

# AROUND AUSTRALIA

All States and Territories have specified their legislation which in all cases has been passed or significantly amended during the 80's. There have been a number of extensive reviews. Victoria and Western Australia having voluntary reporting systems with others having mandatory reporting but with some variation around people and professions mandated.

Each also has some specialist responsibility allocated to the department responsible for Social and Community Services which has a major role as well as police and particular health units. Most also have some form of co-ordinating or advisory council.

It is also apparent that a large number of non-government agencies, action and self help groups have also developed in the field, at state, regional and local levels. There is great variety in the foci, specialties and interests represented by these groups.

All use the framework of physical, emotional and sexual abuse and neglect to classify notifications. Considerable variation in the percentages appearing for each would suggest variation in definitions or practices between states. There appears to be an urgent need to develop some consistency in data collection and more informative measures as there appears to be a growth in demand involving many Australian children and families.

The organisation of service delivery generally is decentralised to regions and districts with access to consultant specialists in some aspects of intervention and some specialist staff trainers and community educators. The latter tend to operate centrally. Some states have referred to the development of 24 hour response systems with duty or crisis care teams in metropolitan areas, toll free state wide phone access and some call out systems in country areas. There generally appears to be rapid response objectives with high risk cases but the extent to which services are maintaining staffing levels and keeping up with demand has not been specified. It is noted that there appears to be some moves toward larger, fewer regions. There are some efforts directed at parent education, non-removal of children from home, family reunification objectives and some attempts to minimise the extent and weightiness of court based intervention for victims.

Some changes have been made to court structures and practices and evidentiary provisions appear to be a subject of some concern with some attempts to better accommodate the needs of child witnesses.

All states appear to have had a variety of working parties, reviews and reports on aspects of child protection and many practice and training guidelines, publications and videos etc. have been produced in recent years.

## AUSTRALIAN CAPITAL TERRITORY

Prior to 1988, children in the Australian Capital Territory who were deemed to be in need of care were dealt with under the Child Welfare Ordinance 1957. Under this ordinance children were charged as being either 'uncontrollable' or 'neglected'.

On 26 April 1988, Part V of the Children's Services Act (1986) came into being. This new legislation was a result of the recommendations of the Law Reforms Commission Inquiry into Child Welfare Law in the ACT. The recommendations reflected the change in the philosophical approach to dealing with children who were in need of protection.

The major changes were:

- the decriminalisation of procedures for children in need of care,
- the making of a clear distinction between procedures relating to these children and the treatment of young offenders, and finally
- the active pursuit of non-court strategies.

The office of the Youth Advocate was formed to overview the success of such an approach and to make application to the Children's Court in cases where this was the only means of ensuring a child's protection.

Community Welfare Branch has been able to investigate all notifications within appropriate time frames. The Branch is committed to the establishment and refinement of highly developed assessment skills. To achieve this objective ongoing staff training and research have been given a high priority.

From July 1988 to June 1989, a total of 602 cases of alleged maltreatment were referred to Community Welfare Branch. Of these, 296 were considered to be substantiated (49.2% of all cases). As of 30 June 1990, 76

children were subject to Court Guardianship, Wardship and Care Protection Orders.

In an effort to develop family support out of family care options, increasing emphasis has been placed on the Branch's liaison with non-government agencies.

The Branch funds several innovative schemes in the area of substitute care and family support developed by Barnado's (Australia), Richmond Fellowship, Marymead Children's Centre and Open Family Foundation.

A co-ordinating committee of Health, Police and Welfare's Senior Operational Staff has recently been convened. The aims of this committee are to improve the effectiveness of intervention on notifications and increase the participating agencies understanding of each others priorities, resources and procedures.

Within the Branch there is a specialised Child Protection Unit comprising the Director, Senior Clinicians and Child Protection Workers.

This team deals primarily with notifications of either physical or sexual abuse. Less severe instances of child maltreatment being handled through the Family Services Section. The Section covers the three geographical regions of the Canberra Metropolitan area.

The Child Protection Unit provides specialist consultative services not only to the Family Services Section but also to other government and non-government agencies.

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## NEW SOUTH WALES

Hon. Robert Webster M.P. Minister

New South Wales legislation relating to Child Protection is the Children (Care and Protection) Act 1987. Review of the legislation occurred in 1989 and was carried out by the Community Welfare Advisory Council.

A salient policy concerning child protection concerns that of multiple abuse in child care services.

The Department of Family and Community Services is in the process of issuing Guidelines for the Management of Allegations of Child Abuse (including Child Sexual Assault) in Children's Services. The guidelines focus on working with multiple abuse victims and they reinforce the concept of a co-operative planned approach to the management of such cases by relevant departments and agencies.

The guidelines provide a framework for the co-ordination of cases where child abuse (including child sexual assault) is alleged to have occurred within a child care service, so that the needs of children and their families are better met.

The objectives are:

- To provide a distinction between the roles and responsibilities of Family and Community Services workers and those in the Police service and Health Department.
- To clarify Departmental responsibility in case co-ordination, with a concentration on the care, protection and referral of children and families as appropriate.
- To ensure that adequate planning occurs before action is taken.

- To outline procedures for information sharing.
- To offer a framework that provides for the Department to make a decision regarding suspension or revocation of the licence/registration of a particular service.
- To minimize the possibility of contamination of evidence.

There has been a downward trend in numbers of notifications since 1987. Notification levels depend on many factors e.g. publicity campaigns, criteria, nature of preventative work. The Department is making efforts to ensure that families are not mislabelled and have access to appropriate services.

Confirmation rates have dropped along with rates of notifications and my Department is conducting research in this area.

The Children (Care and Protection) Act 1987 requires that the Department look at alternatives to court proceedings to resolve child protection matters (Section 57 [3]).

Hence generally fewer matters are dealt with by court action. Where court action occurs, the majority of orders refer children to the care of their parents upon their giving suitable undertakings (Section 72 [1] [b]). Few cases result in either custody to a third party or wardship. Where wardship results, orders are often time limited, rather than until the age of 18 years.

My Department also has recourse to the Family Court to resolve matters where this is appropriate.

My Department investigates all cases deemed as notifications received throughout the state. This is in accordance with set urgency ratings and through procedures defined in the Department's Child Protection Instructions. My Department also refers children and families to other services as appropriate. When cases are registered, the Department maintains involvement until a decision is made that the risk to a child has been reduced to the extent that the case can be closed.

The Department has seven regions (3 Metropolitan and 4 country regions). The Regional Director, Operations Managers and Community Programme Officers (Client Services) all have responsibilities for the management and development of child protection services. The regions have a total of 77 District Centres (25 metropolitan and 52 country centres).

Each District Centre is managed by a district manager. Depending on the size of the centre there may be one or more assistant district managers. District officers at the District Centres investigate notifications.

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## NORTHERN TERRITORY

Child protection in the Northern Territory is governed by the Community Welfare Act, 1983. This legislation was passed late in 1983 and came into effect in April 1984, replacing the Child Welfare Act, 1960. The Community Welfare Act is administered by the Department of Health and Community Services. This department was formed in 1987 by the amalgamation of the (then) Departments of Health and Community Development.

A feature of the Territory's child protection legislation is the nature of the mandatory reporting requirements. In 1982 an amendment to the Child Welfare Act introduced mandatory reporting to the Northern Territory and these reporting provisions were carried over to the Community Welfare Act. Unlike other Australian jurisdictions, which either do not impose reporting requirements or require only certain classes of people to report, Northern Territory legislation requires that any person who believes that a child is being, or had been maltreated, is required to make a report either to welfare services or to the police. All notifications are investigated by welfare staff, sometimes in conjunction with the police.

The Community Welfare Act, together with other legislation is currently under review. One of the aims of the review is to seek ways to minimise the stressful effects upon children of appearing in court. Practice guidelines for child protection were last reviewed in 1987.

The Northern Territory Department of Health and Community Services provides services through four operational regions based in Darwin, Katherine, Nhulunbuy and Alice Springs. The Department's Central Office has an overall policy and co-ordination role. Operational welfare staff are based in Darwin, in the Darwin satellite city of Palmerston, and in Nhulunbuy, Katherine, Borroloola, Tennant Creek and Alice Springs.

The delivery of welfare services is affected by both the geography and demography of the Territory. Ranging from the tropical north to the arid centre, the Territory encompasses about 16% of Australia's land mass but only 1% of its population. Because of this there are difficulties in providing comprehensive services to small, remote, predominantly Aboriginal communities. Major policy objectives for the Department of Health and Community Services revolve around the development of services to remote communities, the provision of more closely integrated health and welfare services, and the development of preventative programmes.

In the year 1 July 1989 to 30 June 1990, Departmental workers investigated 352 reported cases. Of these, 183 reports were

substantiated, comprising 60 cases of physical maltreatment, 6 cases of emotional maltreatment, 44 cases of sexual maltreatment and 73 cases of neglect. Protective action through the court was initiated in 30 cases.

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## QUEENSLAND

The Children's Services Act 1965-80 is the major legislation governing Child Protection in Queensland. This legislation is currently under comprehensive review.

The Health Act 1937-88 Division X1B Part III - Maltreatment of Children is the legislation under which medical practitioners are mandated to report suspected child abuse and neglect (76K).

Provision is also made, for prescribed medical officers who suspect upon reasonable grounds that maltreatment or neglect of a child has occurred, to detain that child in hospital for a period not exceeding 96 hours (76H).

### Salient Policy Objectives

Examining strategies for the prevention of child abuse and determining priorities in this area. The following areas are identified:

- increasing the capacity of communities to respond to child abuse;
- training of professionals to deal with child abuse;
- parent education;
- personal safety;
- public awareness campaigns.

Increased avenues for parental participation in Departmental decision-making regarding their children.

### Statistics

Notifications 1989-90	6,926
Cases Notified (No. of children notified)	11,190
Cases Substantiated (No. of children notified)	3,721
Court Orders:	
Care and Protection	2,694
Protective Supervision	359

### Degree of Coverage

The large geographic area covered by this Department and the number of isolated communities involved creates a significant challenge in the provision of protective services.

Increased notifications of suspected child abuse and neglect during the 1980's has placed a severe strain on available resources.

## Child Protection Service Delivery

This Department has recently moved to a four division structure, one of these being the Division of Protective Services and Juvenile Justice. A move is currently being made from a structure of ten regions to five regions.

Within each Region service delivery is through 41 Area Offices throughout the State.

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### SOUTH AUSTRALIA

In South Australia child protection is governed by two State Parliament Acts, namely: the Community Welfare Act, as amended 1988 and the Children's Protection and Young Offenders Act, as amended 1988. These pieces of legislation provide the basis for the role in child protection played by the Department for Family and Community Services (henceforth FACS or the Department).

The objectives of the Minister and the Department with regard to the protection of children are defined in sections 10 and 25 of the Community Welfare Act and Section 7 of the Children's Protection and Young Offenders Act.

Section 91 of the Community Welfare Act defines the Department as the organisation with clear responsibility for receiving notifications of instances where it is suspected on reasonable grounds that a child has been maltreated or neglected, and to take appropriate action.

Section 91 also lists people who are obligated by law to notify the Department if they suspect abuse or neglect of a child.

The list of mandated notifiers is as follows:

- a legally qualified medical practitioner;
- a registered dentist
- a registered or enrolled nurse;
- a registered psychologist;
- a pharmaceutical chemist;
- a member of the police force;
- a probation officer;
- a social worker employed in a hospital, health centre, or medical practice;
- a registered teacher;
- a person employed in a school as a teacher aide;
- a person employed in a kindergarten;
- an employee of, or voluntary worker in, and agency that provides health, welfare, education, child care, or residential services for children;
- a person of a class declared by regulation to be a class of persons to which this section applies.

A state wide training programme is

underway which aims to inform mandated notifiers of their legal obligation and to acquaint them with the definitions and indicators of physical, sexual, emotional abuse and neglect.

Based on the legislation, the Department's responsibility includes investigating and assessing notifications of child abuse and neglect, and providing and co-ordinating services to preserve and strengthen the relationship between children and their caregivers.

Where a child's safety cannot otherwise be maintained, the Department has the responsibility for taking Court action to remove the child from his or her caregivers.

Recent proposed amendments to the legislation are expected to be considered by Parliament shortly. Of the many amendments proposed, those listed here will have most obviously impact on practice in child protection:

- That the existing South Australian Child Protection Council be incorporated into the legislation. The Child Protection Council was established as a result of 1986 South Australian Government Task Force on Child Sexual Abuse. The Council offers a community focus for child protection and has the role of co-ordinating and initiating efforts with regard to child protection programmes and their evaluation, research, education and training. The Council reports to Parliament through the Minister for Family and Community Services.
- That the Child Protection Panels will be removed from the legislation. These regional panels to which reports of all child protection investigation outcomes are submitted would be replaced by alternative, more timely Departmental quality assurance practices.
- The legal wording of the grounds under which notifications can be made would be specifically defined.
- Powers of investigation would be specified and an early intervention order would be available. Such an order would allow an assessment to be carried out when parents are unco-operative. Currently the only legal step available is to set in motion an application for a guardianship order.

### Current Policy

The specialist child protection services of FACS have as their aim:

- to intervene on behalf of children who allegedly have been abused, through specialist investigation, assessment and intervention, and through supporting staff of this and other agencies such as schools to play a professional and effective role in the provision of service and support; to support the family

through the assessment process with the aim of maintaining children, whenever possible, in their own homes.

- to protect children from exploitation, abuse of power, physical or emotional harm and deprivation of adequate shelter, nourishment, care and safety;
- to create a social climate in which children are valued and respected as individuals;
- to ensure that whenever statutory intervention occurs to protect a child that child is, on balance, better off as a result of the intervention;
- to incorporate and encourage preventive and community education approaches which address the antecedents to violence in the family and community and thus overcome problems which lead to child abuse.

Along with these objectives, a schedule of strategies in the Department include:

- organisation and evaluation of a National Workshop on Aboriginal child protection issues;
- development of proposals for the treatment of adolescent perpetrators of abuse;
- amendment where necessary of practice guidelines for cases of abuse of children with disabilities;
- revision of Standard Procedures and incorporation in a comprehensive set of departmental standards;
- submission to Parliament of key legislative changes to the Community Welfare Act;
- provision of training in multi-cultural protection issues to all departmental staff;
- two special child protection programmes have been funded which are social justice initiatives targeting a geographic area which has experienced a disproportionately high level of child protection notifications and resulting court procedures. One programme is to have a preventative focus and the other will be an intensive therapeutic programme for children identified as having been abused or at risk and their families.

### Level of Activity

According to the 1986 census South Australia had a population of 365,480 children. During the last financial year (1989-90) the Department received 2898 notified incidents of abuse.

Table 1 shows the number of notified incidents of abuse by age, sex and region during the last financial year. Substantiation rates are not available for this period as yet.

## Degree of Coverage

Notifications received are categorised into three levels according to the assessed risk to the child. All urgent cases of children who are at serious risk of further abuse are attended to within a week according to Departmental policy, however in practice this has not always been possible.

Locations of FACS Centres provide widespread coverage throughout the State. While demand for services is more acute in some locations (e.g. the highest demand exceeds the State average of 10 notifications per thousand children at 25 per thousand with others having less than 10 per thousand).

## Structure of Service Delivery

The child protection services of FACS are delivered via the forty Family and Community Services Centres located throughout the State including a small number of branch offices. The State is divided into two metropolitan (previously three) regions and two large country regions, each region having a regional Director and a group of specialist staff including a child protection planner who oversees the child protection programme.

After hours the services of the Department are available via the Crisis Care Unit which offers telephone counselling state wide (toll free to country areas) and emergency call out to the metropolitan area.

FACS has a very specific statutory role in child protection which is ideally complemented by the range of other agencies which are part of the service delivery structure when they are available within reasonable travelling distance.

Two major hospitals, the Flinders Medical Centre and the Adelaide Children's Hospital, have a Child Protective Service unit which provide assessment services. ACH also provides a therapy service. Therapeutic services are also provided through the state wide health system.

There are a number of established self help groups which provide support to survivors of abuse and to non offending parents funded through the Department.

A recent initiative has been the establishment of a Sexual Offenders Assessment and Treatment Programme.

There are of course a range of other agencies and private practitioners who provide services in the area of child protection as part of their broad counselling role or their provision of other services to children and families.

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## TASMANIA

The Tasmanian Child Protection Act 1974, as amended in 1986, was enacted to establish the Child Protection Assessment Board to protect children who have suffered maltreatment or are at risk of suffering maltreatment, through early intervention, instituting Court proceedings, and by undertaking Community Education Programmes.

The Child Protection Board is a multi-disciplinary body which is assisted in its task by four multi-disciplinary Assessment committees, one in each of the major population centres of Tasmania. These committees assist the Board's field staff in assessing notifications of maltreatment and provide advice to the Board on individual matters as well as general issues. The Board's field staff and office assistants provide regionalized services from Hobart, Launceston, Burnie and Devonport during business hours and after hours child protection services are provided Statewide by phone.

## Demand and Responses

In Tasmania, suspected maltreatment of children requires mandatory notification by persons and professionals nominated under the Child Protection Act. In the fiscal year 1989/90 there was a 24.2% increase in the number of children notified – 1163 children in 1989/90 compared with 932 in the previous year. All notifications of abuse and potential risk are investigated and assessed. Where necessary children are removed to places of safety to facilitate ongoing assessment and protection, and when necessary legal intervention is instituted by the Board under the Child Protection Act, 1974 and/or the Child Welfare Act, 1960. Of the 1,163 cases notified in 1989/90 338 cases of maltreatment were substantiated and Court Orders were obtained in respect of 66 cases.

## Task Force on Child Sexual Assault

The Tasmanian Task Force Report on Child Sexual Assault, as presented to the Minister of Community Services in November 1989, specifically deals with the treatment, counselling and support services which are required for victims of child sexual abuse, the perpetrators of child abuse and the families of victims and perpetrators. The Task Force report recommended that State Government policies and practices in the area of child sexual abuse be upgraded to include specialist training and community education and prevention programmes and also recommended a strengthened role for a restructured Child Protection Board in the areas of policy co-ordination and development, community education, professional training, assessment and intervention and in the planning of services. The Child Protection Act 1974 is now under review and the necessary amendments required to strengthen statutory control and co-ordination will go before State Parliament in due course.

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Table 1

Child protection notifications – Number of notified incidents of abuse by age, sex and region, 1989-90 — South Australia.

Age of Child	Northern Metro	Central Metro	Southern Metro	Southern Country	Northern Country	Crisis Care	Other	TOTAL
1 year and under	38	35	36	37	27	45	1	219
2 - 4 years	108	143	55	81	78	120	1	586
5 - 9 years	197	184	127	149	122	137	11	927
10 - 14 years	149	159	94	123	81	127	3	736
15 years and over	80	97	67	73	44	69	—	430
<b>TOTAL</b>	<b>572</b>	<b>618</b>	<b>379</b>	<b>463</b>	<b>352</b>	<b>498</b>	<b>16</b>	<b>2898</b>
Sex of Child								
Male	246	283	165	200	153	228	7	1282
Female	326	334	213	256	199	269	9	1606
Sex not Coded	—	1	1	7	—	1	—	10
<b>TOTAL</b>	<b>572</b>	<b>618</b>	<b>379</b>	<b>463</b>	<b>352</b>	<b>498</b>	<b>16</b>	<b>2898</b>

NOTE: These 2,898 incidents involved 2,369 individual children were reported in 2,257 notifications.

## VICTORIA

The current major sources of legislation for Victoria are the Community Services Act 1970 and the Children's Court Act 1973. These acts specify conditions which constitute maltreatment and empower any one to notify their concerns to Community Services Victoria (CSV) or Victoria Police. They cover children and young people up to 17 years of age. The Crimes (Family Violence) Act 1987 enables victims of family violence to obtain a court order to impose restrictions on the offender. The Act has recently been amended to give greater flexibility in situations where children or young people are the victims of family violence.

The legislative provision were reviewed by the Child Welfare Practice and Legislative Review committee, established in 1982 to inquire into child welfare provision in Victoria. The Committee's final report and recommendation were considered by the State Government in 1985 and formed the basis of the Children and Young Persons Act. This new Act was passed in May 1989 and is expected to be proclaimed in early 1991. It sets out a clear framework for the Government's protective and young offender services and will be implemented in stages replacing the Community Services Act and Children's Court Act. It establishes clear grounds for protective intervention based on actual or potential harm to children and young people, and gives a stronger ongoing role to the Children's Court.

### Current Policy and Issues

The Victorian Government announced in February 1989 its intention to phase out the 'dual track' protective service system under which CSV and Victoria Police shared responsibility for the conduct of protective investigations concerning children and young people. With the progressive phasing out of the 'dual track' system, protective services delivery in Victoria will move to a wholly welfare based orientation within CSV. Police will continue to conduct any criminal investigations necessary where children have been subject to abuse. The first stage of the phase-out involving four CSV regions was completed by June 1990, and it is anticipated that by 1992 CSV will have assumed full responsibility for protective services delivery.

CSV acknowledges the importance of community and professional education in the prevention of child maltreatment. Current policy initiatives in this area include the targetting of key professional groups (notably general practitioners and teachers) and the support of local regional projects. A particular focus for CSV at present is child sexual abuse, with the development of programmes to increase community awareness and reporting of sexual abuse and

to strengthen the Department's service response to victims and offenders. A pilot treatment programme has been funded for the 1990/91 financial year.

CSV will also fund a pilot intensive family based service aimed at diverting children from statutory Protective Services by providing intensive family support.

### Demand and Coverage

In 1989/90, more than 14,500 reports of possible abuse were made to CSV and Victoria Police. More than 7,000 reports were investigated which resulted in almost 3,000 registrations of children on the Children at Risk Register. As at 30 June 1990, some 4,000 children and young people were on protective court orders, that is on either guardianship or supervision orders.

The total number of referrals per month to CSV of protective concerns regarding children and young people increased by 44% from December 1988 to June 1990. CSV has increased its protective services staffing to meet the increase in demand already experienced as well as meet that expected as Police progressively transfer all responsibility for protective matters to CSV.

### Service Delivery Structures

The CSV regional structure consists of five non-metropolitan and eight metropolitan regions and encompasses the whole State. Protective services within all regions are delivered from at least two service delivery locations. CSV provides a response 24 hours a day seven days a week to reported abuse in the State's metropolitan area: at present about one third of rural Victoria is also covered by a 24 hour protective service.

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## WESTERN AUSTRALIA

The Department's philosophy is that services should be:

- responsive to needs, rights and aspirations of families;
- conducive to maintaining the family unit, as appropriate;
- sensitive to gender and cultural differences;
- just, humane and empowering.

The Child Welfare Act, administered by the Department for Community Services provides the main legislative base for child protection services. Criminal code provisions may be utilised by the police in the case of sexual abuse and severe physical assault.

The Child Welfare Act, Community Services Act and Welfare and Assistance Act are currently under review by a Legislative

Review Committee. Its report will be released early in 1991. Legislation will result that will provide a new legislative base and a wider range of options to underpin child protection practice.

### Policy Directions in the 90's

Reporting suspected child abuse neglect is not mandatory in Western Australia. Consequently considerable energy goes towards keeping the public and professionals informed and up to date about trends and developments, in strengthening public perception of child protection as a community issue, and in maintaining effective dialogue and co-ordination between key departments and services.

Current policies are directed to achieving and maintaining a comfortable balance between high quality and responsive notification and assessment services that have minimum negative impact on families, and early family and individual support services that are accessible and acceptable to families.

As in other States some of the most difficult issues centre around the interface between children's and parental rights. Our current policies are directed to family support, reducing parent/child conflict through mediation and emphasising prevention aspects in relation to child protection.

In the more remote and isolated areas of the State the challenge is to find and provide the most effective mix of community work and individual services to address local needs. These relate mainly to physical neglect and sexual abuse.

### Level of Activity

During 1 July 1989 - 30 June 1990, there were 2,520 notifications of alleged child abuse and neglect involving 2,330 children were recorded on the Department's Child Protection Information system (CPIS).

The notifications fell into the following categories:

Neglect	1,070
Physical Abuse	703
Sexual Abuse	582
Emotional Abuse	136
Unknown	29
TOTAL	2,520

In 811 of these cases, abuse or neglect was substantiated. In 371 further cases the children were deemed to be 'at risk'. Out of the total 95 resulted in care and protection orders.

In addition the Advisory and Co-ordinating Committee on Child Abuse recorded a number of cases notified by a range of Government and non-Government agencies. The figures for 1989/90 are not yet available.

Degree of Coverage

The Department for Community Services and the Police receive notifications of child abuse and neglect made voluntarily. The Department's CPIS database shows Departmental response to notifications receives high priority in the Department, with an 89% response within 3 working days, and a 73% response after 2 working days. Investigation and assessment are currently well covered by existing resources, though media campaigns may create temporary overload. An increased focus on case management and treatment services in 1991 has been provided for.

Delivery of Services

Child Protection services are delivered statewide through 10 metropolitan divisions and 12 country divisions. Thirty nine Senior Social Worker Child Protection positions are located throughout the state. These provide skilled and trained services, and support and consultation to other field staff. They also contribute to staff development and community awareness.

Service delivery and case management is ultimately the responsibility of regional and local services. Western Australia is a large state and that responsibility is guided by the particular demographic, geographic, economic and social needs of a particular region and its population.

A range of family support, alternative care, and funded treatment programmes are available to families and individuals through the Department, other Government Departments and non-Government agencies. Local panels to help co-ordinate services have developed in some regions.

External to the Department, the Advisory and Co-ordinating Committee on Child Abuse provides advice to the Minister for Community Services. Its terms of reference include encouraging co-ordination of key Government and non-Government services, dissemination of information and collection of non-identifying statistics from a range of agencies and Departments.

In addition the Child Abuse Unit was established in 1988 to oversee implementation of the recommendations of the Government's 1987 Child Sexual Abuse Task Force Report, and to report to the Minister for Community Services. It is anticipated this task will be completed in March 1992.

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THE WORLD SUMMIT FOR CHILDREN

Reprinted courtesy of The Age

Spirit of hope for children

WILL children really be better off as a result of the latest summit at the United Nations, or will the noble sentiments be swamped by political, economic and social pressures when the 71 world leaders return home?

The summit, which saw more national leaders in one room than at any time in history, ended in a mood of hope and nervousness, of enthusiasm and cynicism. After so many years of idle promises to help the world's children, no one is willing to take the UN declaration at face value. But after the dramatic changes of the past year, no one was willing to dismiss the declaration as just another exercise in "feel-good" politics.

In a strange way, the summit neatly fitted the spirit of change. It captured the emotion that has been unleashed over the past year as people have tasted freedom for the first time in a generation, as children have seen a world their parents never knew.

There was a mood at the UN that now was the time to strike a blow for children, to look at the future and make it better. The past year has encouraged such thinking although optimism by no means guarantees success.

The world is in flux and, as the Canadian Prime Minister, Mr Brian Mulroney put it, "our past does not have to dictate our destiny".

He also reflected the lingering doubts about the summit's prospects for real achievement when he remarked that, while a better life for children was within reach, it was not yet "in our grasp".

Three factors justify a spirit of optimism. The first is that the changes being sought are, for the most part, cheap. It would cost about one dollar to provide vaccination to save a child, another dollar for antibiotics and 10 cents for oral rehydration salts. That takes care of pneumonia, measles, whooping cough and dehydration, which are among the biggest killers of children. Malnutrition is more expensive to deal with but far from impossible.

THE summit drew a considerable attendance, a second factor that gives cause for enthusiasm. By being there and by signing the declaration, the 71 leaders have committed themselves to actions on which they will be judged by the UN, and perhaps their home audience, in the near future.

The third factor is the international political climate, where old ideological enmities are fading and no longer pose a broad barrier to cooperation.

But against that is a compelling case to treat the declaration with caution and to wait for results before applauding.

If the costs of saving children are so small and the policy changes are so easy, why has almost no country been willing to tackle the subject in years past?

There were many moments when the summit threatened to degenerate into a bargaining ses-

PETER STEPHENS reports from New York on the dreams, doubts and challenges flowing from the United Nations' summit for children.

sion between rich and poor with, as one writer put it, some countries accusing the West of killing babies by collecting debt repayments.

But there was more to the gathering than that, and it would be wrong to judge it simply in terms of a struggle between rich and poor, or a choice between precedent and possibility. As each of the leaders spoke to the gathering, they opened their hearts. The subject lends itself to that and, at times, the speeches were quite impassioned.

The leaders listed the domestic problems that were draining resources or distracting attention from the task of helping children. In each case, the words were different. Colombia's drug problem was the Maldives' fear of rising water; Britain's uncaring parents were Czechoslovakia's memories of oppression; America's crack babies were Romania's orphans.

IN THIS way, the focus on children became a concentration on one simple and telling fact: when something goes wrong with a nation, the children suffer most.

The meeting in this way brought into one forum every major issue on the UN agenda: debt, environment, drugs, democracy, literacy, the role of women, discrimination and others.

The leaders owe the children of the world a debt for that because, by the very conjunction of such discussions, the children's summit underscored the consequences of political alighting. Adults may suffer, of course, but the children, who are too young to vote and too small to fend for themselves, suffer even more.

The next generation already is paying for the failures of the present generation.

Because the plight of children provided a common theme in all issues raised at the summit, there was some hope that nations might be able to work together, rather than bicker over that which divided them.

No country could look at its record with pride. Some African states took consolation in the fact that their infant mortality rates were less atrocious than a decade ago; the wealthier countries could point to better health and education standards but could not hide their drug problems, their impoverished minorities or their neglect of women.

As the leaders left in their black limousines with black widows, speeding across 2nd Avenue by their comfortable hotels or to the airport, it was clear they had created history and lifted expectations by their words of hope.

But, as more than one speaker observed, the work starts when the talking stops.

Reprinted with permission from the Sunday Herald, September 30, 1990

SEPTEMBER 30, 1990

World leaders

From MARGOT O'NEILL, Washington

She died just a few seconds ago in her mother's arms in a squalid shack in India, her tiny body dehydrated and racked by diarrhoea.

He died last week in a pool of blood on a New York street while playing with other four-year-old friends. A stray bullet from a teenage drug-dealer's gun sliced through his laughter. More than 40,000 children will die today as the largest gathering of leaders meets for the first United Nations World Summit for Children.

Between the flash-bulb popping receptions for presidents and prime ministers, and duty-free shopping jaunts, Manhattan restaurant outings and limousine traffic snarls, the summit will consider a 10-year

program to save 50 million lives for \$2.5 billion. It is a substantial cost at a time when the Gulf crisis and soaring oil prices are menacing economies.

But put in another context, it is as much as American tobacco companies spent on advertising last year; as much as the Soviet Union spent on vodka last month; as much as the world spent on the military yesterday.

"When children are involved, politicians like their pictures taken," said James Grant, executive director of the United Nations Children's Fund (UNICEF).

"When push comes to shove, it's usually poor mothers and children last."

Most of the children die needlessly from diseases that are cheap to prevent, such as measles, which claims 1.5 million young people each year.

Reprinted courtesy of The Age

EDITORIAL OPINION

Thursday 4 October 1990

Giving children a decent chance

IT is easy to be cynical about grand gatherings of world leaders. But we should rise above cynicism in considering the World Summit for Children which 71 dignitaries have just attended at the United Nations. Participants including President Bush of the United States, Britain's Mrs Thatcher, Japan's Mr Kaifu and counterparts from Brazil, Canada, France, Mali, Nicaragua and Uganda unanimously adopted a detailed plan of action for children's development and survival. The cost of a better deal for suffering children is estimated at \$6 billion a year for 10 years; the figure indicates that, in principle, the politicians mean business. The mere act of their gathering together, at the instigation of six countries including Egypt, Mexico and Pakistan, focuses international attention on the plight of deprived children at a time when events conspire to push them even further from our thoughts.

In this, let the majority of Australians who live in health and relative happiness be frank with themselves. Such matters should stir the conscience; we have just been reminded that in our own back yard Aboriginal communities need \$2.5 billion to lift their health to an acceptable standard. This home-grown "third world", as the Minister for Aboriginal Affairs, Mr Tickner, has observed, should be of priority for the Australian Government in tackling child poverty. We should not, however, forget the needs of children overseas. Australia comes about 15th on a list of donors benefiting the United Nations Children's Fund; not disgraceful by any means, but certainly needing a boost as the sum earmarked for aid falls in real terms.

The Prime Minister, Mr Hawke, did not attend the children's summit; nor did Presidents Gorbachev and Mubarak, among others. Australia's representation by the Minister for Foreign Affairs and Trade, Senator Evans, was adequate. The important thing is that we should now act on the UN measures formally endorsed by Senator Evans in New York. His offer to contribute to Unicef the rights of an Australian invention, a solar-powered weighing scale to measure child growth, is laudable. But this gift, at \$1 million, is only a start. The strength of Australia's commitment to the world's children must be seen in action, not merely gestures, however innovative.

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World Summit Mobilization  
UNICEF House  
3 United Nations Plaza  
New York, N.Y. 10017  
USA  
Telephone: (212) 326-7522  
Fax: (212) 326-7464

## gather to save the dying children

### WHILE THEY'RE TALKING

More than 50,000 children will die of these preventable diseases during the two days of the World Summit for Children.



Whooping cough	2800
Messles	8000
Tetanus	4300
Malaria	5500
Diarrhoea	22,000
Pneumonia	12,000

Other preventable diseases include pneumonia, tetanus, whooping cough and dehydration.

A sachet of oral rehydration salts, which cure the lethal effects of diarrhoea, costs 10 cents. Only \$1.50 is needed to immunise a child.

"It is as though we discovered the cure for cancer 20 years ago

and didn't bother to use it," a UNICEF official said.

The two-day summit, which began early this morning, is likely to adopt a series of what UNICEF said are realistic health goals: immunising 90 per cent of young children, halving maternal mortality, reducing infant mortality by two-thirds and eradicating polio.

For those children who survive, half will never go to school or will never become literate or numerate. Others face malnutrition, forced labour, prostitution, jail and torture.

Amnesty International has reported that a child is killed each day by death squads in Brazil, where seven million children live and work on the streets.

Last year in Iraq 315 children connected with the Barzani clan, a group which opposes Saddam Hussein, disappeared and were probably executed.

A UN convention on the Rights of the Child became international law last month but so far only 42 nations have ratified it.

The convention outlines health, educational and political rights for children but some officials fear many undeveloped nations won't be able to afford

its implementation because of the Third World debt crisis.

UNICEF says the burdensome debt repayments in Latin America and Africa have meant increasing malnutrition, declining health services and a startling drop in education funding.

Deteriorating conditions for children in industrialised nations, even the US, which rates below some of the world's poorest nations in infant mortality rates, will also be discussed.

Outside the UN doors, 40 per cent of New York children live in poverty while nationally, 15 million have not got enough to eat and 40,000 die of preventable diseases.

The US also has a uniquely embarrassing array of urban statistics: On an average day, about 135,000 students bring guns to school while more than a million are regular drug users.

Hundreds of thousands will be mentally retarded from having eaten paint chips containing lead or having been born to mothers addicted to crack.

With a ballooning budget deficit and widespread spending cuts, experts believe Washington may also not be able to afford the goals set out in the UN Convention.

"Why we as a nation are so paralysed to help our children is beyond belief," said Dr Lewis King, dean of medicine at the Los Angeles Drew University of Medicine and Science.

"There was an immediate national will to protect the oil in Kuwait, without question of what it will cost. But when babies are dying, the Federal Government's answer is to give a grant for five years and conduct another study."

## Giving children a future



THE WORLD SUMMIT FOR CHILDREN

29-30 September 1990  
United Nations, New York



World Summit for Children

Although there are vastly different social and cultural perceptions of the role of children in various societies, the Convention on the Rights of the Child represents a global agreement on the basic conditions needed for all children to survive and develop.

UNICEF/3325/90/Annex

### CHILDREN'S RIGHTS



## Plea to improve children's future

Reprinted courtesy of *The Australian* and *Reuters*, October 2, 1990

**UNITED NATIONS:** The World Summit for Children ended yesterday with a declaration containing "an urgent universal appeal to give every child a better future".

The declaration, on the survival, protection and development of children, was accompanied by a more detailed plan of action for achieving its goals and will be presented to the United Nations General Assembly tomorrow.

"We have gathered at the World Summit for Children to undertake a joint commitment and to make an urgent universal appeal — to give every child a better future," the declaration says in its first paragraph.

"Each day, 40,000 children die from malnutrition and disease. Including acquired immuno-deficiency syndrome (AIDS), from the lack of clean water and inadequate sanitation and from the effects of the drug problem.

"The lives of tens of thousands of boys and girls can be saved every day because the causes of their death are readily preventable."

At present more than 100 million children — two thirds of them girls — are without basic schooling, while 500,000 mothers die each year from causes related to childbirth.

Improving the well-being of children must be a high priority when reallocating resour-

ces freed by present moves toward disarmament, the document says.

The declaration sets out a 10-point program "to protect the rights of children and to improve their lives".

The first point is a pledge to implement the Convention on the Rights of the Child, adopted last November by the UN General Assembly after 10 years of negotiations.

The United States is still studying the document, which guarantees a wide range of economic, social, cultural, civil and other rights for children but is objected to by opponents of abortion for not protecting the unborn.

Reuters

John Edwards and Julie Martin from the NCBA received the following letter following the Candlelight Vigil organised for September 23rd in conjunction with the world summit for children.

*Light a candle for every child anywhere*

October 1, 1990

Dear Vigil Organizers,

Because of our work together I was given the honor of attending the opening and the closing ceremonies of the World Summit for Children. I did so on your behalf and I want to thank you for allowing me to represent you there. Here are a few reflections.

To begin with, the World Summit for Children Candlelight Vigils continued to be a force for action at the Summit by placing a full-page ad in *The New York Times* that ran the morning of the Summit, Sunday, September 30. It was on the back cover of the editorial section.

On Sunday morning I was on the way to the United Nations by 7:30 a.m. The driver had to drop me off several blocks from the U.N. I had to walk the rest of the way. There were police and barricades everywhere.

When I got to about 42nd Street I looked to my left and saw black limousines far as far as the eye could see. Every couple of cars there was a secret service vehicle with red lights flashing.

My first reaction was a bit of overwhelm at the diplomatic magnitude of the sight.

An instant later I saw it as a massive funeral procession — a funeral procession for the children. Sides began to creep in but an instant later a thought came to mind — "coming to the rescue". What had been a funeral procession became a procession of heads of state coming to the rescue of the children. At that point I was overcome with emotion.

After pictures at 9:00 a.m., the opening session began in the U.N. General Assembly Hall. There were brief speeches by Prime Minister Mulroney of Canada, U.N. Secretary General Javier Perez de Cuellar, President Carlos Salinas de Gortari of Mexico, President George Bush of the United States and others.

Then an inspiring 12 minute video by Peter Adamson was shown. Every two seconds it showed a number followed by the face of a smiling child which turned to black and white. This continued throughout the video with the number building to 341, the number of children who died during the twelve minute video. The video was followed by a speech by James Grant, Executive Director of UNICEF. He began by saying, "One week ago over a million candles were lit for the success of this Summit. Each candle a prayer... in whatever religion... that today will be a turning point in the lives of children. A turning point for children everywhere... but especially for the children of the silent catastrophe."

The heads of state and government then went to a smaller chamber for sessions on ensuring child survival, protection of children and enhancing child development. Following lunch they continued in this smaller chamber on implementation and follow-up.

Each morning a section of the final declaration in the six official languages of the United Nations. Following the reading some one hundred children brought that document and the draft plan of action to their delegation for signing. Then each child brought the signed document to the front of the hall and placed it carefully on the podium. It was a deeply moving sight.

I spoke with several people during and after the Summit. Dr. William Foege, head of the Carter Center, was thrilled by the video. Representative Tony Hall was moved to prayer when he heard the World Bank was increasing primary health funding by \$300 million. Dr. Jonas Salk said to me, "The chicken is out of the egg. It can't be put back now. This is a transformational day for the planet."

I know there is work to do. I know it is only the beginning — although a glorious one. I am deeply moved by what we have accomplished together. Prime Minister Brian Mulroney of Canada may have said it best when he said:

Today may represent the beginning of a change in the lives of the world's children. Today, in this hall, they may finally have found the voices and the friends they have long been seeking. With all the demands on governments to fund worthwhile activities, there will never be enough money to do everything and priorities will have to be established and difficult choices made. Funding is important but it is not, in the end, the decisive factor in the war on child suffering. Political will is.

Love,

Sam Harris

Sam Harris

## W.H.O. ISSUES NEW ESTIMATES ON GLOBAL AIDS SITUATION

### Paediatric AIDS cases send estimates soaring

The World Health Organization (WHO) has concluded an analysis of the AIDS pandemic which for the first time includes estimates on paediatric AIDS cases. On the basis of this analysis, WHO has reached the following conclusions:

An estimated 400,000 cases of AIDS have occurred among infants and children under 5 years of age since the pandemic began about a decade ago. The vast majority of these – 90% – have occurred in sub-Saharan Africa. Added to the estimated 800,000 cases in adults, this raises the cumulative worldwide number of estimated AIDS cases to 1.2 million men, women and children;

Since heterosexual transmission of the human immunodeficiency virus (HIV) that causes AIDS is becoming the predominant mode of spread of HIV in most countries of the world, HIV infections among women of child-bearing age are rising steeply. This means a corresponding increase in the number of infants acquiring HIV infection from their mother before, during or shortly after birth;

As at late 1990, about 700,000 infected infants have been born around the world, most of them in developing countries. By the year 2000, WHO estimates that 10 million or more infants and children will have been infected with HIV. Thus, WHO's projection of the number of men, women and children expected to be infected with HIV by the year 2000 is now 25 to 30 million. The figure previously cited by WHO 15 to 20 million, was for adults alone;

Of the 10 million or more children expected to be infected, the vast majority will have developed AIDS and died by the year 2000. In the light of these trends, WHO expects that paediatric AIDS will be a major global cause of death among infants and children – in some countries the biggest such killer – during the 1990s.

“The challenge to health, to the social services, and indeed to the Whole of society, is enormous”, says Dr. Hiroshi Nakajima, Director-General of WHO. “As a result of child survival programmes, such as the Expanded Programme on Immunization and the Diarrhoeal Diseases Control Programme, we have seen major reductions in child mortality. Now, because of AIDS, we fear this progress will be reversed”.

In July 1990, based on the most recent reports reaching WHO, the Organization raised its estimate of the global number of adults infected with HIV from 8 million to 10 million, from its previous estimated total of 6 million to 8 million. As at 1 September 1990, WHO had received reports of a total of 283,010 cases of AIDS from 157 countries. Over 95 per cent of these reported cases have been in young and middle-aged adults (20 to 49 years). However, because of extensive under recognition, under reporting, and delays in reporting, the WHO estimated number of adult AIDS cases is about 800,000.

WHO says that the new global estimates of AIDS cases serves to draw attention to the increasingly heavy burden of the AIDS pandemic on both developed and developing countries. As more and more adults and children develop AIDS, the pandemic will affect more and more families, while stretching already strained health and social systems, especially in the developing countries, to near breaking point:

- The problem of perinatal transmission is growing in both developed and developing countries, as the number of HIV infected women increases. It has been estimated, for example, that in the United States of America alone up to 20,000 infants may have been born to HIV infected women since the start of the pandemic. WHO estimates that a worldwide cumulative total of over 3 million women of child-bearing age have been infected with HIV.
- In Eastern Europe, where HIV transmission is thought to have been limited, infants and young children in two countries were discovered during the late 1980s to have been infected not perinatally but as a result of inadequate sterilization of needles and syringes and deficient screening of blood. The number of children thus affected is well over 1,000.
- The pandemic's increasing global impact on children will be compounded by the increase in early deaths among HIV infected mothers with uninfected offspring. Of the infants born to infected mothers, WHO estimates that about 70 per cent will not themselves be infected. However, many of these uninfected children will become orphans as their parents succumb to AIDS. Thus, in addition to the grim prospect of millions of paediatric AIDS cases expected during the 1990s, more than 10 million uninfected children under the age of 10 years – mostly in sub-Saharan Africa – will be orphaned as their parents die of AIDS.
- In urban centres of sub-Saharan Africa it is estimated that, during the 1990s, deaths from AIDS in infants and young children may increase child mortality rates by as much as 50 per cent. Although the overall population in these countries is expected to continue growing during the decade, increased HIV prevalence in both urban and rural areas beyond the year 2000 could cause an actual population decrease in some parts of sub-Saharan Africa.

“Lessening this social tragedy will require the best preventive measures that we have to offer, particular those aimed at reducing sexual transmission of HIV”, says Dr. Michael H. Merson, Director, WHO Global Programme on AIDS. “Measures that people can take to protect themselves and their children include practising safer sex and seeking early treatment for sexually transmitted diseases. For its part, WHO will intensify its collaboration with Member States and with other international, bilateral and non-governmental organizations so as to ensure that countries' health and social services are able to cope with the growing demands on them. Only by working in partnership will we be able to stem and ultimately turn back the tide of paediatric AIDS.”

WORLD HEALTH  
ORGANIZATION

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All States and Territories with the exception of the Northern Territory have at least one council or committee with a statutory base involved in child protection. These bodies generally appear to have co-ordinating roles across involved government departments and often into the non-government sector. In addition to its Child Protection Council, South Australia has a Child Protection Education Committee convened by the Education Department. Victoria has a Family and Childrens Services Council with a Child Protection Standing Committee and also an Inter-departmental Senior Officers Committee.

Most States appear to have advisory, consultative or co-ordinating committees operating at Regional and/or local level. In some cases these involve Ministerial appointment e.g. N.T. In others they take the form of community based interest groups.

The State level bodies are listed below:

#### AUSTRALIAN CAPITAL TERRITORY

Child Protection Council  
Housing and Community Services Bureau  
G.P.O. Box 825 Canberra  
Tel: (06) 245 4590

#### NEW SOUTH WALES

N.S.W. Child Protection Council  
P.O. Box 228 Parramatta  
Tel: (02) 689 8775 Fax: (02) 633 2705

#### QUEENSLAND

Queensland Co-ordinating Committee on Child Abuse  
P.O. Box 806, Brisbane  
Tel: (07) 224 7588

#### SOUTH AUSTRALIA

Child Protection Council  
P.O. Box 39, Rundle Mall, Adelaide 5000  
Tel: (08) 226 6726 Fax: (08) 226 6899

#### Child Protection Education Committee

Children's Interests Bureau  
3rd Floor, 68 Grenfell St, Adelaide 5000  
Tel: (08) 226 7052

#### TASMANIA

Child Protective Assessment Board  
5th Floor, 2 Kirksway Place, Battery Point 7004  
Tel: (002) 30 2768 Fax: (002) 23 5142

#### VICTORIA

#### Victorian Family and Childrens Services Council

Standing Committee on Child Protection  
Level 2, 115 Victoria Parade, Fitzroy 3065  
Tel: (03) 412 6586 Fax: (03) 412 6585

#### Inter-departmental Senior Officers Committee

#### WESTERN AUSTRALIA

Advisory and Co-ordinating Committee on Child Abuse  
Brenda Cherry Centre  
91 Hensman Road, Subiaco  
Tel: (09) 382 1266

#### NORTHERN TERRITORY

None at Territory level but Child Protection Teams at Regional level involving nominees of Ministers of Health and Community Services, Police and others.  
Central contact:

David Althorp, Darwin Regional Welfare Centre  
Tel: (089) 22 7499

An amazing variety of non-government agencies and self help groups are operating within States and Territories. Details of many can be obtained from NAPCAN representatives listed below or NCBA. They include groups for survivors of incest, sexual assault and family violence. Support groups for non-abusing parents and treatment groups for perpetrators of abuse. Effort at national level is being fostered by NAPCAN.

## NATIONAL ASSOCIATION FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT (INC. IN NSW)



P.O. Box C302, Clarence Street  
Sydney, NSW 2000  
Tel: (02) 223 2565 Fax: (02) 221 5936

NAPCAN is developing a National role to lobby in respect to child protection issues and act as a clearing house across professional, government and non-government interests in enhancing the prevention of child abuse and neglect. Most effort has been focussed on prevention and community education. It has been involved in developing the themes for National Child Protection Week (2nd last week in August in 1991) and fostering prevention efforts. A recent production was the Child Protection Information Kit and a current development concerns an approach combining the Neighbourhood Watch and the Safety House programs. This is developing in conjunction with the National Committee on Violence. NAPCAN has developed an extensive mailing list and linkages with State/Territory Committees and at an International level with ISPCAN. The International Society for the Prevention of Child Abuse and Neglect promotes the biennial Congress last held this year in Hamburg and next in Chicago, Illinois U.S.A. August 30 to September 3 1992.

### NAPCAN STATE AND TERRITORY COMMITTEE CO-ORDINATORS

#### AUSTRALIAN CAPITAL TERRITORY

Mr. Mark O'Neill  
A.C.T. Magistrates Court  
G.P.O. Box 370, Canberra A.C.T. 2601

#### NEW SOUTH WALES

Ms. Rana Flowers  
C/- NAPCAN Office  
P.O. Box C302 Clarence St., Sydney 2000

#### NORTHERN TERRITORY

Ald. Dawn Cook  
Palmerston City Council  
P.O. Box 920, Palmerston N.T. 0830  
Tel: (089) 32 1322

#### QUEENSLAND

Dr. Simon Latham  
Division of Child Health  
P.O. Box 285, Broadway Qld 4006  
Tel: (07) 252 8555

#### SOUTH AUSTRALIA

Mr. Gerald Hinton  
C/- Save the Children Fund  
14 Conyngham Street, Glenside S.A. 5065

#### TASMANIA

No Co-ordinator at present

#### VICTORIA

Dr. Elizabeth MacMahon  
5 Winmalee Road, Balwyn Vic. 3103  
Tel: (03) 836 2544

also with a State focus

#### VICSPAN Centre

P.O. Box 525, Ringwood, Vic. 3134  
Tel: (03) 870 6261 Fax: (03) 879 6148

#### WESTERN AUSTRALIA

Ms. Carole Kagi  
28 Alvan Street, Mt. Lawley W.A. 6050  
Tel: (09) 272 2399