



A NSW Government Initiative

Keep Them Safe

A shared approach
to child wellbeing







When Justice Wood handed down his Report from the Special Commission of Inquiry into Child Protection Services in NSW at the end of November 2008, I wholeheartedly welcomed it and committed my Government to providing a comprehensive response.

'Keep them Safe: A shared approach to child wellbeing' is our plan to reform child protection in NSW. It represents a genuine and thorough effort by the Government to engage, consult and partner with stakeholders across the government and non-government sectors, to establish the framework for a new way of caring for children and families.

A central theme arising from the submissions to the Special Commission of Inquiry, and also through the consultation process for *'Keep them Safe'*, was that care and protection for children and young people is a shared responsibility. It begins with parents and every effort should be made to support parents so that they can raise their own children. The family is the bedrock of our society and culture, and it must be nourished.

'Keep them Safe' sets out a new way of government and non-government organisations working together to support and protect vulnerable children. Stronger relationships must be built and sustained to help service organisations trust each other, and the community to trust them. It is my hope that this will encourage families who are struggling, to find help before they reach breaking point.

I especially acknowledge the need to better care for Aboriginal children, young people and families. It is a deep concern to me that Aboriginal children and young people are seriously over-represented in the child protection and juvenile justice systems. We look forward to working closely with Aboriginal and non-Aboriginal organisations to empower Aboriginal communities to have more say in how they receive services, and to help Aboriginal children and young people live healthy lives that are full of opportunity and promise.

I thank the Minister for Community Services, the Hon. Linda Burney, for her commitment and energy through the development of *'Keep them Safe'*. Her thoughtfulness and compassion are markers of genuine leadership.

I also thank the many representatives from government and non-government organisations who have worked to negotiate *'Keep them Safe'* as a new framework, and who will continue to serve our communities during its implementation.

Mostly though, *'Keep them Safe'* is for the children of NSW. They deserve the best, and we will do everything we can to give it to them.

The Hon. Nathan Rees
Premier

March 2009



Caring for children is a shared responsibility. It is first and foremost the obligation of parents, families and communities. When Government does need to step in, it is not just the Department of Community Services but all of Government that needs to respond.

The goal of the NSW Government is that *all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential.*

'Keep them Safe: A shared approach to child wellbeing' is our five year plan to better deliver on this goal. It is a new direction intended to dramatically change the way children and families are supported and protected.

'Keep them Safe' changes the threshold for matters that must be reported so the Department of Community Services can focus its resources on those children and families in greatest need.

It will allow families who need help and services to get the right support sooner. Mandatory reporters in government agencies will be given assistance to identify at risk children and to respond at the local

level, resulting in more families receiving prevention and early intervention support before problems escalate.

The non-government sector is essential to supporting families and children, and the Plan includes new measures to develop stronger partnerships with the sector, including an enhanced role for the non-government sector in providing child and family services.

In particular, the Government will work to address the unacceptable over-representation of Aboriginal children in the child protection system. Part of this will involve the Government working with Aboriginal organisations to build their capacity to play an enhanced role in the provision of out-of-home care and other services.

Implementing these reforms will involve a major change in culture and a new mindset. *'Keep them Safe'* encourages parents, communities, non-government organisations and government agencies to work together to support children and families at a local level. This is a long term effort, and the Action Plan takes a staged approach to implementing the reforms.

I want to thank the individuals and organisations who have worked very hard to respond both to the Special Commission of Inquiry and to the preparation of the response of the Rees Government.

No one is more deserving of improved life chances and access to the right services than our children and the Government aims to give this to them through *'Keep them Safe'*.

The Hon. Linda Burney
Minister for Community Services

March 2009

Keep Them Safe A shared approach to child wellbeing 2009-2014

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Introduction

Every child is part of our community and all children should be cherished and valued. Their care and protection goes to the heart of our society's wellbeing. Parents and families are their best carers and protectors. The community and government support them in this role and there is no more pressing priority. This is why the NSW Government commissioned a Special Commission of Inquiry into Child Protection Services in NSW.

In 2008 the Department of Community Services received more than 300,000 reports about the safety of children and young people, four times the number received in 2000. One in six children in NSW is reported to the Department and Aboriginal children are more than three times likely to be reported than non-Aboriginal children.

In the Report of the Special Commission of Inquiry into Child Protection Services in NSW, retired Supreme Court Judge, the Hon James Wood AO QC, noted that this trend is not unique to NSW and that authorities around Australia and the world are struggling to keep pace with the increase in child protection notifications.

Behind the statistics lie the stories of individual children and families, including two tragic deaths in late 2007 of a little boy aged two, and a young girl aged seven.

Following these deaths, the NSW Government asked the Hon James Wood AO QC, to conduct a Special Commission of Inquiry to investigate changes needed for the child protection system to provide more effective services to protect children and to meet future levels of demand.

Justice Wood conducted a thorough and broad-ranging inquiry into all aspects of child protection in NSW. He held 24 public forums, including 15 in country areas, and received 600 submissions.

The Report of the Special Commission of Inquiry into Child Protection Services in NSW identified that the key to reducing risks for children is to get services to more children and families and to get them there sooner.

This will require changes to legislation, services and culture, with sufficient time allowed for new ways of working to be established. Leadership at all levels will be critical to success, as will listening to and incorporating the views of children and young people.

The NSW Government welcomes the Inquiry's report. In response, we have developed this Action Plan aimed at radically changing the way that government and the community deal with child safety and wellbeing to build a stronger, more effective child protection system. At the heart of this system is the safety and wellbeing of children.

The Government recognises the effort, skill, compassion and determination of the thousands of professional staff, foster carers, family members and volunteers who work tirelessly in support of vulnerable children.

Our goal is to support their work by embarking on a new stage of reform that will build on the foundations created through the Government's 2002 package that significantly enhanced services for vulnerable children.

First, we will make child protection everyone's business. We recognise that the primary responsibility for rearing and supporting children rests with parents, families and communities. Where normal circumstances do not prevail, government needs to be able to step in. The Inquiry found that child protection must be a collective responsibility. The Government supports the recommendations that agencies such as Health, Housing, Juvenile Justice, Disability Services, Education and Police expand their role in supporting children.

Our goal is to see fewer children and young people reported to the Department of Community Services and more families supported on a local level by other government agencies and non-government services. These agencies will coordinate their efforts and share information more effectively. Staff will be trained and encouraged to consider how best to support children and families, while continuing to report the most serious cases to the Department of Community Services. A revitalised partnership among all agencies with responsibility for children will be essential to achieving reform.

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Second, we will gradually expand and improve services. It is clear that outcomes for children are better, and government services are more effective, if families are supported earlier and problems are addressed before they escalate.

To this end, the Government will increase investment in prevention and early intervention. This will build on previous gains, such as the *Brighter Futures* early intervention program, which was launched as part of the reforms in 2002 and will help over 6,000 children this year. In its final report, the Inquiry recognised that the 2002 reforms “made enormous gains in the face of an increasingly complex client base and spiralling reports”.

Justice Wood put forward 8 principles to guide child protection in NSW. The Government fully supports these principles.

1. Child protection is the collective responsibility of the whole of government and the community.
2. Primary responsibility for rearing and supporting children should rest with families and communities, with government providing support where it is needed, either directly or through the funded non-government sector.
3. The child protection system should be child focused, with the safety, welfare and well-being of the child or young person being of paramount concern, while recognising that supporting parents is usually in the best interests of the child or young person.
4. Positive outcomes for children and families are achieved through development of a relationship with the family that recognises their strengths and their needs.
5. Child safety, attachment, wellbeing and permanency should guide child protection practice.
6. Support services should be available to ensure that all Aboriginal and Torres Strait

Islander children and young persons are safe and connected to family, community and culture.

7. Aboriginal and Torres Strait Islander people should participate in decision making concerning the care and protection of their children and young persons with as much self-determination as is possible, and steps should be taken to empower local communities to that end.
8. Assessments and interventions should be evidence based, monitored and evaluated.

A key objective of the new approach is to create an integrated system that supports vulnerable children, young people and their families. This will be achieved by introducing new reporting and referral arrangements that will provide an alternative way for children and families to access support services.

In cases where statutory intervention is needed to protect children this Action Plan aims to improve the response of Government and the courts.

Goal of the Plan

The goal of the Government’s Action Plan, *Keep them Safe: A shared approach to child wellbeing* is

All children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential.

To achieve this goal, we will pursue the following outcomes for children and young people

- Children have a safe and healthy start to life
- Children develop well and are ready for school
- Children and young people meet developmental and educational milestones at school
- Children and young people live in families where their physical, emotional and social needs are met
- Children and young people are safe from harm and injury
- Children, young people and their families have access to appropriate and responsive services if needed.

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This Action Plan will support children earlier by improving services, helping to strengthen families, and building a child protection system on a foundation of strong, universal, early intervention and community-based services.

The Action Plan

There are seven elements to the Action Plan:

1. **The universal service system**

The NSW Government is committed to providing essential services to all, including health care programs for mothers and children, early childhood education and other support for parents. These services help prevent problems from arising in the first place, and when problems do arise, universal services can identify and help families manage these problems at the earliest possible opportunity by linking them to the most appropriate support and service.

2. **Strengthening early intervention and community-based services**

Supporting children and their families within the community and working to prevent the need for children to enter the child protection system is essential, and early intervention and community-based services will be expanded to support more families and children.

3. **Better protection for children at risk**

The Government will improve the statutory child protection system so that statutory intervention is focused only on those children who require intervention in their lives to protect them from harm. Where children cannot live with their families, the main priority is to ensure the child receives the best possible care and support within out-of-home care.

The Government will also improve court processes so they are fairer and more user-friendly for children and their families.

4. **Changing practice and systems**

Effective referral systems are needed to connect children and families with the right services (universal, early intervention and statutory child protection services).

These services need to be properly coordinated by government and non-government agencies, and agencies need to be able to share information so that children and families do not fall through the cracks.

A centrepiece of the reforms is a new model for the intake and referral of child protection concerns. This involves the establishment of Child Wellbeing Units within six key government agencies, NSW Health (Area Health Services, the Children's Hospital at Westmead), NSW Police Force, and the Departments of Education and Training, Housing, Ageing Disability and Home Care and Juvenile Justice.

5. **Supporting Aboriginal children and families**

The Government will work with Aboriginal children, their families and communities to reduce the number of children coming into contact with the child protection system and improve support for those children in the system.

In developing this Action Plan, we have considered not only the specific recommendations in the Inquiry's Report relating to Aboriginal children, but also the benefits for Aboriginal children and their families of all the Report's recommendations, and what further action might be necessary to reduce the over-representation of Aboriginal children and young people in the child protection, out-of-home care and juvenile justice systems. We will also develop an Aboriginal Impact Statement to assess the impact of all the actions in the Action Plan on Aboriginal families and communities.

6. **Strengthening partnership across the community services sector**

The Government is committed to developing stronger partnerships with non-government organisations (NGOs) and leading workforce and cultural change throughout the community services sector. We support an enhanced role for the non-government sector and share the Special Commission of Inquiry's view that building capacity will be critical. While some NGOs already have the capacity to deliver more services, others will need time and assistance to assume a greater role.

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Cultural change is needed to encourage better information-sharing and trust between Government and NGOs. Cultural change and workforce development will also support enhanced services for particularly vulnerable groups such as children and young people with a disability, as well as giving Aboriginal organisations a stronger voice in determining how services are delivered to local communities.

We recognise that the culture in Government agencies needs to change. To bring this about, the Government will investigate and apply models for workforce management and collaborative service delivery with the goal of making NSW an international benchmark in family and community services.

7. *Delivering the Plan and measuring our success*

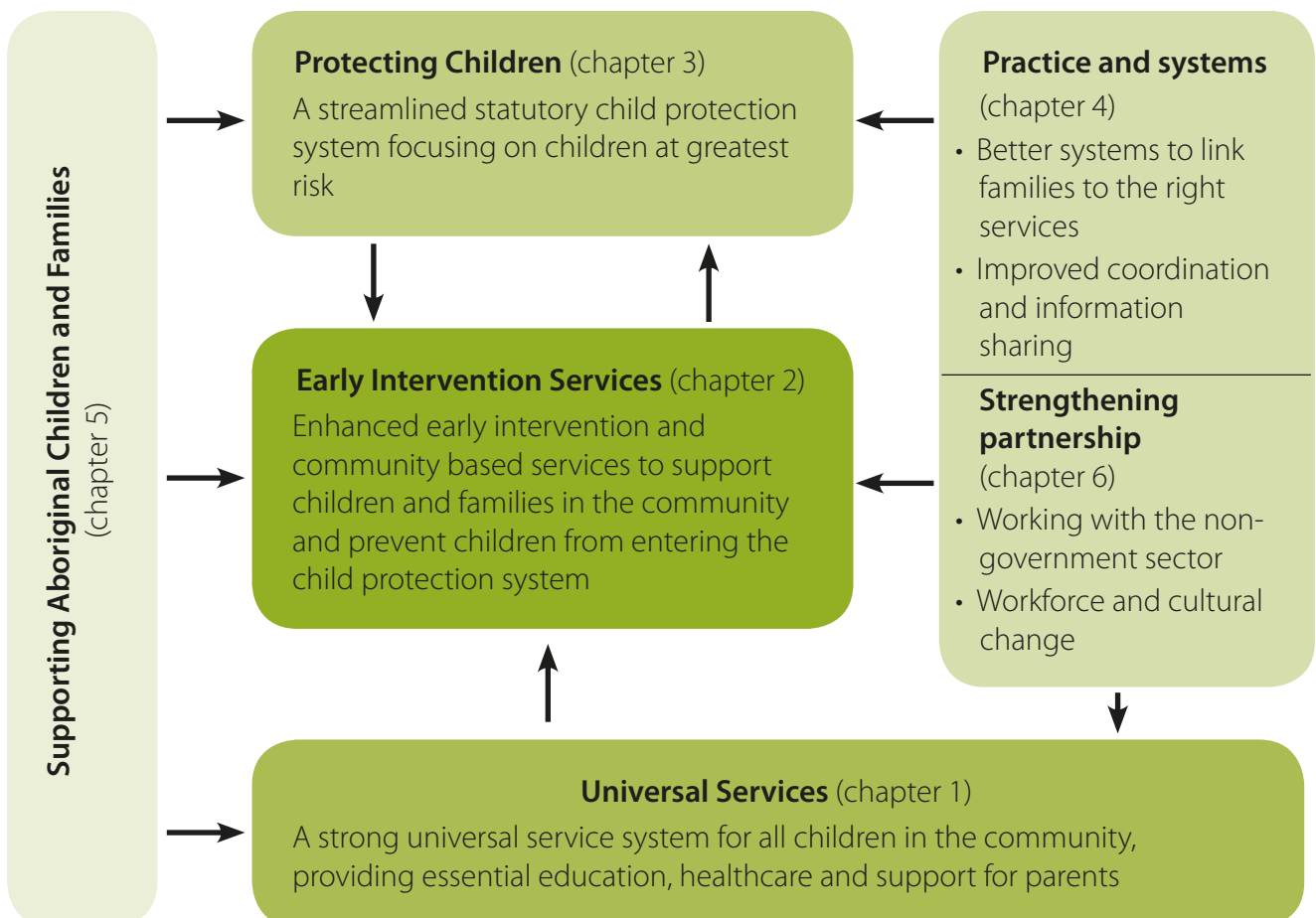
The Government will closely monitor this Plan's implementation to ensure actions are delivered, and the desired outcomes for children and their families are achieved.

We will develop a range of indicators to measure our success in implementing these reforms and improving outcomes for children and families. We will provide annual public reports to demonstrate progress against these actions.

We will ensure that the design and delivery of these services are informed by contemporary research and evidence based practice and that they are delivered in a targeted and effective manner to make sure they achieve outcomes for children.

NSW Child Protection System

The diagram below sets out the elements of the child protection system and the key areas for reform:



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A Guide to terms in the Action Plan and schedule

Acronyms

AGD	Attorney General's Department
CCYP	Commission for Children and Young People
COAG	Council of Australian Governments
DAA	Department of Aboriginal Affairs
DADHC	Department of Ageing, Disability & Home Care
DET	Department of Education & Training
DJJ	Department of Juvenile Justice
DoCS	Department of Community Services
DPC	Department of Premier & Cabinet
GP NSW	General Practice NSW
JHSCEOs	Justice and Human Services CEOs
IFBS	Intensive Family Based Services
JHSCC	Justice and Human Services Cabinet Committee
NGOs	Non-Government Organisations
OOHC	Out-of-home care
RIRs	Regional Intake and Referral Services
RCMG	Regional Coordination Management Group
SOG	Interagency Senior Officers Group led by Department of Premier and Cabinet

Timeframes

Immediate	Substantially commenced within 6 months
Short term	Substantially commenced within 12-18 months
Long term	Substantially commenced within 2-3 years

The Universal Service System

Essential, basic services and support should be available and accessible to all children and families in NSW. These services include primary health care, school and early childhood education, and other supports for parents and children.

Universal services are the cornerstone of the service system. They work with families and children from an early age and can prevent problems arising in the first place. When problems do arise, universal services can identify and help families manage these problems at the earliest possible opportunity, and refer families to additional support or more specialised services where needed.

Universal services are more accessible to disadvantaged children and families. Because these services are available to all, there is no stigma attached to attending a preschool or receiving a visit from a child and family health nurse. We recognise the importance of ensuring these services are appropriately delivered to diverse populations, and are available and accessible to Aboriginal families, families from culturally and linguistically diverse communities and geographically isolated families.

NSW has a strong universal system in place, and the aim of this Action Plan is to set out the Government's commitments to strengthen these services. In particular, by 2011 a number of programs will be universally available.

- Universal home visiting will be available to every parent with a newborn baby
- A quality preschool education program will be available to every four year old
- Mental health screening will be available to all mothers in NSW (SAFE START)
- Parenting education (Triple P) will be available to all parents with children aged 3-8
- Aboriginal Maternal and Infant Health services will be available statewide.

This will provide a strong foundation of universal support for all families and children that will, over the long term, help to prevent abuse and neglect and reduce pressure on more targeted services.

Existing universal services to be expanded in coming years and government initiatives to improve universal services, are set out in this chapter.

Families NSW

Families NSW is the NSW Government's overarching strategy to enhance the health and wellbeing of children up to eight years and their families. Families NSW is the joint responsibility of five Government agencies (led by the Department of Community Services in partnership with the Departments of Health, Education and Training, Housing, and Ageing, Disability and Home Care).

Families NSW initiatives include universal health home visiting, SAFE START, the Positive Parenting Program ('Triple P'), schools as community centres, and supported playgroups. A number of these initiatives are discussed in this chapter.

Universal Health Services

Health services are critical to the wellbeing of children and families. In NSW, there is a strong emphasis on comprehensive health care in the early years, with all women, children and families having access to care from pregnancy through the early years until school age. General practitioners, maternity, child and family health services, and other community health services are all essential components of this approach.

Women in NSW have access to antenatal care across NSW. These services as well as those in the private sector are critical for the long term health and wellbeing of mothers and babies.

In addition, early childhood health services are provided statewide, including through Early Childhood Health Centres. Access to screening and development checks is available through these centres.

Universal health home visiting

Under Families NSW, new parents are offered a home visit from a NSW Health child and family health nurse after the birth of their baby. The visit enables the nurse to assess the baby's health and development, and identify the level of support the family needs.

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The nurse can also provide advice on parenting and talk to parents about any issues they are having, and refer parents who need additional support to appropriate services.

This service was first introduced on a small scale in selected areas in 1998/99, and is now available in all Area Health Services in NSW. From the introduction of universal health home visiting in NSW to the end of December 2007, child and family nurses had conducted more than 330,000 visits.

This year it is expected that approximately 70,000 parents will receive a home visit after their child's birth, which is approximately 70 per cent of families with newborn children. Coverage will be increased over the next two years so that, by the end of 2010, all parents of newborn children (over 100,000) will be offered a home visit.

NSW Child Personal Health Record - Blue Book

The child Personal Health Record (Blue Book) is provided to the parents of every newborn child. The book provides a place to record all of a child's health information for children aged 0-5 years, and parents are encouraged to take the book to any medical appointment, so that doctors, nurses and other health professionals can record information in the book.

NSW Health undertook a review of the book in 2006/07, and a new version was released in March 2007. 100,000 copies of the Blue Book are now being printed and distributed annually, and NSW Health continues to review and update the Blue Book regularly.

Maternal mental health screening (SAFE START)

The SAFE START program is provided by NSW Health as part of Families NSW, and commenced in 2007/08. The program assesses women who are expecting or caring for an infant, and assists in identifying and supporting women who may be experiencing, or be at risk of developing, mental health problems, including post-natal depression.

Implementation of SAFE START is being staged over four years. By 2011, all mothers in NSW will have access to screening as well as services to support parental wellbeing and enhance parenting skills through local Area Health Services.

By offering better support to these women, SAFE START also aims to improve outcomes for children.

Aboriginal Maternal and Infant Health Strategy

The NSW Aboriginal Maternal and Infant Health Strategy (AMIHS) aims to improve the health of Aboriginal women during pregnancy and reduce mortality rates for Aboriginal babies. Jointly funded by NSW and the Commonwealth, the AMIHS provides culturally appropriate, community based health services for Aboriginal women and is provided by a midwife and an Aboriginal health worker or Aboriginal education officer. These services include antenatal and postnatal care, education about the effects of smoking, drugs and alcohol during pregnancy and the benefits of breastfeeding, home visits, and transport to appointments.

The Service began in 2001 in seven locations. In 2005, an evaluation demonstrated:

- significantly more women attended their first antenatal visit before they were 20 weeks pregnant
- there was a significant reduction in the number of premature babies
- more women initiated breastfeeding and more were still breastfeeding six weeks after the baby was born
- Aboriginal women were very satisfied with the services provided by the AMIHS services.

In 2007, the Government expanded AMIHS to 31 teams in locations across NSW and provides priority referral to the Department of Community Services' *Brighter Futures* early intervention program. It is anticipated that all teams will be in place by December 2009.

A direct referral pathway has been established from the AMIHS into *Brighter Futures* so that AMIHS families receive priority consideration. This pathway is now operating in 11 locations and will be rolled out in further locations during 2009, beginning with the Orange, Bathurst and Blayney sites in March 2009.

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Under the Indigenous Early Childhood Development National Partnership signed in October 2008, NSW will receive additional Commonwealth funding of \$46.75 million over five years to provide additional health services, including mental health and drug and alcohol services, to young Indigenous women in the AMIHS.

Early childhood education

Quality early childhood education is critical to improving outcomes for children and young people. The Government believes that every child in NSW should have access to a place in a preschool program in the year before starting kindergarten, and has a number of initiatives in place to make this happen.

NSW Preschool Investment and Reform Plan

The goal of the NSW Preschool Investment and Reform Plan is to ensure that every NSW child has access to a place in a preschool program in the year before starting kindergarten.

The Plan was announced in 2006 with funding of \$85 million over four years, including an additional \$21 million per annum in ongoing preschool funding. In December 2008, funding was awarded to two community organisations to provide development and support services for the creation of an extra 5,250 preschool places in priority locations to create preschool opportunities for an additional 10,500 children.

By December 2010, these additional places will be established and every child will have access to a quality preschool education program for two days per week, in the year before starting kindergarten.

Council of Australian Governments (COAG) Early Childhood Reforms

Through COAG, NSW is working with the Commonwealth and other States and Territories on a number of national initiatives to improve early childhood services.

In November 2008, all jurisdictions agreed to a National Partnership on Early Childhood Education. Under this agreement, NSW will receive an additional \$278.6 million over five years towards the delivery of a universal year of early childhood

education for children in the year prior to formal schooling. The NSW Government is working with the Commonwealth to develop an Implementation Plan to deliver the Commonwealth's commitment to further improve access to, participation in, and quality of, early childhood education.

Under a separate National Partnership on Indigenous Early Childhood Development, the NSW Government is working with the Commonwealth to establish a number of Indigenous Child and Family Centres in NSW. These centres will provide early learning, child care, and parent and family support services in areas with high Aboriginal populations.

Improving the quality of child care

The Inquiry noted that "research evidence suggests that of all single strategy interventions, high quality child care is the most effective in improving child outcomes".

The Government recognises this and is reviewing the 2004 Children's Services Regulation to improve the quality of child care, while reducing any unnecessary regulatory burden on the industry.

As part of this review, the Government announced in late 2008 that it would improve the ratio of carers to children in long day care services to one carer for every four children under two years of age. The current ratio is one carer for every five children under two years of age. Research indicates that this change will have significant benefits for child development and school performance. The change will come into force when the current regulation is replaced in 2010.

Through COAG, NSW is working with the Commonwealth and other State and Territory Governments on the establishment of new national quality standards for early childhood education and care services. The standards will be based on evidence on the key elements of quality care, and will support consistent high quality outcomes for children across all jurisdictions.

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Other support for families

Positive Parenting Program – ‘Triple P’

Triple P is an evidence based program, developed in Australia, to help parents make changes to improve their parenting skills. Since September 2008, Families NSW, through the Department of Community Services, has been running training seminars and groups to help parents improve their parenting skills.

The program helps children and parents build positive relationships. It helps parents use simple routines to address conflict and provides tips on how to deal with problem behaviours as children develop. Recent research on the success of the program in the United States showed that the program could reduce child abuse and the numbers of children in out-of-home care.

The NSW Government has invested \$5.2 million over four years from 2007/08, to offer Triple P to all parents with children aged 3-8 years by June 2011.

Schools as Community Centres

Schools as Community Centres use a community development approach to link families with young children aged 0-8 with their local service network, community and school. Centres are based in public schools in areas of disadvantage across NSW, and provide a range of initiatives supporting young children and their families including supported playgroups, parenting workshops, and transition to school and early literacy initiatives.

Australian Early Development Index

The Australian Early Development Index is a population-level instrument that measures children's outcomes at school entry. In partnership with the Commonwealth, NSW and other states and territories are implementing the Index between May and July 2009. The index will provide valuable information on how well young children are being cared for in the community, and the success of the Government's strategies for improving this care and support.

ACTIONS

Immediate Actions (substantially commenced within 6 months)	
The Inquiry did not make any recommendations for immediate action relating to universal services. However, the Inquiry did emphasise the need for these services to form the platform for supporting children and their families. As identified, the NSW Government is investing in the delivery of a range of universal services to better support children and families and minimise the need for more intensive services. Where further supports are required, universal services will be able to identify those children and families requiring additional support.	
Short Term Actions (substantially commenced within 12-18 months)	
<ul style="list-style-type: none">Implement the Preschool Investment and Reform Plan to provide preschool places for an additional 10,500 children, so that every four-year old in NSW can access a quality preschool education program (10.5f, 10.5j, 10.5k).<ul style="list-style-type: none">Funding to organisations to support the creation of these additional places was announced in December 2008.Additional funding of \$21 million per annum is being provided to support the delivery of these new places.The work of these organisations to create 5,250 additional places, so that 10,500 children may have access to a preschool program for two days per week in the year before school, commenced in February 2009.All new places will be established by December 2010.	Community Services

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<ul style="list-style-type: none"> • Work with the Commonwealth to invest additional funding available under the National Partnership on Early Childhood Education for a universal year of early childhood education (10.5f, 10.5k). <ul style="list-style-type: none"> - <i>NSW and the Commonwealth are developing an Implementation Plan which will be finalised and approved in the first half of 2009.</i> - <i>The Implementation Plan will set out the Commonwealth and NSW Governments' agreed plan for the investment of the funding in NSW, and will provide additional milestones.</i> 	<p>Community Services</p>
<ul style="list-style-type: none"> • Work with Aboriginal communities to establish nine Indigenous Child and Family Centres across NSW, in partnership with the Commonwealth under the National Partnership on Indigenous Early Childhood Development (10.5g, 10.5k). The centres will deliver a mix of services, responsive to community needs, and include child care, early learning and parent and family support services. The operations of the centres will be underpinned by integration of their management, governance and service systems. <ul style="list-style-type: none"> - <i>The NSW Government will commence work on the first centres in 2009, in consultation with Aboriginal communities.</i> - <i>All nine centres will be operational by 2014.</i> 	<p>Community Services, Health, DET, DAA, DPC, Commerce</p>
<ul style="list-style-type: none"> • Parenting education is available for all parents with children aged 3-8 years under the Triple P parenting program (10.4b). <ul style="list-style-type: none"> - <i>The NSW Government has allocated \$5.2 million to rollout the program over four years.</i> - <i>In order to reach all parents in NSW, 1200 practitioners will be trained. 200 have been trained so far, with a further 1000 to be trained by December 2010.</i> - <i>The program will be available to all parents with children aged 3-8 years by June 2011.</i> - <i>An independent evaluation of the program will be conducted.</i> 	<p>Families NSW (Community Services)</p>
<ul style="list-style-type: none"> • Significantly extend the coverage of the Aboriginal Maternal and Infant Health Strategy (10.5d). <ul style="list-style-type: none"> - <i>The AMIHS began in 2001 in seven locations. An additional seven services have since been added.</i> - <i>In 2007, Government agreed to expand AMIHS to fund the expansion of the AMIHS to a further 17 teams across NSW and link it with Brighter Futures.</i> - <i>A total of 31 services will be in place by the end of 2009.</i> 	<p>NSW Health, Community Services</p>

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<ul style="list-style-type: none"> • Raise school leaving age to ensure NSW students have improved opportunities. <ul style="list-style-type: none"> - <i>The NSW Government will introduce legislation to change the school leaving age in 2009.</i> - <i>From 2010, all students will be required to complete Year 10. If a student is under 17 and wants to leave school after Year 10, they will need to be in vocational training, an apprenticeship, or paid employment for more than 25 hours per week.</i> 	<p>DET</p>
<ul style="list-style-type: none"> • Increase the ratio of carers to children in long day care services to one carer for every four children under two. <ul style="list-style-type: none"> - <i>The amendment to increase the ratio to 1:4 will be introduced in conjunction with other amendments to the Children's Services Regulation in 2010.</i> 	<p>Community Services</p>
<ul style="list-style-type: none"> • Reduce educational disadvantage of children in low SES areas, including Indigenous children. <ul style="list-style-type: none"> - <i>NSW and the Commonwealth signed up to the Low SES School Communities National Partnership Agreement in November 2008. Under the agreement, NSW is committed to promoting social inclusion and reducing educational disadvantage, through strategies such as creating better external partnerships with parents, other schools, businesses and communities, and providing access to extended services.</i> - <i>NSW and the Commonwealth will now develop an Implementation Plan which will be finalised and approved in the first half of 2009.</i> 	<p>DET</p>
<p>Long Term Actions (substantially commenced within 2-3 years)</p>	
<ul style="list-style-type: none"> • By the end of 2010, the universal health home visiting program will have full statewide coverage. <ul style="list-style-type: none"> - <i>The program began in 1998/99 on a small scale in selected areas, and is now available in all Area Health Services in NSW.</i> - <i>Currently, approximately 70 per cent of mothers receive a visit within the first month of birth.</i> - <i>By the end of 2010, the service will be available to all parents of a newborn baby.</i> 	<p>Families NSW (NSW Health)</p>
<ul style="list-style-type: none"> • By 2011, all mothers will have access to mental health screening as well as services to support parental wellbeing and enhance parenting skills through the SAFE START program. <ul style="list-style-type: none"> - <i>Introductory Package and SAFE START Assessment and Screening training modules will be available to Primary Health and other NSW Health workers in 2009.</i> - <i>The third component on High Risk Response is to be developed in 2009/10 and will target NSW Mental Health and Drug & Alcohol workers.</i> 	<p>Families NSW (NSW Health)</p>

Strengthening Early Intervention and Community Based Services

Supporting children and their families within the community, and working to prevent the need for children to enter the child protection system is central to maintaining child and family wellbeing.

The Government has a range of early intervention and community based services already in place. This Action Plan includes new investment in two key early intervention services that will help prevent abuse and neglect and improve long term outcomes for children and young people.

- We will expand the existing *Brighter Futures* program to provide support to an additional 200 families and will review future enhancements based on the outcomes of the evaluation of the program in 2010.
- We will expand the current number of sites offering Sustained Health Home Visiting to target at-risk teenage mothers.

Prevention and Early Intervention – a NSW priority

The Government believes that prevention and early intervention should be a core part of decision making and service delivery in all policy areas.

To recognise this, the NSW State Plan embeds the principle of prevention and early intervention in future policy development and program design. In December 2007, the Government launched the *Policy Framework on Prevention and Early Intervention* to guide delivery of this commitment.

Prevention and early intervention is based on the idea that stopping a problem from occurring or acting early to stop it from getting worse offers better, more cost effective social and economic outcomes than interventions later in the lifecycle of a problem.

This principle is equally applicable to the universal services discussed in Chapter 1, and the more targeted services in this Chapter. Universal services provide the basis for prevention and early intervention in two ways. First, by helping to prevent problems and second, by encountering children and families on a population basis, these services can identify

problems when they arise and refer those families to targeted early intervention programs to deal with problems before they escalate.

Brighter Futures

A major component of the 2002 Department of Community Services Reform Package was the expansion of early intervention services through the creation of the *Brighter Futures* Early Intervention Program. The program comprised \$260 million of the \$1.2 billion reform package, and included the funding of 14 non-government lead agencies who work with more than 400 child and family service providers. An additional 350 caseworkers within the Department of Community Services were also funded under this package.

The program commenced in 2003/04 and was fully rolled out by the end of 2008. The program now assists more than 6000 children per year.

Brighter Futures is a targeted, evidence based program that was introduced to improve the level of support available to vulnerable families by providing access to a range of services, such as quality child care, case management, parenting programs and home visiting. These services are aimed at improving children's abilities at school and their skills at managing problems they encounter as they grow up.

The program is targeted at vulnerable families with children aged 0-8, with priority for 0-3 year olds, and aims to

- reduce child abuse and neglect by reducing the likelihood of family problems escalating into crisis
- achieve long term benefits for children by improving intellectual development, educational outcomes and employment chances
- improve parent-child relationships and the capacity of parents to build positive relationships and raise stronger, healthier children
- break inter-generational cycles of disadvantage
- reduce demand for services that otherwise might be needed in the future, such as child protection, corrective or mental health services.

Chapter 2

The Government is committed to continuing and improving the *Brighter Futures* program. An independent four year evaluation of the program is underway and is expected to be completed in 2010. The initial results of the evaluation suggest that there is a high level of participant satisfaction with the services received.

The Government notes the Inquiry's finding to consider extending early intervention services to 9-14 year olds. The Department of Community Services will examine the evidence base to develop an appropriate service model for this client group, including priority access for Aboriginal children and their families.

Role of the non-government sector in Brighter Futures

Currently, non-government lead agencies provide approximately 50 per cent of *Brighter Futures* places, with the Department of Community Services providing the remaining 50 per cent. The Inquiry recommends the transfer of all *Brighter Futures* to the non-government sector.

The Department of Community Services will retain its existing involvement in *Brighter Futures* cases at least until the completion of the current evaluation of *Brighter Futures*, due in 2010. Growth funding linked to the Government's response to the Inquiry will be directed to non-government organisations.

Sustained health home visiting

Sustained Health Home Visiting is a program that employs specialist child and family health nurses to work intensively with high needs families in pregnancy and in the first 2 years of a child's life. The program aims to improve developmental outcomes for children. As recommended in the Inquiry's report, services will be targeted to young, first time, isolated mothers with low levels of education.

Sustained Health Home Visiting has been trialed in Australia and overseas. An initial, and successful trial was conducted in Miller, a suburb of Sydney, and two year research results were presented in December 2008. There is also considerable evidence from overseas jurisdictions of its effectiveness as a targeted intervention for vulnerable families. Based on this evidence, the Government will examine introduction of Sustained Home Visiting in NSW.

NSW Health has already received \$2 million funding in the 2008-09 Budget to further test the program, refine the target group and develop a structured model applicable to targeted vulnerable families in NSW.

Home School Liaison Program

The Home School Liaison Program is recognised as an intensive support link between families and schools where compulsory school attendance issues have not been able to be resolved by the regular school-parent partnership. We will employ an additional 25 Home School Liaison officers, to expand services and reduce the number of children at risk of poor educational progress because of their habitual non-attendance in the compulsory school years.

Expand counselling to parents through enhanced School-Family services

The Department of Education with support from NSW Health will work together to examine the best way to deliver the Inquiry's call to expand counselling services to parents available through government schools.

Additional funding to schools to provide a timely response to children at risk of harm

The Government has already invested an additional \$900,000 per annum to increase funding to targeted schools for children and young people whose educational progress is hampered by poor parental management, including lack of appropriate clothing and food. Schools will have the discretion to introduce programs that meet the local needs of children who may require additional support, such as breakfast programs.

Chapter 2

ACTIONS

Immediate Actions (substantially commenced within 6 months)	
<ul style="list-style-type: none"> • Revise <i>Brighter Futures</i> Guidelines (7.1). <ul style="list-style-type: none"> - <i>As recommended by the Inquiry, by 30 June 2009, the Department of Community Services will revise its Brighter Futures guidelines to clarify eligibility for the program.</i> 	Community Services
Short Term Actions (substantially commenced within 12-18 months)	
<ul style="list-style-type: none"> • Expansion of <i>Brighter Futures</i> (10.5a, 10.5b). <ul style="list-style-type: none"> - <i>Increasing the number of families in the Brighter Futures program by 200 families (0-8 year olds) with further examination of further enhancements following the evaluation of the program in 2010.</i> 	Community Services
<ul style="list-style-type: none"> • Enhanced support for families where one or more children are habitually absent from school. <ul style="list-style-type: none"> - <i>An additional 25 Home School Liaison officers will be established by 2010 to expand services and reduce the number of children at risk of poor educational progress because of their habitual non-attendance in the compulsory school years.</i> 	DET
<ul style="list-style-type: none"> • Review counselling to parents through enhanced School-Family services. <ul style="list-style-type: none"> - <i>DET and NSW Health to examine strategies for expanding counselling services to parents.</i> 	DET/NSW Health
Long Term Actions (substantially commenced within 2-3 years)	
<ul style="list-style-type: none"> • Introduction of sustained health home visiting (10.4b, 10.5e). <ul style="list-style-type: none"> - <i>In 2008/09, the Government will commence further trials of sustained health home visiting.</i> - <i>Based on these trials, the Government will refine the client group by 2010 to target those who would receive the most benefit from this service, and develop a structured model for consideration statewide.</i> 	NSW Health
<ul style="list-style-type: none"> • Expand <i>Brighter Futures</i> to 9-14 year olds, following examination of evidence base, including priority access for Aboriginal children and their families (10.5b). <ul style="list-style-type: none"> - <i>Examine current evidence base and identify model</i> 	Community Services
<ul style="list-style-type: none"> • Consider transferring case management of <i>Brighter Futures</i> to the non-government sector (10.11). <ul style="list-style-type: none"> - <i>The Government will transfer growth places to the non-government sector in the short term.</i> - <i>The Government will consider any further transfer of case management to the non-government sector, following the completion of the evaluation of Brighter Futures in 2010.</i> 	Community Services

Better Protection for Children at Risk

Intervention by the State in the lives of children and their families is a significant and serious action that should only occur for those children who really need such protection.

This Action Plan aims to introduce legislative change and to streamline processes to ensure that where the State intervenes in people's lives this is warranted, is less adversarial and in the best interests of children.

State intervention in the lives of children and young people is governed primarily by the *Children and Young Persons (Care and Protection) Act 1998 (Care Act)* and the *Children and Young Persons (Care and Protection) Regulation 2000*.

In Australian and overseas jurisdictions, child protection agencies are responding to increasing numbers of reports about children at risk by changing their assessment and decision-making tools to better identify those children who require the intervention of the State and those who do not, but still need support. New approaches have been created that permit more flexible responses for children and families where a child's welfare is a concern, but where the risk is less severe, and State intervention appears unwarranted.

Changes to the way in which children and their families experience the court system where State intervention warrants court involvement will also be subject to the reforms recommended by the Inquiry. This will include simplifying proceedings, implementing alternative dispute mechanisms earlier in the Children's Court processes and improving and changing practices and procedures to ensure that considered decisions are made to ensure the best outcomes for children.

Safety, welfare and wellbeing of children

The Government strongly supports the recommended change to the legislation whereby the paramount driver will be that all actions and decisions concerning

a child or young person are based on the safety, welfare and wellbeing of the child or young person.

Reporting threshold

The Government supports the recommendation to raise the reporting threshold to "risk of significant harm" to assist the identification of those children who require the type of statutory response that is provided by the Department of Community Services.

The Department of Community Services received more than 300,000 reports last year, four times the number of reports received in 2000. These reports concerned over 130,000 children and young people.

The Inquiry noted that the threshold for reporting in NSW is one of the lowest in Australia.

The Inquiry outlines in its report that only a small proportion of children reported received a detailed assessment and planned intervention from the Department of Community Services. A number of children and families reported to the Department of Community Services do not require statutory intervention but do need assistance, which could be equally or better provided by an agency other than the Department of Community Services.

In NSW, police, teachers, health workers and a range of other people who work with children are required by law to report children to the Department of Community Services' Helpline when they have reasonable grounds to suspect children are at risk of harm. Approximately 75 per cent of all reports are received from these workers.

Many of these reporters are in a position where they know the child and family, and rather than reporting issues to the Department of Community Services Helpline could assist these children and families much earlier when the risks are not significant and do not require a statutory response.

A central aim of the reform program is to get services to more children and families and to get them there sooner.

Chapter 3

The Inquiry recommended that the threshold for both mandatory and voluntary reporting to the Department of Community Services should be where there is a 'risk of significant harm', so that only those children who are likely to need the protection powers of the State under the *Children and Young Persons (Care and Protection) Act 1998* are subject to it being exercised. This means that concerns about children will be addressed earlier and the right services put in place to meet their needs.

Targeted training strategies for each of the key mandatory reporters in relation to the requirements for reporting will be an essential part of implementing the new statutory threshold, 'risk of significant harm', avoiding unnecessary reporting and promoting consistency in reporting. Mandatory reporters will be required to report imminent "risk of significant harm" directly to the Department of Community Services Helpline so that a prompt response can be provided in these cases where there is an immediate risk.

Furthering the use of e-reporting offers the potential for faster and more efficient communication between frontline mandatory reporters and the Helpline as well as the timely provision of feedback. The outcomes of the initial trial of e-reporting involving NSW public schools will be carefully considered in planning for the trials in the other agencies and improvements will be made to address the quality of reports.

Pre-Natal Reporting

The Government endorses the Inquiry's finding that it is critical that at-risk pregnant women are identified and engage with appropriate support services to reduce risks to children in utero and at birth. The Inquiry noted the changes that the Government has already made to ensure an improved health and statutory child protection response to prenatal reports. The Government will continue to closely monitor the statutory and policy changes which have been made and ensure they are fully evaluated.

Joint Investigation Responses to serious cases of child abuse

Joint Investigation Response Teams (JIRT) enable inter-agency collaboration in responding to serious cases of child abuse, including sexual assault, and neglect.

NSW Police and the Department of Community Services have been conducting joint investigations into such cases for the past decade. NSW Health has provided support to these investigations.

A review of the JIRT system in 2006 conducted by the three partner agencies identified reforms aimed at improving outcomes for children who experience abuse and their families. Implementation of the reforms which were agreed in response to the review is underway and the Government is committed to completing the process. Key actions include:

- involvement of NSW Health as a full decision-making partner in JIRT matters
- the trial of a Joint Referral Unit
- the Trial of new Initial Response Procedures (already commenced in Newcastle and Wagga Wagga with criteria for JIRT acceptance of cases for criminal investigation to be further considered when the trial is completed)
- development of guidelines for facilitating Aboriginal community engagement in consultation with the Aboriginal communities (due for completion in June 2009)
- new arrangements for local management groups (already in place)
- completion of an induction training kit for new JIRT staff
- completion of a review of JIRT training and work to develop a new curriculum (underway and will be completed by December 2009)
- revision and refinement of JIRT data to ensure services are able to report on progress and outcomes for children
- auditing of JIRT every three years, through a process agreed jointly by the three JIRT partner agencies to examine the adequacy of the JIRT process and make recommendations for any further improvements.

The timely provision of forensic and medical examinations for children who experience sexual assault and/or serious physical abuse and neglect is essential for securing the well-being and safety of victims and bringing offenders to justice. As the Inquiry noted, it is a highly specialised medical activity and, where children are involved, must be conducted by appropriately trained clinicians in a child focussed and supportive environment.

Chapter 3

NSW Health's reform process aims to build an appropriately trained, supported and remunerated workforce to deliver forensic and medical services for adults and children who experience sexual assault and children who experience physical abuse and neglect.

Immediate strategies addressing remuneration, training and clinical support for medical practitioners in rural areas are being put in place to increase the number of medical practitioners able to provide these services.

Domestic and Family Violence

The NSW Government is committed to reducing domestic and family violence and its impact on children and young people and supports the Inquiry's recommendations.

In 2008, the Government announced a new approach to preventing domestic and family violence. This aims to deliver a consistent, coordinated approach while continuing to allow flexibility for the development of local solutions. It builds on a range of important initiatives the Government has delivered over recent years aimed at preventing domestic violence and sexual assault, and providing better support to survivors, including legislative reforms such as the enactment of the *Crimes (Domestic and Personal Violence) Act 2007*.

A Violence Prevention Coordination Unit has been established in the Office for Women's Policy, Department of Premier and Cabinet. This Unit is responsible for coordinating the whole of government response to domestic and family violence and is developing a strategic framework. It also administers \$2.9 million in new annual funding to support domestic and family violence partnership projects with non-government organisations.

In addition, state-wide project coordinators have been appointed to oversee domestic and family violence projects and deliver state-wide changes in service systems, and a network of nine region coordinators has been established within the NSW Police Force. The work of the region coordinators will include promoting change to ensure regional criminal justice and human service responses are delivered in an integrated manner.

The Action Plan complements these recent reforms, and will contribute to the development of the Domestic and Family Violence Strategic Framework currently being prepared by the Department of Premier and Cabinet and due for release by November 2009.

Police responses to Domestic and Family Violence

The Inquiry recommended that NSW Police amend its standard operating procedures and promote better decision making by police officers in reporting domestic violence matters where there is a 'real likelihood' of harm to a child or young person.

The Government supports this approach, and NSW Police is reviewing its policies to align with the *Children and Young Persons (Care and Protection) Act* and working with the Department of Community Services to agree on a process for exchanging information when reporting children and young people at risk of significant harm. In addition, the Government will develop the capacity of local domestic violence services to ensure that families obtain a timely and appropriate service response.

Access to specialist expertise for Department of Community Services caseworkers

The Inquiry recommended that Department of Community Services' caseworkers have enhanced access to specialist advice on drug and alcohol use, mental health problems and domestic violence. This follows the very successful trial of experts providing advice on the use of drug and alcohol by parents and its impacts on parenting. A special focus on the needs of children is necessary because many services have difficulty in recognising the separate and distinct needs of the children who live in families where these problems place them at risk. The Department of Community Services is considering options for extending the reach of the Drug and Alcohol Expertise Unit to a broader range of casework staff. It will also continue to work with NSW Health on the best methods for ensuring that casework staff have access to relevant information on parental drug taking to inform decision making and that services are accessible for parents whose children are at risk.

Further work will also be undertaken between NSW Health and Community Services to examine the best way for frontline child protection workers to access expertise in the areas of mental health and domestic violence.

Improving the provision of specialist services to children who experience abuse and neglect

The Government supports the recommendations relating to improving the provision of specialist services to children who have experienced abuse and neglect.

Substance abuse and mental health services

As highlighted by the Inquiry and earlier reports from the NSW Ombudsman, carer drug and alcohol and mental health issues are a significant factor in child protection reports and in decisions taken on the need for statutory intervention.

NSW Health will continue to promote awareness of child protection responsibilities throughout the drug and alcohol/mental health workforce. NSW Health will also give immediate priority to ensuring that its policies and procedures can assist these services to identify adult clients who have children and promote timely access to appropriate services for these clients and their families.

Over the next five years, the Government will improve how it delivers services to address the needs of parents with these issues. This will include supporting women who have drug and alcohol issues, and to support families with complex mental health problems in the early years of a child's life.

Programs that address the needs of whole families where parents have mental health and/or drug and alcohol problems will also be a priority. The Children of Parents with Mental Illness program aims to increase children's resilience and enhance parental wellbeing and functioning.

Counselling, sexual assault and allied health services

Sexual assault counsellors play a critical role in the coordination of responses for children and adults who experience sexual assault, including arranging medical responses, providing crisis and ongoing counselling, support and court preparation. NSW Health has a broad network of these services for children and adults but workforce recruitment and retention are significant issues. A process for auditing vacancy rates and action taken to address vacancies will be developed by the end of the 2009.

Children and young people in families where there are risk factors for child abuse and neglect may require specialised support from allied health services such as speech pathology or occupational therapy to enhance their learning and development. The Government has carefully noted the findings of the Inquiry about perceived service gaps in this area. NSW Health will undertake a review by the end of 2009 to scope the nature and extent of the services which are required in this area and identify options for reform. The review will be undertaken in consultation with other relevant agencies including the Department of Community Services and the Department of Education and Training.

Services for Children under 10 who sexually abuse or display sexually abusive behaviour

The Government supports the Inquiry's finding that an effective therapeutic intervention is needed for children in this target group who are not fully recognised by the current system. Early identification of potential sex offenders is required for intervention and diversion. NSW Health's Hunter Region Sexualised Behaviour Program (Kaleidoscope) is currently receiving approximately 70 new referrals per annum. The Government will examine the need for a new service based on the Kaleidoscope model in an area of high need.

After hours support to young people in custody

The Department of Juvenile Justice currently provides bail support to help young people in meeting bail conditions set by the courts so that they are not remanded in custody.

Chapter 3

The Government supports the Inquiry's recommendation that a central after hours bail placement service be established for young people aged between 10 and 18 years who are at risk of being remanded in custody, or who require bail accommodation.

A central after hours bail placement service for young people at the point of arrest or in crisis will assist in diverting young people from being remanded in custody while looking for safe and secure accommodation.

The program aims to reduce the increasing numbers of young people being held in custody pending a court outcome who could be supervised on bail more cost effectively and efficiently in the community.

Children and young persons and parents with a disability

The Government recognises the complex issues associated with disability and supports the recommendations relating to improving supports for children and young people and parents with a disability. A priority for the Government is to strengthen the skills and experience of staff, both within Government and in the NGO sector in delivering services to children and young people with physical and intellectual disabilities and supporting their carers. Partnership between the Government and NGOs is critical to achieving this, particularly where there is a need for culturally sensitive service delivery.

The Departments of Disability, Ageing and Home Care, and Community Services are working together to improve collaboration and consultation regarding children and young people in out-of-home care with a disability, and both agencies will be examining the development of additional models of accommodation and care for these children and young people, and for those whose disabilities are such that they are unable to continue to reside in their homes.

Intensive Family Support Services

There is currently a gap in the NSW child protection system for children whose families are in high stress or crisis, where without immediate intensive intervention the children are likely to be placed in out-of-home

care. The needs of these children and families are beyond general family support and early intervention services, and require a specialised and targeted range of intensive family preservation interventions. The Government will be piloting family preservation services and if successful expanding this model.

Intensive Family-Based Services (IFBS) are currently only provided to a small number of Aboriginal families whose children are at risk of entering out-of-home care due to protective concerns, or where the children have been placed in out-of-home care and have a case plan goal of restoration. IFBS is based on the successful evidence based US Homebuilders model, and the Department of Community Services pilot IFBS program has been evaluated recently, showing a significant reduction in child protection reports and OOH placements for children and young people following the intervention.

The Inquiry noted the importance of IFBS and recommended "the number and range of family preservation services provided by NGOs should be extended. This should include extending Intensive Family Based Services to Aboriginal and non-Aboriginal families". The Government supports these recommendations.

Frequently encountered children and families

The Inquiry recommended an examination of families who repeatedly come into contact with the child protection system and are often the subject of multiple reports to the Department of Community Services' Helpline and other human service agencies.

The Department of Community Services estimates that around 2100 family groups account for 24 per cent of reports to the Department in one year with around 7500 families accounting for 48 per cent of total child protection reports. However, the service system's knowledge about these families is not strong, and there is not a deep understanding about why existing services are not meeting the needs of some or all of these families.

Chapter 3

The Government supports the Inquiry's recommendation to look at more effective integrated case management strategies for families who may require such an approach. Key issues identified for some of these families include carer drug and alcohol abuse, mental health issues, domestic violence and neglect.

Initially it is proposed that in a number of locations the characteristics and needs of these families will be examined to better understand what is required for a more coordinated approach by government and non-government agencies, with the aim of engaging with families to deliver the services they may need to support their children.

Out-of-home care

The number of children in out-of-home care has increased by 58 per cent since June 2002, with over 14,000 children and young people currently in out-of-home care in NSW. This has put pressure on carers, who do not always get the support they require to support children and young people as Department of Community Services' caseworkers are not able to support these placements.

A significant concern for the Government is the very high number of Aboriginal children and young people in the system, representing over 30 per cent of the population in out-of-home care.

The escalating cost of out-of-home care has also had significant budgetary implications for the Department of Community Services. In addition to the \$1.2 billion enhancement over five years announced in 2002, of which \$617 million was directed towards out-of-home care, the recent mini-budget included a number of further enhancements to the Department to meet these escalating demand pressures.

Specifically, an additional \$100 million over two years was provided to support anticipated increases in the number of children in out-of-home care.

Improving educational outcomes for children in out-of-home care

The Inquiry identified that children and young people in out-of-home care are at a higher risk of poor educational achievement. Supporting the learning needs of children and young people earlier can assist in improving their participation and performance in school.

The Government supports the recommendations directed at ensuring all children and young people in care have an individual education plan that addresses their specific needs.

Out-of-home care coordinators within the Department of Education and Training will be established to assist in the implementation of individual education plans for children and young people in out-of-home care in government schools who do not already have them. These positions will also work with other regional staff in establishing more effective and efficient modes of working to improve the educational outcomes for children and young people in out-of-home care.

Access to health services

The Government supports the recommendations made by the Inquiry that all children and young people entering, and in out-of-home care have timely and ongoing priority access to health services that meet their individual needs. This is a critical area for reform in view of the evidence, highlighted by the Inquiry, of the high rates of physical, developmental and emotional health problems for children in out-of-home care compared with the general community of Australian children.

Comprehensive health and development assessments to be commenced in the first 30 days of a child entering care will clearly define the health needs of children and allow systematic planning and active referral to treatment to address those needs. The timeframe for conducting these assessments will be included in the Key Performance Indicators of the Area Health Service Chief Executives.

Chapter 3

The Department of Health, in conjunction with the Area Health Services and the Department of Community Services, have commenced planning to implement these recommendations, which include a review of existing out-of-home care assessment services provided by NSW Health and other agencies (including those provided in the tertiary teaching hospitals as well as the Kari Clinic which caters specifically for Aboriginal children) and the development of appropriate service models to provide these assessments.

The Department of Health has committed to establishing out-of-home care coordinators in each of the Area Health Services and at The Children's Hospital at Westmead. They will play a pivotal role in liaising with carers, caseworkers in the Department of Community Services and the health system. They will facilitate comprehensive health assessments and reviews and facilitate access to health treatment for all children in care. The Department of Health will give priority to establishing and filling these positions with qualified and experienced senior staff by December 2009.

Specialised packages of health care for these children will also be considered.

Improved supports for foster, relative and kinship carers

The capacity to recruit, train and authorise a sufficient number of appropriate carers is a critical challenge facing the out-of-home care sector. Effective and timely support for authorised carers is vital to ensure they feel recognised and valued for the important contribution they make to the outcomes for children and young people in care. In recognition of the critical role played by carers, the NSW Government provides the highest financial payments to authorised carers in Australia. However, the Government recognises that the quality and level of ongoing casework support for carers has been variable.

The Department of Community Services recognises the valuable relationship between foster carers and the agencies that provide casework services to children in out-of-home care. The Department has recently reviewed its Partnership Agreement with carers and has established Regional Foster Care Advisory Groups which provide direct input on ways

to improve services. Carers have requested and will shortly receive a manual that includes all relevant policies that can be updated from the internet. Carers have also requested better information when children come into their care and a project to improve the consistency of information provided to carers at the start of a placement is underway.

The Department of Community Services is working to improve the efficiency of carer recruitment, training and authorisation processes. Work is commencing on reforms which include a system for improving the assessment processes for the recruitment of carers, a review of the current assessment package to be more competency based and improved training of the staff who undertake these assessments.

Transfer of Out-of-home care to the non-government sector

The Government supports the gradual transition of most out-of-home care to the non-government sector. We are mindful that factors that will need to be carefully examined in implementing this recommendation include the current varying levels of capacity within NGOs, and the quality and cost of service delivery through improved contracting and performance monitoring, including appropriate data collection and accountability mechanisms.

Presently only about 15 to 20 per cent of out-of-home care is provided or arranged by the non-government sector, with the remainder provided or arranged by the Department of Community Services (this includes foster carers who are supported by Community Service caseworkers).

An important issue is the need to build capacity within the NGO sector to focus on workforce development needs, infrastructure support and improved reporting on the outcomes for children and young people from these services. In particular, careful work will be required with Aboriginal organisations to build capacity to provide out-of-home care to Aboriginal children prior to transitioning service provision for Aboriginal children.

Chapter 3

The Department of Community Services will also build the skills and expertise of Regional Contracting Teams to better support NGOs in the delivery of services and achievement of identified outcomes for children, families and communities.

Other recommendations relating to exploring ways to improve coordination across agencies, such as through a common case management framework, will be examined to ensure outcomes for children and young people are delivered consistently.

Voluntary out-of-home care

The Government supports putting in place safeguards for those children who may be in voluntary out-of-home care placements through introducing legislative change that will enable the Children's Guardian to monitor these placements so that children do not remain in placements that do not address their long term needs. This will also be assisted by strengthening the availability of disability support services for children, young people and their families in the community.

Adolescents at risk of re-offending

The Government commenced a four year \$5.5 million pilot, called the *Intensive Supervision Program* in May 2008 in Newcastle and Werrington. The Department of Juvenile Justice is seeking to expand the pilot to an additional two locations in eastern metropolitan Sydney and Campbelltown.

The *Intensive Supervision Program* is based on the Multi Systemic Therapy model, which has been embraced in the United States, Europe, New Zealand and Western Australia. The program provides support for offenders and their families to make changes to their lives to reduce the risk of re-offending. The program looks at the many factors related to juvenile offending including family relations, peer relations, school and vocational performance, neighbourhood characteristics and community factors. The program uses the strengths within all these systems to facilitate change.

Whilst the Intensive Supervision Program (ISP) is operated within the justice system, the model on which it is based is designed to achieve family preservation outcomes, particularly where the offender has siblings who will benefit from the

improved parenting capacity of the caregivers. This focus on parenting capacity is central to the program. ISP may hold valuable information to inform the family preservation discussions and trials being undertaken within the child protection system.

Children's Court

The Children's Court is the primary Court with jurisdiction for decisions about the removal of children from their families without their consent and the subsequent allocation of parental responsibility where this is determined as being for the care and protection of the child. Decisions about the exercise of that parental responsibility and the day to day care of the child or young person generally reside with the Department of Community Services or the agency into whose care the child or young person has been entrusted.

The Inquiry examined whether these arrangements should continue, or whether there are alternative approaches that could be put in place to move towards a more holistic and less incident based response to children and their families.

The Inquiry made a number of wide ranging recommendations for improving the systems and processes relating to the Children's Court, which are strongly supported by the Government. These recommendations include looking at the way in which evidence is presented to the Children's Court as well as how these matters progress through the Children's Court. The role and accountability of the Children's Court Clinic is considered as well as its participation in proceedings. The impact of changes to court dates for children and families, how court proceedings impact on children and families and the role and skills of practitioners who practise in care proceedings and consistency in judicial decision making are also the subject of further recommendations. Other recommendations relate to mechanisms for guiding decisions about contact between children and their families and the restoration of children to their families.

Chapter 3

A key area examined by the Inquiry was the need to do much more to bring alternative dispute resolution mechanisms into child protection work. The Government supports Alternate Dispute Resolution being made available both prior to and after the commencement of care proceedings.

To progress this recommendation, the Government will examine existing models in other jurisdictions to look at the model/s to be introduced in NSW that best meet the needs of children and families.

ACTIONS

Immediate Actions (substantially commenced within 6 months)	
<ul style="list-style-type: none"> • Implementation of legislative changes and targeted education and system changes to give effect to the new threshold, 'risk of significant harm' for reporting and information sharing (6.2, 24.1). <ul style="list-style-type: none"> - <i>Introduce amendments to Parliament by March 2009.</i> - <i>Develop detailed Implementation Plan by March 2009 for proclamation of amendments including delivery of cross agency training and establishment of identified Child Wellbeing Units in agencies to support implementation.</i> - <i>Design and test threshold tool (first component of the Common Assessment Framework) for mandated reporters by July 2009, to be implemented when legislation is proclaimed.</i> - <i>Agencies amend operational policies, procedures to reflect legislative changes.</i> - <i>Changes to NSW Police Standard Operating Guidelines to reflect "risk of significant harm".</i> - <i>Substantially progress Government and NGO cross agency training on new thresholds.</i> - <i>Proclamation of amendments to change the statutory threshold will be accompanied by a public information strategy.</i> - <i>Commence new threshold in January 2010.</i> 	<p>DPC</p> <p>DPC DPC/SOG</p> <p>Community Services/ NSW Health/ Police/ DET/ DADHC</p> <p>All agencies NSW Police</p> <p>All agencies</p> <p>Community Services</p> <p>All agencies</p>
<ul style="list-style-type: none"> • Improving practices and processes in the Children's Court including legislative amendments to streamline Children's Court proceedings (11.1, 11.4, 13.1 - 13.6). <ul style="list-style-type: none"> - <i>Legislative amendments introduced into Parliament by March 2009.</i> - <i>Required changes to policies, procedures made to give effect to legislative amendments.</i> - <i>Training and education of Community Services staff and Children's Court on changes to practices and processes completed by November 2009.</i> 	<p>AGD/Community Services</p> <p>DPC</p> <p>AGD/Community Services</p> <p>AGD/Community Services</p>
<ul style="list-style-type: none"> • Appointment of a District Court Judge as the senior judicial officer in the Children's Court. <ul style="list-style-type: none"> - <i>District Court Judge appointed for Children's Court.</i> 	<p>AGD</p>

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<ul style="list-style-type: none"> • Alternative Dispute Resolution established and embedded prior to and in care proceedings (12.1, 13.12). <ul style="list-style-type: none"> - <i>Establishment of an expert working party to review possible ADR models by March 2009.</i> - <i>Report by December 2009 on preferred model or range of models suitable for introduction in NSW, recommended timing and possible phasing of introduction and appropriate review mechanisms for where ADR is unable to resolve a contact order dispute.</i> - <i>Strengthen current dispute resolution model by training of Children’s Court Registrars on current ADR.</i> 	<p>AGD/ Community Services</p>
<ul style="list-style-type: none"> • Improving feedback to mandatory reporters about actions taken by the Department of Community Services following a report of a child at risk of significant harm (6.3). <ul style="list-style-type: none"> - <i>Provision of feedback to mandatory reporters electronically about the initial screening decision of the Department of Community Services by October 2009.</i> - <i>Aggregated data to be provided to Child Wellbeing Units in Area Health Services, The Children’s Hospital at Westmead, DET, NSW Police, Housing NSW, Juvenile Justice and DADHC to assist identifying volume and any further education required of reports.</i> 	<p>Community Services</p>
<ul style="list-style-type: none"> • Improving interagency work between key Human Service Departments and non-government services delivering services to children in OOHC (16.10). <ul style="list-style-type: none"> - <i>Review of key Memoranda of Understanding to include NGOs as partners where delivering OOHC services.</i> 	<p>Community Services, NSW Health, DADHC, DET</p>
<ul style="list-style-type: none"> • Area Health Services, The Children’s Hospital at Westmead, NSW Police, Department of Community Services, Housing NSW, Department of Juvenile Justice and Department of Education and Training to identify families who frequently come into contact with human service agencies. An integrated case management response, which includes participation of non-government organisations will be established to provide support to those families who require services from a range of agencies (where the issues facing the family include child protection, domestic violence and/or anti-social behaviour). <p>Central support will be provided through DPC and seconded project team members for setup phase and as required to overcome barriers, share learnings across locations, and develop a State-wide model.</p> <ul style="list-style-type: none"> - <i>Identification of two or three locations for a pilot study by April 2009.</i> - <i>Establish locally based project teams, within a regional and central governance system.</i> - <i>Regional Justice and Human Service Co-ordination Committee to report quarterly to Justice and Human Services Chief Executive Officers Group (refer to Chapter 7 for detail).</i> 	<p>DPC/Regional Director/CEO/NGOs from each location</p> <p>DPC/SoG DPC</p> <p>RJHSC</p>

Short Term Actions (substantially commenced within 12-18 months)	
<ul style="list-style-type: none"> • Improving capacity of agency staff to deliver improved services to children and families (8.4, 9.2, 9.8, 11.5, 13.8). <ul style="list-style-type: none"> - Finalise and implement full Common Assessment Framework that can be used by Community Services and other agencies in identifying and responding to the needs of children, young people and their families where risks exist. - Support to frontline child protection work in assessing complex risk factors through expanding the work of the Drug and Alcohol Expertise Unit to include mental health and domestic violence. - Code of conduct developed for all legal representatives in care proceedings including specialist training with specialist ongoing accreditation and professional development. - Provision of a trained workforce to provide forensic medical services for children and young people. - Guidelines developed and implemented for staff in order to ensure adherence to the Aboriginal and Torres Strait Islander Placement Principles in s.13 of the Children and Young Persons (Care and Protection) Act 1998. 	<p>Community Services/ NSW Health/ NSW Police</p> <p>Community Services /NSW Health</p> <p>Community Services /AGD</p> <p>NSW Health</p> <p>Community Services</p>
<ul style="list-style-type: none"> • Extension of services to address the needs of children and families where significant child protection issues are identified (10.4 c,d,e, 10.5c, 20.1). <ul style="list-style-type: none"> - Additional places for families to access the Brighter Futures program. - Provision of clinical services (drug and alcohol, counseling, mental health and other allied health services) to children, young people who experience abuse and neglect and their families. - Conduct and evaluate a pilot of intensive family preservation services for extension statewide for children and young people at risk of entering OOHC. - Specialist caseworkers to be established to assist in the case management of young people. - NSW Health's New Street Program for Adolescents aged 10-17 years who display sexually abusive behaviours has recently been extended to one rural location with a particular focus on indigenous young people. During 2009, the Government will review the need for a further program to one rural location in an area of high need. 	<p>Community Services /NGOs NSW Health</p> <p>Community Services</p> <p>Community Services</p> <p>NSW Health</p>
<ul style="list-style-type: none"> • Improving information about children subject to court proceedings. <ul style="list-style-type: none"> - Data collection of care matters in the Children's Court established. 	<p>AGD/Community Services</p>

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<ul style="list-style-type: none"> • Delivery of comprehensive multi-disciplinary health and developmental assessments for children and young people entering and in OOHC (16.4). <ul style="list-style-type: none"> - <i>Review of existing OOHC assessment services provided by NSW Health and other agencies and development of appropriate service models to provide these services.</i> - <i>Establishment of Out-of-Home Care coordinators in each Area Health service and at the Children's Hospital at Westmead to coordinate delivery of multi-disciplinary health and developmental assessments to children in out-of-home care.</i> - <i>Mechanism established for monitoring and evaluating achievement of health outcomes for children.</i> - <i>Prevalence study to be undertaken by NSW Health to consider the health status of children already in OOHC, what services they are receiving, and what further care they require.</i> 	<p>NSW Health/ Community Services</p> <p>NSW Health</p> <p>NSW Health/ Community Services NSW Health</p>
<ul style="list-style-type: none"> • Improving educational outcomes for children in OOHC. <ul style="list-style-type: none"> - <i>OOHC Coordinators will be established to assist in the implementation of individual education plans for children and young people in out-of-home care who do not already have them.</i> - <i>All school aged children and young people in OOHC in government schools will have an individual education plan prepared for them which is reviewed annually by the Department of Education and Training and by the responsible caseworker.</i> 	<p>DET</p>
<ul style="list-style-type: none"> • Feasibility study to be conducted on potential models for a common case management framework for children and young people in OOHC. <ul style="list-style-type: none"> - <i>Identification of potential model, including timeframes and how this will improve outcomes for children and young people in OOHC by June 2010.</i> 	<p>Community Services</p>
<ul style="list-style-type: none"> • Develop additional models of accommodation and care for children and young persons with a disability who are subject to the parental responsibility of the Minister for Community Services, or for those whose disabilities are such that they are unable to continue to reside in their homes. 	<p>DADHC, Community Services</p>
<ul style="list-style-type: none"> • Development of a training package to assist foster carers and kinship and relative carers in preparing young people for leaving care (20.2). <ul style="list-style-type: none"> - <i>Implementation of training package for all young people.</i> 	<p>Community Services, Housing NSW</p>
<ul style="list-style-type: none"> • Provision of detailed information to care leavers as to the assistance which is available to them through State and Commonwealth sources after they leave care (20.3). 	<p>Community Services, Housing NSW</p>
<ul style="list-style-type: none"> • Transfer the Children's Court Clinic from Children's Court to Justice Health (11.2). 	<p>AGD/Health</p>

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Long Term Actions (substantially commenced within 2-3 years)	
<ul style="list-style-type: none"> Transfer of case management of children and young people without significantly complex needs to the non-government sector over the next 3- 5 years (16.2). <ul style="list-style-type: none"> <i>Criteria developed and assessment of NGO capacity to take on larger service provision role in OOHC completed by September 2009 with Action Plan and strategies identified to move towards building capacity in agencies identified as requiring further development. This will include improving contracting and performance monitoring, and appropriate data collection and accountability mechanisms.</i> <i>Transfer of case management of children and young people without significantly complex needs to the non-government sector over the next 3- 5 years as the capacity of the NGO sector increases.</i> 	Community Services
<ul style="list-style-type: none"> An after hours bail placement service established by the Department of Juvenile Justice similar to the Victorian Central After Hours and Bail Placement Service, that is available to young people aged between 10 and 18 years, who are at risk of being remanded in custody, or who require bail accommodation; or similar to the Queensland Conditional Bail and Youth Program Accommodation Support Service. 	DJJ
<ul style="list-style-type: none"> Development of a common case management framework across the OOHC sector subject to feasibility study as per short term actions above. 	Community Services



Changing Practice and Systems

The Inquiry concluded that child protection is a collective responsibility of the whole government and of the community with primary responsibility for rearing and supporting children resting with parents, families and communities. Government should only provide support where it is needed, either directly or through the funded non-government sector.

Successful implementation of this vision requires strong cooperation and a partnership approach within government agencies and with the non-government sector. It requires effective coordination, information sharing and referral processes so that children and families who need support are linked to the right services.

Critical to the success of this approach is the need to engage and work in partnership with Aboriginal communities to identify the best approaches that will work in local areas and communities.

A centrepiece of the Inquiry's recommended reforms is a new model for the intake and referral of child protection concerns. This involves the establishment of new child protection units, called Child Wellbeing Units, within six key government agencies employing mandatory reporters, and new Regional Intake and Referral Services.

Coupled with the raising of the mandatory reporting threshold to "risk of significant harm", the intent of the proposed model is to ensure that children and families receive the services they need earlier.

The success of the proposed referral model will rely on excellent cooperation between government agencies and with the non-government sector. The Inquiry made a range of recommendations to improve coordination between government agencies (for example through the use of a common assessment framework and information sharing) and to streamline and improve oversight arrangements.

Legislative amendments will be made to *Children and Young Persons (Care and Protection) Act 1998* to permit exchange of information between human service and justice agencies, including non-government services, to aid decision making, assessments, and provision

of services where there are safety, welfare or wellbeing issues for a child or young person. This will also include legislative amendments obliging human and justice agencies to take steps to coordinate with other agencies any necessary decision making or delivery of services to children, young people and families to meet their protection and care needs.

The Government strongly supports the intent of the recommended changes to systems and practice. In particular, the principle of a "two track" system or alternative referral pathway is supported, to ensure that children and families who need help but do not require statutory intervention are given appropriate services outside the statutory child protection system.

Child Wellbeing Units

Child Wellbeing Units will be established serving Area Health Services and the Children's Hospital at Westmead, NSW Police, the Departments of Education and Training, Housing, Ageing, Disability and Home Care and Juvenile Justice. These units will be staffed with specialists.

A key function of these units will be to act change agents, reshaping agency responses to child protection by providing training, support and advice to staff and working with other agency units to look at more effective delivery of services. Their specific roles will be to:

- advise, support and educate mandatory reporters as to whether there is a risk of significant harm, and report matters to the Department of Community Services Helpline
- in other cases, identify potential responses by the agency or other services to assist the child or family
- over time drive better alignment and coordination of agency service systems.

These functions are consistent with the Inquiry's recommendations. The units will support the ability of staff working with children to identify when a child is at risk of significant harm, and in less serious cases to identify appropriate local action or referral to the extent possible within agency resources and capabilities.

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Over time the Child Wellbeing Units will take a strategic view, identifying ways to build worker capacity to make judgments independently and aligning the service system to improve interagency responses.

Regional co-location of Department of Education and Training with the Area Health Services Child Wellbeing Units will be explored.

During the introduction of the new statutory definition, mandatory reporters will continue to have the option of reporting risk of significant harm directly to the Helpline rather than through their agency unit. While the Inquiry recommended that all reports (other than imminent risk of significant harm) be made to the agency units and then to the Helpline, this approach will assist in mitigating risk during implementation and may be a more efficient process in the long term as well. A decision about the best pathway will be made after the impact of the new 'risk of significant harm' threshold on reporter behaviour is known.

Regional Intake and Referral Services

Consistent with the recommendations of the Inquiry, the Regional Intake and Referral Services would aim to improve access to services for children and families who cannot be assisted directly by a government agency, by putting families in touch with services in the local area.

It is proposed that Regional Intake and Referral Services (RIRS) be trialled in three areas (one metropolitan and one or two regional/rural), with the following accountabilities

- determine appropriate services for the child/family, building on rather than supplanting agency action, expertise and capacity
- drive improved links between local government and non-government services, and provide advice to agencies to support better realignment of local services.

Two service models will be trialled. The first will assist children and families with lower or less complex needs and operate primarily as a telephone advice service. The second will augment this with a greater capacity to coordinate more active referrals. Both models will require further consultation as they are developed. A decision about the best model to be provided across New South Wales will be made after the proposed trials.

Responsibility for delivering services (including case management services) and prioritising access would remain with local service providers. Other additional functions to be explored during the staged implementation of these services is whether brokerage funding is provided to support coordinated access in a limited number of cases.

A mechanism will be established in regions where there is no RIRS to enable Child Wellbeing Units to refer families to existing services.

The Government will ensure that in establishing the new Child Wellbeing Units and Regional Intake and Referral Services, appropriate referral pathways are put in place to link Aboriginal children and their families with culturally responsive human and justice services available in their local community to meet their needs. The Government will also consider the lessons gained from the implementation of the Victorian model of an Aboriginal Child Specialist Advice and Support Service ("Lakidjeka") in establishing such referral pathways and commits to consulting the peak body for Aboriginal child protection issues, AbSec, in this process.

The challenge for the Government and community organisations with service provision for Aboriginal children and their families is to continue to build the evidence base on what works in terms of effective service interventions.

Chapter 4

ACTIONS

Immediate Actions (substantially commenced within 6 months)	
<ul style="list-style-type: none"> • Develop a common approach across agencies working with children and young people where concerns exist for their safety, welfare and wellbeing. <ul style="list-style-type: none"> - <i>Develop an agreed assessment tool by July 2009, to be tested prior to proclamation of the new threshold in January 2010, to determine whether risk to a child meets the mandatory threshold for reporting, and provide additional information to assist in deciding on what other actions should be taken if the child does not meet the threshold (eg referral to services).</i> - <i>On line version of threshold tool accessible by agency websites prior to proclamation of the new threshold.</i> - <i>Incorporated into agency policies and procedures by October 2009.</i> - <i>Included in the delivery of training and advice prior to proclamation.</i> 	<p>Community Services/ NSW Health/ Police/ DET/ DADHC/Juvenile Justice</p> <p>Community Services</p> <p>All All</p>
<ul style="list-style-type: none"> • Better agency coordination and information sharing to provide improved responses to children and young people where there are concerns about their safety, welfare or wellbeing. <ul style="list-style-type: none"> - <i>Legislative amendments to be made to Children and Young Persons (Care and Protection) Act 1998 to permit exchange of information between human service and justice agencies to aid decision making, assessments, and provision of services where there are safety, welfare or wellbeing issues for a child or young person.</i> - <i>Legislative amendments to be made to the Children and Young Persons (Care and Protection) Act 1998 obliging human and justice agencies to take steps to coordinate with other agencies any necessary decision making or delivery of services to children, young people and families to meet their protection and care needs.</i> 	<p>All agencies</p> <p>DPC</p> <p>DPC</p>
Short Term Actions (substantially commenced within 12-18 months)	
<ul style="list-style-type: none"> • Establish a new intake and referral framework to respond earlier to children and families. <ul style="list-style-type: none"> - <i>Reports of imminent risk of significant harm would continue to be referred directly to Helpline.</i> - <i>By October 2009, establish Child Wellbeing units in each of the mandatory reporting agencies to better drive alignment and coordination of non-statutory services and speedy appropriate responses to children in need of assistance or at risk of significant harm.</i> - <i>Scoping the co-location of Child Wellbeing Units on a regional basis for Health and Education including examination of resources to enable functions to be undertaken.</i> - <i>Police Child Wellbeing Unit to be located regionally providing a statewide service</i> - <i>DADHC, Juvenile Justice and Housing. will establish small central units (these agencies represent a smaller proportion of reports than the other agencies).</i> - <i>Joint training plan to be developed by May 2009 and commence implementation from July 2009.</i> 	<p>NSW Health (Area Health Services and Children's Hospital at Westmead), Police, DET, DJJ, Housing and DADHC</p> <p>DET/NSW Health</p> <p>NSW Police DADHC, DJJ, Housing</p> <p>SOG</p>

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<ul style="list-style-type: none"> • Establishing data systems and processes that are common across the Child Wellbeing Units. <ul style="list-style-type: none"> - <i>Test information sharing tools by October 2009 which includes an Information Technology mechanism which ensures that the separate agency units and individual mandated reporters dealing with the one child/family have some way of knowing whether another agency is working with the child/family or is already known to Community Services.</i> - <i>Relevant staff trained in new systems and processes by December 2009.</i> 	<p>Community Services</p>
<ul style="list-style-type: none"> • Implement Community Services Information Management and Technology Strategic Plan, including the KiDS Core redesign Update. 	<p>Community Services</p>
<ul style="list-style-type: none"> • Staged implementation of Regional Intake and Referral Services. <ul style="list-style-type: none"> - <i>Establishment of three Regional Intake and Referral Services (in a mixture of metropolitan and regional/rural locations) for a 12 month trial, as a precursor to establishing services statewide (see long term actions).</i> - <i>Establish a mechanism in other regions to identify referral pathways.</i> 	<p>NSW Health</p>
<ul style="list-style-type: none"> • Common Assessment Framework developed. <ul style="list-style-type: none"> - <i>Agree the elements of information and assessment that will be streamed through the system to enable speedy referral to appropriate services, reduce duplication of effort and minimise families having to undergo multiple assessments by different agencies.</i> - <i>Apply agreed assessment tool in the operation of the agency child protection units and Regional Intake and Referral Services, to ensure that children and families are directed to the right services.</i> 	<p>NSW Health, Police, Education and Training, Juvenile Justice, DADHC and Housing and (trial) RIRS</p>
<ul style="list-style-type: none"> • Test the application of Structured Decision Making (SDM) within Department of Community Services to guide improved risk assessment and response to children at “risk of significant harm”. If testing indicates its viability <ul style="list-style-type: none"> - <i>develop Structured Decision Making tools for use at Helpline by February 2010</i> - <i>introduce SDM at Community Services Centres for use in assessments and interventions including restoration by July 2010.</i> 	<p>Community Services</p>
<p>Streamlining and improving oversight arrangements</p> <ul style="list-style-type: none"> • There will be some changes to the NSW Ombudsman’s role to ensure effective oversight of the child protection system as follows <ul style="list-style-type: none"> - <i>Ombudsman will be given the authority to audit the progress of the implementation of the Aboriginal Child Sexual Assault interagency plan (18.1)</i> - <i>amend the definition of reviewable deaths.</i> 	<p>NSW Ombudsman and DPC</p>

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<ul style="list-style-type: none"> Enhance the role of the Children’s Guardian by <ul style="list-style-type: none"> <i>requiring the Department of Community Services to consult with the Children’s Guardian before delegating parental responsibility except in circumstances where Community Services has shared parental responsibility and is delegating to the person with whom it shares parental responsibility</i> <i>amending legislation to provide a greater role for the Children’s Guardian in voluntary care.</i> 	Community Services/ DPC (legislation) Children’s Guardian
<ul style="list-style-type: none"> Legislative amendments to background checking to extend Working With Children checks to additional categories of persons. 	DPC/CCYP/ Community Services
Long Term Actions (substantially commenced within 2-3 years)	
New referral framework <ul style="list-style-type: none"> Establish Regional Intake and Referral Services statewide. <ul style="list-style-type: none"> <i>Following the evaluation of the demonstration Regional Intake and Referral Services, finalise the models, locations, catchments and the final accountabilities of services.</i> 	NSW Health
Streamlining and improving oversight arrangements <ul style="list-style-type: none"> Evaluate whether recommendation that the Department of Community Services be required to consult with the Children’s Guardian before delegating parental responsibility has been successfully implemented and if not, amend the relevant legislation to make this mandatory. 	Community Services DPC (legislation) Children’s Guardian

Better Supporting Aboriginal Children and Families

The Inquiry highlighted the huge and unacceptable over-representation of Aboriginal children and young people in the child protection system and in the juvenile justice system.

The statistics cited by the Inquiry in relation to child protection show that Aboriginal children and young people are more than three times more likely to be reported to the Department of Community Services than non-Aboriginal children; that Aboriginal children aged under one year are more than five times more likely to be reported than non-Aboriginal children aged under one year; and that Aboriginal children and young people are more likely to be the subject of multiple reports, with close to a third of Aboriginal children reported more than 20 times.

The Inquiry also found that around one third of children in out-of-home care are Aboriginal; and that Aboriginal children feature disproportionately among child deaths in NSW (approximately one-fifth of reportable deaths are of Aboriginal children).

The Inquiry has also acknowledged the findings in the NSW Aboriginal Child Sexual Assault Taskforce 2006 Report about the widespread and under-reported incidence of sexual assault of Aboriginal children as well as the Government's response to those findings in the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities.

These facts point to a very serious situation for Aboriginal families. However, there are also many strengths in Aboriginal communities and a deep commitment to the care of children on the part of community members. These strengths provide a solid basis for the Government, working in partnership with families and the communities, to renew efforts to reverse these trends for the next generation of Aboriginal children. The Government supports the Inquiry's finding that leadership from the both the Government and community is essential.

A key commitment of the Government in implementing this response to the Inquiry will be to consider how each action will contribute to improving outcomes for Aboriginal children and their families and reversing the current intolerable trends.

Tackling systemic disadvantage is critical to improving outcomes for Aboriginal children and their families. The Inquiry has stressed the many reasons for the over-representation of Aboriginal children and young people in the child protection system, including the ongoing and generational effects of earlier laws, policies and practices which separated Aboriginal children from their families, as well as the cumulative effects of poor health, drug and alcohol abuse, unemployment, discrimination, poor education, housing and the disempowerment of parents and communities.

The actions in this Government response are aimed at building a platform for developing policies and reforms which will bring about the far reaching changes which are needed for Aboriginal children and young people and their families. They will complement the Government's other strategic commitments to improving outcomes for Aboriginal people in New South Wales embodied in the State Plan, the NSW Aboriginal Affairs Plan *Two Ways Together* and agreement reached nationally by the Council of Australian Governments.

Strategic Approaches

The NSW State Plan

The State Plan includes commitments on reducing rates of child abuse and neglect and on improved health, education and social outcomes for Aboriginal people. The latter commitment aims to address Aboriginal disadvantage in a holistic manner across five objectives

- Safe families - ensuring Aboriginal families are supported to live free from violence and harm
- Education - increasing the readiness to learn of Aboriginal children prior to school entry
- Environmental health - ensuring that all Aboriginal communities have equitable access to environmental health systems
- Economic development - increasing Aboriginal employment, and
- Building community resilience.

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Two Ways Together

The NSW Aboriginal Affairs Plan *Two Ways Together 2003-2012* is the Government's ten-year plan to improve the wellbeing of Aboriginal people. *Two Ways Together* is focussing on programs in priority areas identified by Aboriginal communities as the most important to their future wellbeing: health, housing, education, culture and heritage, justice, economic development and families and young people.

The Partnership Community Program, an initiative under *Two Ways Together*, is a place based program in which Commonwealth and NSW Government agencies are working together on the ground in partnership with the Aboriginal community. The program aims to improve service delivery and outcomes for Aboriginal people and strengthen Aboriginal community wellbeing through building capacity of Aboriginal communities and organisations to focus on and deal with child protection issues at the local level in partnership with government.

The program will improve the way in which Aboriginal communities are able to engage with government services and so ensure that services are appropriately targeted and achieve the desired outcomes. Partnership Communities will be encouraged to establish an Aboriginal Community Governance body to ensure government agencies are working in partnership with a body which is representative of the whole community and has the confidence of the community.

Aboriginal communities will develop local *Community Action Plans* and be supported and encouraged to consider child protection as a priority issue in their Plan, based on the characteristics of their particular community. Community Action Plans will be developed using the *Community Wellbeing Framework* which identify and build on characteristics that are essential to maintaining community wellbeing.

Council of Australian Governments (COAG)

The Commonwealth, State and Territory Governments are working together through COAG to address the systemic disadvantage of Aboriginal people. They are targeting six key areas with additional investment and programs to

- close the gap in life expectancy within a generation
- halve the gap in mortality rates for Indigenous children under five within a decade
- ensure all Indigenous four years olds in remote communities have access to early childhood education within five years
- halve the gap in reading, writing and numeracy achievements for Indigenous children within a decade
- halve the gap for Indigenous students in year 12 attainment or equivalent attainment rates by 2020
- halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.

Another significant development through COAG is the proposed new *National Framework for Protecting Australia's Children* which is expected to include important components on Aboriginal children, young people and their families.

Working with Aboriginal Communities

Principles for an effective child protection system

The Government is supportive of the general principles and the Aboriginal specific principles identified by the Inquiry for guiding the child protection system in relation to Aboriginal children and young people. Key principles in the report include: empowerment of local Aboriginal communities to participate in decision-making concerning the care and protection of their children; a focus on local circumstances including the composition of individual Aboriginal communities, the strength and capacity of local leadership and the physical availability of government and non-government resources; and the need for integrated locally based services providing a full continuum of care, ranging from prevention/ early intervention through to targeted and specialist support services.

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The principle of empowerment of Aboriginal communities is already part of NSW law under three sections of the *Children and Young Persons (Care and Protection) Act 1998*

Aboriginal and Torres Strait Islander self-determination (s.11)

Aboriginal and Torres Strait Islander participation in decision-making (s.12)

Aboriginal and Torres Strait Islander Child and Young Person Placement (s.13).

Although these three sections are often seen as principles for consultation with Aboriginal families on placement decisions for children who are removed from their parents, the Government recognises they are significantly broader than this. The overall Act and the Principles provide the foundation for the way government agencies consult with families, organisations and communities; develop, design and fund programs; prepare guidelines for service delivery and develop partnerships. The need to effectively apply these principles is relevant for all core programs and funding streams.

The Inquiry principles mean that local circumstances need to be taken into account in considering how best to support Aboriginal children and their families and that services must be culturally responsive and physically located as far as possible in the local community. The Inquiry also suggested that the best evidence for what works in addressing the issues in Aboriginal communities is likely to be drawn from Aboriginal people themselves, through consultations drawing on their ideas, experiences and opinions, respecting their knowledge drawn from their own individual and community experiences, and drawing on case reports of individual Aboriginal people and specific programs.

A good example of the successful implementation of an approach drawn from Aboriginal people themselves is NSW Health's *Weaving the Net* program which has been developed for Aboriginal communities wanting to promote community and family based solutions to child abuse and family violence.

Capacity Building

An important message from the Inquiry is the need to broaden responsibility for child protection to include the whole of government and the community as well as the child's immediate family. The Government recognises that this concept is not new for Aboriginal culture, where responsibility for children is shared in children's extended families and communities with special roles for kinship networks and elders. For the Government, this means an active role not only for the Department of Community Services but for all of the human service and justice agencies. It also means a greater role in the child protection system for community organisations, both Aboriginal and non-Aboriginal.

As the Inquiry has emphasised, capacity building is central to ensuring that Aboriginal people can play significant and successful roles in the new system. Capacity building has three essential aspects in this context

- assisting Aboriginal people and communities to build on the skills and knowledge they already have for participating in decision-making processes;
- building the capacity of the Aboriginal non-government organisation sector; and
- building the capacity of government and non-government agencies to understand and work with Aboriginal communities.

An example of the existing skills and knowledge base in Aboriginal communities is the current workforce of Department of Community Services Aboriginal caseworkers who have an extensive knowledge of the issues facing Aboriginal children and young people and their families and the capability to work in partnership with both Aboriginal and non-Aboriginal organisations to assist families. The work currently being undertaken through the Department's out-of-home care Aboriginal Capacity Building project is a also positive example of a flexible, engaging and gradual approach.

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NSW Health has a successful partnership with the Aboriginal Health and Medical Research Council and the Commonwealth aimed at equipping Aboriginal organisations to be involved in the provision of health services in communities. The Government recognises the important role that the Aboriginal Medical Services play in direct service delivery, supporting Aboriginal community health initiatives, research and evaluation and workforce initiatives and it will continue to promote this partnership.

Similarly, the Government recognises the contribution of AbSec and their out-of-home care sector in supporting policy advice and programs around child protection issues for Aboriginal children and young persons.

Capacity building for government and non-government agencies means improving cultural awareness and cultural competence of non-Aboriginal staff, including supervisory and managerial staff, respecting the contemporary cultural beliefs and practices of Aboriginal people, and understanding the extended view of family in Aboriginal culture. It requires attention to cultural appropriateness of policies and strategies and changing practices to allow realistic timeframes for engaging with Aboriginal communities. It also means more flexible funding arrangements which provide the opportunity for innovation and decision-making by Aboriginal people.

Universal Services

The Aboriginal Maternal and Infant Health Strategy is central to the NSW Government's approach to ensuring that Aboriginal children and families are linked into the universal service system early and experience improved health and developmental outcomes in the longer term. The Government will continue to ensure that this strategy is effectively implemented across the State and that the next phase of implementation is fully evaluated.

The Government will also continue to work in partnership with the Commonwealth to improve the delivery of services to Aboriginal children, families and communities through the National Partnership for Indigenous Early Childhood Development. This Partnership Agreement aims to reduce the gap in

developmental outcomes between Aboriginal and non-Aboriginal children through integration of early childhood services, increased access to antenatal care, pre-pregnancy and teenage sexual and reproductive health, and increased access to and use of maternal and child health services by Aboriginal families.

The establishment of nine child and family centres in NSW will provide a wide range of early childhood and parenting services for families in one location. The aim is for government and non-government agencies to work together to provide more integrated and streamlined service delivery spanning health, education and wellbeing needs of both children and parents, in communities where there is evidence of risk factors that impact on child outcomes.

The Inquiry suggests school education strategies to ensure that all Aboriginal students of school age attend school on a daily basis, to be supported by the employment of additional home school liaison officers. The Government will increase the number of Aboriginal Student Liaison Officers, who work with the community and schools to support the regular attendance of Aboriginal students and provide support to Aboriginal parents including home visits.

The Government recognises that effectively engaging and supporting Aboriginal children in the education system is also critical for improving their life outcomes and reversing the intolerable trends highlighted by the Inquiry. This includes ensuring that Aboriginal children have the opportunity to participate in preschool. The Indigenous Early Childhood Centres will add another dimension to the provision of preschool and early education services for Indigenous children.

In addition the new Preschool Investment and Reform Plan funding model implemented from July 2008 will continue to provide the highest level of funding available to community preschools providing services to Aboriginal children. This funding aims to reduce preschool fees and other barriers to preschool access for Aboriginal children and families and ensure effective supports are in place at transition phases (including moving from primary school to high school).

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The Government recognises the importance of ensuring that Aboriginal families and children have access to safe, affordable and appropriate housing, noting that nearly one-third of Aboriginal households in NSW live in social housing, compared to 6 per cent for the non-Aboriginal population. Aboriginal people face multiple barriers in the private rental market and most of this housing is unaffordable or unsuitable to meet the needs of large Aboriginal families. The Aboriginal Housing Office (AHO), Housing NSW, the Indigenous Community Housing Sector and the homeless service system (SAAP) will continue to deliver housing assistance to Aboriginal people. Housing NSW will continue to work closely with other government agencies and non-government organisations to ensure that Aboriginal people are assisted into appropriate housing solutions and are supported to sustain their tenancies. An example of such an initiative is the Orana Far West Safe Houses Project which is a component of the Safe Families Program and aims to provide improved accommodation options for women and their children who are experiencing domestic violence.

Early Intervention Services

The Government recognises that working with vulnerable Aboriginal families requires the involvement of the whole family including children and young people, parents and other care givers.

NSW Health's *Aboriginal Family Health Strategy*, which has been in place since 1998, aims to address issues relating to the occurrence of family violence and sexual assault in Aboriginal communities and provide a framework for dealing with these concerns in a culturally appropriate manner.

Aboriginal Family Health Workers employed in non-government organisations and two Area Health Services under the Strategy are responsible for working with Aboriginal communities to help find localised solutions to family violence, sexual assault and child abuse within those communities. These workers provide a mix of individual and family support focused activities, including crisis support, advocacy and referral to other services. Their work also comprises broader community development and education strategies, with a focus on prevention and early intervention.

A recent review has demonstrated the effectiveness of this strategy in local Aboriginal communities but also identified areas where it could be strengthened. In response to the review findings, the Government will examine this strategy to provide a broader coverage of these Aboriginal Family Health Workers across the State. In addition, NSW Health is redeveloping the strategy to ensure it aligns with whole of government processes including the Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities and provides a more integrated approach to supporting children and families in collaboration with other services both within and external to Health.

The Inquiry highlighted a need for greater investment in services for men such as healing programs and men's groups. It is understood that this reflects a need for greater support services for Aboriginal men to help them deal with their emotional issues, gain meaningful employment and better secure their place in their families and communities, thus breaking the cycle of violence many are caught up in.

A need for parenting courses tailored to the specific needs of Aboriginal families was highlighted in the Government's consultation process following the release of the Inquiry's Report. As indicated in the report, an indigenous version of the Triple P – Positive Parenting Program – has been trialled with some success in communities across Australia. Other models will also be considered.

Sustained health home visiting has been identified as important in targeting support for vulnerable families in this Government response and has the potential to particularly assist Aboriginal children and families. As indicated in Chapter 1, as part of this commitment, the Government will closely monitor the sustained home visiting trials to be conducted by the Commonwealth in some rural and remote areas which focus on Aboriginal communities.

Child Protection Services

Responding to Child Sexual Assault

As the Inquiry has noted, the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011 contains the Government's response to findings about the high incidence of sexual abuse and other forms of child abuse and neglect in Aboriginal communities in the 2006 report of the NSW Aboriginal Child Sexual Assault Taskforce (ACSAT).

Implementation of the Interagency Plan remains a high priority for this Government and the Inquiry's specific recommendations on this matter are supported. The agreed actions in the Interagency Plan are priorities for the nine lead agencies involved in implementation and their progress will continue to be monitored closely by the Government and included in annual report publications.

As indicated in Chapter Three, the Government is committed to improving the provision of forensic and medical sexual assault services which is one action under the Interagency Plan. The Government recognises that this is a critical area of reform for Aboriginal children and their families, particularly those in more remote locations in the State.

Another important part of the Interagency Plan is ensuring an appropriate response to the serious harmful psychological impact of sexual assault on children and their families. The Government is aware that a number of different indigenous therapies are currently used across this country and notes the important work of the Southern Cross University, Lismore in offering academic training on these therapies. The Government also notes the successes and learnings of the Community Holistic Circle Healing Model from Hollow Water in Canada in providing culturally relevant community based support and intervention and in reducing the incidence of child sexual assault in that community.

The Government agrees with the Inquiry about the importance of developing performance measures for the Interagency Plan which measure tangible or practical outcomes for Aboriginal children and young persons or their families. The Department of Aboriginal Affairs has recently worked in consultation with the other partner agencies to refine the

milestones and measures in the Plan to better reflect Government actions and intended outcomes. As real change and tangible outcomes will only be achievable in the longer term, the Government will continue to refine the milestones and measures over time.

Joint Investigation Response Teams

The Government is committed to addressing the difficulties which Aboriginal people have experienced when they have been involved in the processes for investigations and responses to these carried out by the Police, Health and the Department of Community Services into serious cases of child abuse, including sexual assault, and serious neglect. These difficulties were highlighted in the 2006 Joint Investigation Response Teams review and in the Aboriginal Child Sexual Assault Taskforce Report (ACSAT).

As indicated in Chapter Three of the Government response, the development of guidelines for fostering Aboriginal community engagement in JIRT matters is a key action which is underway as part of the JIRT reform process. These guidelines are due for completion in June 2009.

Child Protection and Sexual Assault Counselling Services

The Government will continue its efforts to ensure the cultural competency of the existing network of child protection counselling staff (formerly PANOC) and the existing network of sexual assault service staff across the State. These specialist staff have a key role in responding to serious cases of child physical abuse and neglect as well as sexual assault and provide services for both Aboriginal and non-Aboriginal people.

Responding to Aboriginal Carer Substance Abuse and Mental Illness

The Government notes the Inquiry's findings about the particularly high prevalence of carer drug and/or alcohol issues in child protection reports involving Aboriginal children and young persons. Figures provided by Department of Community Services indicate that carer mental health issues also feature significantly in Aboriginal child protection reports (although less prevalent than in the general population).

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NSW Health will also continue the major workforce strategies it has in place for building the Aboriginal mental health and drug and alcohol workforce to help ensure a culturally responsive service system in this area. Those strategies include the NSW Aboriginal Mental Health Workforce Program; a Diploma of Aboriginal and Torres Strait Islander Primary Health Care (Practice) to commence in 2009; and professional development and networking opportunities for Aboriginal Drug and Alcohol workers through the Aboriginal Drug and Alcohol Network.

Parenting Programs for Offenders

A need for parenting courses for Aboriginal offenders was also identified in the Government's consultation process following release of the Inquiry's Report. This was seen as an important way to improve family relationships and break the cycle of violence and the cycle of welfare and institutionalisation in the justice system for the next generation of Aboriginal children.

Statutory Child Protection

Aboriginal Child Placement Principle

Section 13 of the Children and Young Persons (Care and Protection) Act 1998 contains the Aboriginal and Torres Strait Islander Child and Young Person Placement Principles which are aimed at preserving the identity, culture and heritage of each child and young person removed from his or her parents.

A high priority of this Government is to avoid Aboriginal children and young persons being taken out of their community except in circumstances where this is necessary for their safety or wellbeing. As noted by the Inquiry, the Department of Community Services has identified the need for caseworkers to apply these principles consistently and improve the collection and recording of data about children's Aboriginality.

Effective consultation with the young person's family or kinship group and an appropriate Aboriginal organisation is critical for fulfilling the Aboriginal and Torres Strait Islander Placement Principles. This is an area where capacity building in Aboriginal communities is crucial to allow Aboriginal community members to play critical roles in the protection of their children. It is also important to implement or

improve mechanisms for communities to assist the Department of Community Services in identifying the stakeholders it should be consulting on each occasion when it becomes necessary to remove a child from his or her parents.

Due to the large numbers of Aboriginal children and young persons in out-of-home care, priority will also be given to strengthening the capacity for Aboriginal families to undertake foster and kinship caring roles.

Out-of-home care

The Inquiry has recommended the transfer of responsibility for the provision of out-of-home care services currently provided by Department of Community Services to the non-government sector within three to five years. The Government is committed to consulting closely with Aboriginal organisations and others in the non-government sector with a view to maximising the role of Aboriginal organisations in the provision of out-of-home care. Capacity building in relevant Aboriginal organisations to enhance their role to provide these services will be a crucial part of this reform.

Aboriginal and non-Aboriginal non-government organisations (NGOs) that are funded to provide services to Aboriginal children and families need to be able to provide appropriate cultural interventions and connections for the children in their care and this requirement should be included in the conditions of their service contracts. It is likely that significant work will be required with a range of NGOs to develop the required framework and capacity to do this. Attention is also required to preparing care leavers for independent living and ensuring links into appropriate accommodation options and aftercare services.

The Government shares the Inquiry's concerns about the particularly poor health and developmental outcomes for Aboriginal children and young persons in out-of-home care. In implementing the proposals for health and developmental assessments for all children entering care, the Government will consider best practice models for identifying and responding to the health needs of Aboriginal children in this situation.

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In responding to Aboriginal children and young people in out-of-home care who have high needs in relation to health and/or disability careful consideration will be given to ensuring that these children and their carers have access to appropriate intensive support services they need.

The Department of Ageing, Disability and Home Care (DADHC) is committed through a Memorandum of Understanding (MOU) between Department of Community Services and DADHC to joint recruitment and training of foster carers who are able to provide care for children and young people with a disability, including appropriate models of out-of-home care for Aboriginal children and young people with a disability.

Strengthening other Department of Community Services Programs that are Showing Promise

The Department of Community Services will continue its current programs that show promise for working successfully with Aboriginal children, families and communities. This includes establishing Aboriginal lead agencies for Department's early intervention program, Brighter Futures, the Capacity Building Program for Aboriginal out-of-home care agencies, Cultural Support Plans to assist Aboriginal children in out-of-home care to maintain their cultural identity, Agreements with Murdi Paaki through the COAG process and many regional initiatives.

The challenge for the Government and community organisations with service provision for Aboriginal children and their families is to continue to build the evidence base on what works in terms of effective service interventions

Juvenile Justice

Aboriginal young people make up over half of the juvenile detention centre population and are significantly over represented in other areas of the juvenile justice system (over one-third of young people on community orders and more than one-quarter of young people referred for Youth Justice Conferencing are Aboriginal). Aboriginal young people make up over one-third (almost 40 per cent) of young people remanded in custody.

The Department of Juvenile Justice provides programs and interventions to Aboriginal young people effectively at the crisis end of human service

delivery. The short time frame that young people are under the supervision of the department limits the impact that the department can have on a young person's life. Reintegration into the community through pre and post release planning is critical to reducing re-offending and requires the co-operation of other government agencies.

Early intervention is essential, from the point of a young person's initial appearance in court through to diversion, particularly for young indigenous males. The Bureau of Crime Statistics and Research (2005) found that a young indigenous male aged 10-14 years who has had three contacts with the justice system and who is outside the education system is almost guaranteed to end up in adult prison. These findings have serious implications for the way government approaches juvenile offending and must be addressed across government in order to improve outcomes for the next generation of Aboriginal parents.

Aboriginal Workforce

The Inquiry has noted a strong Aboriginal workforce is required to build the capacity of Aboriginal community based organisations as well as Government agencies. The Government's aim is to build a workforce of people with the knowledge, skills and competencies, to be able to work in a diverse range of settings, and to deliver the range of programs required from universal to tertiary services. In addressing child protection and family violence, workers particularly need to be equipped to address the safety needs of children and respond to the effects of trauma on children, young people, families and communities and to facilitate culturally appropriate approaches to healing.

The Government is also committed to developing a resilient workforce with access to the right level of support to enable them to stay in the workforce long term. It is recognised that this is a particular challenge in rural and remote areas where workers need to be able to manage the intersections between their employment and their lives outside of work.

For this reason Aboriginal workers need strong peer support networks which provide regular opportunities to share experiences with one another,

particularly in remote communities. They require culturally competent professional supervision and mentoring which address the added challenges of working in their own community.

The Government will promote a combination of state-wide initiatives and localised strategies to build and maintain a competent and resilient Aboriginal workforce in both the government and non-government sectors.

The Department of Community Services has a large Aboriginal staff base (over seven per cent of the total workforce). The Department's Aboriginal Employment Strategy provides a framework for consistent and effective good practice models for Aboriginal staff. Another component focuses on non-Aboriginal Department of Community Services' staff developing cultural competencies when working in partnerships with local Aboriginal staff, children, young people, community organisations and elders. For example, Housing NSW has Aboriginal Specialist Client Service Officers who provide case coordination for clients with complex needs whose tenancies are at risk, and is committed to the ongoing support of these positions.

NSW Health will continue its efforts to build its Aboriginal workforce using

- the *Aboriginal Employment Strategy* which aims to achieve a minimum two per cent Aboriginal and Torres Strait Islander representation across the health workforce and greater representation in areas where the Aboriginal people are more than two per cent of the local population
- the *Aboriginal Family Health Strategy* which guides the employment of Aboriginal Family Health Workers. New Operational Guidelines released in February 2009 aim to ensure these workers are well supported in their role to reduce the incidence and prevalence of family violence, sexual assault and child abuse within Aboriginal communities and to strengthen families and communities.

The Government will continue to support important professional development and training strategies for Aboriginal workers which include

- Department of Community Services' Aboriginal Cultural Competencies for Managers and

- Mentoring for Management programs the Certificate IV and Diploma of Community Service (Protective Intervention) for Aboriginal Caseworkers and Diploma of Aboriginal and Torres Strait Islander Primary Health Care (Practice) with a focus on Dual Diagnosis
- support for Aboriginal workers to pursue high quality educational opportunities which will assist them to address child abuse and family violence. Examples are the *Indigenous Studies* courses offered at Gnibi College within Southern Cross University which specifically focus on trauma and healing
- Aboriginal programs offered by NSW Health's *Education Centre Against Violence (ECAV)* which provides quality learning and development programs for the Aboriginal health workforce who work with children and adults who have experienced sexual assault, domestic or Aboriginal family violence and/or physical and emotional abuse and neglect.

The Government will also continue to work towards building a non-Aboriginal workforce across all of the human service and justice agencies that is culturally competent to work with Aboriginal children, young people and families.

Actions in other chapters targeting Aboriginal families

A number of other actions targeting Aboriginal families are included in the preceding chapters, including:

- Expansion of the Aboriginal Maternal and Infant Health Strategy – Chapter 1
- Work with Aboriginal Communities to establish nine Indigenous Child and Family Centres across NSW – Chapter 1
- Consideration of extending Brighter Futures to children aged 9-14 years, including priority access for Aboriginal children and their families – Chapter 2
- Family preservation services, including Aboriginal Intensive Family Based services – Chapter 3.

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ACTIONS

Immediate Actions (substantially commenced within 6 months)	
<ul style="list-style-type: none"> Develop an Aboriginal Impact Statement in relation to all actions described in this Government Response, which details how the needs and interests of Aboriginal children, young people, families and communities have been elicited and incorporated into implementation of the actions. <ul style="list-style-type: none"> <i>Use the Statement to assess how each action will contribute to improving outcomes for Aboriginal children and young persons and their families and reversing over-representation in the child protection and juvenile justice systems.</i> 	Community Services/ NSW Health/ DAA (SOG)
<ul style="list-style-type: none"> The Department of Aboriginal Affairs' <i>Two Ways Together</i> Partnership Community Program will be implemented. <ul style="list-style-type: none"> <i>Program improvements will be developed in conjunction with the Department of Community Services to support family-strengthening activities in Partnership Community locations.</i> 	DAA
<ul style="list-style-type: none"> Develop strategies for further capacity building with Aboriginal communities and organisations as well as government agencies in consultation with key Aboriginal stakeholders. <ul style="list-style-type: none"> <i>In seeking to bring about lasting change, the Government will have regard to work already being done in this area in NSW as well as the international best practice models (for example, the Most Significant Change model developed by Davies and Dart and Stephen Cornell's Building and Sustaining Indigenous Governance).</i> 	Community Services/ NSW Health/DAA
<ul style="list-style-type: none"> Finalise the development of guidelines for fostering Aboriginal community engagement in JIRT matters by June 2009. 	NSW Health/ Community Services/ Police
<ul style="list-style-type: none"> Consider making greater use of night patrols in smaller and more remote communities in consultation with Aboriginal people (Rec. 18.2d). 	AGD
Short Term Actions (substantially commenced within 12-18 months)	
<ul style="list-style-type: none"> Ensure that, in establishing the new Child Wellbeing Units and Regional Intake and Referral Services, appropriate referral pathways are put in place to link Aboriginal children and their families with the culturally responsive human and justice services available in their local community to meet their needs. 	DPC/SOG
<ul style="list-style-type: none"> Any model developed for OOHC assessments and referral pathways, will specifically consider the cultural needs of Aboriginal children. 	NSW Health
<ul style="list-style-type: none"> Continue to give priority to implementing the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011 (18.3). <ul style="list-style-type: none"> <i>Agencies will collectively identify the actions in the Interagency Plan relating to direct service delivery and review the milestones and measures for these actions to ensure the reforms are in place by June 2011.</i> 	DAA/interagency

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<ul style="list-style-type: none"> • Establish a partnership with peak Aboriginal child welfare organisations and other peaks that <ul style="list-style-type: none"> - <i>provides advice on developing a service system to respond to the needs of Aboriginal children, families and communities</i> - <i>includes building the capacity of Aboriginal organisations and communities</i> - <i>provides better support to foster and kinship carers</i> - <i>investigates establishing Aboriginal NGOs in each Community Services Region that could act as a linkage point between the Department of Community Services and communities with the eventual possibility of taking on case management responsibilities.</i> 	<p>Community Services</p>
<ul style="list-style-type: none"> • Consider the provision of services for men such as healing programs and men’s groups. <ul style="list-style-type: none"> - <i>The Government will consider existing practice models and the role of this type of program in consultation with Aboriginal communities.</i> 	<p>DAA/Corrective Services</p>
<ul style="list-style-type: none"> • The provision of parenting programs which are specifically targeted at Aboriginal families will be considered as part of implementation of this Government response, in consultation with Aboriginal communities and the non-government sector. 	<p>Community Services (Families NSW)</p>
<ul style="list-style-type: none"> • Consider how parenting courses for adult Aboriginal offenders might be delivered as a way of improving parenting capacity of Aboriginal offenders, in consultation with key Aboriginal stakeholders and government agencies. 	<p>Corrective Services/ DAA</p>
<ul style="list-style-type: none"> • Develop strategies to ensure that forensic and medical sexual assault services are provided in a culturally appropriate way for Aboriginal children. <ul style="list-style-type: none"> - <i>This will include consideration of support and training for medical practitioners employed by the Aboriginal Medical Services to equip them to provide these services.</i> 	<p>NSW Health</p>
<ul style="list-style-type: none"> • Strengthen the provision of culturally appropriate models of sexual assault counselling for Aboriginal children and families, including ensuring the cultural competence of the existing network of child sexual assault counsellors across the State. 	<p>NSW Health</p>
<ul style="list-style-type: none"> • Increase the number of Aboriginal Student Liaison officers (from 11 to 26) to work with an expanded number of Aboriginal communities to develop locally identified solutions to the non-attendance of Aboriginal students and to improve their connections to education. 	<p>DET</p>
<ul style="list-style-type: none"> • Examine the feasibility of the recommendation to establish boarding type accommodation for Aboriginal children and young persons at risk and develop more detailed options for providing care and education for them (Rec. 18.2e). 	<p>DAA/ Community Services</p>

Long Term Actions (substantially commenced within 2-3 years)	
<ul style="list-style-type: none"> • Develop the capacity of NGOs, Aboriginal and non-Aboriginal, to staff and deliver a full range of primary, secondary and tertiary services to children, young persons and families, particularly those who present with a range of needs including those which are complex and chronic (10.6). <ul style="list-style-type: none"> - <i>Develop an approach in consultation with Absec.</i> - <i>Develop accredited training and support to build Aboriginal cultural capacity in workforce.</i> - <i>Apply the principles underpinning performance based contracting and implement flexible funding arrangements to allow for local innovation.</i> 	Community Services/ DAA/SOG
<ul style="list-style-type: none"> • Consider establishing a “Lakidjeka” type model of consultation to provide an Aboriginal perspective in relation to the best ways of keeping Aboriginal children and young people safe (rec. 8.5). <ul style="list-style-type: none"> - <i>Conduct a pilot of the “Lakidjeka” model.</i> - <i>Consider the lessons gained from the implementation of the Victorian model of an Aboriginal Child Specialist Advice and Support Service (“Lakidjeka”) in establishing such referral pathways.</i> - <i>Consult AbSec in this process.</i> 	Community Services
<ul style="list-style-type: none"> • Consider the feasibility of a statewide roll-out of Family Group Conferencing based on the Dhum Djirri Model. Conferencing aims to encourage family members, extended family, Elders, significant people in the child’s life, and, where appropriate, the child or young person themselves, to meet and make decisions about the safety and wellbeing of children and young people who are involved in the child protection system. <ul style="list-style-type: none"> - <i>Complete evaluation of current model.</i> - <i>Consider appropriate Statewide model.</i> 	Community Services /DAA
<ul style="list-style-type: none"> • Continue to monitor and evaluate the Nowra Care Circle Pilot and if successful, consider its extension to other parts of the State with significant Aboriginal populations (Rec. 12.2). 	AGD
<ul style="list-style-type: none"> • Develop a clear strategic direction for Aboriginal service delivery based on the Aboriginal and Torres Strait Islander Child and Young Person Placement Principles set out in the <i>Children and Young Persons (Care and Protection) Act</i>. <ul style="list-style-type: none"> - <i>Within this context, the current Aboriginal Strategic Commitment Framework will need to be reshaped.</i> - <i>This may also form the impetus for a Memorandum of Understanding, similar to the Victorian model, to be developed between the Minister for Community Services, Department of Community Services, AbSec and SNAICC. (This would be a driver to establish a Lakidjeka type model and the roll out of Family Group Conferencing).</i> 	Community Services

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<ul style="list-style-type: none">• Explore the creation of Specialist Aboriginal Child Protection Teams in each Department of Community Services Region, that would also have an external focus on working with any Aboriginal child protection focused service that was developed in the NGO sector.	Community Services
<ul style="list-style-type: none">• Examine the need for a second Rural New Street service to provide programs for children aged 10-17 years who sexually abuse. This will include Aboriginal children and young people who are in this group.	NSW Health



Strengthening Partnership Across the Community Services Sector

Building stronger partnerships between government and non-government organisations (NGOs) is critical to changing the way we support children and families. Giving NGOs greater responsibility in the delivery of family and community services is a strategic way to take services into communities - to connect better with people and their needs through positive, constructive relationships.

This approach also reinforces the Government's view that the care and protection of children and young people is primarily the responsibility of families. However, we acknowledge that the community also shares responsibility for raising children and young people, and plays an especially important role in supporting families that struggle to do this. Many forms of neglect and abuse are cumulative, and are best prevented through widespread availability of early intervention and prevention and therapeutic services. These help communities care for themselves and move beyond inter-generational disadvantage.

The Government shares the Inquiry's view that building the capacity of the NGO workforce is critical to enable the non-government sector to assume an enhanced role. Therefore, a coherent program of organisational capacity building will be undertaken.

We also acknowledge that the culture of the community services sector needs to change. There are many excellent elements of the system that do bring about lasting change to people's lives, but there is scope to do much more. These reforms reflect a genuine commitment to do things differently, and so the workforce throughout government and non-government organisations must be thoroughly engaged as the nature of the work they carry out is changed. In particular, Government and NGOs need to better share information, skills and knowledge and need to trust each other. The emphasis of the reforms is on partnership, and it is in this spirit that the Government seeks to work with NGOs to implement a new way of caring for children, young people and their families.

Working Together for NSW, the Compact between the NSW Government and the non-government sector, provides an agreed set of principles for this partnership to be developed into the future.

Building the capacity of the non-government sector

The Government will work closely with the non-government sector to develop a five year plan outlining how the capacity of NGOs to deliver more family and community services will be supported. In particular, this plan will

- more clearly define the precise areas where NGOs are best placed to undertake contracted roles
- define clear service accountabilities that will be used to drive the delivery of outcomes
- define the coordination mechanisms to be used to engage the NGO sector and NSW and Commonwealth Government agencies.

A key priority for the Government is that NGOs should be assisted to deliver more than one type of service within a strong community setting.

It will be especially important for the capacity of Aboriginal NGOs to be increased, since these NGOs have already developed a valuable knowledge base of how to work with individual, local Aboriginal communities. Part of building the capacity of Aboriginal NGOs will involve ensuring they have access to adequate infrastructure, training and continuing opportunities to engage and share information with non-Aboriginal NGOs. Non-Aboriginal NGOs have expressed a strong commitment to help achieve this. The overall aim of these efforts is to strengthen Aboriginal organisations so that they are engaged more generally in service delivery and have a stronger voice on shaping service structures, rather than being perceived as providers of specialist services only.

The number of children and young people entering out-of-home care is increasing. This not only puts pressure on Government resources but also reflects the strains on family and community relationships.

Chapter 6

The Government agrees with the Inquiry's recommendations that NGOs should gradually assume more responsibility for delivering out-of-home care services, and is mindful of the fact that this can only happen through careful planning and consultation with NGOs including discussion of costs. The care of particularly vulnerable children and young people, such as those with a physical or intellectual disability, will be also be thoroughly considered in the process of building NGO capacity, as will the need to deliver culturally sensitive models of care to Aboriginal communities, and children from culturally and linguistically diverse backgrounds.

Establishing greater trust and accountability between NGOs and Government will be implicit in building the capacity of NGOs to deliver more family and community services. Regular regional meetings between key human service agencies and NGOs will help facilitate collaborative, cross-agency efforts in the delivery of integrated services and will encourage transparent communication between Government agencies and NGOs. As performance-based contracting will be phased in as a standard measure of accountability, this type of regular consultation will help Government agencies and NGOs clearly understand each other's expectations.

Another factor in strengthening the capacity of NGOs is eliminating unnecessary overlap in service delivery. To help achieve this, the NSW Government will review the way it funds NGOs to ensure funding is coordinated, distributed according to consistent standards and reflects current partnerships. We will consult extensively with NGOs to ensure these reforms are transparent and support them in developing greater capacity to deliver family and community services.

Workforce and Cultural change

Building the capacity of NGOs will be supported by initiatives to develop the family and community services workforce and to change the culture throughout the sector. These elements are fundamentally important to strengthening the care and protection of children, young people and families and to ensuring the sustainability of the sector generally.

The need for cultural change in the sector is made even more necessary by the fact that the reform package changes the way services are delivered, and therefore changes the way staff will work.

We recognise though that cultural change will occur most effectively when the Government's own agencies lead the way. Therefore the Government is committed to ensuring that agencies work together to better share information, resources and decision-making processes and to develop open and genuine partnerships with NGOs.

Cultural change requires the leadership, commitment and accountability of managers and supervisors, assisted by early intervention policies to effectively engage with families. For this reason, Government agencies and NGOs are committed not just to policy change but also to systems change. This will mean that the values which shape services will be different. Rather than shifting risk, Government agencies and NGOs will work together to deliver services that engage with the specific needs of individuals and communities. Our aim is that distrust between Government agencies and NGOs will cease to be a marker of the community services sector, and will be replaced by a culture of shared responsibility.

We will work with NGOs to develop a five year plan for workforce development and cultural change in the community services sector. The rationale behind this initiative is to better share responsibility for care and protection of children, young people and their families. It is also to ensure that responding to their needs and reducing risks to their safety and wellbeing are at the centre of decision-making. Properly supporting the NGO workforce through training and development and consistent employment conditions will all be important factors to consider and plan for. These elements of reform will ensure cultural change is actually experienced by workers and recipients of services.

Training and development

Training and development of community services workers across Government and NGO organisations should be focused on collaborative casework and shared responsibility for outcomes. In other words, shared responsibility also brings with it the need for

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shared standards and opportunities for professional training and development. As well as joint training packages being delivered to Government and NGO workers at the same time, further specific training packages will be made available to organisations to allow them to do follow-up training. It is envisaged that these training initiatives will help Government and non-government organisations collaborate better in sharing their skills and knowledge so that they can support each other in a spirit of trust when they work together to deliver services.

These training initiatives will also form part of the Government's plan to increase the skill base of all workers in the community services sector. The Government, in consultation with NGOs and other stakeholders, will establish common training for caseworkers and carers. Establishing minimum tertiary qualification for Managers Casework, in addition to practical experience requirements from 1 July 2009, will be central to the reforms. Although it may not be essential for all community services workers to have the same level of qualifications, the establishment of more consistent qualification and training standards will help improve the career mobility of workers in the sector and provide a better incentive for professional and career development.

Preparing new generations of community services workers with the skills and support to stay in the field long term is essential to boosting morale and ensuring long-term implementation of reforms. The Government will join with NGOs, training and educational providers and unions to develop strategies to help graduates be better prepared and to ensure appropriate opportunities for ongoing professional learning and development are designed and delivered throughout their formative years and beyond.

The Government is also committed to improving the cultural competency training of community services workers so that they can work with Aboriginal and multicultural communities more effectively and empower these communities to break the cycle of disadvantage. At a forum of Aboriginal and non-Aboriginal NGOs hosted by the Department of Aboriginal Affairs and the Department of Premier and Cabinet in early February 2009, a commitment emerged between Government and

non-government organisations to work together to empower Aboriginal organisations with better resources and opportunities, so that they can take more responsibility for shaping the delivery of community services in local Aboriginal communities. Non-Aboriginal NGOs were also strongly committed to this end, and the Government is committed to exploring more ways to help Aboriginal organisations and Government agencies recruit, retain and train Aboriginal staff.

Supporting carers

Foster and kinship carers are the cornerstone of efforts to care for vulnerable children and young people. The Government and NGOs are mindful of the need to listen carefully to the needs of these carers and to deliver training and support that accurately reflects their needs and of those they care for. As well as better preparing those in care for the transition to independent living, Government and NGOs will work to recruit more foster and kinship carers, to better train and support these carers throughout the whole care cycle and to improve the cultural competence of carers. Recruiting more Aboriginal foster and kinship carers is a high priority for the Government and NGOs, as is the need to better engage local Aboriginal communities when placing Aboriginal children and young people in care.

The Government's fresh approach to community services will also see the Government working with NGOs and other stakeholders to improve the skills and knowledge of people who work with vulnerable children and young people and to extend services into areas that are currently struggling to access them.

Supporting rural and regional communities and a commitment to consultation

Improving service delivery to regional and remote communities is also a high priority for Government agencies and NGOs, and the Government is pleased that the Inquiry investigated these needs. A plan for attracting, retaining and supporting staff in regional and remote areas will be outlined in the workforce and cultural change implementation strategy.

<p>Workforce and Cultural Change</p> <ul style="list-style-type: none"> • Develop and publish a five year plan for child and family service workforce development (10.8). <ul style="list-style-type: none"> - <i>Development of a cultural change strategy focused on embedding shared responsibility between Government and NGOs for outcomes for children, young people and their families.</i> - <i>NSW Government service delivery agencies to each prepare a five year plan to drive cultural change in their organisations, with each agency's plan to be reviewed by the Child Protection Advisory Group before they are finalised.</i> - <i>Implementation of agency plans to be monitored by the Child Protection Senior Officers' Group.</i> - <i>Government to work with peak and other organisations to encourage and assist non-government, local government and Commonwealth agencies to tailor and implement similar plans for their agencies.</i> - <i>Government to explore the use of service standards, funding agreements and national frameworks to further embed the new directions.</i> 	<p>Premier and Cabinet, Community Services, Area Health Services, DET, DJJ, Housing, DADHC, Police, Children's Court, DAA</p> <p>DPC/SOG</p>
<ul style="list-style-type: none"> • The Government in partnership with peak non-government agencies, to develop a series of training packages to help people understand the new system and their responsibilities within it (6.5, 8.4, 10.6, 10.8, 21.3, 24.5) <ul style="list-style-type: none"> - <i>Targeted training for all mandatory reporters.</i> - <i>Training to emphasise collaborative casework and sharing responsibility for outcomes.</i> - <i>Training to help NGOs transition to providing more out-of-home-care services.</i> - <i>Joint training sessions to be delivered locally across NSW to government and non-government service providers.</i> - <i>Training packages to be made available to organisations that have participated in joint training sessions, so they can conduct in-depth follow-up training with their own staff.</i> 	<p>DPC/SOG</p>
<ul style="list-style-type: none"> • The Government in partnership with peak employer organisations and unions, and guided by the Child Protection Advisory Group, to review the qualifications required for major occupational categories, with a view to increasing consistency and improving skill levels (3.1, 3.2, 10.8, 13.6, 21.3). <ul style="list-style-type: none"> - <i>Set minimum tertiary qualifications and practical experience necessary for all Managers Casework from 1 July 2009.</i> - <i>Work with NGOs to help them attract and retain experienced staff and provide uniform training for caseworkers and carers.</i> - <i>Establish on-going professional training and development standards that are reflected in performance-based contracts.</i> 	<p>DPC/SOG</p>
<ul style="list-style-type: none"> • Strengthen the preparation of graduates for work in a reformed system (3.1, 9.5, 9.6, 9.7, 10.6, 10.8, 24.5). <ul style="list-style-type: none"> - <i>The Government will work with Universities, TAFE, professional associations and accreditation bodies to review training courses, competency and capability frameworks and accreditation standards.</i> - <i>Work to increase the number of Aboriginal people attaining relevant qualifications.</i> 	<p>DPC/SOG</p>

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<ul style="list-style-type: none"> • Strengthen the service delivery and workforce capacity in regional and remote communities (10.4, 10.6, 20.1). <ul style="list-style-type: none"> - <i>The Government will work with its own agencies, other government and non-government employers, unions, peaks and professional associations to attract and retain more staff to work in regional and remote areas.</i> - <i>Develop new ways of structuring work, incentives and infrastructure to make it easier for communities to access coordinated services.</i> - <i>Investigate appointing specialist caseworkers from the Department of Community Services in each region.</i> 	<p>DPC/SOG</p>
<ul style="list-style-type: none"> • Strengthen the cultural competence of community service workers (8.5, 9.5, 9.7, 10.6, 10.8, 11.5, 16.12). <ul style="list-style-type: none"> - <i>Establish cultural competency standards which will be compulsory for all Government and NGO child and family service workers.</i> - <i>Standards of Aboriginal cultural competency to be an explicit condition of Government engagement with service providers.</i> - <i>Consultation with Aboriginal and non-Aboriginal organisations to establish standards for Aboriginal cultural competency.</i> 	<p>DPC/SOG</p>
<ul style="list-style-type: none"> • Strengthen the capacity of Aboriginal NGOs in partnership with AbSec, Aboriginal peak organisations and communities so that they are empowered with a stronger voice in determining and delivering care to Aboriginal children, young people and their families (8.5, 10.5b, c, d, e, f, g and i, 10.6, 10.7, 10.8, 11.5, 12.2, 16.12). <ul style="list-style-type: none"> - <i>Provide training and other resources to develop a stronger and larger workforce, in addition to examining the development of a Lakidjeka type model in NSW.</i> - <i>Prioritise locally-driven service models that recognise, empower and actively engage with the special needs of local Aboriginal communities.</i> - <i>Government to actively encourage consultation between NGOs and Aboriginal organisations to form culturally-sensitive partnerships to develop the capacity of those Aboriginal organisations.</i> 	<p>DPC/SOG</p>
<ul style="list-style-type: none"> • Strengthen the skills and experience of staff, both within Government and in the NGO sector in delivering services to children and young people with physical and intellectual disabilities and supporting their carers (16.3, 16.8, 16.13, 21.1, 21.2, 21.3, 21.4, 21.5, 21.6, 24.5). <ul style="list-style-type: none"> - <i>Review care options, including therapeutic foster care, available for children and young people with challenging behaviours.</i> - <i>Improve data sharing between the Department of Community Services and the Department of Ageing, Disability and Home Care to identify common clients.</i> - <i>Develop dispute resolution processes that specifically consider the needs of children and young people with physical and intellectual disabilities and their carers.</i> - <i>Roll out joint training for staff from the Department of Community Services, Department of Ageing, Disability and Home Care and relevant NGOs.</i> 	<p>DPC/SOG</p> <p>Community Services/ NSW Health/ DADHC</p>

Chapter 6

<ul style="list-style-type: none"> • Improved training and support for Foster and Kinship Carers (10.6, 11.5, 12.2, 16.9, 16.12, 16.13, 20.2, 21.4). <ul style="list-style-type: none"> - <i>Revise and expand training and other supports provided to carers, before and after children are placed with them.</i> - <i>Build the capacity of Aboriginal organisations so they have a greater role in planning the care of Aboriginal children in local Aboriginal communities and recruiting and training more Aboriginal carers.</i> - <i>Recruit more foster carers for children and young people with physical and intellectual disabilities.</i> <p><i>(For further detail, refer to Actions in Chapter 3)</i></p>	<p>Community Services/ DPC/SOG</p>
<p>Long Term Actions (substantially commenced within 2-3 years)</p>	
<p>Building NGO capacity</p> <ul style="list-style-type: none"> • Implement five year plan for building government and non-government partnership. 	<p>Community Services</p>
<p>Workforce</p> <ul style="list-style-type: none"> • Implement Government’s five year plan for child and family service workforce development 	<p>DPC and other agencies listed under this item above</p>



Delivering the Plan

This Action Plan has been developed based on the findings and recommendations from the Special Commission of Inquiry Report and subsequent consultations with the non-government sector and other key stakeholders.

The Inquiry recommends significant changes to the current system and ways in which services are delivered to protect children and support families. A key issue that will need to be carefully monitored is how these changes affect outcomes for children and whether the intended goals of this new system are achieved.

Implementation of the Action Plan and outcomes for children will be measured. Careful monitoring of the impact of each of the strategies, their interdependencies as well as intended or unintended consequences will be the subject of ongoing review to identify where there may need to be changes to improve or modify the approach.

Fundamental to delivering on the actions in the Plan is an active partnership and engagement across human service and justice agencies, with non-government organisations and in partnership with communities.

A series of consultations and forums have been established to ensure stakeholders and non-government services are participating in the development and implementation of this Action Plan. A Child Protection Advisory group, chaired by the Minister for Community Services has been established to address high level policy and implementation issues. Two further groups, chaired by the Director General, Department of Community Services represent both service user groups and carers and non-government services which will assist in providing advice to the Child Protection Advisory Group. These forums will operate for two years.

An Interagency Implementation Unit has been established in Department of Premier and Cabinet to develop the whole of government response and high level Action Plan. This team includes Senior Officers from Treasury, Community Services, NSW Health, NSW Police, Education and Training, Housing NSW, Attorney

General's, Juvenile Justice and Ageing Disability and Home Care. An Implementation Unit within Department of Premier and Cabinet will continue for at least 12 months to coordinate and monitor the implementation of this Action Plan. A Senior Officers Group will be established to drive implementation within agencies. This Group will report via the Justice and Human Services Chief Executives' Committee to the Justice and Human Services Cabinet Committee and Cabinet.

Reporting against progress of this Action Plan will be quarterly to the Justice and Human Services Cabinet Committee with public reporting against the Action Plan on the Department of Premier and Cabinet and other government websites annually.

Improving local and regional governance arrangements

The Inquiry's report highlights the critical importance of delivering services as close as possible to where children and families live. Importantly, these services need to be easily accessible to children and families and coordinated in such a way as to help them meet a full range of service needs.

A key challenge identified by the Inquiry is the need for significant changes to the undesirable 'silo' delivery of services to services that are designed around the needs of children, families and local needs.

This requires regional planning and delivery mechanisms which bring together all the key government and non-government service providers and other stakeholders who understand what is needed in communities to assist them in their role in delivering outcomes for children.

The Justice and Human Services Chief Executive Committee will continue to monitor agency boundary changes and work towards ongoing alignment and governance arrangements that delivery efficient and cost effective management and administration structures across NSW regions.

Chapter 7

The NSW Government’s Regional Coordination Program coordinates NSW Government effort at a regional level to maximise benefits to local communities. As the Inquiry states the Regional Coordination Program has placed 10 regional coordinators, who are senior officers from the Department of Premier and Cabinet, across metropolitan and regional NSW, giving Government and communities a network for the strategic management of projects. As part of this program, within each region there is a Regional Coordination Management Group (RCMG). The RCMG is primarily a forum of NSW State agency regional managers. In most cases RCMGs have sub-committees comprising human service and justice agencies.

As part of the Government Action Plan, the Justice and Human Service CEOs Committee will develop and expand the role of these groups to facilitate interagency and cross-sectoral work at the local level. A Justice and Human Service Coordination Committee (JHSCC) will be formed in each region to govern the delivery of services within that region and to oversee implementation of the Government’s Action Plan at the regional and local level. A core

part of the business of these committees will be to monitor and respond to service delivery issues for child protection. It will include regional managers of the main human service and justice agencies, and a representative of local government and non-government service providers operating in that region. The JHSCC would be a forum for interagency coordination activities at the regional level and will develop a Regional Action Plan based on the State Action Plan.

Determining the non-government and local government representatives for each region will be undertaken by seeking nominations from representatives who are able to represent the views of a range of providers and link into existing regional local government and non-government networks. There will need to be dedicated Aboriginal representation on this committee to ensure effective consideration of all strategies that relate to Aboriginal children, families and communities.

The JHSCCs would report to the Senior Officers Group and through that group to the Justice and Human Service CEOs and then to the Cabinet Committee.

ACTIONS

Immediate Actions (substantially commenced within 6 months)	
<ul style="list-style-type: none"> Establishment of a central Special Commission of Inquiry Implementation unit in Department of Premier and Cabinet for at least 12 months, subject to review, to coordinate and facilitate agency delivery of recommendations. This will include quarterly reporting to the Justice and Human Services Cabinet Committee with public reporting against the Action Plan on the Department of Premier and Cabinet and other government websites annually. 	DPC
<ul style="list-style-type: none"> Outcomes measures developed to identify progress in improving outcomes for children and to identify whether the system results in reducing risk for children. 	DPC/Agencies
<ul style="list-style-type: none"> A Senior Officers Group comprising senior representatives from Human Service and Justice agencies convened by Premier and Cabinet and reporting to the Justice and Human Services Chief Executives Committee to develop and drive changes. <ul style="list-style-type: none"> <i>Development of key performance indicators to monitor Action Plan.</i> 	DPC /SOG

Chapter 7

Short Term Actions (substantially commenced within 12-18 months)	
<ul style="list-style-type: none">Improved structures established for regular regional meetings between key human service agencies and NGOs to facilitate collaborative cross agency work and to be accountable to the Human Services and Justice CEOs Cluster on delivering on the Plan (24.7).	JHSCEOs
Long Term Actions (substantially commenced within 2-3 years)	
<ul style="list-style-type: none">Implementation of these priorities will be evaluated progressively over the next five years. Progress will be reviewed by the Justice and Human Services Chief Executive Officers Committee which will report annually to the Cabinet Committee on Justice and Human Services.	DPC/ JHSCEOs
<ul style="list-style-type: none">Formal review of Action Plan against milestones and required changes/modifications.	DPC/ JHSCEOs

Schedule of Recommendations

Timeframe

Immediate= substantially commenced within 6 months

Short Term = substantially commenced within 12-18 months

Long Term = substantially commenced within 2-3 years

* = differs from the timeframe recommended by the Special Commission of Inquiry

Recommendation	Time-frame	Lead Agency	Government Response
Chapter 2 Structure and Reform			
2.1 The KiDS Core Redesign Project should be funded and implemented.	Immediate	Community Services	Supported. The Government has already allocated \$3.3 million for the preliminary stage of the KiDS Design Update and related projects on process mapping, Structured Decision-Making and feedback to mandatory reporters. These projects are already underway.
2.2 DoCS Information Management and Technology Strategic Plan should be funded and implemented.	Immediate	Community Services	Supported. The 2006-2009 Information Management and Technology Strategic Plan will be updated during the first half of 2009, incorporating projects included in this Action Plan.
2.3 The trial of the quality review tools should proceed immediately and the approved tools should be then applied in a timely manner. Each CSC should then be audited. Funds should be provided to permit the audits to commence within the 2008/09 year.	Immediate	Community Services	Supported. The trial is ready to proceed.
2.4 The decision consequent upon the SINC Report to relocate the bulk of the Complaints Unit functions to the Helpline and to revise the complaints handling system, should be implemented.	Immediate	Community Services	Supported. The Complaints Unit will be relocated to the Helpline following the implementation of a new IT platform, which will be installed in July 2009 and will be fully operational by August 2009.
2.5 Carer Support teams should be responsible for liaising with DoCS foster carers and kinship/relative carers in relation to their complaints and to ensure they have the assistance they require.	Immediate*	Community Services	Supported. The implementation of this recommendation will proceed in conjunction with 2.4, above.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
Chapter 3 DoCS Workforce Capacity			
3.1 From 1 July 2009 all appointed Managers Casework should be required to possess a relevant tertiary qualification, in addition to experience in child protection work.	From 1 July 2009	Community Services	Supported. The new requirement will be in place from 1 July 2009, as recommended by the Commission.
3.2 A review should be undertaken to identify tasks that could be appropriately delegated by caseworkers.	Short Term	Community Services	Supported. Preliminary work on evaluating caseworker support functions is already underway through stage 2 of the <i>Caseworkers Doing Casework</i> project.
3.3 A review of financial delegations should be undertaken.	Short Term	Community Services	Supported. Preliminary work on reviewing financial payments and approvals is already underway through stage 2 of the <i>Caseworkers Doing Casework</i> project.
Chapter 6 Risk of harm reports to DoCS			
6.1 DoCS should revise its case practice procedures to develop clear guidelines for classifying risk of harm reports made and information given to the Helpline. Information which does not meet the statutory test for a report should be classified as a contact and not as a report. Information which meets that test should be classified as a report. The circumstances in which reports are referred for further assessment or forwarded as information only should be clarified and consistently applied.	Short Term	Community Services	Supported. The Department of Community Services will make changes to case practice procedures and guidelines as part of the implementation of legislative change, the new referral framework, and changes to the KIDS system.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>6.2 In relation to the <i>Children and Young Persons (Care and Protection) Act 1998</i>:</p> <p>a. Sections 23, 24 and 25 should be amended to insert 'significant' before the word 'harm' where it first occurs; and s.27 amended to insert 'significant' before the word 'harm' wherever it occurs.</p> <p>b. Section 23 should be amended to insert as paragraph (g) "the child or young person habitually does not attend school."</p> <p>c. A provision should be inserted defining that (with the exception of s.23(d)) harm may be constituted by a single act, omission, or circumstance or accumulate through a series of acts, omissions or circumstances.</p> <p>d. The penalty provision in s.27 should be deleted.</p>	Immediate	DPC	<p>Supported.</p> <p>The Government will introduce legislation to implement this recommendation, with some variations.</p>
<p>6.3 Reporters should be advised, preferably electronically in relation to mandatory reporters, of the receipt of their report, the outcome of the initial assessment, and, if referred or forwarded to a CSC, contact details for that CSC should be provided. Caseworkers and their managers should be required to respond promptly and fully to requests for information about the report from mandatory reporters, subject to ensuring the integrity of any ongoing investigation.</p>	Immediate	Community Services	<p>Supported.</p> <p>The Government has approved \$0.3m to develop a system to automate feedback from the Department of Community Services' Helpline to mandatory reporters. This system will be in place in October 2009.</p> <p>In the longer term, the Department of Community Services will develop systems to improve feedback from CSCs to mandatory reporters.</p>
<p>6.4 DoCS should provide the key agencies employing mandatory reporters, namely NSW Police Force, NSW Health, each Area Health Service, The Children's Hospital at Westmead and the Department of Education and Training with quarterly aggregated data about the reports made by the agency and its staff. These data should be made public.</p>	Short Term	Community Services	<p>Supported.</p> <p>This recommendation will be implemented immediately based on existing data collection, which can provide reports for Police, DADHC, Health and Education. These reports will be released on the Department of Community Services' website. Once the quarterly reporting system is in place, the Department will work with agencies to further refine data collection and reporting.</p>

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>6.5 Targeted training strategies for each of the key mandatory reporters, namely the NSW Police Force, NSW Health, each Area Health Service, The Children's Hospital at Westmead and the Department of Education and Training in relation to the circumstance in which reports need to be made and in relation to the information required, so as to ensure its relevance and quality, should be developed and implemented by each agency in collaboration.</p>	Short Term	Police/ Health/ DET	<p>Supported.</p> <p>Police, DET and Health already provide targeted child protection training for staff. As part of the new referral framework and the development of a common assessment framework, these agencies will work with Community Services to update and enhance training strategies, to reflect the changes to the child protection system, and to improve the relevance and quality of child protection reports.</p>
<p>6.6 The trial of e-reporting should be extended to NSW Health, each Area Health Service, The Children's Hospital at Westmead, the Department of Juvenile Justice and the NSW Police Force.</p>	Long Term*	Community Services	<p>Supported.</p> <p>The outcomes of the initial trial of e-reporting will be carefully considered in planning for its extension to other agencies.</p>
Chapter 7 Early Intervention			
<p>7.1 DoCS should revise its Brighter Futures Guidelines to clarify the account to be taken of child protection history in determining eligibility.</p>	Short Term	Community Services	Supported.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
Chapter 8 Assessment and Response			
8.1 The JIRT Reform Program, as set out in the Implementation Plan should be completed.	Short Term	Health	<p>Supported.</p> <p>Implementation of the Joint Investigation and Response Teams (JIRT) Reform Program, recommended by the JIRT review in 2006, is well underway and progressing. Actions include:</p> <ul style="list-style-type: none"> • A joint referral unit and local response procedures are currently being trialled. Further consideration of the JIRT criteria will occur following the evaluation of the joint referral unit; • Aboriginal community engagement guidelines are currently being developed and are due for completion in June 2009; • New arrangements for local management groups are in place; • An induction training kit for new JIRT staff has been developed; and • JIRT training has been reviewed and a new curriculum is in development. <p>The Government is committed to allocating twenty one additional investigative positions by 2010.</p>
8.2 JIRT should be regularly audited.	Short Term*	Health/ Community Services/ Police	<p>Supported.</p> <p>JIRT will be audited every three years through a process agreed jointly by the three JIRT partner agencies, commencing in 2010.</p>

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
8.3 Pending amendment of the privacy laws as recommended in Chapter 24, a Privacy Direction should be issued in relation to the JIRT process so as to facilitate the free exchange of information between the NSW Police Force, NSW Health, each Area Health Service, The Children's Hospital at Westmead and DoCS.	N/A*	AGD	Not supported. The recommendation is a transitional step to be put in place until legislation is enacted (recommendation 24.6). This recommendation is not required as the Government will move to introduce these legislative amendments immediately.
8.4 NSW Health should provide an appropriately trained workforce to provide forensic medical services where needed for children and young persons who have suffered sexual assault and physical injury.	Short Term	Health	Supported. The Government has committed to reform in this area, and work is already underway.
8.5 The NSW Government should develop a strategy to build capacity in Aboriginal organisations to enable one or more to take on a role similar to that of the Lakidjeka Aboriginal Child Specialist Advice and Support Service, that is, to act as advisers to DoCS in all facets of child protection work including assessment, case planning, case meetings, home visits, attending court, placing Aboriginal children and young persons in OOH and making restoration decisions.	Long Term	Community Services	Supported. The Government will examine the development of a Lakidjeka type model.
Chapter 9 Assessment and Response: issues arising			
9.1 DoCS should test the use of Structured Decision Making tools at the Helpline and at CSCs in relation to assessments and interventions including restoration.	Short Term	Community Services	Supported. The Department of Community Services has already begun work on the adaption of Structured Decision Making tools for use at the Helpline and CSCs.
9.2 A common assessment framework should be developed for use by DoCS and other agencies in child protection work which encompasses all risk factors.	Short Term	Community Services	Supported. The Department of Community Services has commenced development of a threshold tool for use by mandated reporters, which will form part of the common assessment framework.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
9.3 DoCS should develop a strategy to move to electronic record keeping and abolish the use of paper records.	Long Term*	Community Services	Supported in principle. The Department of Community Services will develop a strategy to move to electronic record keeping after the KiDS system has been redesigned to make key information more accessible. As a first step, the Department will conduct a study to determine the feasibility of moving all documents to electronic record-keeping.
9.4 DoCS should revise its case practice procedures to provide Helpline caseworkers with greater guidance as to determining response times for reports of risk of harm.	Short Term	Community Services	Supported. Case practice procedures will be revised in conjunction with the introduction of Structured Decision Making Tools (see rec 9.1), which will provide greater guidance for caseworkers.
9.5 For all caseworkers and casework managers there should be a structured program for ongoing professional development which is incorporated into annual Personal Planning and Review agreements.	Short Term	Community Services	Supported.
9.6 In addition to individual supervision, there should be a facilitated monthly group case practice review of selected cases within each CSC and at the Helpline, in which all caseworkers and managers participate and which may include specialists from other agencies, if the cases require it.	Short Term	Community Services	Supported in part. A monthly group case practice review will be implemented in CSCs. A different strategy to promote case practice review will be developed which is more suitable for Helpline staff.
9.7 DoCS should develop models of professional support for novice caseworkers, such as those offered in other disciplines like medicine, which involve safety and risk factors in decision making.	Long Term	Community Services	Supported. The Department of Community Services will develop a strategy to improve professional support for novice caseworkers.
9.8 The work of the Drug and Alcohol Expertise Unit should be expanded to include mental health and domestic violence.	Short Term	Community Services	Supported in principle. This recommendation will be considered in the context of a longer term review of the future of the Unit after 2009/10.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>Chapter 10 Directions for the way forward</p> <p>10.1 Members of the community and mandatory reporters who are not those described below, who suspect that a child or young person is at risk of significant harm (“the statutory threshold”) should report their concerns to the Helpline.</p> <p>Mandatory reporters from each Area Health Service, The Children’s Hospital at Westmead, the NSW Police Force, the Department of Education and Training, the Department of Juvenile Justice and the Department of Ageing, Disability and Home Care who suspect that a child is at risk of significant harm, which is imminent, should report directly to the Helpline.</p> <p>Mandatory reporters from each Area Health Service, The Children’s Hospital at Westmead, the NSW Police Force, the Department of Education and Training, the Department of Juvenile Justice and the Department of Ageing, Disability and Home Care who suspect that a child is otherwise at risk of significant harm should report their concerns to a newly created position or Unit within their own agency (“the Unit”).</p> <p>That Unit should be staffed by specialists with knowledge of the work of the agency and knowledge of child protection work (see below).</p> <p>That Unit should determine whether the report meets the statutory threshold, by use of a common assessment framework, and if so, make the report promptly to the Helpline.</p> <p>If the report does not meet the statutory threshold, and the Unit considers that the child or young person is in need of assistance, one or more of the following should occur:</p>	<p>Short Term</p>	<p>Health/ Police/ DET/ DJJ/ DADHC/ Housing</p>	<p>Supported.</p> <p>The Government will put a new contact, intake and referral system in place, including:</p> <ul style="list-style-type: none"> - Establishing Child Wellbeing Units to drive better alignment and coordination of non-statutory services, and speedy appropriate response to children in need of assistance or at risk of significant harm. Units will be established in Health, Police, DET, DJJ, DADHC and Housing. - Focusing the Helpline on cases where there is a risk of significant harm. - Establishing Regional Intake and Referral Services to improve access to services for children/families . - Putting supports in place to ensure the system works efficiently and effectively. <p>See chapter 4 of the Government’s Action plan for a detailed description of the new model.</p>

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>a. The child or young person or family is referred by the Unit or the initial reporter to a newly created Regional Intake and Referral Service. That service should be located within an NGO and should determine the nature of the services required and refer the family to the appropriate NGO or other state or Commonwealth agency for services such as case management, home visiting, intensive family support brokerage, quality child care, housing and/or parenting education.</p> <p>b. Families who are assessed by the Unit as meeting the criteria for Brighter Futures should be referred directly to the Lead Agency contracted in the relevant area.</p> <p>c. A referral to the Domestic Violence Line should be made by the Unit or the initial reporter if the concern arises primarily from the presence of domestic and family violence and the non-offending parent (usually the mother) requires assistance.</p> <p>d. The agency works with the child or young person, alone or in combination with another appropriate agency or NGO.</p>			

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>10.2 Reports made to DoCS should be assessed at the Helpline with the use of Structured Decision Making tools (after being tested and applied). If a report is assessed as meeting the statutory threshold, the report should be dealt with in one of the following ways:</p> <p>a. Families who are assessed by the Helpline as meeting the criteria for Brighter Futures should be referred directly to the Lead Agency contracted in the relevant area.</p> <p>b. Where a child or young person is:</p> <ul style="list-style-type: none"> i. assessed as in need of a response within 24 hours, or ii. assessed as in need of a response within 72 hours and the risk is assessed as high, or iii. under five years and the primary care-giver's functioning or ability to parent is impaired due to current substance abuse, unmanaged mental illness or intellectual disability, and: <ul style="list-style-type: none"> • the child has high support needs, or • the primary reported issue is neglect or actual injury, or • the child or a sibling has been previously removed from the family by reason of care and protection concerns <p>then such child or young person should be referred to a CSC that will apply the Structured Decision Making tools in assessing, intervening and, if ultimately found to be appropriate, removing the child or young person from his or her family.</p>	Short Term	Community Services	Supported. To be progressed in conjunction with 9.1 (Structured Decision Making) and 10.1 (establishment of Regional Intake and Referral Services).

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Recommendation	Time-frame	Lead Agency	Government Response
<p>C. Children and young persons who are assessed as in need of a response within 72 hours with a risk assessed as less than high, or as in need of a response within less than 10 days and who do not meet the criteria for Brighter Futures, should be referred to the Regional Intake and Referral Service which should determine the nature of the services required and refer the family to the appropriate NGO or other state or Commonwealth agency for such assistance as may be reasonably available and likely to meet the relevant need.</p> <p>The Regional Intake and Referral Service described above should be operated and staffed by an NGO, with one or more child protection caseworkers seconded from DoCS. Where the child protection caseworker forms the view that the child or young person may be at risk of significant harm, the caseworker should perform a history check on KiDS and, if in the caseworker's view, the statutory test is met, the caseworker should refer to the matter to the Helpline. There should be at least one Regional Intake and Referral Service in each DoCS Region.</p>			
<p>10.3 – DoCS Structure DoCS should remain as a single department with a centralised Helpline, it should be divided into regions which are aligned with other key agencies and each region should contain such number of CSCs (see Chapter 23) as are appropriate for the level of demand within the region.</p>	Long Term	Community Services	Supported. See rec. 24.4 for response on boundary alignment.

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Recommendation	Time-frame	Lead Agency	Government Response
<p>10.4 – Service Availability Services should be integrated, multi-disciplinary and co-located, wherever practicable and child and family services should be established in locations of greatest need, by outreach if necessary.</p> <p>NGOs and state agencies should be funded to deliver services to the children, young persons and families who fall within the groups listed in recommendations 10.1 a and b and 10.2 a and c above. These services should cover the continuum of universal, secondary and tertiary services and should target transition points for children and young persons. Such services should include:</p> <ul style="list-style-type: none"> a. home visiting, preferably by nurses, high quality child care, preferably centre based, primary health care, school readiness programs, routine screening for domestic violence, preschool services, school counsellors, breakfast programs and early learning programs b. sustained home visiting, parenting education, supported playgroups, counselling services, the Home School Liaison Program and accommodation and rental assistance c. drug and alcohol counselling and rehabilitation services, sexual assault counselling, forensic services for sexual assault victims, PANOC services, services for adolescents aged 10-17 years who display sexually abusive behaviours, allied health services such as speech pathology and mental health services d. secondary and tertiary services that include intensive, short term, in house and crisis interventions and that provide links to other services following intensive support, where needed e. the availability of counselling or other similar services from other agencies should not be dependent upon a risk of significant harm report being made to DoCS, or DoCS having allocated the report/case. 	<p>Long Term</p>	<p>Community Services/ Health/ DET/ Housing</p>	<p>Supported.</p> <p>The Government supports the availability of services across the service continuum. The Action Plan sets out in detail what the Government is doing to ensure the availability of integrated universal, secondary and tertiary services to assist children, young people and their families.</p>

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>10.5 –</p> <p>a. Brighter Futures should be extended to provide services to more children aged 0-8 years and integrated into the service system.</p> <p>b. Brighter Futures should be extended progressively to provide services to children aged 9-14 years with priority of access to services for Aboriginal children and their families.</p> <p>c. The number and range of family preservation services provided by NGOs should be extended. This should include extending Intensive Family Based Services to Aboriginal and non-Aboriginal families.</p> <p>d. The Aboriginal Maternal and Infant Health Strategy should be delivered statewide (funds have been allocated for this service).</p> <p>e. Young, first time, isolated mothers with low educational attainment should receive secondary services, particularly sustained home visiting where the focus should be on positive maternal and child outcomes.</p> <p>f. One year of free early childhood education before school should be provided to low income families.</p> <p>g. Co-located child and family centres servicing Aboriginal communities, involving health and education services should be developed.</p> <p>h. In relation to domestic violence, the commitment to the Domestic Violence Court Intervention Model, Integrated Case Management, Non-government sector grants, Staying Home Leaving Violence, the Court Assistance Scheme, Indigenous Programs and police equipment should be implemented.</p>	<p>Long Term (<i>some parts Short Term</i>)</p>	<p>Community Services/ Health/ DAA/ AGD</p>	<p>Supported in principle.</p> <p>Brighter Futures (a, b)</p> <p>The Government supports the extension of Brighter Futures and will provide an additional 200 places for children aged 0-8 immediately, with further extension dependent on the outcomes of the current evaluation, due to be completed in 2010.</p> <p>The Government will also consider the extension of Brighter Futures for children aged 9-14. However, further examination of the evidence base is required before an appropriate evidence based model for this group can be developed.</p> <p>(See chapter 2 for further details).</p> <p>Family Preservation Services (c)</p> <p>The Government will develop and trial intensive family preservation services and, if successful, will roll out these services statewide.</p> <p>(See chapter 3 for further details)</p> <p>Aboriginal Maternal and Infant Health Strategy (d)</p> <p>Supported. Funding has already been allocated to allow an additional 17 services to be established, significantly extending coverage.</p> <p>(See chapter 1 for further details)</p>

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Recommendation	Time-frame	Lead Agency	Government Response
<p>i. The commitment to establish the Safe Families Program – Orana Far West should be implemented.</p> <p>j. The commitment to fund the Preschool Investment and Reform Plan should be implemented.</p> <p>k. The implementation plans for the delivery of the Commonwealth Government’s election commitments relating to early childhood education and care, including providing universal access to early learning programs for all Australian four year olds for 15 hours per week and establishing an additional 260 child care centres on primary school grounds and other community land in areas where there are service gaps, should be progressed.</p>			<p>Sustained home visiting (e)</p> <p>Supported. The Government will further test the intervention in 2009. Additional funding will be considered in 2009/10 following the results of this trial.</p> <p>(See chapter 2 for further details).</p> <p>Early childhood education and the Preschool Investment and Reform Plan (f, j, k)</p> <p>The Preschool Investment and Reform Plan will create places for an additional 10,500 children by December 2010, ensuring that every 4 year old in NSW can access a preschool education program.</p> <p>NSW is also working with the Commonwealth on a number of initiatives to further improve access to, participation, and quality of, early childhood education, including the National Partnership on Early Childhood Education, agreed in November 2008, which will deliver an additional \$278.6 million over five years for universal early childhood education.</p> <p>(See chapter 1 for further details).</p> <p>Co-located child and family centres servicing Aboriginal communities (g)</p> <p>Supported. NSW is working with the Commonwealth to establish a number of Indigenous Child and Family Centres in NSW, providing co-located early learning, child care, and parent and family support services in areas with high Aboriginal populations.</p> <p>Domestic violence services (h)</p> <p>Supported.</p>

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Recommendation	Time-frame	Lead Agency	Government Response
			<p>The Government will continue to roll out and invest in domestic violence services, including funding a further 16 Staying Home Leaving Violence Projects, expanding the Domestic Violence Court Assistance Scheme and providing \$2.9 million in grants annually for non-government organisations.</p> <p>Safe Families – Orana Far West (i)</p> <p>Supported. Work is underway on the development of this service.</p>
<p>10.6 The capacity of NGOs, Aboriginal and non-Aboriginal, to staff and deliver the services detailed in Recommendations 10.4 and 10.5 a, b, c, e, f and g to children, young persons and families, particularly those who present with a range of needs including those which are complex and chronic, should be developed. The principles underpinning performance based contracting should apply.</p>	Five years	Community Services/ Health/ DAA	<p>Supported.</p> <p>The Government will work with the non-government sector to address capacity issues as the reforms are rolled out.</p>

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Recommendation	Time-frame	Lead Agency	Government Response
<p>10.7 – Working collaboratively DoCS, each Area Health Service, The Children's Hospital at Westmead, the NSW Police Force, the Department of Juvenile Justice, the Department of Ageing, Disability and Home Care, the Department of Education and Training, the Department of Housing and NGOs should use a common assessment framework to identify and respond to the needs of children, young persons and their families, particularly in the areas of serious and chronic neglect, parental substance abuse, high risk adolescents, serious mental health issues and high risk domestic violence cases.</p> <p>Each key agency, namely DoCS, each Area Health Service, The Children's Hospital at Westmead, the NSW Police Force, Housing NSW, the Department of Juvenile Justice and the Department of Education and Training should identify their high end users, referred to by DoCS as Frequently Reported Families and who, for DoCS are estimated to number between 2,500 and 7,500 families. An integrated case management response to these families, which includes participation by relevant NGOs should be provided including the adoption of mechanisms for identifying new families and for enabling existing families to exit with suitable supports in place.</p> <p>Specialists in substance abuse, mental health, domestic violence and other similar areas should assist DoCS caseworkers in case allocation, planning, assessments and interventions by attending CSCs on a regular basis.</p> <p>Agencies, including NGOs should be free to exchange information for the purpose of the safety, welfare and well-being of a child or young person (see Chapter 24).</p> <p>A multi-agency systems approach to case review should be established (see Chapter 9).</p>	<p>Immediate*</p>	<p>Community Services/ Health/ DET/ Police/ Housing/ DJJ/ DPC</p>	<p>Supported.</p> <p>The Government will commence a "Frequently Encountered Families" case coordination project in selected locations on a local basis, before implementing the project more broadly. The project will focus on families that are either:</p> <ul style="list-style-type: none"> - already high end users of government services and a coordinated response will ensure more effective use of existing resources; or - known to multiple agencies but not yet high end users where earlier intervention may prevent significant future harm. <p>The model will be based on existing coordinated case management projects, with locally based project teams reporting to Regional Senior Officers' Groups. DPC will provide central project support.</p>

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Recommendation	Time-frame	Lead Agency	Government Response
<p>10.8 – Workforce needs A workforce strategy should be established which takes into account the needs of NGOs to employ additional staff and to accommodate the progressive transition of early intervention and OOHHC casework to the NGOs.</p> <p>NGOs should receive sufficient funding to develop the infrastructure needed to attract experienced staff, and be assisted in providing uniform training for caseworkers and carers.</p>	Short Term	Human Services and Justice CEOs	<p>Supported.</p> <p>Justice and Human Services CEOs will develop a forward plan for child and family services workforce development, including cultural change strategies, joint training initiatives, and strategies to improve attraction and retention in regional and remote areas.</p>

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Recommendation	Time-frame	Lead Agency	Government Response
<p>10.9 A Unit of one or more positions, depending on the size of the agency, should be created in each Area Health Service, The Children's Hospital at Westmead, the Department of Education and Training, the NSW Police Force, the Department of Ageing, Disability and Home Care, the Department of Housing and the Department of Juvenile Justice to receive reports of risk of significant harm from staff of the agency and to take appropriate action for the protection of children and young persons, including reporting to DoCS.</p> <p>In addition, the Unit should ensure communication with other agencies, primarily the human services agencies and relevant NGOs, and provide advice to the Human Services and Justice CEOs Cluster about any problems or emerging trends concerning interagency collaboration.</p> <p>The Unit in each agency should:</p> <ul style="list-style-type: none"> a. report to the agency's CEO or a defined and consistent second tier within the agency b. use data systems and processes that are common across agencies c. meet regularly with the positions created in the same agency and with those in other agencies d. keep relevant data which is then shared across agencies e. be child protection trained f. be positively named. 	<p>Short Term</p>	<p>Health/ Police/ DET/ DJJ/ DADHC/ Housing</p>	<p>Supported.</p> <p>(see recommendation 10.1 and chapter 4 for details)</p> <p>An information system will be put in place to enable agencies to work together and share basic information, by allowing Child Wellbeing Units to know if a child is already known to the Department of Community Services or another agency.</p>

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Recommendation	Time-frame	Lead Agency	Government Response
<p>10.10 Caseworkers should be employed on a temporary basis or re-assigned from Brighter Futures or OOHHC work as case management is transferred to the NGO sector, to manage those reports meeting the criteria set out in 10.2 b above until Recommendations 6.2, 10.1 and 10.2 are implemented (DoCS estimates that 300 temporary caseworkers are required).</p>	Imm	Community Services	<p>Not supported at this time.</p> <p>Given the significant scope of reform and the time required to establish a new system, there will need to be a transition strategy to meet existing child protection demand in the short term until the changes are in place and the impact on the child protection system becomes clearer.</p> <p>The Government will put a transition strategy in place that takes this short term demand into account.</p>
<p>10.11 – Brighter Futures Within three to five years, case management of all families in Brighter Futures should be by Lead Agencies.</p>	Three to five years	Community Services	<p>Supported in part.</p> <p>The Government will direct growth funding for Brighter Futures to the non- government sector (see 10.5).</p> <p>The Government will consider any further transfer of case management to Lead Agencies, following the completion of the current evaluation of Brighter Futures in 2010.</p>

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Recommendation	Time-frame	Lead Agency	Government Response
<p>Chapter 11 Statutory basis of child protection</p> <p>11.1 With respect to the <i>Children and Young Persons (Care and Protection) Act 1998</i>:</p> <p>i. Section 8(a) should be amended to provide as follows:</p> <p>that children and young persons receive such care and protection as is necessary for their safety, welfare and wellbeing, having regard to the capacity of their parents or other persons responsible for them.</p> <p>ii. Section 9 should be amended to provide:</p> <p>The principles to be applied in the administration of this Act are as follows:</p> <p>In all actions and decisions concerning a particular child or young person that are made under this Act the safety, welfare and well-being of the child or young person must be the paramount consideration.</p> <p>Paragraphs (b) to (g) should then be renumbered commencing with (a).</p> <p>iii. Section 18 should be amended to insert the words “or a nongovernment agency in receipt of government funding for the requested services” after “or agency”.</p> <p>iv. Section 21 should be amended to permit an NGO in receipt of government funding for the requested services to apply on behalf of a child or young person for assistance.</p> <p>v. Section 28 should be proclaimed.</p> <p>vi. Section 29(1)(f) should be amended to reflect the changed reporting structure as set out in Chapter 10.</p>	<p>Immediate</p>	<p>DPC</p>	<p>Supported.</p> <p>The Government will introduce legislation to implement this recommendation, with some variations.</p> <p>Section 28 will be proclaimed (v) with minor modifications so that it does not require that all action related or unrelated to the report on the child is to be recorded.</p> <p>The amendments relating to contact orders (x) will not commence until parties have access to appropriate alternative dispute resolution arrangements (see rec 12.1) and access to an administrative review.</p> <p>The main issues addressed by <i>Re Rhett</i> (xvi) will be reflected in the Act. However, the Government has not codified the whole decision.</p>

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Recommendation	Time-frame	Lead Agency	Government Response
<p>vii. Section 29(1)(f) should be amended to permit the disclosure of the reporter’s details to a law enforcement agency pursuant to the investigation of a serious crime committed upon a child or young person, where that might impact on the child’s safety, welfare or well-being.</p> <p>viii. Section 71 should be amended so that the grounds are not limited to those enumerated, while still retaining each sub-section.</p> <p>ix. The Act should be amended to make clear that, other than emergency care and protection orders made under s.46(2) of the Care Act, the Children’s Court can not allocate parental responsibility to a designated agency or a principal thereof.</p> <p>x. The Act should be amended to limit the power of the Children’s Court to make contact orders to those matters where the Court has accepted the assessment of the Director-General that there is a realistic possibility of restoration.</p> <p>xi. Section 90(3) should be amended to permit the child or young person to make an application pursuant to that section.</p> <p>xii. Part 3 of Chapter 7 should be repealed.</p> <p>xiii. Section 58 (1) (a) should be amended to delete “or unwilling.”</p>			

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Recommendation	Time-frame	Lead Agency	Government Response
<p>xiv. Pursuant to s.82, the Children’s Court should have the power to order that a written report be made to it and, if after receiving that report, it is not satisfied that proper arrangements have been made, it should have the power to re-list the matter with notice to the parties to the original proceedings in order to give any of them an opportunity to make an application pursuant to s.90 or for any other ancillary or incidental order. However, if no party wishes to apply for an order varying any of the orders made, the matter should be taken no further. In the absence of a moving party, the Children’s Court should not be empowered to make orders of its own motion.</p> <p>In addition, the Children’s Court should develop rules concerning timing, notice, confidentiality and procedures to ensure that reports are made to it in a timely fashion, that all parties are provided with a copy of the report and that the process by which a date is set for hearing is also clear.</p>			
<p>xv. The Children’s Court should have the power to order that expert evidence be provided to it, in the form of reports provided by the Children’s Court Clinic or otherwise.</p>			
<p>xvi. Relevant amendments should be made to ensure that <i>Re Rhett</i> [2008] CLN 1 is followed.</p>			
<p>xvii. The Act should be amended to provide that a decision to restore a child or young person to the care of the parents from whom he or she had previously been removed by an order of the Children’s Court, in circumstances where the Children’s Court had accepted the assessment of the Director-General that there was not a realistic possibility of restoration, must be made by the Children’s Court upon application by the person with parental responsibility.</p>			

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Recommendation	Time-frame	Lead Agency	Government Response
11.2 There should be a feasibility study into the transfer of the Children's Court Clinic to Justice Health that should also investigate its expansion to provide the services of the kind currently offered by Justice Health in the criminal jurisdiction, as well as an extension of the matters dealt with in the current assessments so as to provide greater assistance in case management decisions.	Short Term	AGD/ Health	Supported. The Government will transfer the Children's Court Clinic to Justice Health, and will introduce legislation to allow this transfer.
11.3 Data in relation to all aspects of proceedings pursuant to the <i>Children and Young Persons (Care and Protection) Act 1998</i> should be kept by DoCS and the Children's Court and made public.	Short Term	Community Services/ AGD	Supported. The Government will introduce legislation to implement this recommendation.
11.4 DoCS should review its Casework Practice Policy, Taking Action in the Children's Court, to ensure it is consistent with the <i>Children and Young Persons (Care and Protection) Act 1998</i> , in particular, the principles set out in ss.9, 10 and 36.	Immediate.	Community Services	Supported. The Department of Community Services will update this policy as recommended.
11.5 DoCS should develop Guidelines for staff in order to ensure adherence to the Aboriginal and Torres Strait Islander Child and Young Person Placement Principles in s.13 of the <i>Children and Young Persons (Care and Protection) Act 1998</i> .	Short Term	Community Services	Supported.
11.6 Evidence based guidelines for Magistrates should be prepared in relation to orders about contact made under s.86 of the <i>Children and Young Persons (Care and Protection) Act 1998</i> .	Short Term	AGD	Supported.

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Recommendation	Time-frame	Lead Agency	Government Response
<p>Chapter 12 Other models of decision making</p> <p>12.1 Adequate funding should be provided so that alternative dispute resolution is used prior to and in care proceedings in order to give meaning to s.37 of the <i>Children and Young Persons (Care and Protection) Act 1998</i>, in relation to:</p> <ul style="list-style-type: none"> a. placement plans b. contact arrangements c. treatment interventions d. long term care issues e. determination of the timing/readiness for returning a child to the home f. determination of when to discontinue protective supervision g. the nature and extent of a parent's involvement h. parent/child conflict i. lack of, or poor, communication between a worker and parents due to hostility j. negotiation of length of care and conditions of return k. foster carer/agency/parent issues. <p>12.2 The Nowra Care Circle Pilot should be monitored and evaluated. If successful, consideration should be given to its extension to other parts of the State with significant Aboriginal communities.</p>	Short Term*	AGD/ Community Services	<p>Supported.</p> <p>The Government will make alternative dispute resolution (ADR) available both prior to and after the commencement of care proceedings. In March 2009, the Government will establish an expert advisory working party to review possible ADR models and report by the end of 2009. The expert working party will be asked to consider and make recommendations on:</p> <ul style="list-style-type: none"> • evaluations of existing models in other jurisdictions; • preferred model or range of models suitable for introduction in NSW; • recommended timing and possible phasing of introduction; • appropriate review mechanisms where ADR is unable to resolve a contact order dispute. <p>In the meantime, the Government agrees to strengthen the current dispute resolution model by funding ADR training for Children's Registrars and employing a project officer to support the working party.</p>
	N/A	AGD	<p>Supported.</p> <p>This pilot held its first care circle in December 2008. The Government is currently developing an evaluation framework, and it is anticipated that the results of the evaluation framework will be available towards the end of 2010.</p>

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
Chapter 13 Court processes in statutory child protection			
13.1 The <i>Children's Court Act 1987</i> should be amended to insert a provision similar to s.27 of the <i>Local Court Act 2007</i> and the <i>Children's Court Rules 2000</i> should be reviewed to ensure that the Rules are consistent with the <i>Children's Court Act 1987</i> and the Care Act, and any practice directions or notes that are issued after amendment of the Act should similarly accord with the legislation.	Immediate	DPC	Supported. The Government will introduce legislation to implement this recommendation.
13.2 There should be no requirement, by way of legislation or practice, that DoCS is to file all material relied upon in care proceedings at the beginning of the proceedings.	Immediate	AGD/ Community Services	Supported.
13.3 Care applications by DoCS under ss.45 and 61 should be made by way of an application filed in the Court supported by a written report which succinctly and fairly summarises the information available to DoCS and contains sufficient information to support a determination that a child is in need of care and protection and any interim orders sought, without any requirement for the filing of any affidavit, unless ordered by the Court in circumstances where establishment is contested. The DoCS file or relevant portion of it should be made available to the parties.	Immediate	Community Services	Supported.
13.4 Section 45 of the <i>Children and Young Persons (Care and Protection) Act 1998</i> should be amended to require DoCS to apply to the Children's Court no later than 72 hours after the child or young person has been removed or care assumed.	Immediate	DPC	Supported. The Government will introduce legislation to implement this recommendation.
13.5 The Children's Court should revise its practices in relation to changing hearing dates and moving proceedings between courts, as well as its listing practices for callovers and mentions.	Immediate	AGD	Supported.
13.6 DoCS caseworkers should be given more specific training and guidance in relation to the nature of care proceedings and in relation to the evidence to be placed before the Court, to ensure its relevance, accuracy and fair balance.	Immediate	Community Services	Supported. As part of the introduction of legislation and changes to court procedures, the Department of Community Services will update and enhance its existing training on care proceedings for caseworkers.

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Recommendation	Time-frame	Lead Agency	Government Response
13.7 Guidelines should be developed for DoCS caseworkers based on the Code of Conduct applicable to the Office of the Director of Public Prosecutions.	Short Term	Community Services	Supported. The Department of Community Services will develop the guidelines in consultation with interested parties, including the Court and Legal Aid.
13.8 A code of conduct should be developed applicable to all legal representatives in care proceedings. Specialist accreditation should be regularly available. Any necessary training or assessment mechanisms should be available on an ongoing or regular basis. A similar regime should also be established for Guardians ad Litem.	Short Term	AGD	Supported. The Government supports the development of a code of conduct. The Attorney General's Department will approach the Children's Court Advisory Committee to develop the code. In relation to specialist accreditation, the Law Society offers specialist accreditation in children's law every two years. This will be offered again this year (2009).
13.9 A District Court Judge should be appointed as the senior judicial officer in the Children's Court.	Immediate	AGD	Supported. The Government will appoint a District Court Judge as the senior judicial officer. The Government will introduce a legislative amendment to facilitate this change.
13.10 There should be sufficient specialist Children's Magistrates appointed to permit rural and regional circuits to be held to ensure that the proportion of matters in the care and protection jurisdiction presided over by nonspecialist Magistrates is reduced to fewer than 10 per cent.	Short Term	AGD	Supported but will be implemented through other strategies. The Government will put measures in place to make specialist Children's Magistrates available to hear more complex or contested care and protection matters requiring specialist knowledge, including in rural and regional areas. The Government believes this is a better way to achieve the intent of the recommendation, and will provide a more cost effective use of judicial resources.
13.11 A trial of a 'docket system' in the Parramatta Children's Court for matters in the care and protection jurisdiction should be undertaken.	Short Term	AGD	Supported in principle. The Attorney General's Department will work with the Court on a plan to trial a docket system.

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Recommendation	Time-frame	Lead Agency	Government Response
13.12 Registrars of the Children's Court should be legally qualified and alternative dispute resolution trained and sufficient in number to perform alternative dispute resolution and to undertake procedural and consent functions.	Immediate	AGD	Supported.
Chapter 15 Child protection and the criminal justice system			
15.1 An after hours bail placement service should be established by the Department of Juvenile Justice similar to the Victorian Central After Hours and Bail Placement Service, that is available to young people aged between 10 and 18 years, who are at risk of being remanded in custody, or who require bail accommodation; or similar to the Queensland Conditional Bail and Youth Program Accommodation Support Service.	Short Term*	DJJ	Supported in principle. The Government will develop a model for a central after hours bail placement service, to assist in diverting young people from being remanded in custody while looking for safe and secure accommodation.
Chapter 16 Out-of-home care			
16.1 DoCS OOH/NGO OOH caseworkers should become involved with children and young persons in OOH at an earlier stage than final orders and have a responsibility to identify and support the placement of the children or young people, where it has been determined that there is not a realistic possibility of restoration.	Short Term	Community Services	Supported. The Department of Community Services will review the involvement of out-of-home care caseworkers in identifying and supporting placements, and will develop a strategy to enhance the involvement of out-of-home care caseworkers.

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Recommendation	Time-frame	Lead Agency	Government Response
<p>16.2 Over the next three to five years, there should be a gradual transition in the provision of OOHc for children and young persons as follows:</p> <p>a. Most children and young persons in OOHc should be supported by one of the following models:</p> <ul style="list-style-type: none"> i DoCS retains parental responsibility and a non-government organisation is responsible for case management, placement and casework services. The agency has responsibility for assessment, case planning, implementation, review, transition and case closure as well as the placement of a child or young person with an authorised carer, and for any decision to remove a child or young person from a carer. DoCS retains the key decision making role in restoration decisions, developing and approving the initial care plan and has a role in implementation. <p>DoCS and the agency have joint responsibility for decisions to apply to change Court orders and for providing after care assistance.</p> <ul style="list-style-type: none"> ii DoCS delegates parental responsibility and transfers case management, placement and casework services to a nongovernment organisation (while retaining residual powers) subject to consultation with the Children's Guardian (see Recommendation 16.15). iii Children and young persons with significantly complex needs or who are assessed as at high risk of immediate or serious harm or whose case management requires high level collaboration with other government agencies will remain case managed by DoCS. 	Long Term	Community Services	<p>Supported in principle.</p> <p>The Government will develop a plan to gradually increase the provision of out-of-home care by the non government sector.</p> <p>In relation to out-of-home care for Aboriginal children, the plan will include measures to work with Aboriginal organisations to build capacity to provide out-of-home care to Aboriginal children prior to transitioning service provision for Aboriginal children.</p> <p>The plan will also include workforce strategies to manage the transition process.</p> <p>While the transition is occurring, the Department of Community Services will continue its role in the recruitment of foster carers. The Department is improving processes to deliver more timely and efficient recruitment and assessment across government and non-government organisations.</p>

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Recommendation	Time-frame	Lead Agency	Government Response
<p>b. At an early stage, DoCS should progressively commence the transfer of long term kinship/relative carers to NGOs so as to allow the NGOs to carry out any necessary training and to provide ongoing support for these carers.</p> <p>c. At an early stage, DoCS should progressively reduce its role in the recruitment of foster carers and transfer current long term foster carers to NGOs.</p>			
<p>16.3 Within 30 days of entering OOHHC, all children and young persons should receive a comprehensive multi-disciplinary health and developmental assessment. For children under the age of five years at the time of entering OOHHC, that assessment should be repeated at six monthly intervals. For older children and young persons, assessments should be undertaken annually. A mechanism for monitoring, evaluating and reviewing access and achievement of outcomes should be developed by NSW Health and DoCS.</p>	Short Term	Health	Supported. Health, in consultation with the Department of Community Services, has commenced planning to implement this recommendation, which includes a review of existing out-of-home care assessment services provided by NSW Health and other agencies, and the development of appropriate service models to provide these assessments. This review will include consideration of the role of the existing primary health care system, including GP services, in assessing and treating children in out-of-home care.
<p>16.4 NSW Health should appoint an OOHHC coordinator in each Area Health Service and at The Children's Hospital at Westmead.</p>	Immediate	Health	Supported. These positions will be established and filled by September 2009.
<p>16.5 The Department of Education and Training should appoint an OOHHC coordinator in each Region.</p>	Immediate	DET	Supported. These positions will be established and filled by September 2009.
<p>16.6 The NSW Government has a responsibility to ensure that all children and young persons removed from their parents and placed in its care receive adequate health treatment. Thus, there should be sufficient health services including speech therapy, mental health and dental services available to treat, as a matter of priority, children and young persons in OOHHC.</p>	Long Term	Health	Supported.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>16.7 The introduction of centralised electronic health records should be a priority for NSW Health. Given that this is likely to take some time, an interim strategy should be developed to examine a comprehensive medical record or a transferable record for children and young persons in OOHc, which should be accessible to those who require it in order to promote or ensure the safety, welfare and well-being of the child or young person.</p>	Short Term (interim)	Health	<p>Supported.</p> <p>The Government supports the introduction of centralised electronic health records, and is pursuing the development of this in conjunction with the national e-Health strategy being considered by COAG.</p> <p>As an interim strategy, the NSW Health Personal Health record (or "Blue Book") will be further developed with additional insert pages to record health assessments and treatments in summary form for children in out-of-home care.</p>
<p>16.8 Within 30 days of entering OOHc, all preschool and school aged children and young persons should have an individual education plan prepared for them which is reviewed annually by the Department of Education and Training and by the responsible caseworker. A mechanism for monitoring, evaluating and reviewing access and achievement of outcomes should be developed by the Department of Education and Training and DoCS.</p>	Short Term	DET	<p>Supported in part.</p> <p>The Government will develop individual education plans for children in Government schools, and will further examine appropriate measures to support children in out-of-home care that attend preschools and non government schools.</p>
<p>16.9 Carer allowances should be reviewed periodically by an independent body and should more closely reflect the actual costs to the carer of providing care, according to the varying categories of need.</p>	Long Term	Community Services	<p>Not supported.</p> <p>The current carer allowances paid by the NSW Government are the highest of any state or territory in the country. They are based on research published by the Social Policy Research Centre work on the costs of raising a child. Allowances are adjusted annually in line with the Consumer Price Index. The Government will monitor the rates of NSW allowances compared with other states and will conduct a review if NSW rates fall behind those in other states.</p>
<p>16.10 The Memoranda of Understanding between DoCS and respectively, the Department of Ageing, Disability and Home Care, NSW Health and the Department of Education and Training should be revised to reflect the increasing responsibilities of NGOs for the provision of OOHc.</p>	Immediate	Community Services/ DADHC/ Health/ DET	<p>Supported.</p> <p>Work on updating these Memoranda of Understanding is currently underway. All MoUs will be updated by end March 2009.</p>

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>16.11 A common case management framework for children and young people in OOH across all OOH providers, should be developed, following a feasibility study on potential models including the Looking After Children system.</p>	Long Term	Community Services	<p>Supported.</p> <p>The Department will undertake a feasibility study of potential models, with the aim of introducing a common case management framework across NSW within 3-5 years.</p>
<p>16.12 Due to the large numbers of Aboriginal children and young persons in OOH, priority should be given to strengthening the capacity for Aboriginal families to undertake foster and kinship caring roles.</p>	Long Term	Community Services	<p>Supported.</p> <p>As discussed under recommendation 16.2, the Government will work to build the capacity of non government Aboriginal OOH providers to better support Aboriginal children and young people in Aboriginal families and communities.</p>
<p>16.13 There should be sufficient numbers of care options for children and young persons with challenging behaviours that include specialised models of therapeutic foster care.</p>	Long Term	Community Services	<p>Supported in principle.</p> <p>There are a small number of children in out-of-home care for whom the current models of care are insufficient. The Department of Community Services will develop new models of care for these children.</p>

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>16.14 DoCS and/or relevant NGOs should receive sufficient funding to service the actual and projected OOH population to enable an average ratio of one caseworker to 12 children and young persons.</p>	<p>Long Term</p>	<p>Community Services</p>	<p>Supported in part. The Government agrees that caseworker ratios should be reduced. However, reducing caseworker ratios will take some time, given the projected increases in the out-of-home care population in the coming years. The Government will develop a strategy to reduce caseworker ratios and is currently considering options.</p>
<p>16.15 DoCS should consult with the Children's Guardian before delegating parental responsibility to any person, except in circumstances where DoCS has shared parental responsibility and is delegating to the person with whom it shares parental responsibility. In the event that a mechanism for that to occur has not been introduced to the satisfaction of DoCS and the Children's Guardian within 12 months of the publication of this report, the <i>Children and Young Persons (Care and Protection) Act 1998</i> should be amended to require that consultation.</p>	<p>Short Term</p>	<p>Community Services</p>	<p>Supported in principle. The Department of Community Services will work with the Children's Guardian to develop an agreed mechanism. and evaluate the mechanism within 12 months.</p>

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>16.16 With respect to the <i>Children and Young Persons (Care and Protection) Act 1998</i>:</p> <ul style="list-style-type: none"> i. the proposal set out in the draft Cabinet Minute to introduce a revised scheme for voluntary care should be implemented and the Children's Guardian should receive the additional resources necessary to perform the functions of that office that would apply to those within that scheme ii. section 183 should be repealed iii. section 181(1)(d) should be repealed iv. section 181(1)(a) should be repealed v. section 186 should be repealed vi. section 105(3)(b)(iii) should be amended to delete reference to the Children's Guardian and to replace it with the Director-General of DoCS vii. section 90(3)(b) should be repealed viii. section 159 should be proclaimed 	Immediate	DPC	<p>Supported.</p> <p>The Government will introduce legislation to implement this recommendation, with some variations.</p>
Chapter 17 Domestic and family violence in child protection			
<p>17.1 The NSW Police Force should amend its policies in respect of reporting domestic violence incidents to DoCS to align with the requirements of s.23(d) of the <i>Children and Young Persons (Care and Protection) Act 1998</i> and should provide the necessary training to its officers to enable them to comply with the amended legislation.</p>	Immediate	Police	<p>Supported.</p> <p>The NSW Police Force will amend its policies and develop a communication strategy to ensure all police are educated in this area.</p>
<p>17.2 DoCS and NSW Police should agree on the process and content of information to be exchanged when reporting children or young persons at risk to ensure that information received by DoCS enables an appropriate and timely risk of harm assessment to be made.</p>	Short Term	Community Services/ Police	<p>Supported.</p> <p>The Department of Community Services and NSW Police Force will work together on an agreed process.</p>

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
17.3 DoCS caseworkers should receive domestic violence specific training, jointly with other relevant agencies and NGO workers.	Short Term	Community Services	Supported.
Chapter 18 Aboriginal overrepresentation in child protection			
18.1 The NSW Ombudsman should be given authority to audit the implementation of the Aboriginal Child Sexual Assault Taskforce recommendations as described in Recommendation 21 of the Taskforce's report.	Immediate	DAA	Supported in part. The Ombudsman will be given authority to audit the <i>NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011</i> . The Interagency Plan contains the Government's response to the Taskforce report. It is not proposed that the Ombudsman audit the Taskforce report separately.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>18.2 The NSW Government should consider the following:</p> <p>a. Assisting Aboriginal communities to consider and develop procedures for the reduction of the sale, delivery and use of alcohol to Aboriginal communities.</p> <p>b. Working with the Commonwealth to income manage Commonwealth and State payments to all families, not only Aboriginal families, in circumstances where serious and persistent child protection concerns are held and there is reliable information available that income is not being spent in the interests of the safety, welfare and well-being of the relevant child or young person.</p> <p>c. Introducing measures to ensure greater attendance at school, preferably by means other than incarceration, including the provision of transport and of meals.</p> <p>d. In smaller and more remote communities, introducing the greater use of night patrols to ensure that children are not wandering the streets at night in circumstances where they might be at risk of assault, or alternatively involved in criminal activities.</p> <p>e. Providing accommodation to Aboriginal children and young people at risk of harm of a boarding nature type where the children are cared for and educated.</p>	Short Term	Various DAA/ Health/ Community Services/ DET/ AGD	Supported in part. Parts (a) and (c) are supported. The Government already has a number of initiatives in place in these areas. Part (b) is not supported. There is little compelling evidence at this time to suggest that income management improves the safety and wellbeing of children and young people. However, the Government will monitor and review the feedback and evidence from existing trials. Parts (d) and (e) are noted, and require further consideration. In relation to (d), the Government is currently reviewing Aboriginal Community Patrols to improve their effectiveness by providing greater support for young people. In relation to (e), the Government may consider proposals from Aboriginal communities for the establishment of these services.
<p>18.3 The NSW Government should take steps to ensure that the recommendations of the Aboriginal Child Sexual Assault Taskforce report, and the actions in the Interagency Plan, which relate to provision of direct services to Aboriginal children, young persons, families and perpetrators, are carried into effect within the lifetime of the plan.</p>	Short Term	DAA	Supported in part. In conjunction with recommendation 18.1, the Government will implement the commitments in the Interagency Plan. The Interagency Plan contains the Government response to the Taskforce report.
<p>18.4 The NSW Government should work actively with the Commonwealth in securing the delivery, in NSW, of the services identified in the New Directions Policy and in the 2008/09 Commonwealth Budget that were earmarked for the benefit of Aboriginal people.</p>	Short Term	Health/ Community Services/ DAA/ DET/ DPC	Supported. NSW is working closely with the Commonwealth on these issues.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
Chapter 20 Young people, leaving care and homelessness			
20.1 DoCS should train and appoint to each DoCS Region, specialist caseworkers to assist in the case management of young people.	Short Term	Community Services	Supported.
20.2 DoCS should fund a training package to assist foster carers and kinship and relative carers in preparing young people for leaving care.	Short Term	Community Services	Supported. The Department of Community Services will put measures in place to improve support for young people in out-of-home care.
20.3 DoCS should fund the provision of detailed information to care leavers as to the assistance which is available to them through State and Commonwealth sources after they leave care, and as to the means by which they can access that assistance.	Short Term	Community Services	Supported. The Department of Community Services will put measures in place to improve support for young people in out-of-home care.
Chapter 21 Children and young persons and parents with a disability			
21.1 A data management system should be developed in DoCS and the Department of Ageing, Disability and Home Care to identify joint clients.	Short Term	DADHC/ Community Services	Supported. This will be progressed in conjunction with the development of a broader interagency information sharing system (see rec 24.6).
21.2 The Memorandum of Understanding between DoCS and the Department of Ageing, Disability and Home Care should be revised to provide the operational definitions set out in the 2008 Memorandum of Understanding evaluation and to specify the manner in which joint assessment and planning will occur.	Immediate	DADHC/ Community Services	Supported. The revised MoU will be completed by March 2009.
21.3 Joint training should be carried out for DoCS and Department of Ageing, Disability and Home Care staff, in relation to the care and protection of children and young persons with a disability, and in relation to the individual and mutual responsibilities of the two agencies.	Short Term	DADHC/ Community Services	Supported. The Department of Community Services and DADHC will develop a strategy for a joint training program.
21.4 The recruitment and training of foster carers who care for children and young persons with a disability in voluntary and statutory OOHHC should occur jointly by DoCS and the Department of Ageing, Disability and Home Care.	Short Term	DADHC/ Community Services	Supported. The Department of Community Services and DADHC will develop a joint service model.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
21.5 The Department of Ageing, Disability and Home Care and DoCS should develop additional models of accommodation and care for children and young persons with a disability who are subject to the parental responsibility of the Minister for Community Services, or for those whose disabilities are such that they are unable to continue to reside in their homes.	Short Term	DADHC/ Community Services	Supported.
21.6 Consideration should be given to the establishment of a suitable mediation process for those cases where the Department of Ageing, Disability and Home Care considers that services are needed for a child or young person with a disability and the parents or carers of such child or young person are not acting in their best interests in relation to the provision, or non-acceptance, of those services.	Long Term	DADHC	Supported. DADHC will develop a proposal for a dispute resolution mechanism in consultation with the Department of Community Services.
Chapter 22 Disaster recovery			
22.1 DoCS responsibilities under the <i>Community Welfare Act 1987</i> should be transferred to the Department of Premier and Cabinet or to such other government department as is entrusted with the principal responsibilities for planning for and responding to disasters or emergencies, with DoCS staff being available to be called upon to provide, under the coordination and direction of the Department of Premier and Cabinet or of such other department, assistance appropriate to the event.	N/A*	Community Services/ DPC	Not supported. The Government is currently developing a proposal to improve NSW' disaster recovery capacity, and the intent of this recommendation will be met by actions in this proposal. The Government believes that the Department of Community Services should retain its statutory responsibility under the <i>Community Welfare Act 1987</i> for coordinating the welfare services aspects of disaster recovery, consistent with the Department's broader state-wide community welfare role and the allocation of disaster welfare responsibilities in other States/Territories.
22.2 In the event that DoCS retains responsibility under the <i>Community Welfare Act 1987</i> , it should be resourced sufficiently to adequately perform that role, without frontline child protection caseworkers being deployed.	Short Term	OES/ Community Services/ DPC	Supported in principle. The Government is currently developing a proposal to further improve NSW' disaster recovery capacity. The Government will announce its new proposal in March 2009.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>22.3 The NSW Government should assign responsibility for distributing drought relief to an agency other than DoCS, and such relief as is provided should not be a cost to the DoCS budget.</p>	Short Term*	Primary Industries/Community Services/ DPC	Supported. The Government will explore transferring responsibility to another agency.
Chapter 23 Oversight			
<p>23.1 The relevant legislation including Part 7A of the <i>Commission for Children and Young People Act 1998</i> should be amended to make the NSW Ombudsman the convener of the Child Death Review Team and the Commissioner for Children and Young People, a member of that Team rather than its convener. The secretariat and research functions associated with the Team should also be transferred from the Commission for Children and Young People to the NSW Ombudsman.</p>	Immediate	DPC	Not Supported. The Child Death Review Team's broad research role is better suited to the Commission, with the Ombudsman focusing on reviewable deaths.
<p>23.2 DoCS should review the death of any child or young person about whom a report was made within three years of that death, or where such a report was made about a sibling of such a person, within six months of becoming aware of the death.</p>	Immediate	Community Services	Supported. The Department of Community Services Child Deaths and Critical Reports Unit already reviews deaths within the timeframe recommended by the Commission, and is committed to continuing this work, and to further improving and streamlining reporting and review arrangements.
<p>23.3 The <i>Community Services (Complaints, Reviews and Monitoring) Act 1993</i> should be amended by:</p> <ul style="list-style-type: none"> i. repealing s.35(1)(b) and (c) ii. replacing the requirement for an annual report, in s.43 with a requirement that a report be made every two years. 	Immediate	DPC	Supported. The Government will introduce legislation to implement this recommendation.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>23.4 Information obtained by persons appointed by the Minister as official visitors should be available to the regulator/accrator of OOHHC with appropriate procedural fairness safeguards and s.8 of <i>Community Services (Complaints, Reviews and Monitoring) Act 1993</i> and clause 4 of <i>Community Services (Complaints, Reviews and Monitoring) Regulation 2004</i> should be amended to achieve this outcome.</p>	Short Term	DPC	<p>Supported.</p> <p>The Government will introduce legislation to implement this recommendation.</p>
<p>23.5 The class or kind agreement between the NSW Ombudsman and DoCS should be revised to require DoCS to notify only serious allegations of reportable conduct and to impose timeframes within which DoCS will investigate those allegations.</p>	Short Term	Community Services	<p>Supported.</p> <p>The Department of Community Services will work with the Ombudsman to have a revised agreement in place by December 2009.</p>
<p>23.6 DoCS should centralise its Allegations Against Employees Unit and receive sufficient funding to enable this restructure, and to resource it to enable it to respond to allegations in a timely fashion.</p>	Immediate	Community Services	<p>Supported in principle.</p> <p>Work on the possible centralisation of this function is underway. The Department of Community Services has conducted a cost benefit analysis and consulted major stakeholders.</p>
<p>23.7 DoCS should revise the findings available following an investigation into an allegation against an employee so as to and permit one of the following findings to be made but no other: sustained, not sustained, not reportable conduct. Adequate reasons should be recorded, and kept on file, which should note not only why an allegation was sustained, but also the reasons why an allegation was not reportable or not sustained.</p>	Immediate	Community Services	<p>Supported.</p> <p>These revisions will be incorporated into the revised Allegations Against Employees policies and procedures manual, due to be completed shortly.</p>

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>23.8 The <i>Commission for Children and Young People Act 1998</i> should be amended to require background checks as follows:</p> <ul style="list-style-type: none"> a. in respect of DoCS and other key human service agencies all new appointments to staff positions that work directly or have regular contact with children and young persons (that is, permanent, temporary, casual and contract staff held against positions including temporary agency staff) b. any contractors engaged by those agencies to undertake work which involves direct unsupervised contact to children and young persons, and, in the case of DoCS, access to the KIDS system or file records on DoCS clients c. students working with DoCS officers d. children's services licensees e. authorised supervisors of children's services f. principal officers of designated agencies providing OOHHC or adoption agencies g. adult household members, aged 16 years and above of foster carers, family day carers and licensed home based carers h. volunteers in high risk groups, namely those having extended unsupervised contact with children and young persons. 	Short Term	DPC	Supported in principle. The Government will introduce legislation to implement the intent of this recommendation, with some variations.
Chapter 24 Interagency Cooperation			

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
24.1 The legislation governing each human services and justice agency should be amended by the insertion of a provision obliging that agency to take reasonable steps to coordinate with other agencies any necessary decision making or delivery of services to children, young persons and families, in order to appropriately and effectively meet the protection and care needs of children and young persons.	Immediate	DPC	Supported. The Government will introduce legislation to implement this recommendation, with some variations.
24.2 Each human services and justice agency CEO should have, as part of his or her performance agreement, a provision obliging performance in ensuring interagency collaboration in child protection matters and providing for measurement of that performance.	Immediate	DPC	Supported. This recommendation will be implemented through issuing a Premier's Memorandum, and will be incorporated into the CEO Performance Agreement Guidelines, which are currently under revision.
24.3 The Director-General, each Deputy Director-General and each Regional Director of DoCS should have, as part of his or her performance agreement, a provision obliging performance in ensuring interagency collaboration in child protection matters and providing for measurement of that performance.	Immediate	Community Services	Supported.
24.4 The boundaries of key human services and justice agencies should be aligned.	Long Term	Justice & Human Services CEOs	Supported. In 2008, CEOs completed a mapping exercise, which demonstrated that there are minimal differences between agencies. There are some anomalies in approximately 12 Local Government Areas, where CEOs will immediately explore possible changes. In the longer term, CEOs will monitor boundary changes on an ongoing basis to improve alignment and governance arrangements.
24.5 Cross agency training should be delivered in relation to interagency collaboration and cooperation in delivering services to children and young persons.	Short Term	All	Supported. See chapter 6 of the Action Plan for detail on workforce and training strategies.

Schedule of Recommendations

Recommendation	Time-frame	Lead Agency	Government Response
<p>24.6 The <i>Children and Young Persons (Care and Protection) Act 1998</i> should be amended to permit the exchange of information between human services and justice agencies, and between such agencies and the nongovernment sector, where that exchange is for the purpose of making a decision, assessment, plan or investigation relating to the safety, welfare and well-being of a child or young person in accordance with the principles set out in Chapter 24. The amendments should provide, that to the extent inconsistent, the provisions of the <i>Privacy and Personal Information Protection Act 1998</i> and <i>Health Records and Information Privacy Act 2002</i> should not apply. Where agencies have Codes of Practice in accordance with privacy legislation their terms should be consistent with this legislative provision and consistent with each other in relation to the discharge of the functions of those agencies in the area of child protection.</p>	Immediate	DPC	<p>Supported.</p> <p>The Government will introduce legislation to implement this recommendation.</p>
<p>24.7 An improved structure should be established for regular regional meetings between the key human services agencies and NGOs to facilitate collaborative cross agency work, and to be accountable to the Human Services and Justice CEOs Cluster.</p>	Short Term	Justice & Human Services CEOs / DPC	<p>Supported.</p> <p>A Justice and Human Service Coordination Committee will be established in each region, replacing existing human services and justice sub-committees of the Regional Coordination Management Group. The Committee will include representatives of local government, non government service providers and the RIRS.</p> <p>A project officer will be employed to support each committee.</p>
Chapter 25 DoCS funded non-government service system			
<p>25.1 All NSW Government funding to NGOs delivering universal, secondary and tertiary services to children, young persons and their families to prevent or otherwise address child protection concerns should be reviewed, so as to establish a coordinated system for the allocation of their funded resources that will eliminate unnecessary overlap and provide for the delivery of service where most needed.</p>	Long Term	Community Services	<p>Supported.</p> <p>The Government will take a staged approach, commencing with a review of Community Services funded programs and with a specific component addressing the service delivery needs of Aboriginal families and communities.</p>





NSW Government

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