.

AIHW 2011b. Young Australians: their health and wellbeing 2011. Cat. no. PHE 140. Canberra: AIHW.

AIHW 2011c. National outcome measures for early childhood development: development of an indicator-based reporting framework. Cat. no. PHE 134. Canberra: AIHW.

AIHW 2011d. 2010 National Drug Strategy Household Survey report. Cat. no. PHE 145. Canberra: AIHW.

AIHW 2011e. Educational outcomes of children on guardianship or custody orders: a pilot study, Stage 2. Cat. no. CWS 37. Canberra: AIHW.

AIHW 2012a. A picture of Australia's children 2012. Cat. no. PHE 167. Canberra: AIHW.

AIHW 2012b. National Indicator Catalogue. National Healthcare Agreement: PI 61, Teenage birth rate, 2012. Viewed 10 May 2012, <http://www.aihw.gov.au/pi/index.cfm/sc/CatSearch/CatId/435821/?PIIndId=435899>.

AIHW 2012c. Social and emotional wellbeing: development of a children's headline indicator. Cat. no. PHE 158. Canberra: AIHW.

AIHW 2012d. National Indicator Catalogue. National Indigenous Reform Agreement: PI 17, The proportion of Indigenous children who are enrolled in a preschool program, 2010. Viewed 16 July 2012, <http://www.aihw.gov.au/pi/index.cfm/opcat/0,1/sc/CatSearch/CatId/393476/?PIIndId =396598>.

AIHW 2012e. National Indicator Catalogue. National Indigenous Reform Agreement: PI 14, Antenatal care, 2011. Viewed 9 May 2012, <http://www.aihw.gov.au/pi/index.cfm/opcat/0,1/sc/CatSearch/CatId/425730/?PIIndId =425775>.

AIHW 2012f. Linking SAAP, child protection and juvenile justice data: technical report. Cat. no. CSI 14. Canberra: AIHW.

AIHW 2013a. Child protection Australia 2011–12. Cat. no. CWS 43. Canberra: AIHW.

AIHW 2013b. Early Childhood Education and Care: unit record level NMDS 2013. Child—preschool program received from a qualified teacher indicator. Viewed 27 February 2013, <http://meteor.aihw.gov.au/content/index.phtml/itemId/506731 >.

AIHW 2013c. Perinatal DSS 2012–2013. Viewed 27 February 2013, <http://meteor.aihw.gov.au/content/index.phtml/itemId/473035>.

AIHW forthcoming. Scoping the development of reportable measures to support the National Framework for Protecting Australia's Children 2009–2020 Supporting outcome 1: Children live in safe and supportive families and communities. A working paper. Canberra: AIHW.

Australian Social Inclusion Board 2010. Social inclusion in Australia: How Australia is faring. Canberra: Australian Government Department of the Prime Minister and Cabinet.

Bromfield L, Lamont A, Parker R & Horsfall B 2010. Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurence of domestic violence, parental substance misuse and mental health problems. NCPC issues, No. 33. Melbourne: Australian Institute of Family Studies.

CCCH (Centre for Community Child Health) & TICHR (Telethon Institute for Child Health Research) 2009. A snapshot of early childhood development in Australia: AEDI national report 2009 (re-issue March 2011). Canberra: DEEWR.

COAG (Council of Australian Governments) 2009a. Protecting children is everyone's business: National Framework for Protecting Australia's Children 2009–2020. Canberra: COAG.

COAG 2009b. National Partnership Agreement on Early Childhood Education. Canberra: COAG.

COAG 2010. National Plan to Reduce Violence against Women and their Children: Introducing the first three-year action plan. Canberra: COAG.

DOHA (Australian Government Department of Health and Ageing) 2011. Aboriginal and Torres Strait Islander Health Performance Framework: 2010 report. Canberra: DOHA.

FaHCSIA (Australian Government Department of Families, Housing, Community Services and Indigenous Affairs) 2011. An outline of National Standards for Out-of-Home Care: A priority project under the National Framework for Protecting Australia's Children 2009–2020. Canberra: FaHCSIA.

FaHCSIA 2012. Protecting children is everyone's business. National Framework for Protecting Australia's Children 2009–2020: Second three-year action plan 2012–2015. Canberra: FaHCSIA.

Geggie J, DeFrain J & Hitchcock S 2000. Family strengths research project. Newcastle: University of Newcastle; Family Action Centre.

Holzer P & Bromfield L 2008. NCPASS comparability of child protection data: project report. Melbourne: Australian Institute of Family Studies.

HREOC (Human Rights and Equal Opportunity Commission) 1997. Bringing them home. Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. Sydney: Australian Human Rights and Equal Opportunity Commission.

Lamont A 2010. Effects of child abuse and neglect for adult survivors. NCPC Resource Sheet, April 2010. Melbourne: Australian Institute of Family Studies.

Li Z, Zeki R, Hilder L & Sullivan EA 2012. Australia's mothers and babies 2010. Cat. no. PER 57. Canberra: AIHW National Perinatal Epidemiology and Statistics Unit.

Murray L 2009. Making the journey to school: the gendered and generational aspects of risk in constructing everyday mobility. Health Risk & Society 11:69–79.

NSW Department of Community Services 2007. Permanancy planning and placement stability. Research to practice notes, July 2007. Sydney: NSW Department of Community Services.

Osborn A & Bromfield L 2007. Young people leaving care. NCPC reserach brief, No. 7. Melbourne: Australian Institute of Family Studies.

Richardson N, Bromfield L & Higgins D 2005. The recruitment, retention, and support of Aboriginal and Torres Strait Islander foster carers: A literature review. Melbourne: Australian Institute of Family Studies.

Richardson N, Bromfield L & Osborn A 2007. Cultural considerations in out-of-home care. NCPC research brief, No. 8. Melbourne: Australian Institute of Family Studies.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2011. Overcoming Indigenous Disadvantage: Key indicators 2011. Canberra: Productivity Commission.

SCRGSP 2012. Report on Government Services 2012. Canberra: Productivity Commission.

Shek D 2002. Family functioning and psychological well-being, school adjustment, and problem behaviour in Chinese adolescents with and without economic disadvantage. The Journal of Genetic Psychology 163:497–502.

Tseng Y & Wilkins R 2002. Reliance on income support in Australia: Prevalence and persistence. Melbourne Institute Working Paper No. 6/02. Melbourne: Melbourne Institute of Applied Economic and Social Research, University of Melbourne.

Zubrick S , Wood L , Villanueva K , Wood G , Giles-Cort B & Christian H 2010. Nothing but fear itself: parental fear as a determinant impacting on child physical activity and independent mobility. Carlton: Victorian Health Promotion Foundation (VicHealth).

This technical paper specifies the operational definitions and primary data sources for the key national indicators under the National Framework for Protecting Australia's Children 2009–2020. It outlines the best currently available data sources for the key national indicators that the AIHW has identified, in conjunction with the National Framework Implementation Working Group. It comments on data gaps and limitations, particularly inconsistencies between indicator (ideal) definitions and existing data definitions.