

Safe and supportive family environments and children's wellbeing

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The Australian Institute of Family Studies (AIFS) is the Australian Government's key research body in the area of family wellbeing. Established in 1980, our role is to increase understanding of factors affecting family function and support development of policy and practice related to the wellbeing of families in Australia by conducting research and disseminating findings. See: <<https://aifs.gov.au>>

Having healthy, and well-functioning families is the central plank in creating a supportive, and safe, environment in which children can grow and achieve positive developmental outcomes. Many families, from time to time, experience challenges in providing that positive environment – and societal trends can also affect the nature of the family circumstances, and the social/financial supports for families in their task of parenting and supporting children's wellbeing.

Family characteristics in Australia

Characteristics of Australian families have changed considerably in the past few decades. Demographic and social shifts (such as the increasing community acceptability and prevalence of divorce, cohabitation and ex-nuptial births) have led to shifts in policies and services in areas like: family law, child support, adoption and out-of-home care, and work/family policies such as child care services and subsidies. New frameworks to address child abuse and family violence demonstrate the centrality of safety for effective family policy in Australia.

Australia has experienced dramatic changes the past few decades in social attitudes and values, and consequently in patterns of fertility, relationship formation, and dissolution, and related structural demographic changes.

There have been **increases** in:

- lone parents who were never married;
- un-partnered parents (whether single, or separated/divorced) living with children;
- single-occupant households and couples living with no children;
- marriages preceded by cohabitation (from 16% in 1975 to 78% in 2008);
- average age at which women have their first child;
- urbanisation (64% of Australians now live in the eight capital cities);
- multiculturalism, particularly with recent humanitarian migrant arrivals;
- ageing of the population;
- people living with disability (as well as related disability care needs);
- children on child protection orders living in out-of-home care (from 3.0 per 1,000 in 1990 to 7.0 per 1,000 in 2010);

¹ Views expressed in this publication are those of individual author and may not reflect those of the Australian Government or the Australian Institute of Family Studies. Many of the ideas expressed here are updated from an earlier publication:

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- workforce participation of women with young children (though participation levels remain significantly lower than most OECD countries);
- couple families with children where both parents are employed (increased from 56% in 1998 to 61% in 2010); and
- grandparents who care for children on a regular basis (26% of children).

At the same time, Australia has seen **reductions** in:

- fertility rates (below the replacement rate since 1977 – though a slight rise from the historic low of 1.7 births per woman in 2001 to 1.9 in 2009)
- average household size (average number of children per family down from 4.5 in 1911 to 2.6 in 2006);
- couples living with either dependent or non-dependent children;
- both marriage and divorce (crude divorce rate was 2.2 per 1000 in 2008, after a it jumped in 1976 to 4.6 following the introduction in the previous year of ‘no fault divorce’); and
- “jobless” families – both couple-parented (from 8.5% in 1998 to 5.3% in 2010) and single-parented families (from 58% in 1998 to 45% in 2010).

Sources: AIHW (2011a, b, 2015); Craig, Mullan, & Blaxland (2010); Hayes, Weston, Qu, & Gray (2010); Higgins (2011, 2013).

There are also important demographic differences between the Aboriginal and Torres Strait Islander population (2.5%) and the non-Indigenous population due to higher fertility and earlier mortality among Indigenous Australians. Many indigenous Australians experience disadvantage, and there are well-recognised gaps between Indigenous and non-Indigenous Australians on a range of health and wellbeing indicators. For example, Indigenous women are 35 times and Indigenous men 21 times as likely as non-Indigenous Australians to be hospitalised due to family violence-related assaults (Steering Committee for the Review of Government Service Provision (SCRGSP), 2009a, 2009b). One of the major contributors is the history of the Stolen Generations where children in previous decades were systematically removed from their families by successive state and commonwealth government agencies and church missions, leading to cultural dislocation, family separation, and ongoing trauma that continues into the future generations – including the parenting skills and capacity of those affected.

As well as economic structural change (due to decline in manufacturing, and a recent mineral resources boom that appears to be waning), and the rise of digital media, social networking services, and the ways that innovation in technology influences shared family time, and activities of families. Although food security is not a widespread issue, the focus of health and nutrition in Australia is on obesity prevention, although food security is still an issue for some families, particularly in remote Indigenous communities.

Poverty is an important issue affecting the degree to which families can provide safe and supportive environments for children – particularly for families headed by single parents, who remain financially disadvantaged over their lifetime. See: <<http://theconversation.com/why-single-women-are-more-likely-to-retire-poor-51126>>. As well as macro-economic policies, to prevent family poverty, governments in Australia use a range of strategies for increasing family financial resources, as well as providing a comprehensive welfare safety net. A range of welfare payments is available to support families, such as unemployment benefits, disability support pension, and parenting payments for low income and single parents. Some welfare payments have ‘conditionality’ – where the receipt of financial resources is linked to improved caregiver behaviours).

Through child support payments, governments also ensure that the resources to care for children are shared more equitably between parents after separation. In order to care for children, parents use the following arrangements: flexible work hours, unpaid leave, informal care arrangements, paid leave (carers and holiday leave), working from home, taking children to work with them, and rostered days off (Baxter, 2012). Other changes in policy and the social context that affects parents’ capacity to provide and care for children include:

- the model of the male breadwinner has been exchanged for parents sharing the care and work responsibilities, and is associated with greater reliance on formal or informal child care;
- the rising cost of early childhood education and care, the increase in the number of families receiving cash assistance from the Commonwealth Government, the drop in the eligibility of income support for single parents, and the rise in casual and part-time employment;
- introduction in 2011 of a means-tested paid parental leave, a government-funded entitlement for working parents of up to 18 weeks paid at the National Minimum Wage;

- introduction on 1 January 2013 of two weeks government-funded paid paternity leave, known as “Dad and Partner Pay” (see <<https://aifs.gov.au/cfca/publications/dad-and-partner-pay-implications-policy-makers-and-practitioners>>);
- insecure work due to part-time and casualization (cf. fixed-term employment), dislocation (such as for fly-in/fly-out and drive in/drive out workers in industries such as mining or remote services, or deployment of defence personnel).

Disability affects family members who have care responsibilities (Edwards, Higgins, Gray, Zmijewski, & Kingston, 2008; Edwards & Higgins, 2009). Understanding the needs of family members with a disability—and their carers—across the lifespan, is a priority area for family-focused research as Australia moves towards significant policy reform, including the progressive introduction of a National Disability Insurance Scheme. The aim of the scheme is to provide resources for people with significant and permanent disability to have a personalised care plan that reflects their own goals and aspirations (see: <www.ndis.gov.au>).

Policy framework developments in Australia

Marriage, relationships, and parenting

Family policy in relation to legislation concerning marriage—and marriage dissolution—has taken a couple of revolutionary steps in the past three decades. As highlighted earlier, the enactment of the *Family Law Act 1975* introduced the notion of ‘no-fault’ divorce. Not surprisingly, the change was followed by a massive increase in the number of divorces in the following year. Since that subsequent peak in 1976, however, divorce rates have steadily declined. There have been three major shifts in marriage policy since the landmark 1975 legislation: (a) the extension of the jurisdiction of family courts to hear matters relating to ex-nuptial children, and the increased recognition of de facto marriage – which corresponds to the massive rise in the number of couples cohabiting (whether instead of, or as a precursor to cohabitation); (b) the major shift in post-separation parenting arrangements to increase the time spent between children and each parent, in order to foster meaningful relationships, where it is safe to do so – with the concept of ‘shared parental responsibility’ enshrined in 2006 amendments to the Act, and subsequent strengthening in 2012 of provisions to promote the safety of children and women at risk of violence (including abandoning the concepts of “custodial” or even “residential” parents where shared parental responsibility is not set aside, instead referring to the allocation of “care time” with each parent); and (c) the recognition of same-sex relationships as equivalent to other domestic partnerships (i.e., heterosexual marriage de jure and de facto) in policies and entitlements under most Commonwealth and state/territory legislation (e.g., for purposes of superannuation, inheritance, welfare, and family court jurisdiction relation to property and/or children), with the exception of the Marriage Act, which currently defines marriage as a relationship between a man and a woman.

Evaluation of the 2006 changes to the Family Law Act (involving a range of methods, including a longitudinal survey of 10,000 families who separated after the reforms), that highlighted the vulnerability of families to violence, and the risk to children’s wellbeing of shared care arrangements (and to parents of needing to undergo mediation or ‘dispute resolution’) where serious risks of violence exist. Results of the evaluation were a major contributor to the rationale for further reforms to the Family Law Act that occurred in 2012. These latest amendments to the Act strengthen the provisions to protect women and children from violence in the context of family separation/divorce.

Linked to the changes in Australian family law has been a cultural shift around child support payment (with both parents expected to contribute to the costs of caring for children, and with children spending time with both parents after separation, where it is in their best interests and safe to do so). The child support formula is designed to make more equitable any differential in the socio-economic circumstances of the two households in which parents.

In 2006, Australia’s family law system underwent some significant changes, with a focus on cooperative parenting, avoiding litigation (e.g., through use of mediation services for separating parents where there are no safety concerns), and sharing parental responsibility for children after separation – recognizing that the focus must always be on the best interests of the child. Although the objectives of the 2006 changes were to encourage greater involvement by both parents in their children’s lives after separation, they also brought with them the responsibility for systems to protect children from violence and abuse and ensure the safety of all family members. The Australian Institute of Family Studies undertook a major evaluation of the 2006 changes that arguably is the

largest of its kind internationally. Some key messages from the evaluation have been:

- the reforms led to greater use of relationship services;
- some evidence of a shift towards separated parents sorting out their post-separation arrangements with minimal engagement with the formal legal system (e.g., through use of family dispute resolution);
- many separated families are affected by issues such as family violence, safety concerns, mental health problems and substance misuse issues;
- these families with multi-problems are the predominant users of the family law and relationship service systems; and
- concerns remaining about the capacity of the system to respond to child safety needs (Kaspiew, Gray, Weston, Moloney, Hand, & Qu, 2011).

The Institute's evaluation of the 2006 changes to the family law system was instrumental in shaping a number of further changes in family law policy, with the implementation of the 2012 revisions to the Family Law Act that strengthen the framework for responding to family violence and child abuse concerns (Croucher, 2012). The Institute's evaluation of these subsequent changes highlighted that change is heading in the right direction, however, there is more work to be done to assess risk, ensure the safety and wellbeing of children, and efficiently operate the legal system to address the needs of all family law service users (Kaspiew, Carson, Dunstan, Qu, Horsfall, De Maio et al., 2015).

Adoption: Past family policy, reform, and its lingering effects

In the decades prior to the mid-1970s, it was common in Australia for babies of young, vulnerable women (usually unwed mothers) to be adopted. The level of shame and silence that surrounded pregnancy out of wedlock, was matched by mounting social pressure to meet the needs of infertile couples, and societal views (and organisational practices in hospitals, children's homes, government welfare departments, and other agencies) that prioritised the needs of "deserving" infertile couples, and largely failed to support or address the needs of unmarried or other vulnerable young parents. At its peak, there were almost 10,000 adoptions in one year (1971–72). Since then, rates of adoption have dropped significantly. During 2014–15, 292 adoptions were finalised across Australia. Most adopted children (72%) were born in Australia. Carers (such as foster parents) made up 32% of all adoptions (AIHW, 2015).

Factors that have contributed to the massive decline in adoption in Australia include:

- financial and social supports for single mothers;
- official status of "illegitimacy" changed to "ex-nuptial" births;
- abortion became allowable under some circumstances;
- legislative reforms overturning the blanket of secrecy surrounding adoption, and requiring consent for adoption to come from both birth mothers and fathers; and
- there has been a rise in the number of children being under formal foster or kinship care through statutory child protection care systems in each of the states and territories ("out-of-home care") (see Higgins, 2010b, 2011).

In a large national study of the extent and effects of past adoption experiences on individuals who have experienced closed adoption practices in Australia, Kenny, Higgins, Soloff, and Sweid (2012) documented the enduring effects on many mothers, fathers, adopted individuals and their families. Participants emphasized the need to ensure that lessons from past practices are learned from and translated where appropriate into current child welfare policies (e.g., in relation to current adoption, permanency plans for children in under the care of statutory child protection authorities; and assisted reproductive technology – including donor insemination and surrogacy).

Current alternative family policy: Out of Home Care

In order to ensure the safety of children and young people, all states and territories in Australia have the responsibility for monitoring concerns regarding the risk of harm to children from abuse and neglect. If protective measures cannot be put in place to ensure children's safety in the care of their parents, statutory child protection departments have the responsibility to intervene. Despite the large growth in the number of Australian children in alternate care ("out-of-home care") over the last two decades (Higgins, 2011), adoption of these children is rare. This is because there is a strong push for them to be restored to—or maintain active contact with—their parents. In addition, most state/territory child protection statutory authorities have the capacity to: (a) make permanent care orders; and/or (b) have policies relating to the creation of permanency plans when there is no

foreseeable likelihood of children being able to safely return to the care of their parent (i.e., making decisions about alternative long-term foster/kinship care placements for children in out-of-home care as early as possible, to avoid the negative consequences of continuing to have failed attempts to restore children with birth parents). Unlike adoption, these foster/ kinship care arrangements do not formally extend past a child turning 18 years of age and the birth certificate is not altered.

Prevention of family violence, abuse and neglect

An important policy objective is supporting families to parent effectively and reduce the risk of child abuse/neglect (See Higgins, 2012a, b; 2014a, b), as well as preventing children's exposure to domestic and family violence. Currently, there are policy agendas in Australia that are emerging as issues of national importance that relate to the safety and wellbeing of families and the environments that we create for children. For example, safety in families from domestic/family violence was the focus of a recent Royal Commission into Family Violence from the state government of Victoria. The recommendations were released in March 2016:

<http://files.rcfv.com.au/Reports/RCFV_Full_Report_Interactive.pdf>.

OurWatch, an independent agency established to drive nationwide change in the culture, behaviours and power imbalances that lead to violence against women and their children, has produced some excellent overviews of what drives violence, and how strategies need to be integrated to turn the tide of violence against women and children <ourwatch.org.au>. Similarly, the safety of children from sexual abuse and exploitation in child-serving organisations is currently the focus of a Royal Commission into Institutional Responses to Child Sexual Abuse by the Australian Government (see: <<http://www.childabuseroyalcommission.gov.au>>). Although there is a strong focus on institutional contexts, the aim the Commission's inquiries is to make recommendations about creating a safer environment for children in the future, which includes the role of families (e.g., in responding to disclosures), as well as how child welfare and youth-serving organisations can keep children safe. While some institutions were providing care for children unable to remain safe in their families (children's homes, or more recently residential care, and foster/kinship carers), many other organisations are ones that most families use to provide services and supports to their children, such as churches/religious institutions, schools, sports and youth organisations.

Governments across the country recognise the problem of child abuse and family violence, and the importance of early intervention and prevention, as well as responding to the needs of victims. This includes a focus on domestic and family violence, child maltreatment, bullying, elder abuse, and sexual assault and violence. Domestic and family violence is recognised as a major social issue in Australia. Power and control in intimate relationships can be exerted in a range of ways, including physical, emotional, social, financial and sexual violence. Two significant frameworks/plans have been developed in Australia that set the direction for addressing the causes and consequences of violence – including family violence, child abuse and neglect:

- the *National Framework for Protecting Australia's Children 2009–2020* (COAG, 2009); and
- the *National Plan to Reduce Violence Against Women and Their Children 2010–2022* (National Council to Reduce Violence Against Women and Their Children, 2009).

Both of these frameworks are population-based or “public health” approaches, focussing on the causes (also referred to as risk factors, or special determinants) in order to reduce the incidence of violence, abuse and neglect (Herrenkohl, Higgins, Merrick, & Leeb, 2015; Higgins, 2015). Reviews of services—such as the family law, child protection and juvenile justice systems—reveal a common set of family problems that typically lead to engagement with these service systems, namely: family violence, mental health issues and addictions (to alcohol, tobacco, drugs and gambling). Although community violence and assaults are part of the focus, prominence is given to the problem of family violence and maltreatment, and the strategies needed to prevent it, intervene early in at-risk families, and respond to the needs of victims and families when it has occurred.

Families can play a crucial role in protecting children by providing a safe and supportive environment. Internationally, best practice in child abuse prevention is grounded in a public health approach – identifying risk factors, and putting in place strategies to reduce the 'burden of disease' by altering the risk profile of the entire population. Currently statutory child protection systems in Australia focus on those at the 'high risk' end on a continuum of needs – usually after abuse or neglect has already occurred. The National Framework for Protecting Australia's Children promotes safe and supportive family environments; however, beyond research looking at the most 'at-risk families', we know relatively little about how children's wellbeing is affected by different family environments in the broader Australian population. Public-health strategies can be enlisted to identify and respond to the

needs of children in families characterised by disengagement or enmeshment (e.g., parenting programs, public information campaigns) and using universal services to lower the risk of dysfunctional family environments and target referrals for more intense services. This combination shifts the risk profile of the entire population of families, as well as targeting those who need a more intense service. Changes in the family environment and child outcomes over time suggest that policy interventions to address family environments can produce tangible outcomes for children (Mullan & Higgins, 2014).

It is not sufficient to simply “bolt on” preventive programs to the current child protection processes; rather it is important to completely rethink the role and function of child protection systems within the wider range of policies and programs aimed at promoting the wellbeing of children (Higgins, 2011; Higgins & Katz, 2008). This is of particular importance in Indigenous communities for two reasons: (a) the over-representation of Indigenous children in statutory child protection activities; and (b) the potential for community-owned and community-led initiatives to support the health, wellbeing and safety of Indigenous children in culturally appropriate ways (Higgins, 2010a). It is also not enough to move from one structure to another. The fundamental issues are not structural but relate to the functions and the culture of child protection systems (Higgins & Katz, 2008).

Children are often subjected to multiple forms of abuse and neglect, but that they experience a range of other threats to their safety and wellbeing, such as bullying and peer victimisation. Prevention efforts are being implemented in settings such as schools, community organizations, workplaces and the media, as well as programs targeted at men and boys to develop and promote gender-equal, respectful relationships with girls and women (National Council to Reduce Violence Against Women and Their Children, 2009). Some of the key systems that intersect in relation to effective service delivery responses to family violence and abuse include: forensic/crisis services, family law courts, Family Relationship Centres, mediation services, civil justice processes (e.g., bankruptcy proceedings), adult-focused services whose clients include vulnerable parents (e.g., mental health, drug and alcohol, and housing services), family support services, child protection departments, and juvenile court systems (in both justice and care/protection matters) and adult corrections services.

Policy implementation and assessment: examples of good practice

Researchers have proposed a “hierarchy of evidence” which helps explain not only why some research should not be relied upon, and assists policy makers with understanding the ‘strength of the evidence base’. At the pinnacle is systematic reviews (meta-analyses) of multiple randomised trials (see: <http://economics.com.au/?p=2861>). The difficulty in family-related research is that often the type of research usually conducted is not at—or near—the pinnacle of such hierarchies, and drawing comparisons across locations and contexts is difficult. In a systematic review of the efficacy of early childhood interventions, Wise, da Silva, Webster, and Sanson (2005) found that there was considerable variability in the quality of *program* design and implementation. They noted a complete absence of cost-benefit analyses of early childhood programs in Australia.

The effectiveness of family policy in Australia is evaluated in a range of ways:

- comprehensive synthesis and desktop review of pre-existing data, reports and evaluations;
- use of large-scale longitudinal datasets to track families over time, supplemented by regular surveys to monitor trends on issues such as child care, parental leave and employment arrangements;
- analysis of administrative data by government departments and non-government service-delivery agencies, including linkage between administrative datasets, and to survey data in order to maximise the value of the information they cover separately; and
- research commissioned to evaluate implementation of programs, new policies or specific changes to legislative/policy environments.

Working out what works...

This variability in the nature, and extent of research – and the challenges that many service providers (and policymakers) have in getting access to, and knowing how to make sense of individual research studies, highlights the need to have processes and systems in place to making better use of research and to support service providers working with families. One solution in Australia has been the funding of an information exchange called Child Family Community Australia (CFCA). The Australian Institute of Family Studies is funded by the Australian Government to run

this knowledge translation and exchange service to support practitioners, policy makers, service providers and researchers working with children, families and communities. CFCA aims to be a primary source of quality, evidence-based information, resources and interactive support for professionals. CFCA papers build on traditional literature reviews by offering an objective exploration of how research applies to policy and practice, often written by or in collaboration with expert researchers and service providers, illustrated where possible with policy and practice case studies, with easily accessible key points summarized up front. CFCA resource sheets and practice guides are shorter papers that focus on a more specific issue, including summaries of legislation across the different states and territories in Australia in a useable format, key messages related to good practice and overviews of statistical data.

Under some of its funding streams, the Australian Government is setting expectations that family-support service providers demonstrate that the funds are being spend to deliver high-quality evidence-based programs that meet agreed criteria. To support this, the “Expert Panel” project (run by the Australian Institute of Family Studies) has identified individuals and organisations from across Australia with demonstrated expertise in program planning, implementation and evaluation who can assist agencies with operationalizing the concepts of evidence-informed service delivery. See: <<https://aifs.gov.au/cfca/expert-panel-project>>.

Unless good base-line data are collected prior to a new policy being implemented, or there is a staged roll-out or pilot in certain sites (with other sites that are equivalent either not receiving or having delayed implementation of the new ‘policy’ or intervention), it is difficult to attribute any outcomes to the policy per se. A notable example of such an evaluation that included a valid ‘counterfactual’ was the evaluation of the second phase of the Australian Government’s *Stronger Families and Communities Strategy*, which was a series of area-based interventions aimed at families with young (pre-school) children living in disadvantaged areas. The central plank of the evaluation was a comparison of the ‘Communities for Children’ sites (where increased funding to family services, and improvements to coordination of services in specific geographic locations with high levels of disadvantage) with similarly disadvantaged sites but where ‘Communities for Children’ was not operating. Under the *Communities for Children* program, the Australian Government provided funds to community organisations to develop and implement a whole-of-community approach to enhancing early childhood development in 45 disadvantaged communities across Australia. Interim findings from the evaluation led to refinement and extension of the strategy to new sites focusing on disadvantaged communities with high rates of notifications to statutory child protection authorities about harm to children. It included a service coordination component, and injection of new funds to address gaps. A longitudinal survey of 2,202 families living in these communities (i.e., not just clients of specific services) focused on four priority outcomes: healthy young families; supporting families and parents; early learning and care; and child-friendly communities. Positive impacts include fewer children living in a jobless household, parents reporting less hostile or harsh parenting practices, and parents feeling more effective in their roles as parents. Positive impacts were also found for hard-to-reach groups. Some negative findings were reported for the health outcomes of hard-to-reach, low-education and low-income families, which perhaps suggested greater surveillance and awareness (and reporting in the later waves of the survey) by these parents of their children’s health needs. The evaluators concluded that the results suggest the *Communities for Children* model makes an important contribution to the wellbeing of disadvantaged children (Edwards, Mullan, Katz, & Higgins, 2014). A range of “promising practices” that were identified during the evaluation have also been promulgated to policymakers and service providers through the Australian Institute of Family Studies’ information exchanges (e.g., see: <www.aifs.gov.au/cafca/topics/index.html>). While many of the research summaries are directed towards service providers in their role in working with families, it is also based on a recognition of the important role of the community in supporting family wellbeing.

Conclusion

Given the modest size of the investment in research activities in Australia that relate to family wellbeing – in some areas, policy makers have the luxury of being able to draw upon a body of knowledge in order to change policies, but in other areas, the size of the evidence base is slim. However, it is gratifying as a researcher when governments recognise the paucity of research on which to base policy and specifically commission research to fill the gap, or an evaluation to assess whether a new policy, or a change in legislation has the intended effects. We can see some good examples of changes at the policy, and practice (implementation) levels that have been developed,

refined, or re-positioned, on the basis of good research data. However, we also know from research studies with policy makers that a range of factors contribute to the development of policy, and it is only when 'the stars align' that a clear link can be seen between research and a change in direction (Humphreys, Holzer, Scott, Arney, Bromfield, Higgins, & Lewig, 2010).

Policy Recommendations:

1. Provide widely available supports for families to parent effectively and reduce the risk of child abuse/neglect, based on a public health model of child abuse prevention
2. Implement systems of support for service providers to identify, use, and contribute back learnings to an accessible evidence-base about 'what works' in family support
3. Ensure that violence prevention and family support systems are underpinned by a family wellbeing framework that recognises the cross-disciplinary nature of effective interventions, and supported by an integrated 'whole-of-government' approach that overcomes the silos that occur when responsibility is divided up between different departments, and different levels of government (local, state/province, and federal/national), and the community/NGOs.
4. Learn from past policy mistakes: such as forced separation between families and children (as Australia had in the Stolen Generation of Indigenous Australians; the era of forced adoption; and the growing use of out-of-home care for children with safety concerns).

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