



Interagency Co-operation

NSW Department of Community Services
Submission to the Special Commission of Inquiry

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1. INTRODUCTION

Constructive collaboration between agencies in the delivery of services is vital to securing improved outcomes for vulnerable children and young people.

To achieve this DoCS and its partner agencies strive to ensure that :

- Critical information relevant to child protection concerns about a child or young person is exchanged in a timely and effective manner;
- Problems or issues about a child or young person's access to services are discussed and resolved at a case management level; and;
- On a systems level , new services are developed, as needed where there are clear service gaps between agency responsibilities.

However, differences in service priorities, funding constraints, professional approaches, and understanding about the capacity to share information can impact upon the capacity of an agency to engage constructively on interagency matters. In addition, the size and complexity of the services provided by Government agencies and non government organisations, and the increasing pressure on agencies to meet service demands also means that achieving the best outcomes for children and young people can be challenging.

This submission will provide a brief overview of the complex set of arrangements DoCS has in place to manage collaborative work with interagency partners. It highlights major issues in the operating environment that prevent DoCS and/or its partners from achieving optimal results and suggests improvements that could assist in providing children and families with more appropriate services to meet their needs.

2. BACKGROUND

2.1 Why interagency collaboration matters

Effective interagency collaboration has the potential to enhance effective child protection services. It can deliver better assessments of need, improve the delivery of holistic services minimising gaps and discontinuities in services and achieve greater efficiency in resource use and more support for workers¹

The Department of Community Services bears primary responsibility for child protection matters. However, the *Children and Young Persons (Care and Protection) Act* clearly recognises that this responsibility is shared across agencies and across the community generally.

¹Tomison, A. M. – National Child Protection Clearing House, Australian Institute of Family Studies, (2004). ***Current Issues in child protection policy and practice: Informing the NT Department of Health and Community Services child protection review.*** Written for the Northern Territory Department of Health and Community Services

Section 16 (2) of the *Children and Young Persons (Care and Protection) Act 1998* explicitly assigns responsibility to the Director-General to promote effective interagency cooperation. It provides:

The Director-General is to promote the development of procedures and protocols with government departments and agencies and the community sector that promote the care and protection of children and young persons and to ensure that these procedures and protocols are implemented and regularly reviewed

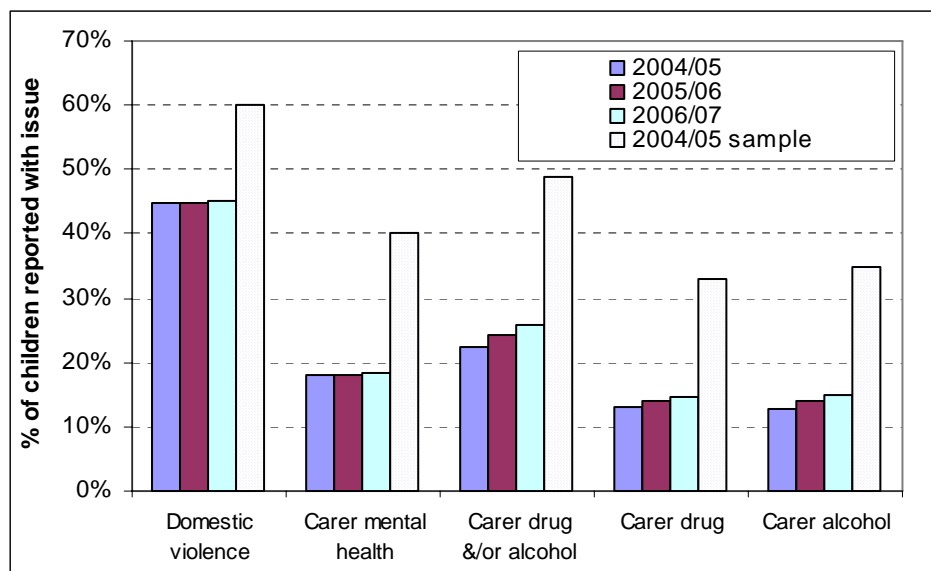
The *Children and Young Persons (Care and Protection) Act 1998* strengthened interagency partnerships, developing a series of clauses specifying the mutual obligation of government departments in responding to child abuse and neglect. The Act specifically states that the Departments of Health, Education, Police and Ageing, Disability and Home Care, and NGOs all share responsibility for child protection and are expected to share the same burden of responding to families. (Sections 9, 10 & 27)

Collaboration in child protection matters

Information recorded by DoCS about child protection reports clearly indicate the multi dimensional nature of the risks facing vulnerable children and families in NSW. Key risk factors for children and young people in NSW reflect trends in other child welfare jurisdictions, both in Australia and internationally, where factors such as domestic violence, drug and alcohol use and neglect feature in child protection reporting.

Figure 1 depicts the percentage of children where these selected reported issues were recorded in any of their reports for a given year.

Figure 1: Percentage of children and young people with selected reported issues recorded in any of their reports, 2004/05 to 2006/07 and 2004/05 sample



Notes: Data prior to 2004/05 are not shown as it is not comparable to later years due to a change in reporting systems. Groups are not mutually exclusive; children may be recorded against more than one issue.

Source: 2004/05 Sample - Key Information and Directory System (KiDS) KiDS May 2006.

Problems such as parental drug and alcohol abuse and domestic and family violence are not able to be solved by DoCS alone. While DoCS can refer victims of domestic violence to appropriate support services, taking action that prevents violence from reoccurring requires a high level of co-operation from victims and collaboration with other agencies including non-government services. Police and Health are the significant partner agencies in addressing and supporting families and children where domestic and family violence is prevalent.

Services to meet the needs of parents with drug and alcohol problems are primarily the responsibility of NSW Health. More recently a number of joint projects between DoCS and Health to strengthen cross agency work and to develop more timely responses and interventions for parents where drug and alcohol issues have been implemented.

Policies and processes are being put into place to enable child protection workers to access better quality drug and alcohol information about specific cases more efficiently so that assessment of current circumstances can be supported by evidence.

One such example is the *Information Sharing Protocol regarding clients receiving opioid treatment*. Another partnership arrangement is the establishment of Domestic Abuse Response Teams with Community Solutions funds that is jointly implemented by DoCS and NSW Police to address and respond to high levels of domestic violence identified on the NSW Central Coast

DoCS' role is usually limited to ensuring that sufficient protective strategies are in place to safeguard children. DoCS can refer clients to support services with the specialist expertise to address the identified concerns, however it cannot ensure that clients access these services that they remain engaged with the services or that the services are successful in assisting them to solve their problems.

Few of DoCS' clients present with only a child protection issue. Most families have a range of unmet needs and working to improve the safety of children involves advocating for services from other agencies. The knowledge that DoCS is helping families to navigate systems to access services that meet their practical needs can be a powerful way of demonstrating that DoCS is interested in supporting these families and thus improve engagement. Conversely when DoCS is constrained by the lack of immediate access to services of other agencies, this can compromise DoCS' capacity to facilitate families' engagement and ensure timely and effective responses to address to significant issues.

Collaboration for our Out of Home Care Services

Effective interagency collaboration is also an essential element of effective out of home care service provision. Children in out of home care are more likely to have had poor levels of health care and education deficits prior to their entry into care than their peers of a similar age. There is also substantial

research evidence that children in out of home care have poorer mental health outcomes in the longer term.

Adequate health screening on entry into care followed by specialist assessments, where required, and action to improve education outcomes for children in care are particularly important in ensuring that these children catch up to their peers in the community.

Early Intervention and Prevention : Strengthening Community Activities

Stronger and well connected communities can provide a significant protective influence in relation to the potential for child abuse and neglect and other social problems. Social connectedness assists in building individual and family resilience, as well as a general sense of inclusion. Well connected communities result in many people looking out for the welfare of individual children and lending a hand.

The concept of resilience provides a framework for understanding the varied ways in which some children do well in the face of adversity. Resilience can be enhanced by encouraging positive environments within families, schools and communities, to counteract risks in children's lives. This task is often one that is shared by a range of agencies.

2.2 What hinders interagency collaboration?

Most jurisdictions find that interagency collaboration is hard work. Common problems are well documented in the literature and include issues such as lack of ownership by either senior management or front line staff, inflexible organisational structures, conflicting professional ideologies, lack of budget control, communication problems, and poor understanding of roles and responsibilities.

Researchers such as Buckley² (2000) and Hallet and Birchall (1992)³ have pointed out that simply mandating collaboration cannot guarantee its success. Despite the rhetoric the responsibility for child protection is not usually shared and the central responsibility remains with the caseworkers within the system. In this research professionals felt they were doing their part rather than being actively involved in case management and support. In addition child protection interagency work tends to drop off once the initial crisis has passed.

The research also highlights that although interagency collaboration is lauded as a desirable policy goal, there is always the danger of "collaboration inertia"

² Buckley, H., (2000). Child protection: an unreflective practice. *Social Work Education*, Vol. 19, No. 3, 2000

³ Hallett, C. & Birchall, E. (1992). *Coordination and Child Protection: A review of the literature*. Edinburgh: HMSO

where efforts are focused on processes rather than outcomes for service users⁴.

2.3 Interagency arrangements

Interagency arrangements for DoCS are complex, occur at all levels of the organisation and within each of the business streams of the Department.

An overview of the different types of interagency mechanisms where DoCS is lead or a significant partner is provided in this section of the submission. (Detailed information about specific interagency collaboration arrangements can be found in Appendix 1)

2.3.1 Interjurisdictional arrangements

Until recently the Commonwealth Government has not assumed a significant role in child protection policy and services.

COAG is taking a lead role in critical reform areas. Early childhood issues form part of COAG's broader productivity and education reform agenda and it has asked the Indigenous Reform Working Group to bring forward a reform proposal on Indigenous Early Childhood Development to the its July 2008 meeting .

DoCS also has some formal partnership arrangements with the Commonwealth Government in relation to adoptions and refugee minors that define roles and responsibilities and identification of procedures to manage issues across jurisdictions.

DoCS has arrangements with the other states and territories in relation to the transfer of child protection reports when families live interstate. In out of home care recent amendments to legislation have been enacted that facilitate administrative transfers of court orders, the payment of allowances to carers and the provision of assessment and support services when children and their carers move interstate. (Chapter 14A, *Children and Young Persons (Care and Protection) Act 1998*)

2.3.2 NSW interagency arrangements

State Plan

The State Plan, released in November 2006, forms the basis for the Government's commitment to improved outcomes and service delivery across the State. The plan is a 10 year strategic cross Government framework which sets out overall Government objectives and targets for service delivery

⁴ Atkinson, M. – Southern Health and Social Services Board, Northern Ireland, (2005). The Development of an Evaluation Framework for Partnership Working. Electronic Journal of Business Research Methods Volume 3, Issue 1, 2005 (1-10).

DoCS has a significant role in the delivery of the Plan. DoCS has lead responsibility for Priority F6: 'Increased proportion of children with skills for life and learning at school entry' and for Priority F7: 'Reduced rates of child abuse and neglect'.

DoCS is also a key partner on eight other Priorities and Key contributor or several more. The focus for DoCS will be managing these contributions so that all priorities in which DoCS is involved make good progress, and in the most efficient ways.

The Human Services and Justice CEOs (HSJCEOs) Group has a key role in driving State Plan priorities and linking agencies in the delivery of strategies to meet targets. At the Regional level DoCS Regional Directors are involved in the delivery of interagency strategies to meet State Plan targets.

Memoranda of Understanding

DoCS is also currently a party to over twenty Memoranda of Understanding (MOUs) with other government agencies and there are at least another three under development. The MOUs are negotiated and agreed on an individual agency basis and are often supplemented by agreed joint or complementary implementation processes. The major MOUs include:

1. The NSW Health/DoCS Information Sharing Protocol (Opioid Treatment);
2. The DoCS / DADHC MoU between DoCS and the Department of Ageing, Disability and Home Care on Children and Young Person with a disability (currently being evaluated);
3. The DET MoU between NSW Department of Education and Training and DoCS in relation to educational services for children and young people in Out of Home Care;
4. The DoCS / DJJ MOU that specifies the responsibilities of both agencies when a child in the parental responsibility of the Minister is also a client of the Department of Juvenile Justice;
5. DoCS and NSW Health MoU on prioritising access to health services for children and young people for whom the Minister for Community Services has parental responsibility or the Director-General of DoCS has parental or care responsibility relating to residence and/or medical issues. An addendum relating to the provision of mental health services is currently being negotiated.

In addition, DoCS has agreements with Treasury through an annual Results and Services Plan which sets out key performance indicators to be achieved by the Department.

DoCS also has an MOU with the Federal Magistrates Court and the Family Court and is implementing Project Magellan, an initiative with the Family Court where DoCS prepares reports for the Court when children are identified by the Court as at risk.

Interagency Guidelines for Child Protection

The NSW Interagency Guidelines for Child Protection Intervention 2006 were developed by the Child Protection Senior Officers Group, comprised of 14 NSW Government agencies with differing child protection roles, which, together, deliver a coordinated and comprehensive system for protecting children and young people in New South Wales. The Interagency Guidelines were reviewed in 2004/5 and in 2006 state-wide training in the Guidelines was rolled out in all relevant agencies.

An evaluation of *the Guidelines* is currently underway in response to a recommendation from the NSW Ombudsman's *2004 Report on Reviewable Deaths* to focus on agency take-up and overall effectiveness of *the Guidelines*. The evaluation strategy is involving all CPSOG agencies, key peak non government organisations and DoCS funded NGOs with child protection roles. The evaluation will examine the extent to which child protection in NSW operates from a whole-of-government and sector perspective, including exchange of information, for children who are at high risk whose families move location; and, how often, and with what success "Best Endeavours" requests are made.

3. IMPROVING INTERAGENCY COLLABORATION

3.1 Structural arrangements

The high level structural arrangements that are in place through the State Plan and Human Services and Justice Chief Executive Officers are working well and the formal arrangements in place to monitor State Plan commitments should strengthen priority setting and accountability for delivery of shared initiatives.

Other states have chosen to deal with interagency issues by merging social and health portfolios to create large departments. Significant structural reform of this nature can be de-stabilising to service systems involved in the reform. In general the benefits of these structural changes are offset by the difficulties in establishing organisational systems and structures which can take some time to implement.

Another option that is often discussed is the separation of child protection functions from other interventions within a child and family service system, such as early intervention services and out of home care. It is important to ensure access to the range of services along a continuum to better target the assessed needs of children and families requiring support and assistance. Being able to access early intervention, child protection and out of home care services from a single point of contact into one agency is particularly important in assisting vulnerable families to navigate a complex service system and receive services that meet assessed need.

Attempts to determine common service delivery boundaries across DoCS, Health, DADHC and Housing have not been successful in the past. Currently, some DoCS regions work with multiple regions from multiple agencies.

Agencies structure their reporting arrangements in ways that take account of appropriate spans of control, natural clusters of clients. Whilst this is understandable it creates added complexity to the joint delivery of services .

3.2 Interagency frameworks

There is a proliferation of generic agreements and MOUs at the agency and subagency level.

At a practical level multiple MoUs may not be effective in streamlining access to services. It can be difficult to navigate through this complex set of arrangements in order to access the right mechanism that will result in a service for a particular client. A further risk is that these agreements establish an expectation about service levels that simply cannot be met in light of resourcing for services and, particularly in rural and remote areas, workforce and infrastructure availability.

While there is one set of interagency guidelines for child protection, in out of home care DoCS casework staff need to know about the MOUs with Education, Health, DJJ, Police and DADHC. If a case management or place management initiative operates in their area they may need to liaise with the DoCS officer who is represented on the interagency committee as well. Differing Departmental boundaries increases the problem of getting interagency agreement. As a recent example one DoCS Regional Director needed to negotiate regional protocols with three CEOs of Area Health Services, two DADHC regions and three DET Regions. It is estimated that senior regional staff (Regional Directors and Directors, Child and Family) spend up to 30 per cent of their time each week in interagency work.

Rather than having multiple MoUs with separate agencies a streamlined MoU for OOHc with all major service delivery agencies is necessary. This is particularly important given the increasing role of NGOs in the provision of services and the need to have timely access to other government agency direct services. New performance based contracts are clarifying the responsibilities of agencies that will have the care and case management of children in out of home care. Some NGOs have had difficulty in the past in accessing services for children in out of home care from government agencies. Children's priority access to services should not be dependent on whether they are managed by DoCS or a non-government provider.

There are other ways of mandating interagency collaboration in child protection and out of home care. Four examples that warrant further consideration are:

1. In South Australia the Rapid Response Initiative is an interagency response to the needs of children in out of home care and those formerly in out of home care. This program appears to be delivering effective services to vulnerable children and families within South Australia's small service system.

2. The Evolve Interagency Project Management Team in Queensland provides therapeutic and behaviour management support services for children and young people in out of home care with complex and extreme support needs. This appears to be a valuable initiative for a small group of very challenging and complex needs children in out of home care.

3. In relation to child protection matters, SCAN Teams have been in place in Queensland since 1980 and are a formal funded mechanism to coordinate the various organisations (including non-government organisations) in the interagency child protection response. SCAN Teams have been reviewed and their funding increased on two occasions but the basic mechanism for ensuring interagency collaboration remains sound. Details of these are at Appendix Two

4. Queensland has also sought to improve interagency collaboration in child protection matters through the establishment of dedicated Child Safety Director positions in the major agencies involved in child protection. The role of the Child Safety Director is to improve the responsiveness of their own department in meeting the needs of children and families that require child protection services, act as a change agent and expert advisor on child protection matters, ensure cross Department communication and to drive the implementation of whole of government initiatives. The Child Safety Directors meet regularly as the Child Safety Directors Network, chaired by the Deputy Director General, Department of Child Safety, to help ensure coordinated child safety responses across Government. The Child Safety Directors were a recommendation of the Jan 2004 Crime and Misconduct Commission, *Inquiry into Abuse of Children in Foster Care*.

3.3 Issues at the local level : child protection

There are two distinct issues at the local level that need to be addressed:

- Information provided to mandatory reporters
- Involvement of service providers at case meetings

Feedback to Mandatory Reporters; Agencies report that they don't provide a service because they are not sure whether DoCS has allocated a child protection case for further protective action. DoCS agrees that there needs to be cost effective improvements in providing information to mandatory reporters about the action taken.

However, the provision of a service to a family reported to DoCS is unlikely to have a negative impact on what DoCs decides to do next and this should not prevent agencies from providing a service once they have made a child protection report to DoCS. The possibility of support from another agency may be a crucial factor in enabling appropriate decisions about priority.

Case Meetings: There is an expectation that all reports made to DoCS will result in the allocation of the case for a field investigation and response and

that the reporter will, as part of this process, be invited to a case planning meeting. Given the volume of reports to the DoCS Helpline this expectation is unable to be met. For cases that are allocated for a field response once an initial assessment has been completed there are differing approaches to the convening of case plan meetings depending on the nature of the case. For example if a decision is made quickly that the child needs to be removed from the family a case planning meeting may not be convened in the early stages of the child protection response.

The review of the Interagency Guidelines for Child Protection Intervention 2000 highlighted the challenges for DoCS in terms of worker availability and costs⁵, to meet commitments of attending case meetings for all children and young people who were reported to the Helpline. In recognition of this, the 2006 version of the Guidelines commits DoCS to convening case meetings with interagency partners in circumstances where a full secondary assessment is undertaken and children or young people are assessed as being in need of care and protection.

In child protection case work it is important that both DoCS and agency partners attending case meetings have the authority to make case decisions and allocate services or resources in order to meet identified needs of vulnerable children and young people. In order for interagency work to be effective the right people, in terms of skills, experience, expertise and delegation, must be involved from all agencies.

3.4 Recommendations

That existing NSW Government governance structures be confirmed as the interagency forum to drive the implementation of the Special Commission's recommendations and strategic reform to improve interagency co-operation in relation to child protection related matters

Given the complexity of interagency arrangements each agency should have a designated officer to implement the recommendations of the Special Commission of Inquiry.

The existing MOUs for Out of Home Care should be streamlined into a single document identifying contributions to providing services to the "State's" children. New funding is required for network based designated senior positions to co-ordinate access to all services across the service systems for children and young people in DoCS and NGO care.

DoCS agrees that better information should be available on a self-service basis to mandatory reporters about where their report is up to. This will

⁵ The Ernst and Young Report 2006 – Costing of Practice Commitments, NSW Interagency Guidelines on Child Protection Intervention estimated that the total costs for DoCS to meet its commitment under the 2000 Guidelines, that case meetings were held with all other agencies for all reports received from the Helpline and referred to CSC/JIRT, was \$164,437,868. The cost for DoCS associated with the current commitments as outlined in the 2006 NSW Interagency Guidelines, where DoCS staff attend case meetings only after a secondary assessment/risk of harm is completed, was estimated at \$19,782,545.

require additional resources to build an automated electronic feedback system into KiDS via a web based portal .

4. INNOVATIVE REFORM

4.1 Service gaps and joint funding

A number of initiatives have been implemented to seek to improve outcomes for particularly disadvantaged groups within the community or to solve major structural issues between agencies.

Typically these commit funding and dedicated staff resources towards programs and projects that have agreed shared client outcomes. These agreements provide clear definition of purpose, objectives, budgets, service design, partnership working arrangements, governance, monitoring and reporting mechanisms and review and evaluation.

Examples of jointly funded programs in the NSW are:

- Joint Investigation and Review Teams,
- Aboriginal Maternal and Infant Health Strategy (AMIHS)
- Domestic Abuse Response Team
- Domestic Violence Intervention Court Model

The strength of this model is that it is client and outcome specific and has identified funds and resources to support it. Projects are developed to either jointly respond to achieve a reduction in demand for relevant agency services or to provide streamlined services to clients through more effective integration between the partner agencies.

Another approach to joint work is utilising a case co-ordination framework which usually involves two or more agencies in the provision of co-ordinated casework services to specific target groups, such street frequenting youth or domestic violence responses. The most successful examples of these have separate dedicated funding given that they involve very specific target groups and often sit outside of core business responses for the agencies involved.

There is some, but not always, a direct link between these case co-ordination projects and DoCS' child protection interventions. However, the assumption built into many case co-ordination projects is that there is 100% (or close to 100%) overlap between DoCS core clients and the families or individuals in the integrated case management project. This is rarely, if ever the case. DoCS supports most case co-ordination initiatives as do other government agencies. However, it should be noted that this competes with child protection case work priorities.

There has been a growing expectation that anything that involves children must involve DoCS. Some of these are only loosely connected with DoCS

core business. These are not activities for which additional resources are allocated. While interagency collaboration in most cases is a valuable exercise that improves services to clients it is not resource neutral. Individually these interagency initiatives that have some impact on children may be valuable, collectively they add up to a significant amount of time.

It is desirable that further interagency collaboration be developed and implemented to assist in addressing the needs of particular target groups where there are limited services and high vulnerability to child protection risk due to self harm, risk taking and homelessness. These are :

- Children or young people with complex needs who:
 1. exhibit challenging and/or risk-taking behaviours of such intensity, frequency, and duration that they place themselves or others at serious risk of harm: and/or
 2. have mental health presentations which impair their ability to participate in an ordinary life and reduce access to services, activities and experiences: and/or
 3. have a disability with high level challenging behaviours or complex health issues which are life threatening or require continuous monitoring and intervention.
- Young people in the criminal justice system with support needs and who are homeless;
- Young sexual offenders or those with sexually inappropriate behaviour that requires access to therapeutic services;
- A range of services to best support adolescents with challenging behaviours and family conflict . Services of this nature are designed to assist in addressing the protective needs of the children and young people without requiring a formal Order for Out of Home Care. These models are not available within the service system unless purchased at significant cost and require that the young people be brought into care.

4.2 Recommendation

Build on and expand successful joint initiatives and reforms, particularly to address the needs of children and young people as discussed above. This will require additional resources.

If required, following the evaluation of the NSW Interagency Guidelines for Child Protection Intervention 2006, designated and funded positions be established in other agencies to co-ordinate the delivery of child protection services and promote interagency collaboration.

5 PRIVACY AND EXCHANGE OF INFORMATION

5.1 Current Arrangements

Underpinning all effective interagency collaboration are proper arrangements for the flow of information that recognise privacy constraints as well as the importance of the timely supply of relevant information to inform good service responses. The following legislation provides the framework for sharing of information and information exchange in the NSW context:

- *Children and Young Person (Care and Protection) Act 1998*. Section 248 describes provisions for the exchange of information in relation to the safety, welfare and well-being of a child or young person or a class of children or young people. DoCS also has responsibilities under various other sections of the Act to provide specific personal information to children, young people and families (sections 51, 149B-K, 168 & 169). The Children's Guardian has powers equivalent to section 248 (section 185). There is also an offence set out in section 254 for the wrongful disclosure of information. It is possible that this offence is limited to only controlling the actions of staff of DoCS and the Children's Guardian rather than any other recipient of the information.
- *Privacy and Personal Information Protection Act 1998* sets out privacy standards for the NSW Public Sector and provides for the protection of all personal information and for the protection of privacy of individuals generally. It applies not just to the disclosure of information between agencies but also governs the disclosure of information within an agency – see for example: *KJ v Wentworth Area Health Services* [2004] NSW ADT 84.
- *Health Records and Information Privacy Act 2002* – covers all public and private sector organisations in NSW that provide health services or that collect, hold or use health information. HRIP Act has 15 Health Privacy Principles (HPPs) that set the general standards for handling health information and exemptions to those standards
- (Cwlth) *Privacy Act 1988*.
- *Crimes Act 1900*.

This legislation is supplemented by Directions and Codes of Practice applicable to individual situations.

Where there is a joint response, such as in a JIRT, then the legislation can apply differently to those in the NSW Police Service who are engaged in law enforcement and those in DoCS who are engaged in child protection – notwithstanding that each is working side by side.

This complexity has led to many staff in a range of agencies having a poor understanding of the impacts of privacy requirements. Within DoCS, this lack

of understanding is despite training and other information being available. Even where a poor understanding is not present there are individual and agency differences in the interpretation and implementation of exchange of information policies and procedures. Even the question of whether information is required for the safety, welfare and well-being of children or is required for some other purpose, such as the employment or disciplining of a person no longer engaged in direct unsupervised child employment can raise complex questions that are not readily answerable.

Apart from understanding the legislative requirements there are other concerns related to information sharing. Large amounts of information held by agencies such as DoCS, or even Police, is untested or unverified and so its extensive use may not only be unjustified but may mislead and make the person who disclosed the information liable in a civil action for damages. Child protection allegations may be the only available tangible evidence to establish a history of conduct. While this series of allegations may not be of sufficient weight to justify the removal of the child, and consequent court action, it may justify the provision of other services or supports for the child. If this information was to be more widely disseminated it is questioned whether the limitations on the use of the material might be maintained and, if the limits are not maintained, what damage might result to individuals accused of improper acts on the basis of unverified information.

The ability to cause irreparable harm to a person by the wrongful release of information makes DoCS staff very cautious, and risk averse, when seeking to release information. This approach is consistent with the complexity and underlying philosophy of privacy requirements.

There are other more general problems with exchange of information. Examples of these include:

- More difficulties seem to arise for prescribed bodies that have several service programs which are not connected to a centralised database. This includes agencies such as NSW Health, Department of Corrective Services and the Department of Education and Training. When DoCS requires information under section 248 these agencies need to liaise with all their programs (sometimes at different geographical locations), obtain files and information, and sort through the material for information pertinent to child protection issues.
- It has been agreed that it is very important to maintain flexibility with the information received by DoCS. For example, following consultation with NSW Health it has been agreed that that agency can provide a summary of information instead of providing individual records where there is a considerable volume of information held by NSW Health. This however, is not a standard practice across all prescribed bodies, or may not be appropriate in every case. Where information is received by DoCS which involves a large amount of documentation, it can be very time consuming to extract key

information, with the added complexity where there is specific professional terminology, for example, medical terms.

- Although impediments may exist within current working frameworks for exchange of information, a major gap in operational practice is DoCS inability to obtain information from agencies or private practitioners which are not recognised as 'prescribed bodies'. This in effect can result in DoCS not being able to access crucial information to accurately inform the level of risk to a child or young person.

To date, solutions to improve human service information sharing in NSW have focused on privacy aspects - resolving issues for high risk clients, and improvements to the management of consent. In NSW, the then Human Services CEO Forum, in an attempt to ease issues of information exchange for government agencies has led several key initiatives including:

- The development of resources and guides for staff such as the *Information Sharing for Effective Human Service Delivery – a guide for practitioners - June 2006*;
- Making of a **Code of Practice** to share information without consent where there will be an adverse impact on an individual or another person if information is not shared;
- Endorsed the Child Protection Senior Officers (CPSOG) Workplan that includes the evaluation of the NSW Interagency Guidelines for Child Protection 2006. Exchange of Information issues were prominent in the review of the Interagency Guidelines and addressing barriers to effective information exchange was subsequently part of the CPSOG work plan. This work has occurred through revised content on information exchange included the 2006 edition and bilateral negotiations between Health and DoCS. These agreed resolutions are now being incorporated in each Department's procedures.

There are legislative barriers to exchange of information that have been flagged for consideration of the review of the Children and Young Person (Care and Protection) Act 1998. These relate to issues where:

- Agencies other than DoCS wish to exchange information without DoCS being a party to the exchange;
- Agencies other than DoCS require historical data that does not impact upon current child protection concerns; and
- Police and other agencies request for information about reporters identity in order to assist them with enquiries or investigations.

5.2 Recommendations

That principles underpinning the use and disclosure of information within child protection should be clearly enunciated and both State and Commonwealth legislation amended to be consistent with those principles.

These principles should include the ability for those prescribed bodies working within child protection to use and disclose information where this is required, in good faith, for the safety, welfare and well-being of children or young people.

Where staff of these agencies do act in good faith then they should not be liable to suffer from any offence or other civil action such as for professional misconduct, disciplinary action or defamation.

Ensure all staff who have access to information on child protection matters have access to appropriate training and testing in regard to privacy compliance and information exchange and this should be part of risk management processes for each agency. This will require additional resources.

6. DISASTER RECOVERY

6.1 DoCS core business

One of the MoU arrangements currently in place relates to the provision of both initial response and longer term Disaster Recovery services. This arrangement has historically been administered by DoCS on behalf of government and needs to be reviewed in line with DoCS capacity to continue to administer a project so divergent from core business.

The current Disaster Recovery arrangements in which DoCS takes responsibility within Government for the welfare response to disasters places an additional strain on the organisation and diverts from frontline child protection. Under the State Disaster Plan (DISPLAN), DoCS is responsible for the establishment and management of Evacuation and Recovery Centres.

DoCS can rely upon the voluntary efforts of five non-government agencies which provide specific recovery services under a Memorandum of Understanding. However there are no formal arrangements with other Government agencies that will guarantee that their staff will attend.

In the past eight months, DoCS has responded to a number of large events, including the June 2007 Hunter and Central Coast Storms, the Lismore and Blacktown Hailstorms and the Northern Rivers flooding event in early January 2008. Of these events, the Hunter and Central Coast Storms required the largest DoCS response, with the involvement of over 390 DoCS staff over an eleven week period. A total of 322 DoCS staff from all DoCS regions participated in the recovery response, with the majority diverted for a

maximum duration of one week. The remaining three events involved a total of seventy regional and community service centre staff in the response.

Traditionally DoCS led the Disaster Recovery response in natural disasters such as bush fire and flood but more recently recovery work, while welfare related, is less connected with DoCS other roles in the community. For example DoCS has been called on to lead disaster recovery work in the repatriation of Australian residents during the Lebanon War, lead Lucas Heights Disaster Recovery Planning, plan for the recovery response if needed for APEC and be involved in the planning of counter terrorism responses. DoCS has had extensive involvement in fires affecting inner City residents with a responsibility recently to find accommodation for about 100 people at short notice. These are not tasks for which only DoCS is equipped.

While the dedicated full time resources that DoCs provides for Disaster Recovery are not large the impact that disaster events have on the day to day operations of DoCS services is significant. Over time more effort in DoCS has been targeted to crisis child protection work, yet it is this work that suffers when DoCS staff are pulled off line to deal with disaster events.

Discussions have commenced with central agencies in relation to integrating the Disaster Recovery role as a whole of government response. The function requires staff to be available around the State and would most efficiently be led and managed in a line agency but staffing of the recovery function should be supported by a number of government agencies (eg. DADHC, Housing, Health, Education, Fair Trading, RTA, DoCS) at the location of the disaster.

6.2 Recommendations

The management and administration of Disaster Recovery Services should be transferred from the Department of Community Services to another appropriate agency where the impact on the provision of core business is not affected.

APPENDIX 1:

EFFECTIVE INTERAGENCY PRACTICE

DoCS is actively engaged, often as lead agency, in a broad range of interagency projects and programs that provide effective, responsive and innovative services to children, young people, families and communities. This section of the submission will provide a brief overview of the range of the different types of successful interagency projects and initiatives where DoCS is the lead or significant agency.

Families NSW

Families NSW is a cross agency, state wide strategy of the NSW Government with a budget of \$40million for 2007/08, that works to provide resources and support for all children and families at particular ages and life stages through co-ordinated planning and decision making across agencies. The universal early intervention approach of Families NSW is evidence based and delivered through a joined up approach to service provision that goes beyond professional boundaries to develop the most effective service models for children and families. Families NSW aims to provide support to all parents at key stages in their child's life. In general Families NSW provides a universal approach to:

- Improving the health of mothers and babies
- Helping children to start school better equipped to learn
- Building communities that work to support families
- Reducing conditions that lead to child abuse, crime and drug abuse
- Providing children and young people with ways to develop resilience.

Service models provided through Families NSW include universal home visiting by child health nurses, volunteer family support, parenting information, screening women in the antenatal period, supported playgroups, provision of family workers, eye sight screening, etc

The overall implementation and budget of Families NSW is shared by the Department of Community Services, NSW Health and the Dept of Education and Training through regionally based Senior Officer Groups that report to the Human Services and Justice CEOs Forum. Families NSW has achieved success by giving collective responsibility for budget and planning to regional executives from the partner agencies. Each region has a dedicated budget and resources, and utilised regular planning cycles to determine regional priorities and actions. This allows agencies to move away from the traditional silos and engage in more population based planning. Families NSW is informed by data and outcomes at a state and regional level, and a robust research and evaluation agenda¹.

Brighter Futures

The Brighter Futures program is an example of effective interagency work achieving positive outcomes for children and families. The state-wide roll-out of Brighter Futures offers DoCS and the NSW Government an opportunity to implement evidence-based early intervention strategies for vulnerable children and families, in partnership with the non-government sector. DoCS is both purchaser and provider in the Brighter Futures Program. As part of this program, \$150 million over five years has been dedicated to planning and funding frontline services to provide new

¹ Communities Division Presentation to the Special Commission of Inquiry into Child Protection Services in New South Wales. 2008

targeted early intervention options with the majority of the budget, (\$130 million) , funding 14 Brighter Futures lead agencies and more than 430 partner services over a three-year period to provide a range of flexible services that cater for individual, as well as family needs in order to improve emotional, social, health and educational developmental outcomes for families. DoCS contracts lead agencies to provide case management by a Brighter Futures case worker as well as a number of support services. The lead agency may deliver the whole suite of Brighter Futures services as a single agency, or may do so in conjunction with its partners as part of a consortium. Funding is also provided to lead agencies to provide support services for Brighter Futures clients case managed by DoCS Brighter Futures caseworkers

The program design allows for the management of service delivery to families by either a DoCS or a Lead Agency Brighter Futures team. A key feature of the program is that families can access the full range of services and supports they require through one entry point; either the DoCS Early Intervention team or the Lead Agency. This central coordination promotes efficient and consistent service provision and reduces complexity for families in that it reduces the number of agencies that families must negotiate with in order to receive appropriate timely services. It is the role of EI caseworkers to engage with appropriate services and agencies to help build collaborative relationships and partnerships with the aim of providing integrated services and supports for families.

Brighter Futures also offers an unparalleled opportunity to address government early intervention priorities by working closely across departments to reach some of the most vulnerable groups in our community. For example, The Aboriginal Maternal Infant Health Strategy (AMIHS) and the Blue Book (or My First Health record) are being linked with the Brighter Futures program to assist in better targeting and delivery of services.

The Program provides a range of services in a flexible manner to cater for identified individual and family needs. These include: case management; referral to specialised services ; home visiting; parenting programs; and quality children's services

Effective interagency collaboration is a key feature of Brighter Futures service delivery. The Lead Agency is contracted by DoCS to manage the provision of Brighter Futures services to children and families in a planning area. DoCS and the Lead Agency must work together to identify the family's service needs and coordinate delivery of Brighter Futures funded services.

Aboriginal Maternal and Infant Health Strategy (AMIHS)

AMIHS is an initiative that is jointly funded by NSW Health and DoCS to provide antenatal care and support for Aboriginal women in seven NSW locations, using a community development approach to strengthen communities and link women into local support services. AMIHS aims to improve long-term outcomes for Aboriginal mothers and babies, through reducing premature birth rates, improving breast feeding, and increasing the number of women who receive antenatal care early in their pregnancy.

The Memorandum of Understanding (MOU) between the Minister for Community Services and the Minister of Health outlines conditions for joint funding for the AMIHS. The MOU includes provision for linking AMIHS with the DoCS Brighter Futures program by using AMIHS as preferred referrers. Under the partnership Aboriginal families will have streamlined voluntary access to early intervention services and support offered by DoCS Brighter Futures Program.

NSW Interagency Guidelines for Child Protection Intervention

The Child Protection Senior Officers Group (CPSOG) is led by DoCS and is comprised of senior staff from key government agencies responsible for the interagency response to ensure the safety and well being of children and young people in NSW. A major component of the CPSOG work plan is the provision of direction and oversight for the implementation, review and evaluation of NSW Interagency Guidelines for Child Protection Intervention 2006.

Significant achievements include in undertaking this work include:

- The completion of a comprehensive state-wide **review**² of the Guidelines in 2004/05 including the release of a **Discussion Paper** seeking comment on the 2004 guidelines and preliminary views on new directions.
- **Provision of the NSW Interagency Guidelines for Child Protection 2006** through various consultative processes. Significant aspects of the revised Guidelines include:
 - They are more ‘user friendly’;
 - There are changes in the conditions under which DoCS is required to provide feedback to mandatory reporters (i.e. DoCS is only required to provide feedback to mandatory reporters who request it for the purposes of delivering support to a family or child that is the subject of a report) ;
 - There is a more targeted approach to the issue of case meetings so that DoCS must convene a case meeting or teleconference with key interagency partners only when it has determined that a child is in need of care and protection following a secondary assessment. (Other agencies are able to call case meeting where there is a need)
 - They set out in practical terms the ways that human services agencies can collaborate in their work with children and families, where there are child protection concerns
- **An integrated State-wide roll out of the 2006 edition across government and non government agencies** that included: the provision of consistent ‘briefing’ material on ‘core messages’ promoted in the Guidelines to all government and non-government agencies; ensuring individual agency responsibility for internal distribution and briefings; providing an electronic version of the Guideline on the DoCS Website; resourcing and monitoring joint agency training led by DoCS Community Services Centres staff. DoCS developed the briefing information package and delivered briefings to 100 interagency partners for presentation to their staff.
- **Evaluation of the Guidelines** - An evaluation framework has been developed for the Guidelines in part reflecting a recommendation of the NSW Ombudsman’s 2004 Report on Reviewable Deaths to focus on agency take-up and overall effectiveness of the Guidelines. The evaluation strategy is inclusive of all government and non government agencies partners. Specifically the evaluation will examine whether the exchange of information is operating more smoothly, including for children who are at high risk whose families move location; and, how often , and with what success “Best Endeavours” requests are made.

² A key goal of the review was to achieve at a more realistic and deliverable approach to interagency practice than the existing guidelines proposed (noting that it was not possible for agencies to comply with the existing guidelines at prevailing resourcing levels), including cost estimates across certain compliance aspects which highlighted significant expenditure commitments to meet the existing benchmarks

Care Circles

Aboriginal families are over represented in care proceedings in NSW. Care proceedings can be daunting and distressing for all participants, especially Aboriginal families whose language and cultural characteristics may differ from the dominant culture of the Court. Aboriginal families are also likely to have traumatic historical associations of the removal of Aboriginal children from their families. Libesman and Cunneen stress the need for models that emphasise “indigenous collaboration, community development, community participation and community control” to improve outcomes for Aboriginal people³. Care Circles is an alternative court process for Aboriginal children at risk. It is a joint proposal by the NSW Attorney General Department and DoCS.

A trial is currently being implemented within DoCS existing resources on alternative court process for care matters involving Aboriginal children and young people in NSW Children’s Court. Care Circles aim to:

- Prevent harm to Aboriginal children and young persons
- Empower Aboriginal families and communities by reducing barriers that currently exist between courts and Aboriginal people
- Enhance the viability and effectiveness of undertakings to be agreed to by a parent in placement proceedings
- Improve support provided to parents or guardians awarded parental responsibility
- Increase confidence in the care process
- Improve reporting of situations in which children or young people may be at risk
- Ensure that all parties adhere and address the Aboriginal and Torres Strait Islander principles in the Children and Young Persons (Care and Protection) Act 1998
- Strengthen relationships and partnerships between the Attorney General’s Department, DoCS, Children’s Court, families and communities

Toomelah Boggabilla Strategy

The NSW Government through the State Plan has committed to a whole of government approach to working with Aboriginal communities. DoCS (Northern Region) is a partner in a whole of government strategy that is aimed at improving outcomes for children and families in the isolated Aboriginal communities of Toomelah and Boggabilla where there is an array of socio-economic problems including poverty, very high unemployment, poor housing, very limited infrastructure, and high incidence of child sexual abuse, domestic violence, alcoholism, and diabetes. The Toomelah Boggabilla Strategy involves all participants, including community members and elders, working together to develop an effective, long-lasting partnership between the Aboriginal communities of Toomelah and Boggabilla and government agencies in NSW and Queensland to build community capacity and improve the health and wellbeing of these communities. Governments, NGOs, community and Aboriginal people have worked together to identify and prioritise and develop action plans to provide a community approach to improve the safety and wellbeing of the community. As a result of the strategy, partnerships between the agencies are far stronger, with regular collaboration on a wide range of issues and higher level of trust. The community remains engaged with the agencies and is working closely with DoCS on the various initiatives. Roger Knox, advocate for the

³ Libesman & Cunneen (2002) ‘

Toomelah Boggabilla Aboriginal communities at a recent government agency and communities meeting stated “it feels like government are now listening to us”. Other feedback confirms this view by the community that they now have a more open relationship with government and are able to discuss their issues and concerns.

The model has also been recognised within government for the strength of the whole of government approach. The Toomelah/Boggabilla Strategy has been used as a model for locational responses under the Government Response to the Aboriginal Child Sexual Assault Taskforce Report.

Breakfast Briefings

The Inner West Area Child Protection Committee (ACPC) has conducted a series of Interagency Child Protection Breakfast Briefings since 2004 and more recently a similar program was implemented in Northern Sydney. The purpose of the Breakfast Briefings is to offer an accessible and innovative opportunity to workers for interagency networking and training. The Briefings are held quarterly and follow a theme of strengths-based child protection practice including such topics as; resilience in children and young people, child neglect, and domestic violence. The Briefings are well attended by staff from 68 non government and government agencies and evaluations demonstrate enthusiasm for both the content and the format.

While a significant amount of work is involved in the initial planning and organisation for Breakfast Briefings, this diminishes over time and is shared by the organising group that largely consists of DoCS and NSW Health, with some support from NGO partners. The current program is funded within existing resources jointly by DoCS and SWS Area Health Service

Murdi Paaki Engagement Project - a partnership approach to enhancing the protection of children and young people in rural and remote NSW

The funding and delivery of DoCS’ services across the continuum of early intervention, prevention, child protection and OOHC in remote NSW does not always meet community expectations and community members are often unaware of the services DoCS provides.

The Murdi Paaki Engagement Strategy was created with the specific aims to highlight issues of the safety and protection of children in local communities and provide each community with information about the services and responses that they could expect from DoCS and its funded service. The purpose of the strategy is to engage in partnership with the Aboriginal peoples of Far West NSW to:

- Secure a commitment to shared community responsibility for the safety and well being of children and young people
- Enhance the value and respect for the presence of children and young people in rural and remote communities.
- Demonstrate Aboriginal self determination and community capacity building
- Build a more accountable and culturally appropriate child and family service system responsive to the contemporary needs of Aboriginal families, children and young people

Phase 1 of the project is the development of Service Level Agreement in the pilot communities of Gulargambone and Wilcannia that allows the community to measure the performance of DoCS and the benefits obtained from the resources.

The Regional Assembly and the region have embraced the view that the future of Aboriginal communities will be secured by addressing the needs of the present communities of Aboriginal children. In planning and priority setting for services, DoCS and the CWP's will respond to the demographic trends of significant and increasing numbers of children and young people in Aboriginal communities across the Far West. This can be seen for example in planning for improved access to early childhood services and other key initiatives.

Joint Investigation and Review Teams

Joint investigations link the risk assessment and protective interventions of DoCS with the criminal investigation conducted by Police, as well as ensuring the forensic and therapeutic needs of the child and family are met by Health. The JIRT program aims to:

- provide a timely and comprehensive investigative process, which minimises delay and promotes information exchange between relevant agencies
- conduct investigative interviews in an environment that is focussed on the child or young person and promotes their participation
- enhance the standard of briefs of evidence presented to Court jurisdictions and proceed with charging offenders where appropriate
- ensure timely access to care and support services throughout the joint investigation process
- ensure immediate referral to crisis counselling
- minimise the number of investigative interviews conducted
- use protective intervention to ensure the safety of children and young people
- assess the individual needs of children, young people and families
- support the non-offending parent or carer.

The partnership is formally outlined in a Memorandum of Understanding agreed to by each agency in August 2006. The program is administered jointly by the Directors General of DoCS and Health, and the Commissioner of Police. Whilst the Chief Executive Officers Group takes responsibility for the overall administration of the JIRT program, a Statewide Management Group (SMG) made up of senior representatives from each JIRT agency meets monthly to facilitate governance of the program.

Local Management Groups meet every two months in each JIRT area to ensure collaborative service delivery responses are being provided to children and families in the JIRT program.

Youth Drug and Alcohol Court (YDAC)

The Youth Drug Court is a cross-agency program established to address the needs of young offenders with drug and alcohol problems. It aims to divert young offenders from further drug use and re-offending by providing specialist assistance with their health, social education, offending and accommodation problems. The program combines four human service agencies and the criminal justice system, ensuring a holistic approach to addressing young people's problems and needs. The NSW Attorney General's Department is the lead agency. Partners include Community Services; NSW Health; Justice Health; Education and Training; Juvenile Justice; NSW Police; and the Legal Aid Commission.

The YDAC ensures a holistic approach to addressing the problems associated with a difficult target groups. It is funded through a combination of State and Federal funding. The Department of Community Services provides an officer for the joint agency team located at the program (Joint Assessment and Review Team (JART)). The Department also negotiates and administers its share of YDAC funds by purchasing case management services from NGOs .

The YDAC Program was recently reviewed by an independent reviewer (2007)⁴ that concluded that :

“The development of the YDAC over the past seven years has benefited enormously from the collaborative approach involving experts from a range of disciplines and Departments. The YDAC model is unique in Australia, and is regarded as being an important program in addressing the needs of one of the most challenging and difficult target groups in NSW. The current organisational arrangements largely reflect the history of the YDAC, and its development as a multi-departmental pilot program, commencing in 2000. This approach has been an important contributor to the success of the program in bringing together, in a collaborative fashion, the knowledge, perspectives and experiences of a variety of disciplines relevant to the assessment, treatment, monitoring, supervision and care of the target population from both a judicial and health perspective.”

Sydney Children's Hospital OOHC Screening Unit

DoCS Metro Central Region and the Sydney Children's Hospital established a joint initiative for a pilot health screening clinic in 2005 for children and young people in OOHC. This clinic has been established to offer health assessments to children currently in, or entering the statutory Out of Home Care system. The clinic is health funded and auspiced by the Child Protection Unit Sydney Children's Hospital. The aims of Clinic include:

- To provide a comprehensive health assessment for children living in Out of Home Care;
- To identify the unmet health needs of children in care; and
- To make recommendations for further diagnostic work, treatment or specialist assessment.

The clinic is staffed by a paediatrician (Consultant/Fellow/Registrar) and a CPU Social Worker or Psychologist. The Clinic has had a strong driver/advocate in the paediatrician who runs the clinic. Early identification of Health issues for children and young people in OOHC allows for prompt follow up and treatment. Health matters identified through screening include developmental delay/slow development, language, growth problems, dental, vision and hearing. Overall, children have also generally had poor immunisation rates, compared to the general population.

Health and DoCS management meet on a quarterly basis to monitor the clinic's progress and address any difficulties about referral or health information. The two agencies have worked closely to ensure that appropriate referrals are made to the Clinic with recommendations followed up for ongoing health matters. Making sure that accurate and relevant health information is provided prior to screening taking place is recognised as being very important for success of the program.

⁴ Jim Hales, Karen Heseltine, Hayley Wood, Service Review of the NSW Youth Drug and Alcohol Court (YDAC) Program 2007

Alternate Care Clinic

The Alternate Care Clinic is for children and young people in Out-of-Home Care (OOHC) who have high and complex needs. Referral is from the DoCS Metro Intensive Support Services and the Metro West High Needs Kids teams. The clinic offers psychiatric assessment and ongoing treatment. Assessment and interventions include medication review, psycho-educational programs, and specific treatment interventions and training strategies with carers.

Sydney West Area Health has operated from Redbank House for the last six years. In July 2006 the clinic was enhanced and became a joint project between Sydney West Area Health, Mental Health Kids (then CAMHSNET) and DoCS. The ACC is staffed by a Senior Psychiatrist, Psychologist and Social Worker from Health and a Psychologist and Caseworker from DoCS. The Joint Western Sydney DoCS & MH Kids Steering Committee for Young People in Out of Home Care meets monthly to oversee the implementation and progress of the clinic.

Access for children and young people in Out-of-Home Care to mental health services has often been patchy. This is due to a range of factors that include compliance of the client with medication, follow up by caseworkers, agencies and carers, unclear or misunderstood diagnoses and the child accessing a range of medical professionals as they move from placement to placement. The joint partnership between DoCS and Health is proving beneficial in making mental health services available for high needs children and young people. Key benefits are working with the carers as part of the therapeutic program, ensuring mental health needs are integrated into case planning and providing consistent mental health services to young people over time.

A major challenge is that the treatment and management of mental health needs is a long term commitment. The establishment of the clinic allows a more consistent approach over time as young people change their placements. Another challenge is around the therapeutic role of the carer. This can be difficult to maintain where there is rotating and or casual staff employed in residential services.

Appendix 2

Formal Mechanisms used in other Australian Jurisdictions to Mandate Interagency Collaboration in Child Protection and Out of Home Care.

2.1 The Rapid Response Initiative - South Australia Government

The Rapid Response Initiative, introduced by the South Australia (SA) Government in November 2005, is an example of a coordinated and timely approach by government agencies to the needs of children and young people in out-of-home care, and those formerly in out-of-home care, that could be examined for introduction in NSW.

Rapid Response: Whole of Government Services is part of the SA Government's *Keeping Them Safe* commitment to the reform of the SA child protection system. Rapid Response addresses physical, psychological and emotional health, developmental progress, disability, education, housing and transition to independent living services for young people in care. Features of this SA Government initiative include:

- Priority access to dental services
- Individual Education Plans for children and young people under guardianship of the Minister
- Entitlement to up to 4 days of pre-school per week from the age of 3 years
- No commission or management fees on funds managed by the SA Justice Department on behalf of children and young people in out-of-home care
- No tuition or materials fees at TAFE-equivalent institutions for students who have been in out-of-home care, and
- Rapid access to housing for young people leaving statutory care.

The provision of a more integrated approach towards Government services for children and young people in care recognises the role State Government agencies play in supporting young people who have grown up in State care. Research shows that these young people are at risk of higher levels of poor educational outcomes, unemployment, homelessness and mental and physical health issues. Priority access to services can help promote the transition of young people who are leaving care into productive and supportive environments.

Rapid Response presents a Strategic Framework across five areas: case management; assessment; service response; information sharing and privacy and regional guardianship service networks. Actions, identified under each area with the responsible lead agency, generally relate to implementing systems or increasing the capacity of systems across relevant agencies to monitor and respond to the specific needs of children and young people in care and leaving care.

The NSW Government is not aware of any evaluation yet undertaken by the South Australian Government to determine the outcomes of the *Rapid Response* initiative for children and young people in out-of-home care in South Australia.

The AIHW reports that NSW has the highest rate of children and young people in out of home care than any other Australian jurisdiction (7.3 per 1000 in NSW compared to 4.8 per 1000 in South Australia as at 30 June 2007 (AIHW)). On this basis, any NSW whole

of government scheme established which might have similar parameters to the SA Rapid Response initiative would have significant financial implications for the NSW Government where additional or expanded service capacity was proposed. Many initiatives however relate to improved co-ordination and information sharing and could be implemented with fewer cost imposts.

The key distinguishing feature in the SA Rapid Response is that it is a whole-of-government initiative endorsed and facilitated by Cabinet.

2.2 EVOLVE Interagency Project Management Team - Queensland Government

Evolve Interagency Services, funded by the Department of Child Safety, Queensland, provide therapeutic and behaviour support services for children and young people in out-of-home care with complex and extreme support needs. The teams which enable a collaborative service response include professionals with particular expertise from Health, Child Safety, Disability Services and Education, Training and the Arts.

The Department of Child Safety funds Queensland Health (\$11 m per annum) and the Department of Disability Services (\$3 m per annum) to purchase dedicated services for child protection and out of home care needs. Within Health, nine teams of psychiatrists and allied Health Service professionals (approximately 6 positions in each team) are located across the State. They work full time on the referrals from the Department of Child Safety. Similarly, the Department of Disability Services is funded to provide six teams across the State, each team comprising professionals including psychologists, occupational therapists, speech and language pathologists and child safety.

The goals of the model include engagement of children and young people, their carers and families; a collaborative network of stakeholders providing consistent, stable support for the child or young person and their carers; placement stability; increased participation in school and satisfaction with the service and with their life.

Behaviour Support Teams enable integrated service provision which includes an initial assessment and report on the young person's needs, the formation of a client team, a functional assessment and report, the preparation of a behaviour support plan for implementation, monitoring and review. Team members enable advocacy, support and referral for the client to access appropriate services.

Operation of the service to date has demonstrated improved client outcomes through a range of factors including: shared decision making and accountability across stakeholders, improvement in understanding of the roles and responsibilities and capacity across stakeholders; improved consistency in risk management across services; improved shared transition planning for teenagers leaving care; and increased skills and confidence of accommodation providers.

2.3 State-wide Child Abuse and Neglect System (SCAN) - Queensland Government

State-wide Child Abuse and Neglect Teams (SCAN) were implemented in Queensland 1980 to provide a formal mechanism to co-ordinate the activities of the various government departments¹ in relation to child abuse and neglect. The SCAN system includes 21 Assessment and Management Teams staffed by professionals from Police, Health and Child Safety Agency. Staff from other agencies (mental health juvenile justice, education etc) can be co-opted on to SCAN Teams if required. The SCAN Team provides a forum for formal consultation on child protection matters where there is a need for a multi-disciplinary approach. While the establishment of the SCAN system is mandated in legislation (Child Protection Act, 1999, Part 3) SCAN Teams do not have distinct decision making authority. The individual agencies retain responsibility for actions in accordance with their legislative authority.

SCAN teams meet regularly, not just in times of crisis or where conflict between agencies arise. There are clear accountability mechanisms for each agency in complying to assigned tasks in relation to specific case plans for children and families, and the threshold for referral to the SCAN team is not just for high need and complex cases.

SCAN teams differ from other inter disciplinary teams found in national and international literature in that they:

- Focus on holistic management, not just investigation.
- Have systems for formal information sharing
- Are time efficient as parental access is with a worker outside the meeting (unlike a case conference)
- Each agency retains statutory powers and obligations
- Each member is informed of all views
- The threshold for case to be referred to SCAN is lower than other multi-disciplinary teams
- Maximises effectiveness of limited child protection resources²

As a result of a review in 2001 a two tiered 'SCAN Framework' involving a primary level of multi agency information sharing and case management known as the Child Protection and Management Team involving senior staff from participating agencies, and a local Child Protection Community Implementation team that consist of local government and non government agencies representatives who participate in implementing the recommendations of the Child Protection and Management Team was implemented . The Queensland Government allocated additional funds to government agencies to improve SCAN management and co-ordination systems by using senior experienced practitioners and by including Aboriginal and Torres Strait Islander representation. Increased funds for all participating agencies were provided to increase staffing, implement administrative and co-ordination support, and to ensure appropriate staff were involved in SCAN.

¹ Participating Depts include: Departments of Police, Health, Family & Community Services, Education and Justice.

² Cameron, Roylance and Reilly, 1999

In 2006/07 the Department of Child Safety (Qld) provided an additional \$0.46 million for the upgrade of Suspected Child Abuse and Neglect (SCAN) coordinator positions to provide the level of expertise required and ensure the department is appropriately represented in complex case discussions plans. Another review of the SCAN model is planned for 2008 to examine issues of interagency collaboration including practice consistency, workload and agency commitment to SCAN. Particular areas of focus for review would include: agency adherence to agreed referral criteria; commitment from all agencies to ensure representation from appropriately qualified experienced staff; effective gatekeeping mechanisms to ensure SCAN is not used as a forum when interagency partners are dissatisfied with Department of Child Safety's tertiary response; and ensuring that SCAN teams focused on children at risk, rather than children in need.