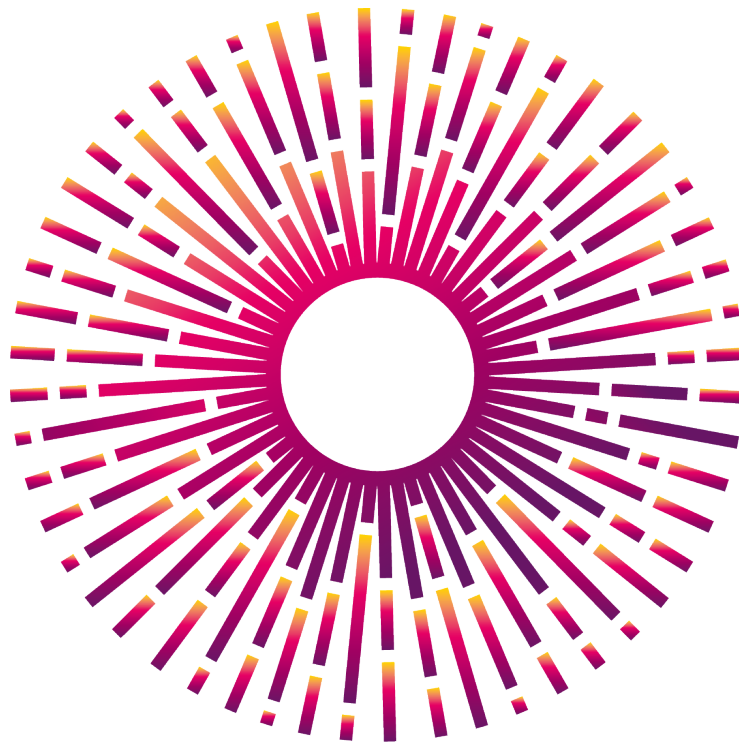




National Children's Commissioner

Submission – Children's rights

Submission from the Australian Institute of Family Studies



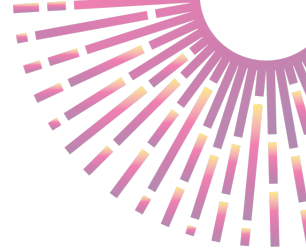
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Executive summary

This submission presents findings from the AIFS research program since 2012 relevant to Australia's progress with its obligations under the UN Convention on the Rights of the Child (Convention).

Our submission focuses on the issues and challenges faced by children and young people in Australia that may affect the realisation and implementation of rights under the Convention. Our research findings cover the following areas:

- respect for the views of children in relation to parental separation and making post-separation living arrangements (sections 2 and 4)
- how successful provisions for protection against harm in the family law system are at protecting children from violence (section 3)
- educational outcomes in relation to home learning environments, the time children spend in leisure and education-related activities, teaching practices in primary schools, and the impact on education of children being in out-of-home care or having carer responsibilities (section 6)
- how children in out-of-home care are faring and the effects on their welfare and health compared to the rest of the population (sections 4 and 5)
- the discrimination experiences of children from humanitarian backgrounds (section 2)
- children's experiences of self-harm and suicide-related behaviours, accessing mental health services, and crime and delinquency (sections 5 and 7).

Our research with children and young people, including Children and Young People in Separated Families (CYPSF) and the Independent ICL Study, identifies the importance of facilitating the participation of children and young people in decisions that affect them and providing them with the opportunity to be heard. The research explores how listening to the views and experiences of children and young people is critical to the improvement of family law system services in terms of meeting their needs and making decisions in the child's 'best interests' (*Family Law Act 1975* (Cth), s 60CA).

Evidence from the Evaluation of the 2012 family violence amendments, assessing changes to the family law system to emphasise the protection of children from harm, suggests further improvements are needed. Professionals could benefit from greater training to improve the identification and assessment of, and response to, abuse, neglect, family violence and safety concerns.

General findings from the Longitudinal Study of Australian Children (LSAC) show the effects of the early home environment on educational outcomes. By providing a stimulating home learning environment, parents play an important role in fostering children's early literacy and cognitive development and building a strong foundation for future learning in school. Policies and practice should encourage parents in their efforts to increase their capacity to provide a rich learning environment for their children

Key findings from LSAC, the Pathways of Care Longitudinal Study (POCLS) and Beyond 18: Longitudinal Study of Leaving Care in relation to children who are young carers at home and children in out-of-home care suggest extra support is needed for these groups to avoid them falling behind in their educational outcomes and to give them the best opportunities.

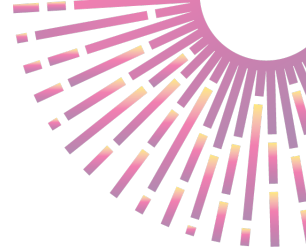
Nearly one in 10 of the children from humanitarian backgrounds in the Building a New Life in Australia: The Longitudinal Study of Humanitarian Migrants (BNLA) study reported



experiences of discrimination three years after settlement. These findings suggest an ongoing need to acknowledge and address the experience of discrimination against people of all ages and backgrounds at a community and institutional level.

The data in relation to the high rates of self-harm and suicide-related behaviour among 14–15 year old children (LSAC) raises concerns around the adequacy of support systems and services for young people. Further, children's perceived experiences of mental health services (CYPSF) highlights the support such services can provide in ensuring that children and young people are well-supported through challenging and tumultuous periods of their lives as well as the barriers that may affect the accessibility of such services.

The extensive research in the submission highlights the importance of a strong evidence base to inform policy and practice. In order to understand the factors that impact on child outcomes and wellbeing, it is crucial for data to be collected that can provide insights into the diverse experiences of children in a broad range of contexts and life stages. In particular, having research informed by the voices of children and young people is integral to understanding their experiences and perspectives.



1. Introduction

This submission is based on research conducted by the Australian Institute of Family Studies (AIFS) since 2012. Due to the breadth of the research, a summary of key findings is presented from select research projects to provide insight into Australia's progress with its obligations under the UN Convention on the Rights of the Child (Convention). The presented research aims to draw attention to the issues and challenges faced by children and young people in Australia and provide a consideration of the legislation, policies and services required to promote the wellbeing and human rights of children and young people under the Convention. The research projects and longitudinal studies considered in this submission are listed below.

Research projects

1. *Children and young people in separated families (CYPSF) (2018)*

This recent qualitative study involved interviews with 61 children and young people (aged between 10 and 17 years of age) and aimed to investigate the experiences and needs of children and young people whose parents had separated and had accessed the family law system. The study focused on children and young people's experiences of these services and how the family law system may better meet their needs.

2. *Evaluation of the 2012 family violence amendments (Evaluation) (2015)*

The Evaluation research program examined the effects of amendments to the Family Law Act 1975 (Cth) (FLA) that were intended to improve the family law system's responses to matters involving family violence and safety concerns. It comprised three components: Responding to Family Violence: A survey of family law practices and experiences (RFV) (primarily based on online surveys); the Experiences of Separated Parents Study (ESPS) (two surveys with separated parents conducted in 2012 and 2014); and the Court Outcomes Project (CO Project) (involving an analysis of court files, administrative data and judgments).

3. *Independent Children's Lawyers Study (ICL Study) (2014)*

This study investigated the extent to which having an independent children's lawyer (ICL) in family law proceedings improved outcomes for the child and involved four main studies: an online survey of professionals; interviews with independent children's lawyers; interviews with parents and children/young people (aged between 10 and 17) who had been involved in a family law matter involving an ICL; and a request for information from legal aid commissions and child protection departments.

4. *Domestic and family violence and parenting: Mixed method insights into impact and support needs (DFVP Study) (2017)*

This project was designed to explore the impact of parenting and service engagement and experience in the context of domestic and family violence. The project comprised a systematic literature review; analysis of datasets; and responses to semi-structured interviews with 50 participants.

Longitudinal studies

1. *Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) (Annual Statistical Reports from 2012 to 2016).*



LSAC is a major study following the development of 10,000 children and families from all parts of Australia. The study commenced in 2004 with two cohorts – families with 4–5-year-old children and families with 0–1-year-old infants. The study addresses a range of research questions about parenting, family relationships, childhood education, non-parental child care and health. A major aim is to identify policy opportunities for improving support for children and their families and for early intervention and prevention strategies. The use of multiple respondents and mixed data collection methods provides a rich picture of children's lives and development in various contexts. The table in Appendix A maps the data collected from LSAC to clusters of rights under the Convention.

2. *Beyond 18: Longitudinal Study of Leaving Care (Beyond 18) (Wave 1 report, 2018)*

The aim of Beyond 18 is to increase understanding of the factors associated with successful transitions from out-of-home care (OOHC) for young people aged 16–19 years who have spent time in statutory care in Victoria. Beyond 18 has three main elements involving a longitudinal survey with young people who had spent time in statutory care in Victoria, online surveys of carers and caseworkers and an analysis of case file data. The first research report from the first wave of surveys (recently released) focuses on young people's preparations for transition from OOHC.

3. *Building a New Life in Australia: The Longitudinal Study of Humanitarian Migrants (BNLA) (Findings from first three waves published in 2017)*

Building a New Life in Australia is a longitudinal study on the experiences of humanitarian migrants settling in Australia. The project aims to increase understanding of the wellbeing and experiences of humanitarian migrants settling in Australia and the factors that help or hinder successful settlement. In particular, Wave 3 focuses on children through a parent report and a child self-report module. Information is available on how children and young people from humanitarian backgrounds are settling in school, their involvement in school, sporting and community activities, experiences of racism or discrimination, experiences of traumatic events, and health and wellbeing.

4. *Pathways of Care Longitudinal Study (POCLS) (Wave 1 report, 2015)*

The Pathways of Care Longitudinal Study is a longitudinal study that examined the developmental wellbeing of children and young people in OOHC on final orders in New South Wales. In May 2011, multi-wave face-to-face interviews commenced with children and caregivers to collect detailed information on the characteristics, needs, experiences and outcomes of the study children. Other data sources for the POCLS are online surveys of child care workers, teachers and caseworkers, and administrative data through record linkage.

2. General principles (art. 2, 3, 6, 12)

Non-discrimination

Experiences of young humanitarian migrants

The BNLA study provides useful insight into the experiences of discrimination faced by children and young people from humanitarian backgrounds in Australia, a group for which there is limited data available. Overall, 22% of young participants (aged 11–17) in Wave 3



reported experiencing a form of discrimination in the past 12 months (e.g. due to language, accent, skin colour, religious beliefs or cultural background). The experience of discrimination was identified as being the greatest contributor to increased social and emotional behavioural difficulties scores (BNLA, 2017, Figure 14.1).

In particular, the percentage of young people aged 15–17 who reported facing discrimination in the past 12 months increased from Wave 1 to Wave 3 from 4% on settlement to 9% three years after settlement (Rioseco & Liddy, 2018). Given the negative impact of discrimination on wellbeing, these findings suggest an ongoing need to acknowledge and address the experience of discrimination against people of all ages and backgrounds at a community and institutional level.

Respect for views of the child

Children's views about parental separation

LSAC research (Qu & Weston, 2014) shows that children's views about parental separation are diverse. Consistent with the recent CYPSF study, the results suggest that the children (in this case aged 12–13 years) tended to be aware about their parents' relationship and were able to report on how they felt about their parents' separation. Most also wanted to have a say in their living arrangements, almost half believed that they did have a say (regardless of whether they wanted it), and around two in five both wanted a say and believed that they had been given this opportunity (Qu & Weston, 2014; see Table 1).



Table 1: Proportion of children who wanted to or did have a say about living arrangements by selected characteristics (LSAC, 2014)

Selected characteristics	Wanted to have a say (%)	Had a say (%)	No. of children
Gender of child	ns	ns	
Boys	54.5	51.1	371
Girls	57.4	47.6	346
Children's report of their own living arrangements	*	**	
Mostly (or only) with mother	53.8	46.4	511
Mostly (or only) with father	72.3	71.6	57
Equally with both parents	54.2	51.6	137
Care-time arrangements, resident parents' reports	*	***	
Father nil time in the last 12 months	55.8	48.8	91
Father daytime only	53.3	46.6	107
Father 1–13% of nights (mother 87–99%)	55.0	44.8	114
Father 14–34% of nights (mother 66–86%)	51.3	44.5	227
Shared time (35–65% of nights with each parent)	66.7	58.2	86
Father 66–100% of nights (mother 0–34% of nights)	68.1	69.0	63
Child's age at parental separation	ns	ns	
< 1 year	54.8	49.7	303
1–4 years	47.8	41.4	103
5–9 years	60.0	53.2	167
10+ years	60.2	53.9	127

Note: Chi-square tests were used to assess the relationship between each issue taken separately (whether wanted a say and whether did have a say) and each variable (e.g., children's gender). * $p < .05$; ** $p < .01$; *** $p < .001$; ns = not significant).

Children's views about their parents' separation, their perceptions of the quality of their parents' relationship, and their views about having a say in decisions on their living arrangements were linked with each other in some ways. A substantial minority of children reported that they were caught between their parents or had divided loyalties. This was especially the case when they described their parents' relationship as entailing a great deal of conflict (Qu & Weston, 2014).

These findings are a reminder to separated parents of the difficulties their children can face when there is ongoing parental conflict after separation. Encouraging of parents to put aside their conflict and focus on their children was one of the key aims of the 2006 family law reforms with measures enacted to help separated parents agree on what is best for their children (rather than litigating). To be consistent with article 12, the process in reaching arrangements for the care of children post separation should ensure that the right of children to freely express their views on matters that affect them is upheld and that such views are taken into account. This issue is further discussed below in relation to listening to children in family law proceedings.

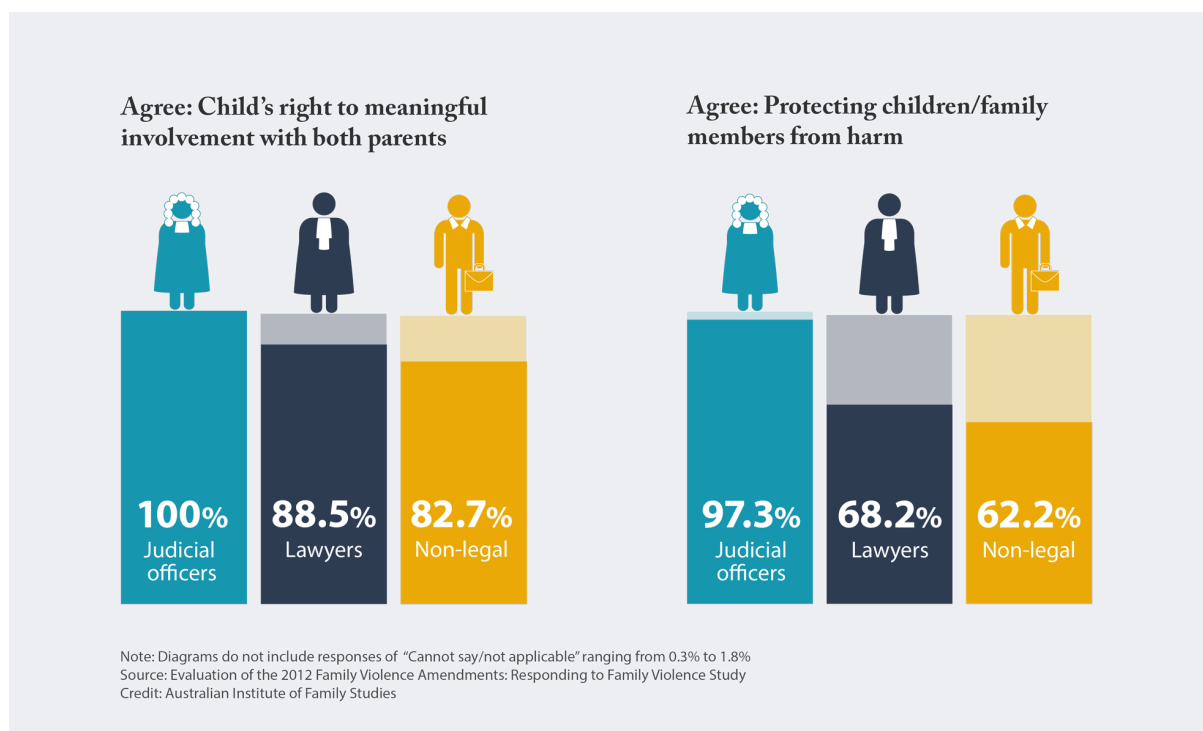


3. Violence against children (art. 19, 24(3), 28(2), 34, 37(a), 39)

The 2012 Concluding Observations of the UN Committee on the Rights of the Child, which considered Australia's implementation of rights under the Convention, commended the adoption of the Family Law Legislation Amendment (Family Violence and Other Measures Act) 2011 (Cth), which prioritised the protection of children from harm over the right of children to have meaningful relationships with both parents. However, despite these provisions, together with other provisions of the Family Law Act 1975 (Cth) requiring protection from family violence, child abuse and neglect (e.g. s 60CG; s 69ZQ), data from AIFS Evaluation research highlight concerns about the effectiveness of these provisions and the family law system in terms of producing the best outcomes for children and supporting safe decision-making for children and their families. The evidence from the Evaluation suggested modest, mixed and limited effects of these legislative changes on parenting arrangements.

For example, despite the introduction of s 60CC(2A), requiring priority to be accorded to the 'protection from harm' primary consideration (s 60CC(2)(b)), notably fewer lawyers and non-legal professionals participating in the Responding to Family Violence study ('RFV') reported that adequate priority was being accorded to this consideration as compared to the 'meaningful relationship' consideration (s 60CC(2)(a)). (see Figure 1 below from the RFV study, 2015: 68% of lawyers and 62% non-legal professionals cf. 89% of lawyers and 83% non-legal professionals).

Figure 1: Weight accorded to s 60CC(2) primary considerations, views of family law system professionals (RFV Study, 2015)



Consistent with these findings from the RFV study, the Published Judgments component of the Court Outcomes Project ('CO Project') demonstrated that the effects of s 60CC(2A) varied according to the way in which the court analysed the facts in the cases and applied its



discretion in the context of the Part VII decision-making framework overall. For instance, judicial determinations in this Published Judgments study involving sole parental responsibility or limited or no parenting time appeared to arise where a very severe history of family violence had been established or where parental behaviour was clearly deficient. Where evidence was more ambiguous or where a parent's motivations for raising allegations of violence or abuse had been questioned, the judgment analysis suggested that care-time decisions were more likely to favour arrangements that maintained children's relationships with both parents.

Modest and mixed effects of the legislative amendments were also evident in the data from the Court Files component of the CO Project, with subtle shifts in parenting arrangements. For example, a decrease in judicially determined orders for shared parenting responsibility was identified after the 2012 reforms but changes in patterns of judicially determined care-time orders were limited, and orders for supervised time remained stable (CO Project, 2015, Tables 3.25 and 3.30). While the Experiences of Separated Parents Study ('ESPS') component of the Evaluation identified that the greater emphasis on identifying family violence and safety concerns had supported modest, positive shifts in the making of parenting arrangements post-reform (ESPS, 2015, Figure 3.17 and Figure 5.7–5.9), there was nevertheless a reduction in reports of supervised parenting arrangements and arrangements for no-time where there were safety concerns (ESPS, 2015, Table 2.7 and Figure 3.17).

A large proportion of participating parents also reported negative attitudes towards the efficacy of the family law system and its ability to protect the safety of children and address issues of family violence. For example, three in ten parents with concerns for themselves and their child disagreed that the family law system protects the safety of children, while just over two-thirds of those who had concerns for the child alone disagreed (ESPS, 2015). Furthermore, parents' concerns for their safety or the safety of their children as a result of ongoing, post-separation contact with the other parent were reported by nearly one-fifth of parents participating in the ESPS (ESPS Report, 2015, Figure 3.12), with the majority of these safety concerns arising from emotional abuse or anger issues, mental health concerns, violent or dangerous behaviour, or substance misuse (ESPS Report, 2015, Table 3.10).

Consistent with the observations made in the context of the Evaluation data, several participants in the Domestic and family violence and parenting study ('DFVP') study also described a systemwide emphasis on shared parenting and on the child's need to maintain relationships with a parent (despite the 2012 amendments and the increased emphasis on family violence). This, in turn, resulted in a failure to accord priority to the protection of children from family violence and child abuse. Some participants described concerns by family law professionals to not be seen as 'alienating' a parent, which appeared to supersede concerns over family violence. In some cases, this was described as leading to outcomes involving ongoing contact with fathers where there was a history of family violence and an ongoing risk to the child's wellbeing.

Longitudinal and cross-sectional data analysed for the DFVP Study has identified the effects of domestic and family violence and interparental conflict on parenting capacity, and their associations with poorer outcomes for children, particularly where the violence or conflict is sustained over time. This research also highlighted inconsistent access to therapeutic services in this context, as well as an inconsistent focus on recovery in both the child protection and the family law system services for these families (DFVP, 2017).



4. Family environment and alternative care (art. 5, 9–11, 18, 20, 21, 25, 27(4))

Listening to children in family law proceedings

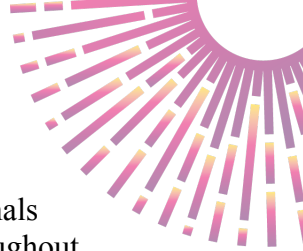
The Convention recognises the rights of children to participate in decisions relevant to their care (article 9) and to make their views known in administrative and judicial proceedings affecting them (article 12). In the 2012 Concluding Observations, the UN Committee on the Rights of the Child flagged its concerns about the lack of mechanisms in place for facilitating the right of children to participate and be heard in relation to policies and decisions affecting them. The evidence suggests that there are still inadequate mechanisms in place in the family law system for facilitating the participation of children in proceedings. Although the family law system does provide avenues for children to be heard, through the appointment of an Independent Children's Lawyer (ICL), family consultant or, rarely, judicial interviews; in practice, most children and young people who reported engaging with these family law system professionals in the CYPSP study reported feeling negatively towards the process and dissatisfied with either their level of input or awareness of the decision-making process or the final parenting arrangements.

Some of the children participating in the research described their engagement with these family law system professionals as facilitating participation in this decision-making regarding parental arrangements by enabling them to have a say in the decision-making process. However, the responses of a substantial proportion of these children and young people with experiences of the family law system suggested that the approaches adopted by the service professionals with whom they interacted, operated in a way that limited the young people's practical impact or effectively marginalised their involvement in decision-making about parenting arrangements (CYPSP, 2018). For example:

I preferred to be spoken to, like, as an equal rather than someone speaking to me as if I were, you know, just someone who didn't have any idea what was going on and didn't have any idea of the situation. (Phoebe, F, 15+ years) (CYPSP, 2018).

In particular, children and young people were more likely to feel excluded from parenting arrangements made pursuant to family law proceedings if they were not afforded the opportunity to speak or meet with the legal professionals or court personnel involved in their cases. Participating children and young people commonly reported that they were either not consulted by the relevant family law system professionals in their case or, even where there were options to participate, that they were not heard by those professionals. In some instances, this led to strong feelings of anger and frustration, for example:

Well, first of all they [the court] could just – children know what they want ... They do. And they didn't listen whatsoever. As I said ... a lot of times. They don't care. They don't listen. They just kind of, like, oh the parents' – the parents' decision, the children have no say whatsoever ... Um, it's as if they don't even care and it's just like, it's really, it wasn't fair. It just ... It was, it was like we were treated like, like very differently than the adults in the court case ... And, the adults, like ... Because we were just, like, SIBLING and I, we didn't really have any say like ... We just kinda was like, like they, it – it felt like they were just talking to us ... so that we could like – so they, they could like intimidate us and like, hurt us. (Ellie, F, 10–11 years) (CYPSP, 2018).



Overall, a majority of young participants suggested that family law system professionals needed to pay greater attention to the perspectives of children and young people throughout the process of making parenting arrangements (CYPSF, 2018). One participant thought more visibility by family law services would encourage and facilitate participation from children and young people:

Make themselves visible with the kids and not really so much behind the scenes. If that's the kid's option, like, if they want to make it so behind the scenes then awesome, but if the kids want the family law services to be involved obviously when they're that little bit older and they kind of understand how everything works then I think that, totally, there should be more things put in place for kids and family law services, yeah. (Tatiana, F, 12–14 years) (CYPSF, 2018).

Similarly, an AIFS 2014 study found that ICL practices involving limited or no contact between the ICL and the child or young person, resulted in disappointment and unmet expectations. The ICL study also identified a lack of clarity in relation to the role of the ICL, both from the perspective of parents and children and young people, and particularly regarding the approach and activities undertaken by the ICL in their cases. Reflections from the ICL and CYPSF studies emphasised the vital importance of clear communication with children on their rights, the role of the ICL and where their views will fit into the broader process. While some positive reflections were given on experiences with ICLs, the mixed feedback given as part of this study speak to a substantial level of inconsistency in approaches to the ICL role by professionals, and an ongoing need for training and research on best practice approaches to working with and listening to children in this context (ICL Study, 2014).

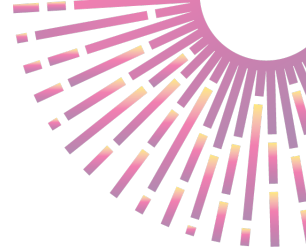


Figure 2: In their own words (ICL Study)

Box 3: In their own words

The formal interviews concluded with each child and young person being asked what they would like to tell the ICL if they had the opportunity. The way the question was asked made it clear that this was a “pretend opportunity” only. The responses encapsulate the young people’s concerns and are reproduced here.

Gosh, I don’t know. Some colourful phrases come to mind ... I don’t know, I think that if she just listened, that would’ve made a difference, but she didn’t and, yeah. [Samantha, 12–14 years]

It would be a lot better if we had contact with her and was able to give our side of the story across ... And she could give our side of the story in court. [Hannah, 15–17 years]

That I’d want to stay here like, um, that I’d, um, I’d say I’d never really want to be anywhere else but here. [James, 12–14 year]

I like the way how you guys gave me the choice of like “Did you want to do this?” and ... let me know what was gonna happen and that you told me at the end what I [or you] was gonna say. [Sarah, 12–14 years]

I would’ve said that, something like, um, “You could’ve done better or you’re a terrible children’s lawyer. You barely helped me. [Dylan, 12–14 years]

Probably that it was—what she did was a waste of time. [It would have been a positive experience] if she had represented ... what we actually asked her to do and actually, I think, taken into consideration what we were saying. Then it would have been a lot better ... [The ICL was] representing views that weren’t actually our views ... I don’t think she actually cared what we actually wanted. [Alex, 15–17 years]

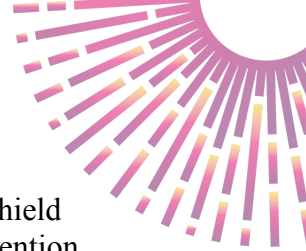
Um, how come you didn’t just get me to stay with my mum earlier? Get me to stop going to my dad’s sooner. [Georgia, 5–11 years]

What I would ask is, well, if she could give us more time with our mum and less time with our dad ... to whenever we want to. [Sophie, 12–14 years]

Um, that they should have helped us and, um, that it would have been much, much, better if they helped. [Zoe, 5–11 years]

Um, I probably would have told her that it probably would be better had she just actually represented me ... I still don’t know where she got her facts from, but I think it would have been better if she had actually represented me ... [She could have done that by] taking my viewpoints and not making decisions about what was best for me before actually meeting with me. And stating them and getting a chance to know me ... Like, not meeting me prior to that, I think that was very dodgy, ’cos she already made the viewpoint. I don’t know where that came from that she had, and at least doing that to see my point of view. [Lachlan, 15–17 years]

A key area of concern for many children was the lack of information they were given on the nature/length of proceedings, where or when they would be able to share their views, as well as what the possible outcomes could be (or eventually were). A number of children and young people felt as though they were ‘kept in the dark’ in parenting arrangement matters (CYPSF, 2018). Young participants emphasised a need for greater access to information relating to family law system processes, information about the progress of their particular case and regarding the potential for them to participate in the decision-making process in their case.



Further, responses from participants in the CYPSF study suggest that steps taken to shield children and young people from their parents' litigation, while benevolent in their intention, may be associated with the experience of harm on the part of the young person. When their agency and capacity to participate in decision making affecting them was not accepted and accommodated, young people expressed feelings of isolation, frustration and anger towards the family law system, legal professionals and/or their parents. Many young people felt that their views were dismissed because the court, legal professionals or their parents believed that they were 'too young'. Yet these same individuals expressed an almost universal view of feeling 'ready' before they were (if ever) given the chance to share their views on arrangements (CYPSF, 2018).

Inadequate responses by professionals in the context of abuse or neglect were also raised in relation to children's experiences of family law system services (CYPSF, 2018). Perceived inaction on the part of family law system professionals, particularly in response to safety concerns raised by children and young people, was identified as causing distress by a number of participants who reported some level of engagement with family law system professionals. The data suggest that the experiences of many children and young people engaging with family law system services had led to disappointment when they identified a failure on the part of these professionals to act protectively and respond to their safety concerns when they arose. Several participating children and young people recounted particularly distressing experiences where, for example, they experienced breaches of their trust when, having recounted experiences of family violence, they were reunited with the perpetrator during the family report sessions or when they faced repercussions from a parent on the release of the family report (CYPSF, 2018). One young participant recounted her upsetting interactions with a family consultant during parenting proceedings:

My dad was trying to battle for custody of us and we saw a child psychologist who I – I remember – it was like one of the worst things I think a psychologist could ever do. So we were talking to her and my dad was like in a different room, and she was like, 'So, tell me about it ...' So I basically explained everything, like how like I witnessed him chase Mum through our house with a knife. How he used to pick me up by arm and throw me in my room. How he used to lock BROTHER's room and stuff. And basically, overall, how abusive he was and then she's like, 'Oh, okay,' and she's like, 'So, if I got him in here do you think we could talk about it?' And like, I'm – I'm one of those people who doesn't know when to say no. So, like, I didn't really want to. I'm like, 'Ah.' And she's like, 'Okay, we'll get him in here.' I didn't exactly say no. Like, but I didn't really say yes either. And she's just like, 'Okay, we'll bring him in here.' And she's like, 'Okay, CHILD told me,' and then says everything I said. And looks at me and is like, 'CHILD is that true?' And I'm like, 'Uh,' like I'm freaking out because I'm only like six or seven or something. Like, understandably, and then she's like, 'Oh, okay, so do you promise never to hurt the kids again if they go back up?' And my dad's like, 'Yeah.' And he – and she turns to me and she's like, 'CHILD do you feel safe with that answer?' (Alana, F, 12–14 years) (CYPSF, 2018).

This experience provides insight into the importance of professionals responding appropriately to the views and concerns of children and young people. Parents and judicial, legal and non-legal service providers are faced with the challenges of protecting and supporting the agency and participatory rights of children and young people without exposing them to harm that may arise from participation in circumstances characterised by family violence and/or abuse. Key among these concerns is ensuring that children and young people



are not re-traumatised by their participation as a result, for example, of continuing exposure to parental conflict, or by enabling parents to involve their children in the misuse of legal processes (Domestic and Family Violence and Parenting (DFVP) Study, 2017). While acknowledging concerns regarding the involvement of children in their parents' conflict, these concerns must be considered in light of circumstances where these children are, or have already been, exposed to their parents' conflict or violent and abusive behaviour. Hearing the voices of children and young people has been identified as particularly critical in these circumstances, not only because this participation is central to meeting obligations pursuant to the Convention (and in particular, article 12) but also because it is important from an evidentiary perspective and is consistent with the expressed views of the relevant children and young people in cases characterised by family violence or conflict.

Children in out-of-home care

Australia's report to the UN Committee acknowledged issues with the high numbers of children entering out-of-home care. Out-of-home care (OOHC) is where children and young people aged 0–17 are placed in the care of alternate caregivers for a period of time. A component of the Pathways of Care Longitudinal Study (POCLS, 2015) study examined the quality of the relationships between children in OOHC and caregivers in the early years of being in OOHC, and its links to happiness and wellbeing. In the POCLS, a generally positive picture emerged of the family relationships experienced by children in the early years of OOHC. The majority of children had close relationships with the caregiver interviewed and other children in the caregiving household, and most of the caregivers reported knowing the study child well. In addition, most children aged 6–17 years had close relationships with peers and significant others. Although approximately half had a good relationship with their birth siblings, fewer had a good relationship with their mother or father. Several differences were evident for children's family relationships when examined by age group (e.g. closer carer and family relationships among younger children) and placement type (e.g. more positive family and social relationships among those in relative/kinship care in comparison to other placement types). (POCLS, 2015)

Services and supports in OOHC

Children in OOHC are a vulnerable group and face a number of challenges. The provision of services, ranging from medical services to case planning and caseworker support, is a crucial way that governments and non-government organisations can foster children's wellbeing in OOHC. Children and caregivers in POCLS accessed a broad range of service, supports and sources of information. Overall, caregivers felt their needs and those of the study child had been well met by the services accessed. The most common types of support received by carers were child care, respite care and carer support organisations/groups. A higher proportion of foster carers reported access to services and caseworker support than relative/kinship carers. However, a number of service needs remained. (POCLS, 2015) Caregivers identified a range of barriers that prevented access to services for the child and themselves, with the most common being long waiting lists. Generally, carers were satisfied with their access to caseworkers and the assistance that had been provided. The perspectives of children aged seven years and older tended to be less positive, however, with these children less likely to report being satisfied with caseworker support (e.g. with how often their caseworker talked to them by themselves). (POCLS, 2015).



Services and supports when leaving OOHC

State legislation and practice guidelines stipulate all young people in OOHC should have a transition plan before they leave care, however, the recent report on the Beyond 18 study found that this was not always followed and only 46% of care leavers and 22% of young people in OOHC reported having a transition plan. A lack of leaving care support and access to services were identified as a barrier to effective transition planning and preparation for post-care life. The study identified that a 'lack of systematic and holistic planning and support can have long-term consequences for young person's wellbeing', and the data suggests that transition planning is not working as it should for many young people leaving care in Victoria. Further, the study found that the possession of a transition plan correlated with age – participants under the age of 18 were less likely to have a plan in place than those over 18 (Beyond 18, 2018, Figure 4.1).

5. Disability, basic health and welfare (art. 6(2), 18(3), 23, 24, 26, 27, 33)

Self-harm and suicide-related behaviour

Rates of self-harm and suicide-related behaviour are high among Australian teens. Self-harm and suicide-related behaviour account for a considerable portion of the disability burden and mortality among adolescents, yet the majority of these incidents do not come to the attention of health services or even parents and friends. LSAC (Daraganova, 2017) found that, among 14–15 year olds, approximately 15% of girls and 4% of boys reported engaging in self-harm in the previous 12 months. Girls appeared to be at greater risk than boys of both self-harm and suicidal behaviour. Among girls, 12% reported suicidal ideation (cf. 6% of boys), 9% developed a suicide plan (cf. 5% of boys), and 6% attempted suicide (cf. 4% of boys).

One third of adolescents with suicidal ideation did not report any other suicide-related behaviours, whereas approximately half of adolescents with suicidal ideation reported developing a suicide plan and one third reported a suicide attempt. Among those who attempted suicide, six out of 10 adolescents reported a suicide plan at some point in the last 12 months, suggesting that at least 40% of suicide attempts were unplanned, with the proportion of unplanned suicide attempts greater among boys than girls (58% of boys and 31% of girls). This finding is consistent with previous research that has shown that impulsive suicide attempts are more common among males than females (Simon et al., 2001). When monitoring youth at risk of attempting suicide, it is important to also be aware of the risk factors that may help to identify those who are more likely to attempt an unplanned suicide (most likely out of impulsiveness). (Daraganova, 2017)

Important relationships were also observed between self-harm and suicide attempts. Among those who engaged in either self-harm or suicidal behavior, one third of boys and girls reported a suicide attempt, whereas among those who attempted suicide, a greater proportion of girls (79%) than boys (36%) reported engaging in self-harm, highlighting the elevated risk of attempted suicide in girls who have self-harmed. In contrast, among those who did not engage in self-harm, boys were more likely to report attempting suicide than girls (33% vs 7%). These findings are consistent with previous research and highlight gender differences in the pathways of self-harm and may reflect different patterns and psychological functions of



self-harm between boys and girls that need to be taken into account when developing prevention programs (Andover et al., 2010; Nock et al., 2013; Whitlock et al., 2011).

The data also provide further insights around risk factors of self-harm and suicide attempts and whether there were gender differences. Individual characteristics and experience of peer victimisation were key risk factors associated with an increased risk of self-harm. The likelihood of reporting self-harm was significantly greater among females compared to males; adolescents who reported being attracted to the same sex, both sexes or were not sure who they were attracted to compared to those who were attracted to the opposite sex only; adolescents with a reactive temperament compared to those without; adolescents with depressive and anxiety symptoms compared to non-depressive and non-anxious adolescents; adolescents who engaged in any risky behaviour (substance abuse, drinking or sexual activity) compared to those who did not; adolescents who did not feel generally happy compared to those who did; adolescents who reported being unfairly treated because of their race, religion, skin colour, look, disability, etc. compared to those who did not. (Daraganova, 2017)

A broad range of factors that were associated with self-harm were also risk factors for attempting suicide and key factors were engagement in self-harm, non-heterosexual identify and delinquent behaviour. The results suggest that even though not every adolescent who engages in self-harm proceeds with a suicide attempt, self-harm may serve as a gateway for suicide attempts. This suggests a need for early response and intervention on any act of self-harm. For example, screening for self-harm may aid in the identification of adolescents at risk of attempting suicide.

Overall, the findings highlight that early intervention and preventative strategies should be directed towards young people, in order to increase their awareness of risk factors for themselves and also their peers, as well as increase awareness of the support services and other resources available (e.g. Lifeline, beyondblue, local support groups or online resources such as MindSpot or ECouch), which can be a starting point for identifying issues and finding support. Programs to assist teachers and parents to appropriately assess the signs of self-harm and suicidal intent, including identifying those who are more likely to attempt suicide unplanned (most likely out of impulsiveness), could be of considerable benefit for reducing the overall disability burden of self-destructive behaviour in young people.

Mental health services and barriers to access

Data from CYPSPF provides some insight into the supports and services that children and young people found were helpful to them during and after their parents' separation. A majority of participants (62%) had some engagement with mental health professionals, such as psychologists or psychiatrists and government-funded services such as Headspace, with over three-quarters of these participants (79%) describing these services as an important source of support for them during that period (CYPSPF, 2018). However, not all participants knew where to go if they felt they needed support in dealing with their parents' separation or other issues affecting them. Some children raised the challenges associated with accessing support services, including a lack of awareness or advertising of mental health services for children, long waiting times when calling helplines, and the difficulty in obtaining referrals to mental health services. In addition, children described the challenges they faced in accessing support at school, indicating the importance of adequate and accessible supports within the education system. (CYPSPF, 2018) For instance, one participant reflected on the difficulties she faced accessing a counsellor in school:



Schools need better counselling systems. Yeah, like – instead of just like – like, the school I'm at the moment, I went to their counselling and they're like, 'Oh, we'll have to put you on a waiting list.' 'It's like, they need – some schools need to get a better counselling system because, like, what these kids are going through when their parents separate some of the time, they need those people to talk to. And they need to make them more available for the kids. (Alana, F, 12–14 years)

The data reinforces the pressing need to ensure that children are well-supported through difficult periods of their life and are able to access services tailored to their needs, be it through the form of psychiatric help, counselling, telephone helplines or peer-support programs.

Health and wellbeing of children in out-of-home care

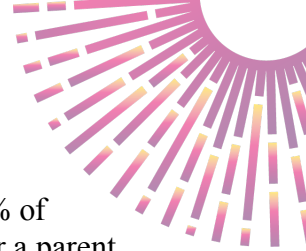
POCLS investigated the developmental wellbeing of children in the first years of OOHC by considering physical health, socio-emotional adjustment and cognitive/language development. Overall, most children seemed to be progressing well in terms of their physical health and were similar to children in the general population. In the area of socio-emotional wellbeing, the POCLS children showed higher levels of behaviour problems from three years of age than usually found in the general population, particularly of the externalising type (e.g. aggression, hyperactivity). Rates of socio-emotional difficulties were highest among 12–17 year olds. Finally, children aged nine months to five years were generally developing normally in terms of developmental milestones but there were some signs of slower than average language development. While the majority of children were in the normal range on cognitive abilities and language development, rates of difficulties in these areas were higher among children aged six years or older than would be expected by normative comparisons. (POCLS, 2015)

Children in residential care appeared to be experiencing poorer wellbeing than children in other placement types. Looking at how children were faring across the three domains of children's functioning examined showed that approximately half (49%) of the children did not show any problems, 30% showed problems in one developmental domain, 16% showed problems in two developmental domains, while 5% showed problems across all three developmental domains. (POCLS, 2015)

6. Education, leisure and cultural activities (art. 28–31)

Young carers and educational outcomes

LSAC data (Warren & Edwards, 2017) provides information about the number of 14–15 year olds in Australia who have provided informal care for at least six months to a family member or friend either because of a long-term health condition, disability or frailty due to old age. Tasks undertaken by young carers include a wide range of physical, household, medical, emotional and social support tasks. Overall, almost 40% of 14–15 year olds reported caring for someone in their family or community, and the majority were caring for someone who did not live with them (29% of all 14-15 year olds). Most 14–15 year olds who cared for someone who did not live with them were caring for either a grandparent or an unrelated child and the specific type of care varied depending on the care recipient. Nine per cent of young people were caring for a household member, with around two-thirds of that group providing



assistance with core activities (personal care, mobility or communication). Of that 9% of young people who did care for someone in the household, almost half were caring for a parent or step-parent, a third for a brother or sister and a little over 30% for a grandparent. The types of care to household members depended on the relationship between the young carer and the person receiving assistance (Warren & Edwards, 2017).

Overall, 22% of all 14–15 year olds provided assistance with the core activities of daily living such as personal care, moving around and communicating. Caring for multiple people was also not that uncommon, with almost 20% of young people of this age caring for more than one person. The amount of time young people spent caring varied markedly with 21% (an estimated 18,923 14–15 year olds) providing care daily and 9% (an estimated 8,635 14–15 year olds) of these for two or more hours per day, 37% weekly, 13% fortnightly and 29% monthly or less than once per month. Living in the same household was associated with caring for relatives on a daily basis. Whereas for young people caring for people outside the household, far fewer were doing so on a daily basis (7% of those caring for grandparents, 24% of those caring for an unrelated child) (Warren & Edwards, 2017).

The LSAC data provides evidence that being a young carer limits young people's educational opportunities and, by extension, their life chances. Young carers were found to have significantly lower performance in reading and numeracy in NAPLAN at Year 9 than their peers. These differences range from 8.5 months of schooling for numeracy for boys to 1.2 years of schooling for reading for girls. When statistical models are used to control for demographic characteristics of the child and parent's country of birth, household structure, parental employment status and mother's education, young carers are still substantially behind their peers. Even after taking into account a wide range of other characteristics, boys are seven months behind and girls are one year behind in reading and, for numeracy, boys and girls are around seven months behind their peers (Warren & Edwards, 2017). While the results from these statistical models are not causal, and further research is needed to unpack the precise causal pathways, estimates of differences between young carers and their peers on NAPLAN scores changed little after accounting for child and household characteristics, supporting the conclusion that caring has a detrimental impact on educational performance.

Further analyses examining the role of the time spent caring, the type of care provided (core/non-core), whether the young carer is living in the same household and the number of care recipients suggest that the time spent caring undermines young carers' academic achievement. Statistical models that take into account many demographic characteristics, as well as mother's education and whether the young person is in a jobless household, still found that young people who are spending two or more hours per day on caring activities have substantially lower levels of academic achievement (Warren & Edwards, 2017). The findings from this work raise concerns about how family health conditions can undermine young peoples' educational prospects if young people have substantial caring responsibilities.

This evidence suggests that, although a minority of young people, this group of young carers are in need of additional support. Young carers who were most affected; that is, those who were caring for two or more hours per day, only comprised 3.6% of all 14–15 year olds in 2014 (an estimated 8,647 young people) (Warren & Edwards, v2017). Given the relatively small group of young people involved in intensive caring, investment in targeted policies and programs to provide additional formal support for the person in need of care and also provide better support for these young carers to participate fully in school could make a real difference to the lifetime educational prospects of this group of youths.



Children's early home learning environment and learning outcomes in the early years of school

This investigation (Yu & Daraganova, 2015) extended our understanding of the home learning environment during early childhood – a period in which child development has been shown to be particularly sensitive to environmental influences in the home – and its association with learning outcomes when children are in Year 3. Overall, the results present a positive picture of the home learning environment in Australia (Yu & Daraganova, 2015). Across all social groups, most parents made good efforts to provide a stimulating home environment for their child. However, children from families of low socio-economic position, those with mothers who spoke a language other than English and those who lived in disadvantaged neighbourhoods had fewer learning opportunities at home than others.

Shared activities at home are important in the development of language and numeracy skills later on. The association with children's reading ability was substantial and significant, even after considering a variety of socio-demographic factors. In line with previous studies, parental involvement had a significant association with child outcomes over and above the influence of social risk factors such as families' socio-economic position and parental education (Sylva et al., 2004). In addition, children's early reading activities were also related to their numeracy outcomes in Year 3. However, home activities did not show an independent correlation with children's numeric skills after considering other aspects of the home learning environment (Yu & Daraganova, 2015).

In general, the relationship between the home learning environment and children's learning outcomes did not vary substantially according to the child's gender, family type or socio-economic position (Yu & Daraganova, 2015). Children from all socio-economic groups benefited from growing up in a rich and stimulating learning environment. However, the relationship between home activities and children's reading performance was language-specific. Children whose mothers spoke a language other than English at home did not benefit significantly from shared home activities with their parents in terms of reading and numeracy performance. These results suggest that the association between home learning experiences and children's learning outcomes might differ according to family culture or language. However, it is important to note that children whose mothers did not speak English at home achieved higher levels of reading and numeric performance on average than those whose mothers did speak English at home. Further investigation is needed to explain this result but one explanation could be that these children may respond more to other home learning opportunities or formal training in English literacy and numeracy skills development. However, given that non-English speaking families were under-represented in the LSAC study, this result must be interpreted with caution. Detailed information about 'how' children were read to and 'how' they interact with their parents during home activities was not available. It is possible that English-speaking parents used more numeric words or more frequently encouraged mathematics during home activities than non-English speaking parents.

These findings highlight the important role that parents play in fostering children's early literacy and cognitive development to help them build a strong foundation for future learning in school. In this context, the main challenge for policies and practice is not only to encourage parents in their efforts to increase their capacity to provide a rich learning environment for their children but also to support less advantaged families to provide their children with rich, cognitively stimulating environments during their early childhood.



Career aspirations

In LSAC (Baxter, 2017), data was collected from children aged 14–15 who were asked about their career aspirations. When asked about their career aspirations, as many as 40% of 14-15 year olds did not know what job they wanted to have in the future. Findings also showed that there were marked gender differences in preferred jobs. For example, boys often wanted to work in engineering or transport, information or communications technology or construction whereas girls ranked being educators, lawyers and social professionals such as counsellors among their top career choices (Baxter, 2017).

There are a few key implications arising from the research relating to career aspirations.

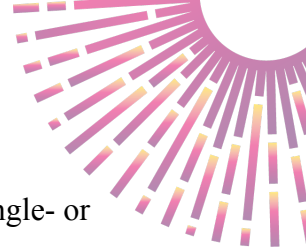
- Providing boys and girls with information about potential jobs that suit a range of interests and skills may help them identify possible future careers. This information could challenge gender stereotypes and should equip adolescents with realistic options, given the range of jobs available in the labour market and their educational qualifications.
- Acknowledging that it is not a problem for adolescents to be undecided in their career path, adolescents should be encouraged to explore their skills and interests, looking for future work opportunities that might also suit the values they hold as important. It is essential that they have access to resources and supports to promote this, particularly for those about to enter the labour market or to make meaningful choices in their education pathway.
- Parents are important supports to adolescents as they develop their ideas and plans for a future career. Some parents may not be well equipped to do this and may need additional support themselves to help their adolescents find a successful career path.
- Schools can also help children find out about possible career options. Advice and information given here may be especially valuable for children who will complete their education at secondary school. It also may be valuable for informing children with different sets of skills and interests about a range of realistic education and career pathways.

Ensuring adolescents have access to good information and to supports and resources will help these adolescents identify the range of jobs that may be suitable to them and the pathways that will help them achieve their aspirations, or to modify their aspirations to suit their skills and interests as well as the nature of the labour market.

Teaching practices in Australian primary schools

This section refers to teacher-reported data relating to the LSAC K cohort (Vassalo, Daraganova, Zhang & Homel, 2017), focusing on the waves in which study children were in primary school.¹ Teachers worked in different ways according to the age of their students, the school where they worked, the structure and composition of their class, and their own characteristics. Group differences were generally quite small and mainly related to the amount of time that teachers devoted to small group and child-initiated activities; the emphases they placed when teaching students to read; and their use of within-class groupings for reading and maths. Not surprisingly, student year level was a strong correlate of teaching practice, with teachers more likely to favour particular strategies with certain age groups. Teacher self-efficacy was also strongly associated with teachers' use of different teaching practices,

¹ It should be noted that this data was collected prior to the implementation of the new Australian Curriculum (which is currently underway) and that variations in teaching practices between states and territories may affect findings (Vassalo, Daraganova, Zhang & Homel, 2017).



particularly the modes of instruction they employed. School sector and class type (single- or multi-grade) were also important differentiators.

It is likely that developmental considerations and the need to adapt teaching methods to meet the needs of a wide range of students were among the factors that contributed to these differences. Indeed, findings highlight the ways teachers tailor their teaching to student needs, with within-class groupings appearing to be a popular approach for managing student diversity (in age, ability and cultural background), and teachers of students with disabilities or from non-English speaking backgrounds favouring different approaches to teaching maths and reading (in some year levels) (Vassalo, Daraganova, Zhang & Homel, 2017). Future research examining the interconnections between teacher, student and class characteristics on children's learning would be of benefit in helping to understand which factors work best in promoting student achievement and engagement, and how teaching practices can be best tailored to fit the needs of students.

Children in out-of-home care and education: Pathways of Care Longitudinal Study

Many of the POCLS children who were not yet of school age attended some form of child care, most commonly at a child care centre, except at age 4–5 years when preschool was more common. School-age children often had to change schools when they entered OOHC. For many, this was an additional change to the school changes already experienced.

Approximately one tenth of children had repeated a school grade at some stage, while approximately one third were receiving special services or remedial help at school. Just over one quarter of caregivers of 6–11 year olds and 30% of caregivers of 12–17 year olds reported that an OOHC education plan was in place for the child. School absenteeism was relatively common, most frequently due to health reasons. Most caregivers were monitoring and supporting their child's school progress. A sizable minority were concerned about the child's learning progress and felt that the child was experiencing problems at school (POCLS, 2015).

On the other hand, many caregivers thought children looked forward to going to school and they believed that schools were meeting the children's needs. Most 7–11 year olds appeared to have positive perceptions of their school life but a larger proportion of 12–17 year olds did not (e.g. close to half of 12–17 year olds 'rarely/never' or only 'sometimes' enjoyed being at school). There were several differences between children from differing cultural backgrounds and placement types; one of the most prominent findings was that children in residential care, while a very small group overall, appeared to have multiple problems and were not faring as well as children in foster and relative/kinship care at school (POCLS, 2015).

Educational outcomes of children in out-of-home care: Beyond 18

The study found that the educational outcomes of young people in the study were poor with not all young people in care meeting the Victorian Government's minimum school-leaving age of 17 or the mandatory requirement that all students complete Year 10. In particular, only 25% of 72 school leavers in the study had completed Year 12 and 27% had not completed Year 10 (Beyond 18, 2018).

Further, although the Victorian Department of Education and Training stipulates that all students living in out-of-home care in Victoria are supposed to have an Individual Education Plan, results from the study show that education planning for young people in the study



appears to have been inconsistent. Only 42% remembered only having heard of such plans and 19% reported that they had never seen one (Beyond 18, 2018).

Time use and children's wellbeing and temperament

LSAC data (Mullan, 2014) showed that children's time use may differ depending on the child's gender, socio-economic position (SEP) and region of residence. For example, girls averaged less free time than boys, the nature of girls' and boys' free-time activities differed greatly and gender differences were greater when children were 10–11 years compared with 4–5 years. Children in low-SEP families spent significantly more time watching TV when aged 4–5 years and 10–11 years than children in families with a higher SEP. Children aged 4–5 years in low-SEP families also spent less time in creative play (such as arts and puzzles) and were less active than children in more advantaged families. Further, the results highlighted some positive aspects of children's time use in regional areas, such as more time on physical activity (for children aged 4–5) and less time on television (for children aged 10–11) (Mullan, 2014).

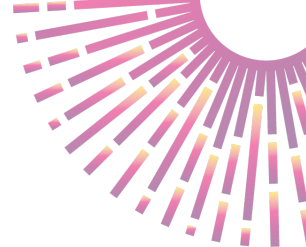
In addition, children's use of time was measured based on their social and emotional wellbeing and temperament. The combination of positive and negative aspects of both social and emotional wellbeing and temperament yielded a rich descriptive picture of the associations between these indicators and children's time use. For example, on one hand, difficult behaviours were associated with more television viewing, while on the other, persistence was associated with less television viewing. Also, these results highlighted that associations are not fixed over time or even across different day types (Mullan, 2014).

Overview of children's screen time

A majority of Australian children at all ages spent some time on screen-based activities, when captured to include any television viewing, computer use and electronic gaming (Yu & Baxter, 2016). Australian children's screen time increased from ages 4–5 to 12–13 years. On average, by 12–13 years, children spent three hours per weekday and almost four hours per weekend day using screens, which equates to around 20% of their waking time on weekdays and 30% on weekends. The increase in screen time as children grew may be partly due to the rapid development of technology in the past decade, along with the growing availability of portable and affordable media devices. It is also likely to reflect children's needs and desires for exploration and acquisition of new knowledge and skill as they grow older. The analyses of LSAC presented here showed that children very often exceed the recommended amount of screen time, which is no more than two hours per day of screen time for entertainment (Yu & Baxter, 2016).

With regard to television viewing, a majority of children (84–91%) at all ages had rules about what television programs they could watch, while 50–60% had rules about how much television they could watch (Yu & Baxter, 2016).

Generally, children watched less television if they did not have a television in their bedroom or when families had rules about television viewing. However, LSAC results suggested that as children get older, rules may be less effective, with nearly half of the 12–13 year olds who had rules about television viewing exceeding two hours of television on weekends. This highlights the importance of developing effective and age-appropriate strategies to reduce children's time spent on screen-based activities (Yu & Baxter, 2016).



Alternative activities and screen time

The analysis further showed that engaging in certain extracurricular activities is associated with lower volumes of screen-time use at 12–13 years. However, from these analyses we cannot say whether children participating in extracurricular activities have different preferences about how they spend their time, are more constrained in the time they have available for screen-time activities or have different patterns of time use due to other family characteristics (or vice versa) (Yu & Baxter, 2016).

Children's self-reported enjoyment of physical activity and physical wellbeing were also related to their screen-based behaviours, although the descriptive analyses likewise cannot be used to explain the mechanisms underlying this relationship. While these analyses do not provide evidence of a causal relationship, it may be that if children are provided with opportunities to engage in physical activities that they enjoy, and that promote their feelings of wellbeing and fitness, a consequence may be that they will engage in these activities and reduce their screen time.

7. Special protection measures (art. 22, 30, 32, 33, 35, 36, 37–40)

Children from humanitarian backgrounds

BNLA involved a child self-reported module in which children from humanitarian backgrounds aged 11–17 completed questions on mental health and behavioural outcomes. This allowed for a better understanding of the experiences of young people from humanitarian backgrounds and the factors that may affect their experiences of settling in Australia (see section 2).

Almost all BNLA children interviewed attended school. BNLA parents reported that most of their children were performing at an average, above average or excellent level in school. Overall, the children in BNLA were not at greater risk of social and emotional behavioural difficulties than other Australian children. However, they did experience more difficulties in their peer interactions. The children were also engaged in a range of activities, most commonly, individual or team sports. Regular attendance at sporting and cultural activities and having better health were associated with lower risk of social and emotional behavioural difficulties and the experience of discrimination and traumatic events was significantly associated with increased difficulties scores (BNLA, 2017).

Despite having lower prevalence of experiencing psychological distress and post-traumatic stress disorder (PTSD) symptoms than their parents, prevalence among BNLA children 11–17 years of age was still higher than is generally found in the wider population (BNLA, 2017). This highlights the importance of programs and services that can address settlement stressors, pre-migration traumatic experiences and mental health problems.

Early onset of crime and delinquency among Australian children

LSAC (Forrest & Edwards, 2015) has examined the prevalence of a range of criminal or delinquent behaviours among a representative sample of Australian children aged 12–13 years and the factors that might influence it.



The results suggest that early-onset crime or delinquency is relatively rare, with the majority of children reporting that they had not engaged in violent, property or status offences. In fact, fewer than 10% of boys and girls engaged in most of the criminal or delinquent behaviours examined. The exception, however, is fighting and almost one in four boys admitted to getting into physical fights in public in the previous 12 months (Forrest & Edwards, 2015).

In addition to describing the prevalence of early-onset crime or delinquency, we sought to identify risk and protective factors that were already in evidence in early childhood (4–5 years) and late childhood (10–11 years) and were associated with crime or delinquency at 12–13 years. Of the 34 risk or protective factors examined, 25 were associated with early criminal or delinquent behaviour, although very few of these could differentiate on their own between delinquent children and non-offenders once all other characteristics were taken into account (Forrest & Edwards, 2015). The key factors that were independently related to differences in engagement in crime included several modifiable factors, namely having:

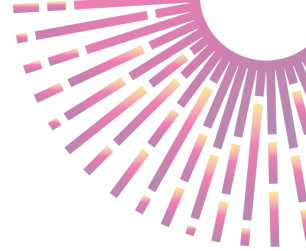
- a mother who consumed alcohol to a risky level (at 10–11 years)
- a mother who had been injured, been assaulted or experienced an illness (at 10–11 years)
- a mother who smoked during pregnancy
- attention problems (at 4–5 years)
- higher levels of a sociable temperament style (at 4–5 years)
- significant peer problems (at 10–11 years)
- experienced higher levels of harsh parenting (at 10–11 years).

Some independent factors related to criminal or delinquent behaviour were more fixed, however, and included:

- child gender (male)
- Indigenous status
- living in urban areas (at 4–5 years).

Children were then classified into two groups based on the risk and protective factors present in their lives: those at higher and lower levels of risk of crime or delinquency at age 12–13, based on their previous circumstances and characteristics. Three in five of those children thought to be at higher risk did actually engage in crime or delinquency at 12–13 years. By contrast, only one in five of the children considered to be at lower risk were involved in crime or delinquency. While this may reaffirm the sense that many of the markers of early-onset crime or delinquency can be identified early in the life course, two in five of those children deemed at risk in the primary school years were not engaging in crime or delinquency in early adolescence, and one in five children not considered to be at risk did engage in crime or delinquency. When translated into the numbers of children that LSAC is intended to represent, 8,100 of the 13,600 deemed at risk were engaged in crime or delinquency in early adolescence, whereas as many as 51,900 of the 236,400 children in the low-risk group were engaged in criminal or delinquent behavior (Forrest & Edwards, 2015). Thus, the extent to which early-onset offenders can be identified prospectively remains limited.

Attempts to use early risk and protective factors to target early interventions therefore needs to acknowledge the fact that many seemingly high-risk children manage to avoid delinquency and that, as such, targeting resources on the basis of risk and protective factors might direct them away from other children in need. A public health approach to addressing crime or delinquency may therefore be a more productive approach to addressing this issue.



8. Conclusion

This submission has presented findings from the AIFS research program (since 2012) relevant to a consideration of the issues and challenges faced by children and young people in Australia and the factors that may affect the realisation and implementation of rights under the Convention. This submission has emphasised the importance of facilitating the participation of children and young people in decisions that affect them and providing them the opportunity to be heard. Research with children and young people, including CYPSF and the ICL Study, demonstrate how listening to the views and experiences of children and young people is critical to the improvement of family law system services in terms of meeting their needs and making a decision in the child's 'best interests' (*Family Law Act 1975 (Cth)*, s 60CA).

Although significant changes to the family law system have occurred to place greater emphasis on the protection of children against harm, evidence from the Evaluation study suggests that there is still a need for greater training of professionals and awareness within the family law system to improve the identification and assessment of, and response to, abuse, neglect, family violence and safety concerns.

General findings from LSAC are presented in relation to educational outcomes for young carers, the home learning environment during early childhood and learning outcomes, career aspirations of young people, teaching practices in primary schools, the time children spend in leisure and education-related activities and the risk or protective factors in relation to the prevalence of criminal and delinquent behaviour among Australian children. The LSAC data was also able to provide some comparative analysis of the family circumstances and wellbeing of Indigenous and non-Indigenous children.

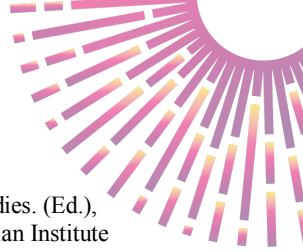
Further, some key findings are provided from the POCLS and Beyond 18 study in relation to children in out-of-home care (such as educational outcomes, services and supports, relationships with caregivers and developmental wellbeing) and from the BNLA study concerning children from humanitarian backgrounds (by considering their experiences and outcomes following settlement).

The data in relation to the high rates of self-harm and suicide-related behaviour among 14–15 year olds (LSAC) raises concerns around the adequacy of support systems and services for young people. Further, children's perceived experiences of mental health services (CYPSF) highlights the support such services can provide in ensuring that children and young people are well-supported through challenging and tumultuous periods of their lives as well as the barriers that may affect the accessibility of such services.

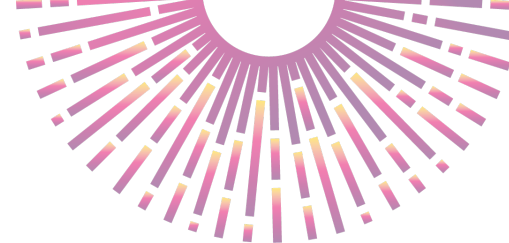
The extensive research in the submission highlights the importance of a strong evidence base to inform policy and practice. In order to understand the factors that impact on child outcomes and wellbeing, it is crucial for data to be collected that can provide insights into the diverse experiences of children in a broad range of contexts and life stages. In particular, having research informed by the voices of children and young people is integral to understanding their experiences and perspectives.

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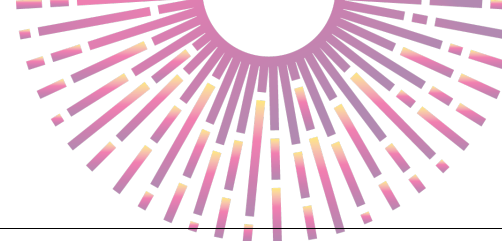
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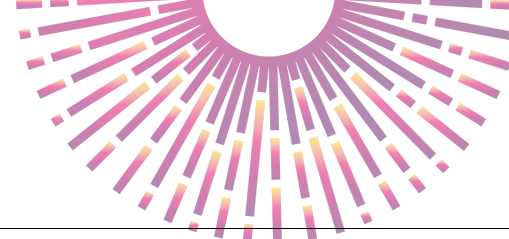
Appendix A

Data collected from LSAC and BNLA

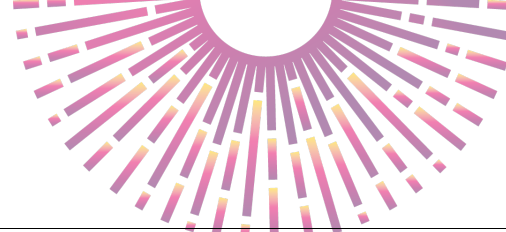
Article	LSAC wave	LSAC Measures	BNLA wave	BNLA Measures
2	Biennial data collected 12–17 years	Child-report data collected on the experience of being treated unfairly because of a range of characteristics such as language, skin colour, disability, sexual identity	Wave 3: 11–17 years (W3 child module) Waves 1–5: 15–17 years (annual main data collection)	BNLA: in Wave 3, 11–17 year olds self-report data collected on whether treated unfairly or badly because of language or accent, skin colour, religious beliefs, cultural background In Waves 1–5, adolescent (15–17 years) self-report data collected on being discriminated against, stopped from doing something or being hassled or made to feel inferior because of ethnicity, religion or skin colour
12	Biennial data collected 12–15 years	Child-report data collected on autonomy and how decisions are made within the family (e.g. if child can have a say in how late they stay up on a school night, how they dress, etc.) Child-report data collected on parental autonomy granting (e.g. can they question their parents, do parents respect privacy, etc.) Parent-report data collected on helping young person make decisions about work		
7	Biennial data collected from 0 (B cohort) or 4 (K cohort)	Parent-report data on nationality of child	Waves 1–5: primary applicant of migrating unit	In Wave 1, data collected from primary applicant about children they migrated with, including their name, age and country of birth. In Waves 2–5, demographic data collected from primary applicant about new children living in the household
13	Biennial data collected 4–17 years	Teacher-reported data on access to internet, accessing information, frequency of access to computer, loan computers, computer labs, information seeking		
14	Collected at 15 years	Child-reported data collected on religious influence on decision making.	Waves 1 and 3: 15–17 years (main data collection)	In Waves 1, 3 and 5, adolescent (15–17 years) self-reported data collected about attendance at a place of worship



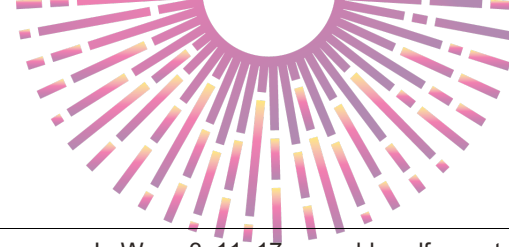
15	Biennial data collected 10–17 years	Child-reported data collected on parental knowledge of friends, boyfriends/girlfriends		
39			Waves 1–5: 15–17 years adolescent (main data collection)	<p>In Wave 3, adolescent (15–17 years) self-report data collected on whether received professional help from a doctor, counsellor or psychologist to help deal with emotional problems (and, if so, frequency of help received in past 12 months)</p> <p>In Wave 1, adolescent (15–17 years) self-report data collected about whether received medication from a doctor for physical or emotional problems</p> <p>In Wave 1, adolescent (15–17 years) asked about social integration – how easy it's been to make friends, understand Australian culture, talk to neighbours, participate in school</p> <p>In Waves 1–5, adolescent (15–17 years) self-reported data collected about whether they have been made to feel welcome in Australia and whether feel part of the Australian community</p>
9			<p>Wave 3: 11–17 years, and primary caregiver of child aged 5–17 years (W3 child module)</p> <p>Wave 3: 15–17 years (main data collection)</p>	<p>In Wave 3, 11–17 year olds self-report data collected on whether exposed to traumatic events including extreme living conditions, direct experience of combat, forced separation from family. In addition, whether something happened in which safety or life was badly threatened. The same data was collected from the primary caregiver of children aged 5–17 years about whether their child had experienced these things.</p> <p>In Wave 3, adolescent (15–17 years) self-report data collected on whether experienced or witnessed a range of events prior to coming to Australia, including forced separation from family</p>
5	Biennial data collected 4–17 years	<p>Extensive parent-reported data collected on a range of parenting measures (such as parenting conflict, child chores, co-parenting, relationship quality, attitudes to work and family, parental involvement with school, parental involvement with child)</p> <p>Extensive child-reported data on a range of parent–child relationship aspects (such as family protective factors, relationship with parents, closeness to parents, autonomy from parents)</p>	<p>Wave 3: primary caregiver of child aged 5–17 years (W3 child module).</p> <p>Wave 5: 15–17 years (main data collection)</p>	<p>In Wave 3, primary caregiver of child aged 5–17 years asked questions about their parenting, including dimensions related to warmth, hostility and efficacy, and a number of items about anger, grief and separation anxiety</p> <p>In Wave 5, adolescents (15–17 years) asked about how safe they feel at home and how often people in their family yell at each other</p>



18	Biennial data collected 4–11 years	Extensive parent-reported data collected on child care (such as satisfaction with program, characteristics of program)	Waves 1–5 (parents/primary caregivers of children)	<p>Parent self-report data collected about knowledge of and access to child care services if needed. Parent self-report data collected about undertaking paid/unpaid work, including looking after family and children</p> <p>In Wave 5, parent self-report data collected about whether child caring responsibilities, including who helped to provide child care for children in the house who are not yet at school</p>
23			Waves 1–5: 15–17 years (annual main data collection)	<p>In Waves 1–5, adolescents (15–17 years) self-report data collected on whether they have a disability, injury or health condition that has lasted or is likely to last 12 months or more</p> <p>In Wave 5, data collected from the primary applicant about whether each member of the household has a disability/injury/health condition that has lasted or is likely to last 12 months or more, and whether that person is participating in the National Disability Insurance Scheme</p>
24	Biennial data collected from 0–11 years (B cohort) or 4–15 years (K cohort)	<p>Parent-reported data on the services that the child and the family either used or needed but could not get (such as primary health care, mental health services and disability services)</p> <p>Parent-reported data on the reasons why such services could not be obtained for the child (such as too expensive, unavailable, and cultural or language reasons)</p>	<p>Wave 3: 11–17 years, and primary caregiver of child aged 5–17 years (W3 child module)</p> <p>Wave 3: 15–17 years adolescent (main data collection)</p>	<p>in Wave 3, 11–17 year olds self-report data collected about amount of physical activity undertaken in previous seven days and level of enjoyment in being physically active</p> <p>In Waves 1–5, adolescent (15–17 years) self-report data collected about physical health (four sub-items used from the Short Form-8 SF8 health measure)</p> <p>In Wave 3, adolescent (15–17 years) self-report data collected on whether received professional help from a doctor, counsellor or psychologist to help deal with emotional problems (and, if so, frequency of help received in past 12 months)</p>
26, 18(3)			Waves 1–5: 15–17 years (annual main data collection)	<p>In Waves 1, adolescent (15–17 years) self-report data collected about the amount of money they receive from government payments each fortnight and the type of payment received</p> <p>In Waves 1–5, parent self-report data collected about the amount of government benefits that the family receives each fortnight</p>
28	Biennial data collected from 0–13 years (B cohort)	Teacher-, parent- and child-reported data on the characteristics of the school attended by the child	Wave 3: primary caregiver reported data about child aged	In Wave 3, data collected from primary caregiver of child aged 5–17 years about their child's schooling, including enrolment status, year level and overall achievement



	cohort) or 4–17 years (K cohort)	(such as, the number of students, its organisational basis, its structure, and its available facilities) Teacher- and student-reported data on attendance and absenteeism, and reasons for absences (such as, illness, bullying and caring responsibilities)	5–17 years (W3 child module) Waves 1–5: 15–17 years (annual main data collection)	In Waves 1–5, adolescent (15–17 years) self-reported data collected about undertaking study or training and English language classes
29	Biennial data collected from 0–13 (B cohort) or 4–17 (K cohort)	Teacher-reported data on the nature of the environment, facilities and learning opportunities at the school attended by the child		
30			Wave 3: 11–17 years (W3 child module) Waves 1, 3 & 5: 15–17 years (main data collection)	In Wave 3, 11–17 year olds self-reported data on using English and family's spoken language for communication. The same data was collected from primary caregivers of child aged 0–17 years. In Waves 1, 3 and 5, adolescent (15–17 years) self-reported data collected on importance of religion and staying connected to home country's culture and language In Waves 1 and 3, adolescent (15–17 years) self-reported data collected about their friends and their friends' ethnic and religious communities
31	Biennial data collected from 0–13 (B cohort) or 4–17 (K cohort)	Parent- and child-report data on the child's time use, including participation in extracurricular activities (such as sports, community groups and religious services or classes) and family activities (such as playing games and attending cultural events) Child-report data on reasons for not participating in extracurricular activities (such as lack of time or money, bullying and health problems)	Wave 3: 11–17 years (W3 child module)	In Wave 3, 11–17 year olds self-report data collected on whether regularly attended activities in the past six months, including: individual sport, team sport, playing musical instruments or singing, ballet or dance, religious group
22			Wave 1: 15–17 years (main data collection)	In Wave 1, adolescent (15–17 year olds) self-report data collected about experiences seeking refugee protection, including time spent in overseas refugee camps, immigration detention, community detention and while in Australia on a bridging visa, and whether they had access to a range of different services including health, schooling, employment, counselling, legal, etc.



38		<p>Wave 3: 11–17 years, and primary caregiver of child aged 5–17 years (W3 child module)</p> <p>Wave 3: 15–17 years (main data collection)</p>	<p>In Wave 3, 11–17 year olds self-report data collected on whether exposed to traumatic events including extreme living conditions, direct experience of combat, forced separation from family. In addition, whether something happened in which safety or life was badly threatened. The same data was collected from the primary caregiver of children aged 5–17 years about whether their child had experienced these things.</p> <p>In Wave 3, adolescent (15–17 years) self-report data collected on whether experienced or witnessed a range of events prior to coming to Australia, including direct experience of a combat situation</p>
40	Biennial data collected 16–19 years	Child-reported data on contact with the justice system, including interactions with the police, the courts and youth detention centres.	