

**The Council for the Care of Children and
the Child Death and Serious Injury Review Committee**

**Driving System Change to Support Vulnerable
Children and their Families**

**A paper prepared for the Children Communities Connections
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Abstract

The Council for the Care of Children (CCC) and the Child Death and Serious Injury Review Committee (CDSIRC) are independent statutory bodies reporting to South Australia's Minister for Families and Communities and were established in 2006 as a result of amendments to the *Children's Protection Act 1993*. Part of the brief of both bodies is to provide advice to government on ways to improve the health and wellbeing of South Australia's children and young people and their families.

A productive working relationship has developed between the CCC and CDSIRC, and this presentation will describe the ways in which recommendations for system change arising from the Committee's reviews of child deaths have resulted in work by the Council to drive the development of policies and practices for working with vulnerable families.

In this paper, the Committee provides demographics about the deaths of children in SA with a focus on markers of vulnerability. The Council then outlines principles for more effective ways of working with vulnerable families, which have formed the basis for advice to government.

Introduction

The Council for the Care of Children (CCC) and the Child Death and Serious Injury Review Committee (CDSIRC) are independent statutory bodies reporting to South Australia's Minister for Families and Communities, and both were established in 2006 as a result of amendments to the *Children's Protection Act 1993*. Part of the brief of both bodies is to provide advice to government on ways to improve the health and wellbeing of South Australia's children and young people and their families.

Both bodies have roles with respect to all children and young people in the State up to the age of 18 years. The CDSIRC reviews the deaths of all children from birth onwards, with a view to assessing those deaths which may have been preventable and advising government about the need for system change. The CCC provides advice to government on the rights and interests of all children and young people in the State, especially those who identify as Aboriginal, those living with disability, and those under guardianship or in the custody of the Minister for Families and Communities.

The CCC has a wide ranging set of functions. Specifically, the Council's functions are as follows:

- (a) to keep under review the operation of the Children's Protection Act 1993 and the Family and Community Services Act 1972 so far as it affects the interests of children;
- (b) to provide advice to the Government on the rights and interests of children;
- (c) to report to the Government on progress achieved towards –
 - (i) keeping children safe from harm; and
 - (ii) ensuring that all children are cared for in a way that allows them to realise their full potential; and
 - (iii) improving the physical and mental health, and the emotional wellbeing, of children; and
 - (iv) improving access for children to educational and vocational training; and
 - (v) improving access for children to sporting and healthy recreational activities; and

- (vi) ensuring that children are properly prepared for taking their position in society as responsible citizens; and
- (vii) maintaining the cultural identity of children;
- (d) to promote the safe care of children by their families (or surrogate families) and communities with particular reference to vulnerable children including –
 - (i) children under the guardianship, or in the custody, of the Minister; and
 - (ii) Aboriginal children; and
 - (iii) children with disabilities;
- (e) to provide advice to the Minister on –
 - (i) creating environments that are safe for children; and
 - (ii) raising community awareness of the relationship between the needs of children for care and protection and their developmental needs; and
 - (iii) initiatives involving the community as a whole for the protection or care of children; and
 - (iv) policy issues that may require government action or legislative reform; and
 - (v) priorities for research;
 - (vi) to investigate and report to the Minister on matters referred to the Council for advice.

Definitions

Vinson (2007) defines disadvantage as: 'a range of difficulties that block life opportunities and which prevent people from participating fully in society.'

The Centre for Community Child Health defines 'vulnerable families' in the following way:

'... marginalised and vulnerable families refer to those who are receiving little support in their family and parenting roles either from personal support networks or from community-based support services.'

Deaths of vulnerable children in South Australia

The Child Death and Serious Injury Review Committee has been collecting information about the circumstances and causes of all child deaths in South Australia

since 2005. Over the last five years, the CDSIRC has reviewed a number of deaths of children where there was a significant level of disadvantage within the family. The Committee uses a number of markers to identify groups of vulnerable children.

1. *Vulnerability and socioeconomic disadvantage*

The Committee uses the Australian Bureau of Statistics' SEIFA Index of Relative Socio-economic Disadvantage (IRSD) (which is an area-based measure that draws on a variety of personal and household characteristics from the 2006 Census, to rank household socioeconomic status as a marker of vulnerability in the deaths of children. SEIFA scores are divided into five quintiles (each representing about one fifth of the population), with the least disadvantaged populations represented in quintile 1 (highest IRSD scores) and the most disadvantaged (lowest IRSD scores) in quintile 5 (Table 1).

Table 1: Child Deaths by socioeconomic quintile, South Australia, 2005-2008[#]

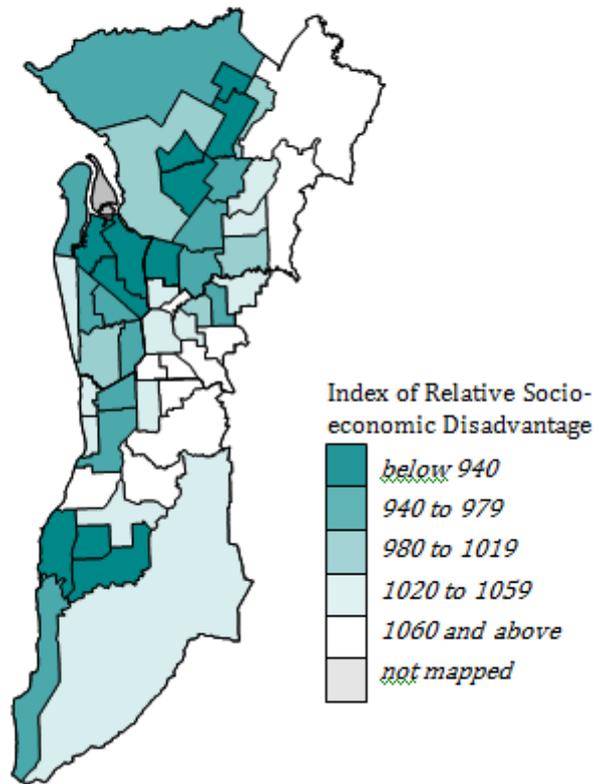
QUINTILE	No. of deaths	% of deaths	Rate of death per 100,000 children*
1 <i>least disadvantaged</i>	72	15.6	2.7
2	70	15.2	2.6
3	96	20.8	3.7
4	99	21.5	3.6
5 <i>most disadvantaged</i>	124	26.9	4.3
Totals	461	100	

[#]Source: *Child Death and Serious Injury Review Committee Annual Reports 2005-2008*

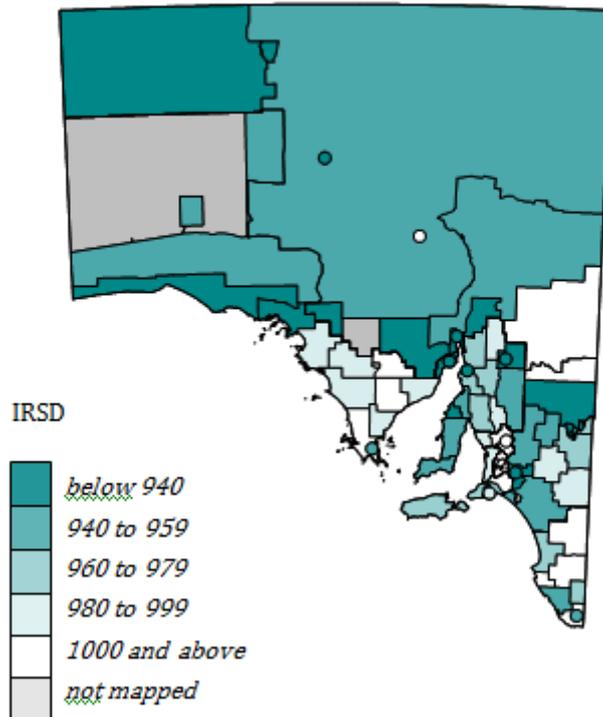
**Rates have been calculated using the 2006 Census population data*

Based on the SEIFA IRSD, some of the State's most disadvantaged areas included Ferryden Park, Taperoo and Elizabeth in metropolitan Adelaide, and the APY Lands, Ceduna and Coober Pedy in the country. Some of the least disadvantaged areas in the city included suburbs such as Parkside, Netherby and Blackwood to the east and south-east of the city centre (see maps of Statistical Local Areas (SLAs) by IRSD below).

IRSD, Adelaide, 2006



IRSD, South Australia, 2006



There were 461 children resident in South Australia, who died during the period 2005-2008. Using the IRSD, an increasing number of these children resided in the State's most disadvantaged areas. The rate of death, which takes into account the number of children living in each area, was 2.7 deaths per 100 000 children in the State's least disadvantaged areas, rising to 4.3 deaths per 100 000 children in the State's most disadvantaged areas.

In South Australia, children who are vulnerable because of socioeconomic disadvantage are also at greater risk of dying.

2. *Aboriginal Children*

Our Aboriginal children have a much higher rate of death than non-Aboriginal children in South Australia. CDSIRC estimates the rate of death for Aboriginal children to be about three times the rate of death of non-Aboriginal children. This reflects their greater disadvantage over generations; and is the result of many underlying causes, including the intergenerational effects of forced separations from family, land and culture, and the lasting impacts of colonisation and discrimination. This has placed them at greater risk of poorer life outcomes as a population. Aboriginal and non-Aboriginal practitioners and scholars have long identified social inequality, racism, oppression and exclusion as key issues in Aboriginal wellbeing (Ring 1995; Devitt et al. 2001; McKendrick & Thorpe 1998).

3. *Vulnerability and Cause of Death*

Are there any differences between the causes of death for these children? The Committee classifies cause of death according to several criteria, but broadly they consist of:

- illness and disease, which includes deaths from cancer, infections such as meningococcal disease, congenital conditions such as cerebral palsy, genetic disorders and also includes newborn infants who die from causes associated with complications during pregnancy, labour and delivery;
- SIDS and undetermined causes – these are deaths of infants under the age of 12 months where no cause can be found. However, in many cases, these infants have been found in circumstances, which were conducive to 'fatal sleeping accidents' – co-sleeping with their parents, or with pillows, doonas in the bed, or sleeping on their stomachs rather than on their backs.

- external causes – include deaths from accidents, (such as suffocation, drowning, falls and poisoning), transport crashes, suicides and fatal assault.

Table 2: Causes of Child Death by socioeconomic quintile, South Australia, 2005-2008[#]

Cause of death	Socioeconomic quintile according to IRSD score					
		1 Least disadvantaged	2	3	4	5 Most disadvantaged
Illness or disease	Rate*	1.8	1.6	2.3	2.5	2.6
	Number	50	43	61	68	75
SIDS & undetermined	Rate	0.1	0.2	0.2	0.1	0.5
	Number	3	6	4	4	14
External causes	Rate	0.7	0.8	1.2	0.9	1.2
	Number	19	21	31	27	35
Totals	Rate	2.7	2.6	3.7	3.6	4.3
	Number	72	70	96	99	124

[#]Source: Child Death and Serious Injury Review Committee Annual Reports 2005-2008

* Expressed as deaths per 100 000 children - rates have been calculated using the 2006 Census population data

When the rates of death from particular causes for children living in the least and most disadvantaged areas are compared, the most outstanding difference is for children dying from SIDS and undetermined causes. The rate is five times higher for children living in the State's most disadvantaged areas (0.5 deaths per 100 000 children) compared to the rate for children who lived in the State's least disadvantaged areas (0.1 deaths per 100 000 children). These figures represent the sudden and unexpected deaths of infants under 12 months of age, for which no specific cause could be found. It is well known that socioeconomic disadvantage is associated with sudden and unexpected infant death. For

example, the UK CESDI study¹ found that an infant living in a household where an adult smoked, there was no waged income and the mother was under 27 years of age, had a much higher risk of dying suddenly and unexpectedly compared to an infant where these factors were not present.

These associations between death and socioeconomic disadvantage are key considerations for the CDSIRC and give weight to the work of the CCC to advise on ways to support highly disadvantaged families.

Aboriginal children and area of residence

When Aboriginality is combined with the SEIFA IRSD, it is not surprising to find that these children lived in the State's most disadvantaged areas. No child who died in the State's least disadvantaged areas was Aboriginal, but 22 Aboriginal children who died lived in the State's most disadvantaged areas.

Table 3: Aboriginal child deaths, by socioeconomic quintile, South Australia, 2005-2008*

Quintile by SEIFA IRSD	Number of deaths	Proportion of deaths (%)
1 – least disadvantaged	0	0
2 & 3	6	15.8
4	10	26.3
5 – most disadvantaged	22	57.9
Total	38	100

*Source: Child Death and Serious Injury Review Committee Annual Reports 2005-2008

¹ Fleming P, Bacon C, Blair P, Berry PJ. Sudden unexpected deaths in infancy: the CESDI Studies, 1993-1996. London UK: The Stationery Office, 2000.

The Committee also recognises other population-based factors, which may increase the vulnerability of infants and children, such as very young age of parents, parents who may not have had models of good parenting or who have a history of being in State care, families living with intellectual disability, substance use, interpersonal violence, insecure or overcrowded housing, and geographic and social isolation – as well as factors relating to an infant such as prematurity, significant disability, complex medical needs, and difficult temperament.

The project

In 2009, the CDSIRC sought advice from the CCC about the programs required to assist multiply disadvantaged young men to make a positive transition to adult life and provide good care for their children. This followed the circumstances of the death of a young infant which had been reviewed by the Committee. In particular, the Council noted that *the young father was not able to recognise the symptoms of illness in his infant child, and, even though the cause of death was medical in nature, the child had suffered over 50 bruises in the 48 hours prior to her death.* The death of this young child may have been prevented if the young father had been better prepared for his parenting role, and if an appropriate set of services had been in place to support him in his role as a parent.

The Council believes that the wellbeing of South Australia's population is vitally important in ensuring that children and young people lead safe, fulfilled and productive lives, and, to the extent that this is possible, within their families of origin. We can define wellbeing in a number of ways:

- 'The state of being or doing well in life; happy, healthy, or prosperous condition; moral or physical welfare (of a person or community)' (Oxford English Dictionary 2002).
- 'An everyday resource – the capacity to adapt to, respond to, or control life's challenges and changes' (Frankish et al. 1996).

Wellbeing, capability and health are inextricably linked, and embody the rights of every individual to a good life.

For Aboriginal and Torres Strait Islander families, wellbeing encompasses:

'Not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. This is the whole of life view and it also includes the cyclical concept of life death life.'²

In responding to the Committee's request, the Council drew upon its collective knowledge, its members' experience of working with multiply disadvantaged families, and a review of the contemporary research addressing young parenting, fatherhood and intergenerational disadvantage.

In preparing its advice, the Council was mindful of provisions of the *SA Children's Protection Act 1993* and the *Family and Community Services Act 1972* that are in keeping with obligations to ensure the progressive implementation of children's care and protection and the responsibility of governments to help parents to look after the needs and best interests of their children.

The Council brought together findings from four important but discrete areas of research:

- parenting by fathers, with a focus on the range of expectations about fatherhood in contemporary society, and the influence of these expectations on both multiply disadvantaged young fathers and the services that seek to support them;
- an analysis of the impact of intergenerational, multiple disadvantage on young men's capacity to parent, and the size of the challenges they face in overcoming their own experiences and becoming competent fathers;
- child-rearing practices known to promote aggression in children which can be transmitted from one generation to another; and
- factors for successful engagement of families by support services, and for realising better child and family outcomes.

This group of parents may also have learned to distrust others, especially authority figures and government services. However, studies consistently reveal that they are

² National Aboriginal Health Strategy Working Party (NAHSWP). *A National Aboriginal Health Strategy*. Canberra: NAHSWP, 1989.

highly motivated to provide better care and protection for their children and to 'be there' for them.

The Council is concerned at our difficulty as a system to engage the small proportion of highly marginalised families early in pregnancy or as parents of young infants, and to provide the range of services that they need. These families are often the most challenging for all agencies, having had previously negative experiences with institutions and authorities, leading to low trust and poor expectations; and they are likely to suffer physical, mental and emotional health problems. Their lives are burdened by other difficulties: low income, unstable housing, difficult or transient relationships, isolation (both geographic and social), violence and trauma, joblessness or limited employment, discrimination and racism. Literacy and poor education are also common, and their own experiences as children have often been unhappy and traumatic. Many of these families are resilient in spite of the challenges they face, and many have survived countless hurdles and setbacks. However, it is clear that they deserve better support from the society in which they live and better access to early intervention resources, which would benefit them and their children.

These families are sometimes referred to by service providers and decision-makers as 'hard to reach or resistant'. However, this can imply only difficult or indifferent behaviour on behalf of families, and deny the ways in which services themselves may be inaccessible or hostile to families. The many challenges that families face in accessing services include:

- the nature of a service may be intimidating to a family that has had no experience of, or a negative experience of, other service environments;
- the location of a service, which can be a significant barrier for families who do not have private transport, or aspects of a service's operation which do not foster easy access or uptake by families; and
- a lack of knowledge that services are available or that a family is eligible to access a service.

The Council advised government that strengthening early childhood development by improving parental competence from early in the antenatal period needed to be given a higher priority in government policy, especially social inclusion initiatives, because it was an essential element in efforts to intervene in the cycle of intergenerational

disadvantage. Rather than continuing to base programs on the notion of 'good enough' parenting, policy and services should aim for 'better parenting' through improved ways of engaging young families experiencing multiple adversities. This encompasses a mix of the following:

- sustainable, targeted programs within a framework of universal service provision across a range of life domains;
- effective initiatives to reduce unplanned teenage pregnancy;
- antenatal engagement (the antenatal period offers a window to assess most families' need for support and to engage those who are already overburdened, during pregnancy);
- responsive, fully integrated early childhood services;
- information about relationships provided in school settings;
- early intervention and family support services to prevent family violence, child abuse and neglect; and
- the adoption of UNICEF's child- and youth-friendly cities' approach.

Child- and youth-friendly cities

In 2008-09, the CCC adopted the United Nations International Children's Emergency Fund (UNICEF) initiative 'Child and Youth Friendly Cities' as a major project for two years. A child- and youth-friendly city is one who's social and physical attributes promote and respect the rights and interests of children and young people, and their families. The Council's goal is to work towards South Australia becoming the first child- and youth-friendly State within Australia.

The Council advised government on a range of ways to proceed with this goal, and those which are most relevant to this discussion follow.

- Focus services on prevention and early intervention, and invest early in children's lives, by taking a developmental approach to wellbeing and the delivery of effective responses, which are informed by families. These should include early childhood education and parental support for high-need families.
- Target action to reduce inequalities in the outcomes for children, especially the most vulnerable in South Australia. Priority populations should be those who are significantly disadvantaged, and include Aboriginal and Torres Strait Islander

children, children living in low income and jobless households, children with disabilities and their siblings, children who are carers, children in state care or juvenile detention, and refugee children.

- Introduce greater targeting of intensive services in the antenatal period towards high-need pregnant women and their partners, and of infants at higher risk of poor outcomes within the overall framework of the universal health system. Earlier assessment of a family's needs allows better engagement and trust-building with very over-burdened families before the birth of the infant. Identify new strategies to engage fathers, especially those who are young and disengaged.
- Consider developing a Children's Plan for South Australia that outlines overarching policy goals and the broad means of achieving them, is cross-sectoral, evidence-based, and sits within or alongside *South Australia's Strategic Plan*. Within the Plan, create clear, achievable targets for child wellbeing and regularly collect high-quality information on children's wellbeing that is nationally and internationally comparable.
- Consider establishing a body such as a Ministry for Children and/or Office for Children (or Children and Young People), or a Children's Commissioner to lead and monitor action at a population level. Build child-focused organisational arrangements to oversee services and programmes, and pooled funding arrangements for children and young people in an area, underpinned by a duty to cooperate, to focus on improving outcomes for children and young people.
- Continue to experiment with policies and programmes for children, rigorously evaluate them to see whether they enhance child wellbeing, and reallocate money from programmes that do not work, to those that do. This approach will help ensure resources allocated to children progressively enhance child wellbeing.

If South Australia is to be a truly child- and youth-friendly state, then all children and their parents should have the opportunity to thrive, not only to survive. The Council is committed to working with service providers in the government and non-government sector to drive changes in the system to support high-need children and their families.

Working with vulnerable families

In its 2008-09 Annual Report, the Council outlined the work it had undertaken with regard to 'best practice' approaches to supporting multiply disadvantaged young fathers to care for their children. In 2009-10, the Council continued this work by examining ways in which overburdened, high-need families could be better supported to ensure improved outcomes for both themselves and their children.

The Council examined research and service models, which provide effective family support to those parents who are the most in need in our community, and which offer such services as early in pregnancy as possible. The Council believes that, to be effective, programs should be based on ecological models, where the determinants of child and family wellbeing are viewed in terms of interactive systems of material, social, cultural, behavioural and emotional influences rather than single risk factors. Programs must therefore, address simultaneously:

- the psychological and emotional needs of the parents (especially their sense of mastery and competence);
- the parental behaviours that influence maternal wellbeing and fetal and infant development; and
- the situational stressors (such as a lack of housing, safety, and an adequate income) and social supports that can either interfere with or promote the adaptation to pregnancy, birth and the early development of a child.

The Council believes that there are insufficient specialised prevention and early intervention services to address the complex needs of these families in South Australia, and without which some infants and young children will enter the child protection system, and for whom earlier effective intervention may have prevented harm from occurring. This infringes the rights of children in South Australia under the UN Convention for the Rights of the Child (to which Australia is a signatory) to a safe, healthy and fulfilling childhood.

Slee (2006) observed that:

'...in order to achieve improved outcomes for families at risk, a paradigm shift is required so that unequal outcomes for families and children are seen as social injustices, rather than as products of individual dysfunction or deficit.'

He cited the following principles as important in redressing inequalities effectively.

Broadly speaking, the design of service responses should:

- be universal and comprehensive;
- be holistic by responding to the barriers and opportunities to health and wellbeing;
- focus on prevention, early intervention and social connection;
- build capacity in the most disadvantaged localities and populations; and
- entail continuous and coordinated commitment in all sectors and at all levels.

Dr Fraser Mustard, in his time as Thinker in Residence in South Australia, highlighted the importance of establishing a sound relationship with parents and other carers and purported that it was particularly beneficial to establish a helping relationship prior to the birth of a child, including assistance through pregnancy support services.

Services needed to be available and accessible during pregnancy, rather than only available once a child is born.

He outlined some of the barriers to families accepting support, which included mental ill health; domestic violence; low self-esteem; poor literacy levels; and transport difficulties. Recognition of a parent's particular circumstances, and solutions based on a 'strengths approach' were prerequisites for successful engagement. He asserted that being overly directive and inflexible in our responses to families was least effective.

Dr Mustard emphasised a number of organisational features of service provision which assisted the development of a positive relationship between the organisation/worker and the child and family. These included:

- warm and friendly settings;
- a culture of caring within the organisation;
- professional supervision of staff and support, including opportunities for debriefing for complex situations;
- a high ratio of workers to families, in order to promote relationship building over a long period; and
- accessible services for those with disabilities.

A range of research and practice reports focusing on early intervention also outline the importance of the following:

- taking strengths'-based approaches to family support;
- enhancing protective factors for children and families to build resilience;
- giving encouragement for positive parenting;
- use a community development approach and be informed by families; and
- for some families, providing long-term intervention and support to improve parenting, child development and wellbeing and enhancing parents' life skills.

Ultimately, early intervention and prevention provide cost benefits in later years in terms of:

- reduced crime;
- greater community stability and capacity;
- reduced prevalence of mental health problems, family violence and drug and alcohol abuse, and
- better employment outcomes for parents.

The Council has been consulting with representatives from a wide range of government and community-based agencies who are also concerned at the need for more services for very high-need families, and will continue this work in the coming year. We acknowledge that a range of new services which support young children and their families have been provided through programs funded by both the South Australian and Australian Governments. In particular, we note the potential benefit of integrated service provision through the creation and funding of Children's Centres, and the Australian Government's *Communities for Children* program.

Whilst the importance and effectiveness of the provision of services within these programs is recognised, there remains a need for more services which provide early advice, therapeutic support and practical help to highly overburdened families with multiple needs antenatally and through the early childhood period, and in some cases, through to adolescence.

Recommendations for system change

Whilst there is an acknowledgement within the system that integrated service provision is pivotal in the provision of early intervention services for vulnerable families, the Council has received strong feedback from the sector that integrated provision of services could be delivered more effectively and that system change and service redesign may be required in some areas. A Ministry and/or an Office or Department for Children and Young People could provide more strategic leadership for the provision of health, education and community services to children and their families, and the development of child- and family-centred social policy across government.

Leaders within integrated services must be carefully selected with the skills and abilities to manage the diversity of disciplines of service providers, to provide the vision and motivation across the full range of teams, and to implement seamless and responsive service delivery for families.

The Council's enquiry and discussions with service providers and researchers have suggested the following in service redesign, especially of community-based services³:

- service provision must focus on enabling families to develop thriving behaviours and to care responsibly for their children;
- consider linking families who are doing well with those who are not to provide social support and mentoring;
- do not rely entirely on a professionally run service but provide professional support and training of paid community workers and volunteers;
- address service attributes which enhance cultural understanding, are led by community needs and which do not tolerate discrimination and racism;
- use everybody's strengths, and do not only target those who are struggling;
- seek out the people not currently engaged in services who may need them;
- consider what would have to change to encourage families to seek support early;
- consider when person to person support is not enough and when to call in professional staff;

³ Many of these recommendations were discussed at the Southgate Policy Club Q&A: 'Redesigning services for health and wellbeing' held on 27 October 2010 in Adelaide.

- consider the workers and service types that work best to engage families in preventive programs;
- examine the range of supports for referring families - services may need to adopt different roles;
- be mindful of the unequal power relationship between service providers and families;
- consider who controls the definition of the problem and the definition of the need. The way services are constructed often defines that need - respect the knowledge, history and experiences of families leading their everyday lives;
- many assessments to meet the criteria for accessing services highlight only the deficits of families;
- families want someone who will travel the journey with them;
- workers need autonomy and flexibility to be able to negotiate outcomes – this is getting harder to do;
- there is a need for data collection that records rather than drives activity;
- there has been a growing trend to record outcomes because there has been an exponential increase in funds allocated without demonstrable returns on the investment. Is this because we are:
 - down to really hard cases or
 - providing the wrong services or
 - providing the right services with the wrong delivery mechanism or
 - measuring the wrong things?
- fragmented funding contracts are restrictive and may not allow the flexibility and community control for families that is needed;
- professional workers may need to accept the changing nature of their roles and adopt new behaviours;
- both universal and targeted services are required with the ability to adapt services to individual families' needs.

The Council for the Care of Children is committed to working with local communities, and government and non-government funded services to establish more effective ways to address the needs of vulnerable families and ensure that all children and

young people, and their families have the opportunity and supports to lead fulfilling lives.

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