KEEP THEM SAFE

A shared approach to child wellbeing
This report documents Keep Them Safe progress against the March 2009 Keep Them Safe: A shared approach to child wellbeing action plan and highlights various Keep Them Safe initiatives implemented or progressed during July 2010 to June 2011.

This report can be viewed and/or downloaded from the Keep Them Safe website: www.keepthemsafe.nsw.gov.au

© State of New South Wales, 2011. This work may be reproduced in whole or in part for study or training purposes subject to the inclusion of acknowledgment to the NSW Department of Premier and Cabinet. You must obtain permission if you wish to use this work for other purposes.
CONTENTS

Message from the Premier .................................................. 4
Minister’s foreword ............................................................ 5
Introduction ........................................................................ 6
Performance highlights ........................................................ 8
Keep Them Safe Implementation Unit .................................... 9
Keep Them Safe Senior Officers Group ................................. 10

Better protecting children at risk ............................................. 11
Mandatory Reporter Guide .................................................... 12
Implementation of Structured Decision Making tools at ................. 13
Community Services Centres
Child Wellbeing Units ............................................................ 13
Legislative amendments ....................................................... 16
Early Intervention and Placement Prevention program ............... 16
Chapter 16A information exchange ....................................... 17

Strengthening prevention and early intervention ......................... 19
Family Case Management .................................................... 20
Brighter Futures enhancement ............................................... 21
SAFE START ........................................................................ 22
Family Referral Services ....................................................... 23
Getting on Track in Time (Got It!) .......................................... 26
Further trials of Sustaining NSW Families program ................. 26
Home School Liaison Officers ............................................... 27

Enhancing acute services ....................................................... 29
New Street Adolescent Service program .................................. 30
Keep Them Safe Whole-Family Teams ..................................... 30
Sexualised behaviour program for children under 10 ................. 31
Alternative Dispute Resolution in care and protection matters .... 32
Bail Assistance Line ............................................................. 35
Mediation process for carers of children and young people with a disability ......................................................... 37
Improved service delivery through the Clinical Issues Unit ......... 37

Better supporting Aboriginal children and families .................... 39
Protecting Aboriginal Children Together .................................. 40
Aboriginal Student Liaison Officers ........................................ 40
Increasing Aboriginal student school attendance ..................... 42
Care Circles .......................................................................... 42
Safe Aboriginal Youth program ............................................ 43
Aboriginal Intensive Family Based Services ............................. 44
Aboriginal Consultation Guide .............................................. 45
Peer Support Program .......................................................... 45
Monitoring the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities ................................... 46
Safe Families program 47
Expanded Aboriginal Maternal and Infant Health Service 47
Aboriginal Impact Statement 48
NSW Health Aboriginal Family Health Strategy 49

Improving out-of-home care 51
Health assessments for children and young people entering OOHC 52
Supporting the education needs of children and young people in OOHC 53
Measures for children in OOHC in non-government preschools and schools 55
Development of a common OOHC case management framework 55
CREATE Foundation and YAPA youth consultations 56
Transfer of OOHC to the non-government sector 56
Foster carer recruitment 58
Targeting culturally diverse carers 58

Strengthening partnerships 59
NGO capacity building and workforce development 60
Child Wellbeing and Child Protection – NSW Interagency Guidelines 60
Regional Project Managers 61
Community Services/ADHC Memorandum of Understanding 64
Community Services/ADHC joint data management system 65
Accommodation models for children and young people with a disability 65
Children’s Services Reforms – universal access 65
Keeping it Together 66
National Quality Framework 67
The National Framework for Protecting Australia’s Children 68
Child Protection Advisory Group 70

Training, development, and evaluation 71
Keep Them Safe engagement and training 72
ACWA Keep Them Safe learning and development 72
Joint domestic violence training 73
Community Services/ADHC joint training 74
Keep Them Safe Evaluation Framework 74

Action plan summary table 75
Financial summary 2010–11 114
Committees and memberships 115
Acronyms 116
Acknowledgments 116
NSW is two years into one of the largest child protection reforms undertaken in Australia. This report details the progress of these reform activities during the past 12 months.

The NSW Government is committed to the ongoing reform of child protection services to better protect vulnerable children and young people, through a greater focus on early intervention, and better identification of and support for high-risk families.

Awareness of child protection concerns is growing throughout Australia and reports have been increasing each year. It is a sad fact that at times child protection systems have failed some children and families. At the time of writing, the Northern Territory, Victorian, and Tasmanian governments are all at various stages of their own comprehensive child protection reviews. In recent years, Queensland and South Australia have also undertaken similar efforts to ensure the protection of their vulnerable children and young people.

The need to ensure the welfare of our children and young people is of the highest priority.

I thank the non-government sector for its continued support and participation, and the many NSW Government agencies involved, as the government continues to focus on efforts to improve services for our vulnerable children, young people, and families.

Barry O’Farrell MP
Premier
This annual report fulfils a commitment in the *Keep Them Safe: A shared approach to child wellbeing* action plan to publicly report against actions on an annual basis.

In 2009–10, the focus was on establishing the architecture and framework to support the reforms. This included enacting legislation, implementing information exchange provisions, establishing Child Wellbeing Units, rolling out new early intervention programs, establishing Family Referral Services, beginning the Family Case Management pilot, and improving processes in the Children’s Court.

In 2010–11 this focus has shifted as we move towards implementing change to deliver better outcomes for children, young people, and families.

The shared responsibility focus of Keep Them Safe is evident in the close relationships between the government and non-government sectors.

As Minister for Family and Community Services, I am committed to ensuring these sectors work closely together in a true partnership. A joint non-government/government Ministerial Advisory Group has been established to start the transfer of out-of-home care to the non-government sector. The advisory group is working on a shared plan for the transition, as well as formulating advice on the broader reforms that the government should prioritise in order to improve services for vulnerable children, young people, and families.

It is clear that Keep Them Safe is the beginning of an evolving process of reform rather than an end in itself. Reform is a necessary response to social change and to improve how we protect our children and young people.

Pru Goward MP
Minister for Family and Community Services
In November 2008, the Hon. Justice James Wood, AO QC, submitted the Report of the Special Commission of Inquiry into Child Protection Services in NSW, marking an important turning point in both how we manage child protection in this state and who we perceive is responsible for keeping children and young people safe.

The *Keep Them Safe: A shared approach to child wellbeing* action plan was launched in March 2009. The action plan was developed in consultation with the child protection sector and forms the framework for implementing Justice Wood’s recommendations.

One of the action plan commitments was to publicly report on progress and the 2010–11 Keep Them Safe Annual Report is the result of that action. While the 2009–10 annual report largely focused on the establishment and implementation of new Keep Them Safe services and initiatives, this year’s report builds on that initial activity, placing the emphasis on the delivery and evaluation of key services and initiatives.

As at 30 June 2011, all but one of the provisions in the *Children Legislation (Wood Inquiry Recommendations) Amendment Bill 2009* were proclaimed. The two key provisions enacted over the past year include the transfer of responsibility for the Children’s Court Clinic from the Department of Attorney General and Justice to NSW Health and the initial transfer of responsibility for the Child Death Review Team from the Commission for Children and Young People to the NSW Ombudsman.

As the Minister for Family and Community Services states in the foreword to this report, Keep Them Safe is an evolving process of reform rather than an end in itself. Continued review of how Keep Them Safe is going, what is working, and what may need to change is a critical part of this reform process.

A key strength of the reforms has been the strong commitment across both the government and non-government sectors. Many of the initiatives highlighted in this report are the result of close collaboration between government agencies and non-government organisations (NGOs). Keep Them Safe will continue to ensure that this important collaboration continues by involving the non-government sector in government decision-making processes, beginning with the inclusion of the NGO peak bodies in expanded Keep Them Safe Senior Officers Group meetings from July 2011.

The Keep Them Safe reforms require a major change in the way we protect our children and young people. In order to achieve this change, and further strengthen partnerships among government agencies and NGOs, a new culture which aims to nurture and develop professional relationships, improve communication, provide professional development opportunities, and remove barriers between service providers will be fostered through the Keep Them Safe Change Management strategy (see p72).
This work will be further supported by the NGO Capacity Building and Workforce Development Program (see p60).

A major focus of Keep Them Safe has been strengthening prevention and early intervention strategies and initiatives. In 2010–11, this included:

- increasing the numbers of families who are able to access the Brighter Futures program through a $9 million funding boost to the non-government sector (see p21)
- expanding Family Referral Services to a further two sites in the Illawarra and New England North West (see p23)
- further trialling Sustained Health Home Visiting, which aims to support and strengthen the capacity of vulnerable parents during pregnancy and up to the child’s second birthday (see p26)
- supporting the first families through the Getting on Track in Time (Got It!) program, a new school-based mental health early intervention service (see p28).

Justice Wood’s report identified an unacceptable over-representation of Aboriginal children and young people in the child protection system. Significant work to reduce this over-representation has continued during 2010–11 through the following initiatives:

- Protecting Aboriginal Children Together (see p40), which seeks to better engage with local Aboriginal communities, with the aim of ensuring the safety and wellbeing of their children and young people
- Care Circles (see p42), which are designed to better meet the needs of Aboriginal families in the Children’s Court through more culturally appropriate decision making and care plans for Aboriginal children, young people, and families
- expansion of the Safe Aboriginal Youth program (see p43), which supports unsupervised vulnerable Aboriginal young people through night-time community patrols
- the Peer Support Program, which received funding to improve the wellbeing of Aboriginal children and young people in out-of-home care (see p45).

Mentioned in this introduction are just a few of the numerous initiatives and strategies that have been implemented for the first time, or enhanced, throughout 2010–11. Many more are detailed in the pages that follow.

It is important to remember that this is the second year in a five-year reform process and there is much work to be done. However, to date the government and non-government sectors have accomplished a great deal towards the shared goal of ensuring that all children in NSW are healthy, happy, and safe, and have the opportunity to reach their full potential.
**PERFORMANCE HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Month</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2010</td>
<td>NSW Health officially launched Family Referral Services.</td>
</tr>
<tr>
<td>September 2010</td>
<td>External care and protection mediation pilot commenced.</td>
</tr>
<tr>
<td>November 2010</td>
<td>The Bail Assistance Line expanded to service the Newcastle/Hunter region.</td>
</tr>
<tr>
<td>November 2010</td>
<td>The <em>Keep Them Safe Annual Report 2009–10</em> was launched at NSW Parliament House.</td>
</tr>
<tr>
<td>December 2010</td>
<td>Keep Them Safe Whole-Family Teams commenced operations.</td>
</tr>
<tr>
<td>February 2011</td>
<td>Dispute Resolution Conference model was launched in the Children’s Court.</td>
</tr>
<tr>
<td>March 2011</td>
<td>Two further Sustaining NSW Families sites commenced work: a multicultural service in Arnciffe, and a rural site covering Kyogle, Lismore, and Richmond Valley.</td>
</tr>
<tr>
<td>March 2011</td>
<td>Out-of-Home Care Memorandum of Understanding (MOU) between Community Services and Department of Education and Communities was signed.</td>
</tr>
<tr>
<td>April 2011</td>
<td>Getting on Track in Time (Got It!) commenced with trial schools in Term 2.</td>
</tr>
<tr>
<td>June 2011</td>
<td>Two new Family Referral Services sites began operations: Illawarra and New England North West.</td>
</tr>
<tr>
<td>June 2011</td>
<td>Rural New Street, Western opened.</td>
</tr>
</tbody>
</table>
In December 2008, the Keep Them Safe Implementation Unit (KTSIU) was established on a temporary basis within the Department of Premier and Cabinet (DPC) to:

■ oversee the development of the whole-of-government response to the Report of the Special Commission of Inquiry into Child Protection Services, the Keep Them Safe: A Shared Approach to Child Wellbeing action plan (released in March 2009)

■ drive the implementation of legislative amendments, establish the required governance structures, engage with all stakeholders, and ensure that all necessary resources and services were in place for the new child protection system to commence on proclamation (24 January 2010).

Since proclamation, the KTSIU has continued to:

■ monitor the implementation of the Inquiry recommendations and Keep Them Safe milestones

■ provide central agency leadership when implementing whole-of-government initiatives

■ provide a cross-agency problem-solving role where required

■ develop strong relationships with non-government organisation (NGO) peak agencies and engage with NGOs

■ develop strong relationships with key government partners and provide necessary support

■ maintain the Keep Them Safe website and produce communications, including a regular email newsletter and an annual report

■ project manage key initiatives, such as the development of a Keep Them Safe Evaluation Framework, the roll-out of integrated Family Case Management (FCM) pilots, Keep Them Safe training and information sessions, and the Change Management Plan.

Key achievements in 2010–11 included:

■ leading the development of the Keep Them Safe Change Management Plan and commencing roll-out of key initiatives

■ overseeing the development of the Keep Them Safe Evaluation Framework and Keep Them Safe performance indicators

■ coordinating regional forums through the regional project managers

■ managing the formative reviews of the FCM pilots and the Child Wellbeing Units (CWUs).
A Keep Them Safe Senior Officers Group (KTS SOG) was established to drive changes to the NSW child protection system, and in particular, to oversee and report on implementation of the Keep Them Safe action plan. The KTS SOG is convened by DPC.

KTS SOG members include senior officers from DPC, Department of Family and Community Services (Community Services; Ageing, Disability, and Home Care; Housing NSW), NSW Health, Department of Education and Communities (including Aboriginal Affairs NSW), NSW Police Force, Department of Attorney General and Justice (including Juvenile Justice NSW), and NSW Treasury.

The KTS SOG is responsible for:

- coordinating and facilitating agency delivery of the Keep Them Safe action plan
- leading implementation of key cross-agency actions
- promoting ongoing consultation with external stakeholders
- developing mechanisms for consultation within government agencies
- identifying and managing problems and issues with implementation as they arise
- overseeing training and change management.

In 2010–11 the KTS SOG played a pivotal role in:

- overseeing the development of and reviewing the FCM interim evaluation, the Keep Them Safe Evaluation Framework and Implementation Plan, Review of CWUs, Keep Them Safe Change Management Plan (see p72), and Family Referral Services evaluation
- developing a Keep Them Safe Incident Management Protocol
- developing Interagency Guidelines.

The Keep Them Safe Change Management Plan included a recommendation that, in alternate months, non-government partners attend KTS SOG meetings. This was identified as a strategic action aimed at developing collaborative governance between Keep Them Safe lead agencies and the non-government sector. From July 2011 expanded KTS SOG meetings will occur on a bi-monthly basis.
Mandatory Reporter Guide

The Special Commission of Inquiry into Child Protection Services in NSW recommended the use of structured tools to support shared and consistent child protection across NSW. To achieve this, the Mandatory Reporter Guide (MRG) was introduced in January 2010. The MRG is a world-first, easy-to-use, electronic tool (also available in hard-copy) that helps mandatory reporters to respond appropriately to children and young people who they think may be at risk of significant harm. The MRG provides guidance on which concerns should be reported to the Child Protection Helpline by stepping the user through a "decision tree" containing a series of questions about the primary issue of concern.

Decision trees have been developed relating to the following areas of concern:
- physical abuse
- sexual abuse
- psychological harm
- relinquishing care
- an unborn child
- parent/carer substance abuse
- parent/carer mental health
- domestic violence
- neglect (in relation to supervision, physical shelter/environment, food, lack of medical care, mental health care, and education).

Throughout 2010, Community Services worked with the Child Wellbeing Unit (CWU) Directors and a range of other stakeholders to improve and fine-tune the MRG. This review process resulted in the inclusion of a new “neglect: hygiene/clothing” decision tree, which will be implemented later in 2011.

The MRG continues to be well received and used by mandatory reporters in NSW. Work will continue to further refine and improve the MRG and promote its ongoing use by mandatory reporters. The MRG is accessible on the Keep Them Safe website.

Case study: Enhanced decision making

A Housing NSW staff member had concerns about the condition of the home of a family with five children and used the MRG to work out whether the conditions faced by the children were serious enough to warrant a report to the Child Protection Helpline.

Her concerns included lighter fluid and matches in reach of the children, clutter, dangerous objects, and exposed electrical wiring. In particular, she held concerns for the family’s young baby. The staff member used the Neglect: Shelter/Environment decision tree since that focused on a child/young person living in a dangerous environment. She then answered each of the questions in that tree and was advised at the end to make an immediate report to the Child Protection Helpline, which she did.

The staff member later commented that the MRG had helped her itemise her concerns and to think about the risks to the children. She also said that she felt more confident about working out if something was a child protection concern in the future.
Implementation of Structured Decision Making tools at Community Services Centres

Structured Decision Making (SDM) is a process that ensures key child protection decisions are based on information known from research to be relevant to those decisions. The Special Commission of Inquiry into Child Protection Services in NSW recommended that Community Services test the use of SDM tools at the Child Protection Helpline and at Community Services Centres (CSCs). SDM tools have been customised for use by Community Services through a holistic and inclusive process that involved extensive interagency collaboration. Together with professional judgment, the tools assist in reaching consistency in decision making across the agency and in making accurate decisions to assist in targeting resources to families who are most in need.

Throughout 2010–11, Community Services has incorporated the following components of SDM:

- **Screening and Response Priority tool.** This tool was implemented at the Child Protection Helpline on 24 January 2010. It is regularly monitored and improved and will be integrated into the Community Services client information system, KiDS, during 2011–12.

- **Safety, Risk, and Risk Reassessment tools.** These tools were trialled for a 12-week period in the latter half of 2010. State-wide implementation began in May 2011 and will be rolled out across all CSCs and Joint Investigation Response Teams (JIRTs) in three stages until September 2011. At 30 June 2011, approximately 800 casework staff in 28 CSCs and six JIRTs had been trained in the use of these tools.

- **Family Strengths and Needs Assessment tool.** This tool has been used in the Brighter Futures program since 2006 and is being customised for the child protection program. A three-month trial commenced on 4 April 2011. A review will further inform the possibility of trial extension, further tool refinements, and/or state-wide implementation.

- **Restoration Assessment tool.** This tool is designed for use with all children and young people who are in a temporary care arrangement for 90 days or more, or have entered statutory care. The tool guides a recommendation on whether or not restoration remains the case plan goal. A three-month trial of Restoration Assessment commenced on 4 April 2011. As with the Family Strengths and Needs Assessment tool, a review of the trial in June 2011 determined that both trials should be extended for a further three months.

In practice: Decision consistency and validity

Casework staff report that a primary benefit of using Structured Decision Making (SDM) is being able to make consistent and valid decisions in their child protection practice.

A Community Services Manager at one of the regional sites implementing the new Safety and Risk Reassessment tools, said “the Safety and Risk Reassessment tools allow staff to focus on key decision points with the ability to be consistent; the definitions stay the same regardless of the individual circumstances of each case”.

Underpinning this observation is the team’s view that the SDM tools have energised their approach to casework.

As one Caseworker summed it up, “at first we were hesitant to use SDM because we thought the system would take away our professional judgment, but we found that using the tools actually enhances our judgment and gets us thinking reflectively and holistically about our casework”.

Child Wellbeing Units

In response to the Wood Special Commission of Inquiry, CWUs were established in the four government agencies responsible for the largest number of child protection reports: NSW Health, NSW Police Force, Department of Education and Communities (formerly Department of Education and Training) and the Department of Family and Community Services (formerly Department of Human Services). CWUs began operations on
24 January 2010. The aim of the units is to support staff working with children to identify when a child is at suspected risk of significant harm, and to identify suitable local action or referral in less serious cases.

A key function of these units is to act as change agents, reshaping agency responses to child protection by providing training, support, and advice to staff, and working with other agencies to implement more effective service delivery. This is achieved by:

- advising, supporting, and educating mandatory reporters to help them determine whether a child is suspected to be at risk of significant harm, and to ensure these matters are reported to the Child Protection Helpline
- identifying potential responses by the agency or other services
- driving better alignment and coordination of agency service systems over time.

During the past 12 months, the CWUs have made a significant and growing contribution in appraising risk, building capacity of mandatory reporters, and linking vulnerable children and families to support services. This is demonstrated by the units receiving 46,465 contacts between 1 July 2010 and 30 June 2011. The majority of CWU contacts relate to safety, welfare, and wellbeing concerns for children and young people. The CWUs have promoted a culture of early intervention and prevention designed to strengthen families and prevent escalation of risk.

The units have established strong networks across the government and non-government sectors throughout 2010–11. Examples include the development of protocols with Family Referral Services (FRS), direct referral pathways to Brighter Futures, and the co-location of Community Services information exchange officers within the units to enable effective information exchange between agencies.

The units have also worked together over the past year on the refinement of WellNet (the shared CWU database), the review of the joint Child Wellbeing Unit Operating Guidelines, joint training programs, and short-term secondments across agencies.

The CWUs continue to build strong relationships across agencies and enhance interagency collaboration at both a systemic and local level. Some examples include:

- collaboration with the Children’s Research Center, other government agencies, and

The Assessment Officer that helped me through my case was amazing. She gave me confidence to continue supporting the family and encouraged creative case planning.

Ageing, Disability, and Home Care caseworker
non-government organisations (NGOs) regarding ongoing review and revision of the MRG to better support all mandatory reporters

- joint and independent presentations, along with active engagement with the non-government sector occurring across CWU agencies to strengthen working relationships and promote awareness of the role of the units

- cross-agency staff development days for all CWU staff to build the expertise of the units and maintain effective collaboration across agencies

- secondments of assessment officers to other units and cross-agency case practice discussions to assist with sharing of best practice and maintain strong interpersonal connections

- CWU and Community Services staff provided joint training in the final quarter of 2010 to all Community Services Centre Managers across the state to ensure understanding of how to work with the units, and to discuss relevant information exchange procedures.

Several of the CWUs employ identified Aboriginal Assessment Officers to provide assistance to mandatory reporters and CWU staff about cultural and child protection issues along with appropriate referral pathways for children, young people, and families who identify as Aboriginal. The expertise of the Aboriginal Assessment Officers is shared across CWUs. The CWUs also actively engage and provide training to regional Aboriginal staff.

To support relationships between Aboriginal CWU staff, a meeting and planning day was held by these officers in September 2010. These meetings will continue on a regular basis to ensure strong support networks for Aboriginal staff across

Case study: NSW Health CWU

A young person was brought into hospital by police via ambulance, heavily under the influence of drugs and alcohol. Police had become involved due to the young person assaulting a member of her family.

An assessment by the consulting NSW Health clinical psychiatry liaison officer revealed a history of substance use, suicidal ideation/self-harming, and threats towards others. She had also stopped attending school, and was currently facing suspension. In addition, she had a previous clinical history of mental health presentations and was experiencing dysfunctional, unsupportive family circumstances.

The NSW Health CWU Assessment Officer consulted with Family Referral Services, who agreed after assessing the risk factors that the young person required high-level support. The Assessment Officer also consulted the DEC CWU and the school counsellor. Consent was obtained from the young person to make necessary referrals.

A case management plan was tailored to her specific needs, and coordinated involvement from all parties has helped the young person engage with services and make the successful transition back to school, while also re-engaging in socially acceptable activities.
identify any changes to existing structures, staffing, processes, and systems that may be required to ensure the effectiveness of CWUs in improving child protection and wellbeing services in NSW.

Once the outcomes of the external review become available, it is anticipated they will assist the CWUs in identifying areas for future improvement and focus for 2011–12. The review findings are expected to be finalised in August 2011.

**Legislative amendments**

The legislation underpinning the Keep Them Safe reforms passed through Parliament and was assented to on 7 April 2009. The government adopted a staged approach to commencement of the various provisions to ensure that training and support tools were in place before the legislation came into effect.

On 24 January 2010 the main provisions of the Children Legislation Amendment (Wood Recommendations) Act 2009 were proclaimed.

In 2010–11 further provisions of the Act were proclaimed to enable:

- responsibility for the Children’s Court Clinic to be transferred from the Department of Attorney General and Justice (DAGJ) to NSW Health, specifically the Children’s Hospital at Westmead
- transfer of the Child Death Review Team from the Commission for Children and Young People to the NSW Ombudsman.

As at 30 June 2011 only one provision in the Children Legislation Amendment (Wood Recommendations) Act 2009 was yet to be proclaimed. That provision provides for amendments to the Children and Young Persons (Care and Protection) Act 1998 to limit the power of the Children’s Court to make contact orders to interim orders, and matters where the Court has approved a permanency plan involving restoration in relation to that child or young person.

The commencement of this provision is delayed until the completion of an evaluation of the two Alternative Dispute Resolution programs operating in the care and protection jurisdiction of the Children’s Court. This evaluation will help to determine how disputes in relation to contact can best be resolved. The evaluation is due to be completed by May 2012.

**Early Intervention and Placement Prevention program**

The Community Services Service System Realignment project aimed to:

- coordinate and drive the transition of services previously funded under the Community Services Grants Program (CSGP) into funding streams depending on the nature of the service they provide
- establish a new Early Intervention and Placement Prevention (EIPP) funding program incorporating new service models:
  1. Child, youth and family support
  2. Intensive family support
  3. Intensive family preservation.

Services funded under the EIPP program will form part of an integrated system of funded early intervention and placement prevention services, including Brighter Futures. The range of services for
early intervention and placement prevention is aimed at reducing the likelihood of children and young people entering or remaining in out-of-home care (OOHC).

The EIPP program comprises 430 services. From 2011–12 EIPP will have an annual ongoing budget of $64.2 million, which includes $11.2 million in new early intervention and placement prevention funding (made available through Keep Them Safe) and $5.5 million provided to 26 services (including child sexual assault clinics and domestic violence services).

Following a tender process, new early intervention and placement funding of $11.2 million was allocated to 117 service providers for a total of 130 expanded and new services. These included:

- $4.3 million for 80 services for expanded early intervention services for children, young people, and their families
- $3.4 million for 32 new intensive family support services
- $3.4 million for 18 intensive family preservation services.

The CSGP is a longstanding and important government funding program that has delivered a wide range of valued support services to individuals, families, and communities throughout NSW. The realignment of these services was made possible through the strong partnership between Community Services, peak NGOs, and their members. Significant work was undertaken by the Service System Realignment NGO Consultative Group, which is comprised of representatives from Association of Children’s Welfare Agencies (ACWA), the Council of Social Services of NSW (NCOSS), the Local Community Services Association (LCSA), NSW Family Services Inc. (FamS), the Western Sydney Community Forum (WSCF), and the Youth Action Policy Association (YAPA). Information sessions for service providers and regional staff were held in 20 locations across NSW during August 2010. As part of the Keeping it Together initiative ACWA, FamS, and YAPA, as well as NCOSS and LCSA, participated in and co-presented at these sessions with Community Services staff.

During 2010, CSGP funded services were invited to transition into either the Community Builders or the EIPP funding programs. Agencies providing direct service provision to children, young people, and families streamed into the EIPP program, and those providing community strengthening services streamed into Community Builders.

From early 2011 new service specifications were negotiated with services transitioning to new service models in time for them to commence from July 2011. Community Services and the non-government sector share a commitment to ensuring that the transition does not lead to abrupt changes to current service delivery.

**Chapter 16A information exchange**

New laws affecting the exchange of information about children and young people came into effect on 30 October 2009 with the introduction of Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998.

Operations Manager, Child Wellbeing Unit, NSW Police Force

Information exchange is pivotal to the success of protecting children and working with agencies in a productive way. There have been many examples since the inception of the CWUs that have allowed families to receive intensive support by agencies due to the discussions taking place enabling agency information to be released.
Chapter 16A allows government agencies and NGOs who are prescribed bodies to exchange information that relates to a child or young person’s safety, welfare, or wellbeing.

Before this legislative change, information exchange was governed by Section 248 (s.248) of the Act and was generally only possible where the information was sent to or received from Community Services. Since the legislation was proclaimed, prescribed bodies have been able to exchange information with each other.

During 2010, in keeping with the collaborative approach underlying all Keep Them Safe reforms, Community Services trialled the exchange of information using the principles set out in Chapter 16A. The trial confirmed that there was no practical barrier to Community Services exchanging information in most cases using Chapter 16A, with s.248 only required in strictly limited circumstances.

Since April 2011 it has become the formal policy of Community Services to use Chapter 16A to share information with prescribed bodies, in line with the collaborative approach to child protection as set out in Keep Them Safe.

Case study: Information exchange

A case manager from Ageing, Disability and Home Care (ADHC) contacted the Family and Community Services (FACS) CWU regarding a child aged eight years with Down syndrome. The reported concerns included:

- nutritional concerns for the child, who weighed just 17kg
- the stepfather not allowing support services access to the home, stating that they would have to organise to see the child at school
- the child missing paediatrician appointments
- the child’s poor attendance at school
- the stepfather’s anger management issues and controlling behaviours
- the family’s lack of engagement with required services for the child.

The case manager applied the MRG and the outcome was to refer the situation to the CWU. The CWU Assessment Officer advised the mandatory reporter to gather further information using Chapter 16A. This included contacting the child’s previous case manager and the previous school, given that the child had recently changed schools.

The previous case manager reported ongoing resistance from the stepfather to their involvement, their access to the home, their ability to sight the child, and to engaging with support services. The previous school reported poor attendance and agitation/anger from the stepfather.

Following this interagency information exchange, the Assessment Officer conducted a further risk appraisal and made a report to the Child Protection Helpline that included the additional information that had been gathered. The report was screened as risk of significant harm and the local CSC became involved.

Following the involvement of Community Services, the CWU was advised that carers and the ADHC case manager had been granted access to the family home and the stepfather had agreed to additional services for the child, including a dietician.

The NSW Government is committed to making the right decisions to improve the way child protection is managed in this state.

The Hon. Pru Goward, Minister for Family and Community Services
STRENGTHENING PREVENTION AND EARLY INTERVENTION
Family Case Management

Family Case Management (FCM) provides an integrated case management response to better support families who are frequently encountered by a number of government agencies and non-government organisations (NGOs). These are families who have shown little improvement in their circumstances, despite considerable input by a number of separate agencies, and there are child wellbeing concerns. The definition was kept deliberately broad so that regions could identify the families most relevant for them.

The main rationale for FCM is that an integrated response by human services agencies and NGOs can improve family functioning and child wellbeing while reducing the risk to children.

The program has been operating in three regions: south-west Sydney (Green Valley/Miller, Greenacre, and Fairfield); south-east NSW (Bega Valley, Goulburn and Queanbeyan) and western NSW (Orange and Leeton/Narrandera). The project in western NSW specifically targets Aboriginal families.

Each region has established local coordination groups from relevant government agencies and NGOs. There is capacity for up to 30 families to be managed by the project in each region and they may be case managed for up to 12 months before being transitioned from the project.

As at June 2011, the first group of 30 families from south-west Sydney and 30 families from south-east NSW completed 12 months of intensive support and have been transitioned out of the program. An independent evaluation of the outcomes for these

Case study: Family Case Management

A family was referred to FCM by Community Services. The referral was for a mother and her two boys, aged nine and 12.

The issues for this family included past domestic violence, long-term unemployment, school attendance issues, lack of supervision, drug use, legal issues, threat of imprisonment, limited access to recreational activities, and poverty.

Within the previous few months, the family had accessed many types of services and agencies including Community Services, NSW Police Force, NSW Health alcohol and drug teams, Department of Education and Communities, and Housing NSW. Services reported that the family wasn’t keen on engaging with them and didn’t view the issues the same way that professionals did.

Approached about FCM, the family agreed to participate. An assessment was conducted and a case plan was developed in collaboration with the family. The agencies worked together to reduce the risk issues for the children, and improve their school attendance. The mother completed some parenting work and the whole family became engaged with the Aboriginal Medical Service to address the issues around their use of drugs and alcohol.

The children’s school attendance is no longer an issue. Community Services worked to identify other safe adults in their family and the boys now spend time with their uncle in another town whenever the need arises. Mum has reduced her use of alcohol and other drugs and says she now better understands the needs of her children.
families is currently underway and is expected to be completed by December 2011. These regions have commenced recruiting new families.

The pilot in western NSW commenced much later than in the other two regions and experienced a number of challenges, including:

-吸引合适的申请者并具备FCM协调员的必要技能
-与当地社区和家庭进行联系
-确定最合适的目标群体
-缺乏当地工作人员能力

这些地区正在解决这些问题，并且截至6月30日，17个家庭参加了西部新南威尔士州的试点项目。

除了为家庭提供的直接个案工作服务外，这些地区还开展了为儿童、年轻人和家庭提供了额外支持和机会的项目，包括：

-识字工作坊为参与FCM的父母/看护者提供。
  - 这个项目导致了一位家长在东南新南威尔士州首次获得驾照，这减少了家庭的孤立感。
-育儿工作坊为参与项目的父母和看护者提供。
  - 这些工作坊专为参与FCM的家庭设计，主要目的是让参与者更好地理解他们的孩子的需要，特别是在儿童发展、依恋和安全方面。

-家庭个案管理中期评估
  - 中期评估报告表明，FCM模式在南西悉尼和东南新南威尔士州受到了广泛欢迎，服务提供者报告了更广泛的合作以及更全面的家庭计划。
  - 家庭功能有所改善（有报告称，有严重问题的家庭和不乐意与服务合作的家庭接受了支持并承担起积极改变生活的责任）
  - 知识网络得到了增强（各方理解了彼此的角色）。
  - 机构工作人员的技能得到了提高（具体整合个案管理培训被提供给每个地区）。

**家庭个案管理中期评估**

- 项目已受到家庭和服务机构的好评，服务机构报告了合作的加强和家庭计划的改进。
- 项目有助于改善家庭功能（有报告称，服务的参与和责任的接受使家庭接受了改变生活的积极变化）。
- 项目有助于增加对转介和服务网络的认识，当各方理解了彼此的角色时。
- 项目有助于提高机构工作人员的技能，因为他们在协作进行个案规划和综合个案管理任务时。

**Brighter Futures**

Brighter Futures是一个由非政府组织和社区服务提供的早期干预项目，旨在建立脆弱家庭中儿童的韧性。该计划由父母申请，并为可能恶化、影响其育儿能力或影响儿童福祉的父母提供早期支持。

Brighter Futures是一个为中等收入和低收入家庭设计的早期干预项目。该计划旨在通过为儿童提供支持，帮助家庭改善家庭功能，预防问题升级为危机。

Brighter Futures是一个为中等收入和低收入家庭设计的早期干预项目。该计划旨在通过为儿童提供支持，帮助家庭改善家庭功能，预防问题升级为危机。
Under Keep Them Safe, additional funding of $8.7 million a year has been allocated to non-government Brighter Futures lead agencies to increase the number of families in the program.

Established in January 2011, the Brighter Futures Council met on three occasions between January and June 2011. Endorsed by the Minister for Family and Community Services in May 2011, revised program parameters were announced at the June meeting as follows:

- Community Services will deliver early intervention services to families who have been assessed as being at risk of significant harm, through the newly named Stronger Families program
- the engagement period for Brighter Futures and Stronger Families will be reduced from 90 days to 30 days
- families will participate in Brighter Futures or Stronger Families for between eight and 18 months, with a maximum of two years.
- NGOs will deliver the Brighter Futures program to families whose children have not been assessed as being at risk of significant harm, but whose high needs place the children at risk of entering or re-entering the child protection system
- a transfer of $10 million in funding from Community Services to the non-government sector for delivery of innovative early intervention services
- Brighter Futures referral pathways will be streamlined to allow direct referrals to lead agencies

To reflect these changes, the Brighter Futures Council has since become the Early Intervention Council.

**Brighter Futures evaluation**

The final report of the Brighter Futures evaluation was released in September 2010. Comment was sought from a wide cross-section of stakeholders. Their feedback has informed a number of key decisions about the future direction of Brighter Futures. These include:

- an increasing role for NGOs in delivering Brighter Futures
- a specific focus on families who are assessed as being above the risk of significant harm threshold
- more focus on parents with drug and alcohol, mental health, and domestic violence issues.

**SAFE START**

SAFE START supports primary health workers to be better equipped in identifying emotional issues, mental health, substance abuse, and domestic violence problems, while also ensuring women, their infants, and families are...
offered appropriate support, follow-up, and care.

The key objective of SAFE START is to identify and support women and families with a range of social and emotional issues during pregnancy and following birth. One of the ways SAFE START achieves this is through the provision of comprehensive psychosocial assessments (including screening for domestic violence and depression) as a component of routine antenatal and postnatal care. Under the Families NSW framework, this initiative:

- provides comprehensive psychosocial assessment at least twice: at the first point of contact during pregnancy, and in the first 12 months after birth
- helps identify families with psychosocial difficulties (including depression and other mental health problems) during the critical perinatal and postnatal periods, and offers appropriate care and support.

The secondary aim of SAFE START is to focus on the mental health and psychosocial issues (including family violence and substance abuse problems) of fathers and families, and to address the relationship between mental health and the parenting role.

From 2009–10 eight new positions were funded to support families identified as needing coordinated case management and support for multiple and complex issues. These positions coordinate care for families identified with vulnerabilities during the perinatal period and use a new information system to collect and report on the profile of families that engage with multiple agencies/service settings.

An online education platform, SAFE START Assessment and Screening Training, has been developed to support safety and quality of psychosocial assessment and depression screening by primary health staff, and to support implementation of NSW Health’s Supporting Families Early Package. More than 2000 NSW Health staff, predominantly from maternity and child and family health services, have completed this online training.

Aboriginal Health Workers are involved in SAFE START through widespread consultation with stakeholders from Local Health Districts throughout NSW. The SAFE START model is being adapted for Aboriginal families in NSW through the federal Department of Health and Ageing’s National Partnership Agreement—Indigenous Early Childhood Development, Element 2 (“Increased Access to Antenatal Care, Pre-Pregnancy, and Teenage Sexual and Reproductive Health”).

This process will increase access to early intervention programs for mental health and drug and alcohol services to Aboriginal pregnant women and their families; and strengthen the structures and systems that support access by Aboriginal pregnant women. Implementation planning for this process commenced in 2010 and involves the Aboriginal Health Medical Research Council (AHMRC); Centre for Aboriginal Health; Coordinators for Mental Health and Drug and Alcohol Aboriginal Traineeships; and Aboriginal Workforce Development.

Family Referral Services

Family Referral Services (FRS) are intended to assist children, young people, and families who do not meet the statutory threshold for child protection intervention but would benefit from accessing support, and aims to address current problems and prevent escalation. FRS provide information and link vulnerable children, young people, and families to a range of support services in their local area. FRS are expected to case coordinate referrals to support services; they are not expected to undertake casework or provide case management.

Families may self-refer to FRS or may be referred by staff from:

- government agencies, including referrals from Child Wellbeing Units (CWUs)
- the private sector (e.g. general practitioners, clinical psychologists)
- NGOs

FRS may refer clients to government and non-government services such as case management, home visiting, intensive family support, quality child
care, housing, parenting education, supported play-group, drug and alcohol/mental health services, youth support services, and respite care. FRS were piloted for 12 months from May 2010 to April 2011 and evaluated over their first nine months of operation with two types of service delivery models trialled: a telephone service and an “augmented” face-to-face service with capacity to coordinate active referrals.

UnitingCare was engaged to pilot the Western FRS (initially known as Dubbo FRS), which is an augmented service with an Aboriginal focus. This service aims to address the specific support needs of Aboriginal people and develop referral pathways to services which have capacity to address these needs. UnitingCare Burnside is an organisation with a reputation as a culturally competent service well placed to deliver services to Aboriginal populations. Western FRS employs six staff, four of whom are Aboriginal. All staff members are required to participate in culturally competent training. The established connections of Western FRS Aboriginal staff to date have been a great asset in engaging with vulnerable Aboriginal families.

The Benevolent Society was engaged to pilot the Hunter Central Coast FRS (initially known as the Newcastle FRS), which is an augmented service covering the Lake Macquarie, and the Lower and Upper Hunter regions, with an intake and outreach service provided from four sites:

- Carrington (servicing Newcastle, Northern Lake Macquarie and Port Stephens)
- Muswellbrook (servicing the Upper Hunter region)
- Watanobbi (servicing the Southern Lake Macquarie and the Central Coast region)

Relationships Australia NSW was engaged to pilot the Mt Druitt FRS, a telephone-only service that covers 17 suburbs/localities within the Blacktown local government area (LGA).

Since the end of the pilot phase, the three pilot providers had their operations extended and FRS provision has been expanded to a further two sites the Illawarra and New England North West. Two new providers commenced operations on 20 June 2011.

Barnardos Australia operates the Illawarra FRS, an augmented service with intake and outreach provided from three sites:

- Warrawong (with outreach to Wollongong, Shellharbour, and Kiama)
- Bowral (with outreach to Wingecarribee)
- Nowra (with outreach to Shoalhaven).

Pathfinders operates the New England North West FRS, an augmented service with an Aboriginal focus providing intake and outreach services from three sites:

- Tamworth (with outreach to Gunnedah)
- Inverell (with outreach to Tenterfield, Glen Innes, and the Aboriginal communities of Tingha and Bundarra)
- Moree (with outreach to Moree Plains, Gwydir, and Narrabri).

Formal protocols defining communication and referral processes have been developed and agreed by FRS and the CWUs. Guidelines have been developed with FRS input to guide referrals from mandatory reporters who do not have access to a CWU. A referral protocol was also developed between FRS and the Child Protection Helpline to support referrals from the Helpline. This protocol has been operational since May 2011.
FRS service delivery is guided by FRS Practice Standards. These standards are being trialled over 12 months by FRS providers with a view to develop a best-practice model to support the future roll-out of services across NSW. There are six broad aspects of service delivery where standards apply:

1. Maximising client engagement and satisfaction with the service.
2. Maximising the engagement of Aboriginal clients and addressing their support needs.
3. Providing an appropriate service to culturally and linguistically diverse (CALD) clients.
4. Supporting and retaining skilled staff.
5. Promoting service visibility and good standing within local service systems.

Case study: Hunter Central Coast FRS

The NSW Health CWU contacted FRS on behalf of a young person who was self-harming and not attending school.

The family lived in a rural area with limited access to transport. Direct phone contact was made and an appointment time negotiated for the FRS Outreach Worker to visit the young person at home. An assessment by the Outreach Worker revealed that the young person’s mother had left the family several years earlier and family dynamics had become strained due to the recent return of an adult sibling.

The Outreach Worker developed a referral plan with the young person, addressing her identified difficulties at school, issues with non-attendance, and her resulting anxiety, as well as her frustrations with her relationship with her father.

With the young person’s consent, the Outreach Worker spoke with the school principal and school counsellor, who were both responsive to working more holistically with her. A referral was also made to a local adolescent and family counsellor who could provide outreach to isolated families.

This resulted in the provision of a therapeutic key worker who was able to further engage the young person around family relationship issues (with her father) as well as participate in school planning meetings, which ultimately included the young person transferring to a different high school.
Getting on Track in Time (Got It!)

Getting on Track in Time (Got It!) is a new school-based mental health early intervention service being implemented by NSW Health Child and Adolescent Mental Health Services in partnership with DEC. It is an adaptation of the Victorian Child and School Early Action (CASEA) program. The service provides expanded counselling services to parents and carers.

During 2010–11, implementation commenced at all three previously nominated pilot sites: Mt Druitt, Dubbo, and Newcastle. NSW Health has developed a Model of Care and an evaluation framework. A tender for the external evaluation of the implementation and outcomes of the project is underway.

Joint planning days between NSW Health and DEC representatives were held in the three pilot sites in March 2011 with steering committees formed. NSW Health has completed recruitment, with a total of 14 mental health clinicians now employed across the pilot sites. Each site has identified an initial two schools for participation in the program.

The Mt Druitt steering committee held information sessions with 21 schools, received 12 applications, and began implementation of the program in two schools in Term 2. Planning for implementation in two more schools in Term 3 has commenced. NSW Health has provided funding to support teacher release in all three sites for classroom teachers to be involved in the management and planning of the parent and student sessions.

Early observations are that parents are benefiting from the opportunity to learn new information and skills in managing children with identified mental health concerns. It is hoped that both the home and school environments will improve with more consistent home and school management of these children.

Schools involved in the pilot programs will consult with their local Aboriginal communities in the implementation of Got It! to ensure that Aboriginal cultural aspects are incorporated into the program.

Further trials of Sustaining NSW Families program

The Sustaining NSW Families program is a sustainable, coordinated, and integrated high-intensity health home...

We are seeing very positive results from the collaboration between parents, teams, and schools in the Got It! program. Some parents have commented on improvements in their relationships with their children. Children have reported that they are understanding their feelings and recognising emotions better.

Peter D’Ermilio, Principal, Riverstone Public School
visiting service that strengthens relationships between children, parents, and/or carers; builds parenting capacity; and enhances child development, wellbeing, and health in vulnerable families.

Sustaining NSW Families aims to support and strengthen the capacity of vulnerable parents to provide a safe and nurturing environment for their children. The target group for this intervention is families with social and economic disadvantage who are vulnerable and who have associated psychosocial distress. Families meeting these criteria are offered intensive structured home visiting, ideally commencing in pregnancy and extending up until the child’s second birthday. They are also provided with access to early intervention services through allied health services and psychosocial support.

Three initial Sustaining NSW Families programs at Fairfield/Liverpool, Cessnock/Kurri Kurri/Maitland, and Wyong were established in 2009–10. Recruitment and professional development of staff was largely completed by August 2010 and the service commenced accepting families from September 2010. Since then, the number of families accessing the program has increased steadily as the program has attained greater visibility. Considerable work has been undertaken to inform and educate families, local stakeholders, and key agencies about the program. Strong links to other health services and support agencies have been established, and have resulted in both referrals into the program and referrals for families to tertiary and other services when required.

From March 2011, two further sites have been funded and have commenced. A rural site servicing Kyogle, Lismore, and Richmond Valley is focused on engaging with Aboriginal families, as well as other vulnerable local families. The second service is based at Armcliffe and includes bilingual staff to work with vulnerable Arabic and Chinese families who would normally require an interpreter. Other local families will also be able to access this service if they meet the criteria.

Aboriginal families are accessing programs in all established sites, and with the addition of the northern NSW program, this participation is expected to increase. All sites are required to have local Aboriginal stakeholders on the Local Implementation Committee for their program and Aboriginal representation is invited on the State Implementation and Advisory Committees. With the inclusion of the northern NSW site, new Aboriginal representation has been added to these committees, including from the Aboriginal Health and Medical Research Council and Aboriginal Health Managers.

Home School Liaison Officers

An additional 25 Home School Liaison Officers (HSLOs) were established in 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. All of the positions have been established and the total number of HSLO positions is now 110 state-wide. HSLOs have a caseload of approximately 30 students at any one time. The increase in the number of positions from 85 to 110 has resulted in an increase of 750 possible cases for intervention at any one time across the state.

In rural and remote areas, the allocation of additional positions has increased the reach of the program and support for schools, particularly those with a high Aboriginal enrolment. The Department of Education and Communities (DEC) Student Welfare Directorate
continues to have regular meetings with the NSW Aboriginal Education Consultative Group (NSW AECG Inc.) and the department’s Aboriginal Education and Training Directorate to ensure that implementation of strategies are viable for Aboriginal students and communities.

The allocation of the new positions has allowed more proactive interventions in supporting regular attendance of students in regions. Regions report that in addition to case work, HSLOs are providing the following supports to schools, families and communities:

- **Professional learning for school staff.** Sessions focus on the development of individual school attendance action plans and the sharing of resources to support student attendance. Western Sydney region reports professional learning days have been attended by 33 per cent of schools in the region during 2010 and a further 23 per cent of schools in 2011.

- **Proactively using data to assist schools to identify students at risk of developing poor attendance patterns.** This involves working more effectively with school learning support teams to implement attendance improvement strategies. Examples include phone intervention programs involving same-day calling to parents of students who are absent and referral to appropriate government agencies or NGOs that may be able to assist in resolving attendance issues.

- **Local area initiatives focusing on anti-truancy.** For example, HSLOs and Aboriginal Student Liaison Officers (ASLOs) have worked with local police and Chambers of Commerce to display advice to students that they will not be served in shops during school hours unless they have a leave pass from their school.

- **Supporting schools with below regional average attendance rates to develop comprehensive attendance action plans.** During 2010 in one region, seven schools were supported, with five of the schools showing increases in attendance rates in 2010.

---

**In practice: Increased school attendance**

A specific example of the impact of the HSLO initiative is in the Hunter Central Coast Region. Woodberry Public School has an approximate enrolment of 220 students with a 25 per cent Aboriginal enrolment.

The school has historically had an attendance rate of around 86 per cent with a high rate of unexplained absences. Casework has historically been parent-focused with letters, phone calls, and interviews.

In 2010 the HSLO, ASLO, and Support Teacher Learning Assistance proposed a change to a more student-focused approach, resulting in:

- agreement from staff to support this approach and an aim for school attendance to increase to 92 per cent
- advice to students that the attendance increase translated to a maximum of four days absence per term
- a weekly class competition for attendance, with prizes awarded at assembly
- individual attendance awards on a term and semester basis, with major awards to those students who achieved attendance rates of 92 per cent or better.

By the end of 2010 the overall school attendance rate had risen by four per cent to approximately 90 per cent, and the attendance rate for Aboriginal students had increased by five per cent.

---

**Early intervention into the lives of vulnerable children is essential if we are to prevent a lifetime of poor life outcomes and break the cycle of intergenerational disadvantage.**

The Hon. Pru Goward, Minister for Family and Community Services
ENHANCING ACUTE SERVICES
New Street Adolescent Service program

The New Street Adolescent Service program provides a coordinated, consistent, quality response to children and young people aged 10–17 years who sexually abuse through an expanded network of specialised NSW Health services. The program also works with the families of the children and young people. Through Keep Them Safe, funding was made available for:

- enhancement of the two existing services
- an additional service in a rural location with an Aboriginal focus.

NSW Health successfully established the additional service in western NSW (Dubbo), has enhanced services for Sydney and the Central Coast, and for Hunter New England (Newcastle and Tamworth). A Senior Clinical Advisor and librarian in the Sydney Children’s Hospital Specialty Network have also been recruited.

Rural New Street, Western opened on 12 June 2011. All referrals have been Aboriginal young people aged between 11–13 years. The interagency reference group for western commenced in June 2011. The Clinical Coordinator has provided a service presentation, including referral pathways, to a number of key stakeholders in the region.

Up to 30 June 2011 Rural New Street, Hunter New England has received referrals for 16 young people with approximately one-third of its referrals for Aboriginal young people. The service has also seen an additional 39 family members.

A Senior Clinical Advisor provides clinical supervision and consultation to Service Coordinators and teams. In particular, the role supports the Western and Hunter New England services. A clinical network has been established with an emphasis on Aboriginal cultural competence training and support.

During June 2011, local Toomelah Elders met with Rural New Street staff. Community members shared past experiences of working with services in their community that treat children and young people who demonstrate sexually harmful behaviours. These meetings have helped develop trust and pave the way for young people and their families to engage in therapeutic intervention.

The Hunter New England service continues to actively network with Aboriginal services in remote and regional areas, in terms of providing an accessible, culturally relevant, and safe service to Aboriginal young people, families, and communities.

Keep Them Safe Whole-Family Teams

Keep Them Safe Whole-Family Teams (KTS-WFT) were established in 2010 in Nowra, Lismore, Newcastle, and Gosford. As highlighted by the Special Commission of Inquiry into Child Protection Services in NSW, and in earlier reports from the NSW Ombudsman, carer substance use and mental health issues are significant factors in child protection reports and in decisions taken on the need for statutory intervention.

The establishment and implementation of the KTS-WFTs aims to address the needs of whole families where carers have mental health and/or substance use problems and parenting difficulties.

KTS-WFTs provide specialist comprehensive assessments; case management; and specialist group, family, and individual interventions over a six-month period. In addition, the teams coordinate, link, and network with other support services to ensure that clients can be
treated in a holistic manner, and can continue to receive support following intervention.

During 2010–11, recruitment to KTS-WFTs occurred across all sites with 90 per cent of staff recruited, and refurbishment of sites to KTS-WFTs was completed. KTS-WFTs are now in the implementation phase, with all four teams receiving referrals from Community Services. Families are still progressing through the program, with first-year data currently being collected. A KTS-WFT Implementation Group has been established to provide a governance structure that aims to promote ongoing collaborative partnerships in the planning, coordination, and implementation of KTS-WFT with key stakeholders at the local level. An external organisation was contracted to develop a KTS-WFT evaluation framework to guide evaluation of the pilots over the four-year funding period.

**Mental Health and Drug and Alcohol Services Supporting Parents training program**

The NSW Institute of Psychiatry was contracted in May 2010 to develop and deliver this new joint training program. This training program enhances knowledge, understanding, and clinical practice for mental health and drug and alcohol services staff. It better prepares staff to work with families in which adults with a mental illness and/or substance use problems have responsibility for, live with, or have contact with, dependent children. Evaluating successful implementation of the learning objectives into practice is part of the implementation plan.

Workshops commenced in March 2011 and will be rolled out throughout 2011 in all Local Health Districts across NSW.

**Sexualised behaviour program for children under 10**

The aim of this service is to strengthen therapeutic intervention for children under 10 years of age who display harmful sexualised behaviours.

The current service, based within the existing Kaleidoscope Sexualised Behaviour Program, continues to experience high demand. The service provides individual treatment and community education, including to foster and kinship carers, in managing sexualised behaviour. The service provides outreach in their local service area. The program is providing a service to approximately 80 new referrals per annum; 19 per cent of all clients are Aboriginal. The program has been enhanced under Keep Them Safe through the funding of two positions: a therapeutic position and a project officer.

The therapeutic position, based in Newcastle, has been providing training and advice to general clinicians across the Hunter New England Local Health District in order to build capacity within the sector. The recruitment of this position has resulted in more children who display harmful sexualised behaviours having access to, and being supported by, the service. This increased service capacity also contributes to ensuring that other children (e.g. in the same school and community) are safe.

In practice: Lismore and North Coast Aboriginal consultation

Consultation occurred during the planning stage in the development of KTS-WFTs at the local level in Lismore. This included attending Keep Them Safe meetings of the North Coast Keep Them Safe Reference Group and consulting with the Area Director of Aboriginal Health to provide information concerning the KTS-WFT service, and seeking advice on the needs of local Aboriginal families experiencing child protection, mental health, and drug and alcohol problems.

Following this consultation, the Area Director, Mental Health recommended two dedicated positions for KTS-WFT Aboriginal workers on the team. These two workers are currently assisting Aboriginal families referred to them by Community Services.

Having the two dedicated positions in the team enables the Aboriginal workers to closely support one another, as well as allow for the entire KTS-WFT to contribute to improved outcomes for Aboriginal children, young people, and families.
The project officer was employed to develop:

- a NSW health policy directive on responding to children under 10 who display sexually harmful behaviours, which will include minimum standards of practice.

- an evidence-based service model with guidelines on best-practice service delivery to assist local health districts and health workers throughout NSW.

After two years, the project officer position will revert to a therapeutic position, resulting in further increase in service capacity.

Alternative Dispute Resolution in care and protection matters

Alternative Dispute Resolution (ADR) continues to be incorporated into the NSW care and protection jurisdiction. ADR is designed to empower families to actively participate in the decision-making process around their child’s future care. This in turn is expected to lead to better informed and more responsive child protection decisions, and to build increasingly positive relationships between Community Services and families.

There are four models of ADR that have been implemented across the NSW care jurisdiction:

1. A new model of Dispute Resolution Conference.
2. An external care and protection mediation pilot.
3. A Family Group Conferencing Pilot.
4. Care circles (see p42).

These models can be used at various stages in the care continuum, and are all designed to provide families with an opportunity to sit down with representatives from Community Services to discuss their child’s safety, welfare, and wellbeing in a safe and positive environment.

This collaborative decision-making process is expected to lead to agreements that are better accepted by the parties involved, and are therefore more likely to be implemented. Even if the parties are unable to reach an agreement on all the issues, there is an opportunity to narrow the issues in dispute and encourage open communication.

New model of Dispute Resolution Conference

The new model of Dispute Resolution Conference, which was developed by the ADR Expert Working Party, was launched in the Children’s Court on 7 February 2011. Dispute Resolution

In practice: Clinician training

The clinician from the Kaleidoscope Sexualised Behaviour program recently conducted an information session at Moree for clinicians working from the local community primary and community health centre (including psychologists and social workers) on working with children displaying harmful sexualised behaviours.

The session was well received by all participants, especially in regard to better understanding the spectrum of behaviours and at what point intervention is recommended. This type of information session has built capacity in a remote and rural area with a high Aboriginal population and provided a channel for ongoing peer support and consultation.

Clinician training

The clinician from the Kaleidoscope Sexualised Behaviour program recently conducted an information session at Moree for clinicians working from the local community primary and community health centre (including psychologists and social workers) on working with children displaying harmful sexualised behaviours.

The session was well received by all participants, especially in regard to better understanding the spectrum of behaviours and at what point intervention is recommended. This type of information session has built capacity in a remote and rural area with a high Aboriginal population and provided a channel for ongoing peer support and consultation.

In practice: Clinician training

The clinician from the Kaleidoscope Sexualised Behaviour program recently conducted an information session at Moree for clinicians working from the local community primary and community health centre (including psychologists and social workers) on working with children displaying harmful sexualised behaviours.

The session was well received by all participants, especially in regard to better understanding the spectrum of behaviours and at what point intervention is recommended. This type of information session has built capacity in a remote and rural area with a high Aboriginal population and provided a channel for ongoing peer support and consultation.
Conferences are now conducted throughout NSW.

The purpose of a Dispute Resolution Conference is to provide the child’s family, Community Services, and the child’s lawyer, with an opportunity to participate in the decision-making process, and to agree on the action that should be taken in the child’s best interests.

The majority of matters that fall within the care and protection jurisdiction of the Children’s Court will be referred to a Dispute Resolution Conference at some stage, with the discretion to refer a matter resting with the magistrate.

Conferences are conducted by Children’s Registrars, and take place within courthouse accommodation. All conferences are scheduled for a minimum duration of two hours.

Dispute Resolution Conferences use a conciliation model. The Children’s Registrar, as the conciliator, assists the parties to identify the issues in dispute, develop options, consider alternatives, and endeavour to reach an agreement.

Any agreements that are reached at the Dispute Resolution Conference are referred back to the magistrate, who may make orders in accordance with the agreement if they independently concur that the agreement is in the child’s best interests.

An additional four Children’s Registrars and a Senior Children’s Registrar have been recruited to support the program, with Children’s Registrars now based in Parramatta, Campbelltown, Port Kembla, Broadmeadow, Wagga Wagga, and Lismore.

Both the Dispute Resolution Conferences and the external care and protection mediation pilot (p34) are supported by a Children’s Court Practice Note, along with a range of promotional materials for families, which aim to explain the conference process in an accessible and comprehensive manner.

In keeping with the NSW Government’s commitment to work in partnership with Aboriginal families and communities to reverse the over-representation of Aboriginal children and young people in the child protection system, the Department of Attorney General and Justice worked with Aboriginal organisations to develop both the Dispute Resolution Conference model and the external care and protection mediation pilot model. Representatives from Aboriginal organisations sat on the Expert Working Party that was specifically created to develop and recommend ADR models to be

Case study: Dispute Resolution Conference

A Dispute Resolution Conference was held for a matter involving a three-month-old baby and an 18-year-old mother, who had herself been under the parental responsibility of the Minister from nine years of age. Prior to the conference, the mother had indicated that she was disputing that the child was in need of care.

At the conference, the representatives from Community Services were asked what their plan would be for the child, “if” the finding was that the child was in need of care and protection.

Community Services responded by stating that they wanted to be able to work with the mother, to support her to have the child restored to her care. The mother started to cry. She explained that she was disputing that the child was in need of care because she thought it was the only way she would get her child back, and the only way she would be able to have contact with her baby on a daily basis. The mother said she was scared that if she agreed the child was in need of care, her contact would be lessened. The mother said she was relieved that Community Services was still looking at restoration.

Community Services told the mother they wanted her to attend a parenting skills program. Community Services confirmed that contact would continue until a decision about restoration had been made. The representatives also said they would do an after-care plan for the mother to see what else they could do to offer support. The mother agreed at the conference that the child was in need of care and protection.

While not all Dispute Resolution Conferences result in agreement on all the issues in dispute, many parents do report that it is the first time that they have felt listened to. In one conference a stepfather said, “I was expecting to leave halfway through...at least someone listened”.

KEEP THEM SAFE ■ ANNUAL REPORT 2010–11 33
A number of parties have requested additional Dispute Resolution Conferences in a matter, which appears to indicate that parties have found the initial conference a productive experience.

The quantitative impact that Dispute Resolution Conferences have had on the Children's Court's usual mode of operation will be identified as part of the evaluation.

External care and protection mediation pilot

Legal Aid NSW is undertaking an external care and protection mediation pilot. The aim of the pilot is to provide access to mediation services external to the Children's Court, and give parties the widest possible range of ADR options, recognising the complexities and unique requirements of care and protection cases.

The external care and protection mediation pilot was launched on 9 September 2010. The pilot involves conducting mediation in 100 care and protection matters referred from the Bidura Children's Court in Glebe.

Legal Aid NSW manages the external care and protection mediation pilot. Legal Aid has developed a panel of specialist care and protection mediators, who conduct the mediations. Mediations are scheduled for a minimum duration of three hours, and take place at Legal Aid offices in Sydney.

Similar to Dispute Resolution Conferences, any agreement reached at the mediation is referred back to the Children's Magistrate, who may make orders in accordance with the agreement if they independently concur that the agreement is in the child's best interests.

Family Group Conferencing pilot

Community Services is conducting a

---

Judge Marien SC, President of the Children's Court

Through mediation, parents experience a sense of inclusion, participation, validation, and empowerment in the decision-making process concerning their children. They also have a greater understanding of the child protection system and of the issues affecting the family, including the needs of the child.

Dispute Resolution Conferences have proven to be a positive addition to care and protection proceedings, with anecdotal reports that the new conference model allows parties a greater opportunity to sit down and discuss the concerns for the child's care in a safe and open environment.

Many Aboriginal families have participated in Dispute Resolution Conferences, and the conference can be specifically tailored to take into account a family's needs. Dispute Resolution Conferences encourage self-determination through allowing family members an opportunity to directly participate in the decision-making process. The safe and informal environment also enables open communication between Community Services and the family.

Both the Dispute Resolution Conferences and the external care and protection mediation pilot are subject to an independent evaluation, conducted by the Australian Institute of Criminology. The evaluation will run for 15 months, and is expected to conclude in May 2012.
Family Group Conferencing (FGC) pilot in the Metro Central region and Northern region (Clarence Valley and Ballina). Thirty conferences in each region will be conducted as part of this pilot.

Where child protection concerns are evident, FGCS allow families, extended family and other significant people to meet and to work through issues together. It is intended to be a family-centred, strengths-based, and culturally sensitive approach, which empowers families to protect and support their children.

FGCs can occur at various points in the child protection continuum, but are primarily intended to be pre-court interventions with the aim of diverting the case from future Children's Court proceedings. The decision to convene an FGC is usually made by Community Services, although the Children's Court can also make referrals.

An independent FGC facilitator convenes the conference. The role of service providers and caseworkers in an FGC is to provide information, resources, and expertise to assist the family group to make appropriate decisions.

A conference operates in three stages:

1. Community Services outlines for the family and any support workers what the care and protection issues are that need to be addressed, and provides an overview of the support services available to the family.
2. The family is left alone to develop a Family Plan, and can call on the FGC facilitator or Community Services representatives as needed.
3. The facilitator, Community Services representatives, and the family come together again to discuss the Family Plan, ensure that it is specific enough, and clarify any practical details.

FGC provides a structured opportunity and independent support for Aboriginal families to participate in decision making about case plans for children and young people involved with Community Services. This is in keeping with the Keep Them Safe focus on enhancing the capacity of Aboriginal families, kinship groups and communities to participate in decision making concerning the care and protection of their children.

Almost 50 percent of FGC referrals have been for Aboriginal families, and those families who have proceeded to a conference have been successful in developing a suitable Family Plan to address the concerns.

In the Metro Central region, the pilot has aimed to strengthen partnerships with non-government organisations (NGOs), especially Aboriginal NGOs, through training staff to convene conferences. This training was run jointly with internal Community Services staff. Nine Aboriginal NGO staff were trained and three of these are seeking accreditation and are available to assist accredited facilitators. Those staff who did not progress to accreditation benefited through enhanced understanding of the goals and methods of FGC and Community Service practices.

An independent evaluation of the FGC pilot will be conducted by the Australian Institute of Criminology. It is anticipated that the target of 30 conferences in each region will have been reached by the end of the 2011, and that the evaluation will be finalised by April 2012.

Bail Assistance Line

The Special Commission of Inquiry into Child Protection Services in NSW recommended that an after-hours bail placement service be established to support young people when they face obstacles in meeting bail conditions set by police. In response to this recommendation, the Bail Assistance Line was established to assist police considering conditional bail for juveniles.

By funding NGOs to provide accommodation and other support services, the Bail Assistance Line seeks to divert young people away from remand in cases of family crisis and chronic homelessness. In the absence of stable home care, NGO specialists can provide accommodation, transport, case management, court assistance, and modest support to purchase clothes and necessities. The service is designed to be short-term relief, and is therefore limited to a 28-day maximum accommodation period, after which the NGO finds a suitable medium- or long-term solution for the young person.

A trial began in Dubbo in June 2010. Since then, the program has expanded to service the Newcastle/Hunter region as well as a large area of western and south-western Sydney, including Penrith, Fairfield, Parramatta, Macquarie Fields, and Mt Druitt.

Three NGOs provide placement services for clients. CatholicCare operates a house in the community, while Link-Up and Life Without Barriers work within a foster care model. CatholicCare and Link Up accept referrals from metropolitan Sydney, while Life Without Barriers provides services in Dubbo and Newcastle/Hunter.

The Bail Assistance Line works closely with its two main government partners, Department of Family and Community Services (FACS) and the NSW Police Force (NSW PF). Communication has been crucial to ensuring that agencies succeed in meeting the recommendations of the Report of the Special Commission of Inquiry into Child Protection Services.
Fairfield Police Station contacted the Bail Assistance Line in November 2010 in relation to a 15-year-old girl. Police wanted to grant her conditional bail; however, they were unable to source suitable accommodation as placement with the girl’s mother had broken down.

The Bail Assistance Line placed her with CatholicCare in Fairfield, where she received support with meeting her bail conditions, was provided with accommodation, case support, and assistance returning to Court. CatholicCare staff and Juvenile Justice concentrated on assisting the girl to repair her relationship with her mother, manage her anger, and develop living skills. CatholicCare successfully restored the girl to her mother in December 2010, and since this time she has been serving out a good-behaviour bond sentence, and has not re-offended, nor breached the conditions of her legal order. In addition, she is currently completing Year 10, her relationship with her mother is reported to have improved greatly, and she is making good progress reintegrating with her local community.

The Bail Assistance Line has rolled out its service to all pilot areas and developed positive and productive working relationships with partner agencies NSW PF and FACS. Information and training sessions have been provided to a range of internal and external stakeholders to fully brief them on the services offered by the Bail Assistance Line.

The NGOs selected to provide services have demonstrated an ability to provide flexible, responsive, and professional services to young people.

Data collection processes have been developed to ensure accurate capturing of information regarding young people referred to the program.

The involvement of Link-Up NSW as a service provider in this initiative has provided Aboriginal young people and Torres Strait Islander young people with timely, appropriate, and comprehensive case support, accommodation, and
transport when they are at their most vulnerable. Link-Up NSW is an Indigenous corporation with a long history of providing care and support to young people. They have contributed significant expertise to the benefit of the young people referred to the Bail Assistance Line.

Mediation process for carers of children and young people with a disability

In 2009–10, Ageing, Disability, and Home Care (ADHC) commenced a project which gives consideration to the need for a formal mediation process to resolve situations where ADHC and the parents and carers of children and young people with disabilities have differing views in relation to support options.

The initiative seeks to provide additional mechanisms to facilitate a timely resolution of the most appropriate support option.

Key achievements in 2010–11 include:

- completion of a review of ADHC’s current dispute resolution practices
- consultations with key stakeholders, including regional staff, birth families, and carers of children and young people with a disability
- completion of a final report and recommendations for improving ADHC’s dispute resolution process.

ADHC is currently considering the implications of the review for progression in 2011–12.

**Improved service delivery through the Clinical Issues Unit**

The Special Commission of Inquiry into Child Protection Services in NSW recommended that the Community Services Drug and Alcohol Expertise Unit be expanded to include mental health and domestic violence. This recommendation recognises the importance of addressing mental health and domestic violence concerns in child protection cases. This initiative aims to give caseworkers better and more accessible support, including cross-agency support, for their work with clients in clinical issues involving domestic violence, mental health, and substance use.

In 2009, Community Services renamed the unit the Clinical Issues Unit (CIU) to signal the inclusion of these new areas of expertise.

The CIU is now well established and providing responsive and expert support to the Community Services workforce. The CIU has six consultants and a strategy and program development team, as well as staff in the Youth Drug and Alcohol Court program. The clinical consultant dedicated to Intensive Family Based Services (IFBS) has commenced coaching support to all new NGO caseworkers on how to identify and manage clinical issues in the Aboriginal families they work with.

Caseworkers regularly consult the CIU on issues including parental drug testing policies and procedures, reading urinalysis reports, parental compliance, treatment options, how to sequence interventions with multiple risk factors, and the effects of combinations of drugs on parenting capacity and abilities.
Case study: Clinical Issues Unit

The Clinical Issues Unit (CIU) received an email enquiry from a Regional Casework Specialist about an infant diagnosed with Foetal Alcohol Syndrome (FAS). The specialist requested information about the condition, particularly the long-term care needs, in order to inform the child’s grandparents (who were considering caring for the child).

The CIU consultant provided a comprehensive definition of the condition, a list of challenges experienced by FAS sufferers, suggestions regarding early intervention programs/services, relevant articles, and information regarding the role that a Community Services psychologist may have in assisting the child’s grandparents to meet the anticipated challenges.

The specialist’s feedback was as follows: “Much appreciated. This information will allow us to develop the knowledge and understanding we need to speak with the child's grandparents and parents and inform the court about her needs. The service your unit provides is invaluable because overnight we are equipped with information that will enhance and inform our practice and intervention.”

Throughout 2010–11, the CIU has:
- provided caseworkers with over 3000 individual mental health, drug and alcohol, and/or domestic violence consultations via email, telephone or face-to-face
- delivered 114 short courses on clinical issues (mental health and drugs and alcohol) to Community Services staff across NSW
- established an additional clinical consultancy position to support Aboriginal caseworkers in departmental and NGO Intensive Family Based Support Services
- developed an action learning package for all frontline staff on engaging with perpetrators of domestic violence to address child safety concerns, as well as the safety of the non-violent parent
- upgraded the staff intranet site so that frontline workers have access to the latest information on drugs and alcohol, including parenting impacts and treatment issues
- developed an additional comprehensive intranet section on domestic violence that provides current information and resources for frontline staff
- held a Domestic Violence Engagement and Assessment Skills customised training event for child protection casework specialists.
BETTER SUPPORTING ABORIGINAL CHILDREN AND FAMILIES
Protecting Aboriginal Children Together

Protecting Aboriginal Children Together (PACT) is an initiative which aims to:

- develop locally driven service models which empower and actively engage with the unique needs of Aboriginal families and their communities, with the aim of ensuring the safety and wellbeing of their children
- actively encourage consultation between relevant non-Aboriginal and Aboriginal non-government organisations (NGOs) to form meaningful partnerships and enhance service capacity.

In keeping with the Memorandum of Understanding between the Aboriginal Child, Family and Community Care State Secretariat (AbSec) and Community Services underpinning PACT in 2010–11 much of the joint planning and consultative work for this four-year pilot has been completed.

AbSec and Community Services have worked closely together to consult with local Aboriginal communities and NGOs and identify two pilot sites at Moree and Shellharbour. There is an acknowledged need for PACT from the local Aboriginal communities and local Aboriginal service providers in these areas. A selective tender process in Shellharbour will identify the non-government PACT service provider, which is expected to start working with Community Services and local Aboriginal families in late 2011.

Pius X Aboriginal Corporation has been selected to provide the PACT advisory service in Moree and is expecting to start working in partnership with Community Services to deliver services to local Aboriginal families later in 2011. By consulting closely with these organisations and community representatives, AbSec and Community Services have worked to ensure that the pilots have the support of communities and other service providers.

Aboriginal Student Liaison Officers

Additional Aboriginal Student Liaison Officers (ASLOs) will 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.

Fifteen new positions have been established, with the majority of the new ASLOs commencing in the positions on 27 January 2010. This brings the total number of ASLO positions to 26 state-wide. The increase in the number of positions has enhanced the capacity of Department of Education and Community (DEC) regions to form links with local communities to resolve attendance issues for Aboriginal students. Previously there were areas of the state with high enrolment numbers of Aboriginal students that did not have access to support from an ASLO.

The allocation of the new positions has allowed more proactive interventions in supporting regular attendance of students in regions. Regions report that in addition to case work, ASLOs are providing the following supports to schools, families, and communities:

- emphasising the need for more relevant curriculum in schools and identifying alternative pathways to support student engagement
Case study: Aboriginal Student Liaison Officer

A mother of four children moved from interstate. She had two boys and two girls, aged from six to 14. Two children were enrolled at the high school and the other two siblings attended the primary school. School absences for all children had increased. On days they did attend school, they had no lunch. The mother was unemployed at the time.

The mother had a history with Community Services as her children had been placed in care due to her undergoing a period of alcohol rehabilitation. Because of the relocation, the case was reallocated to the local Department of Family and Community Services (FACS) office. A caseworker had been working with the family. The children’s principals raised concerns with the ASLO, who liaised with the caseworker.

The FACS caseworker, the ASLO, and other local organisations who were servicing the family organised a joint meeting with the mother to discuss concerns. A Parent Responsibility Agreement (contract between FACS and the mother) was agreed to.

The children’s attendance improved and the mother, with the help of Family Referral Services, is learning about healthy eating, menu planning, and household budgeting. Other additional support has been arranged by Housing NSW, FACS, and the schools.

The mother has engaged with appropriate services and is slowly improving. The ASLO continues to share information with both principals and reports back to services at the meeting on children’s schooling. The students are no longer placed on ASLO caseload in a formal manner because of the range of school-based strategies that have restored the children’s attendance.

Through the SAIL (Supporting Attendance, Improving Learning) program, there has been a noticeable improvement in student attitudes towards school, and a demonstrated willingness and enthusiasm to attend school on time.

Sally O’Keefe, Support Teacher Learning Assistance, Woodberry Public School
The SAIL (Supporting Attendance, Improving Learning) initiative (see In practice example) has seen attendance rates in the three schools improve by between 1.4 and 2.8 per cent. This improvement is significant, given that SAIL only commenced in Terms 2 and 3, 2010.

Increasing Aboriginal student school attendance

The allocation of the new ASLO and HSLO positions has allowed more proactive interventions in supporting regular attendance of students in regions. Regions report that in addition to case work, HSLOs and ASLOs have:

- worked with the DEC’s Out-of-Home Care (OOHC) Coordinator positions, NSW Health, and the Interagency Pathways Coordinator position in Community Services to facilitate strong interagency collaboration and support students in statutory care
- liaised with families about compulsory attendance conferencing for students with chronic attendance issues
- established broader connections with NGOs to support parents of non-attending students, either as an adjunct to the school’s ongoing interventions with the family, or as a new referral to engage the support of the family
- highlighted the complex needs of students experiencing disengagement from school and the importance of coordinated case management from all agencies through the Supporting Students Supporting Families program.

Care Circles

Care Circles are part of the NSW Government’s commitment to improving the wellbeing of Aboriginal families through better meeting their needs in the Children’s Court. It aims to encourage more culturally appropriate decision making and care plans for Aboriginal children and families.

Compared to the usual court process, the culturally comfortable and supportive environment of Care Circles makes care proceedings less daunting and distressing for the families involved. Care Circles also provide opportunities for greater mutual understanding between community panel members, participating families, Community Services staff, magistrates, and other legal representatives.

The Care Circle project aims to achieve the following:

- increase participation in decision making about Aboriginal children and young people by Aboriginal families and communities

In practice: Increased student attendance in the Hunter region

The Hunter Central Coast Region’s SAIL program was identified in the Keep Them Safe Annual Report 2009–10. ASLOs and HSLOs work in a team in a proactive targeted manner to help school communities address attendance issues. The communities involved in the program (Hunter River High School, Muswellbrook High School, and the Tomaree Peninsula) have a large Aboriginal enrolment.

Examples of some of the recommendations for practice that are being implemented across the three schools include the following:

- school’s attendance teams developing programs to support individual students with poor attendance
- establishing clear definitions of roles and expectations and communicating these to involved parties
- developing improved school processes to document late arrivals, with these instances to be followed up and investigated daily
- ensuring that preventive and proactive programs addressing non-attendance and bad behaviour are developed and linked to existing strategies.
empower Aboriginal families and communities by reducing any barriers that may currently exist between courts and Aboriginal people

- enhance the viability and effectiveness of undertakings to be agreed to by a parent in placement proceedings

- improve support provided to parents or people with parental responsibility

- increase confidence of Aboriginal people and other stakeholders in the care process

- support the Aboriginal and Torres Strait Islander principles in the Children and Young Persons (Care and Protection) Act 1998.

Care Circles are currently operating in Nowra. The Cultural and Indigenous Research Centre Australia (CIRCA) completed an evaluation of the Care Circle pilot in June 2010.

The evaluation found that Care Circles provide an appropriate avenue for community input and community involvement in decision making about Aboriginal children and young people. Family members and stakeholders strongly felt that these opportunities are not available through the traditional court process, and that Care Circles result in a greater level of satisfaction and acceptance of decisions relating to Aboriginal children and young people, and give parents a greater sense of ownership and control in identifying what is in the best interests of their children.

Community panel members play an important role in assisting family members to recognise the issues around their parenting, understanding the rationale behind the options identified by Community Services, and in validating care plans. It is felt that this leads to a greater commitment on the part of family members to undertakings or conditions that form part of the care plans.

Participating families generally viewed their experience in a Care Circle positively, and were satisfied with the opportunity they were given to explain their circumstances and participate in decisions about what is in the best interests of their children.

The Department of Attorney General and Justice (DAGJ) is currently expanding the program to Lismore, with consultations underway. The preliminary feedback from stakeholders is positive and encouraging. The aim is to introduce the program in the second half of 2011.

Safe Aboriginal Youth program

The Safe Aboriginal Youth (SA) program identifies vulnerable Aboriginal youth who are unsupervised on the street at night. SAY patrols provide safe transport options to clients and link them to a safe place where they can access supervised activities and trained youth workers. The youth workers effectively engage SAY clients and link them with services relevant to their individual needs.

Many of the clients who access SAY patrols do not generally access mainstream services during the day, as they are frequently on the street late at night when those services are not available. SAY patrols help to overcome that by making clients aware of services that are available to them and by actively assisting clients to access those services.

DAGJ places strong emphasis on engaging professional organisations with significant cultural and youth engagement.

The ripple effect that a program such as Care Circles has could be that defining moment in a child’s life that steers them in a direction where they are able to reach their full potential and enjoy the benefits of a quality life that every person is entitled to. The program is a testament to the effective partnerships between government departments and other key stakeholders.

Maree Jennings, A/Manager, Policy and Performance, Aboriginal Services Division, Department of Attorney General and Justice
In practice: Newcastle Safe Aboriginal Youth patrol

The SAY program currently operates on Friday and Saturday nights and links young people to safe and supervised activities, with the aim of reducing their presence on the street late at night. The Newcastle SAY patrol runs for additional hours during school holidays to cater for the large demand for activities and safe transport.

In Newcastle the SAY patrol works with the Police and Community Youth Club (PCYC). The PCYC has significant experience working with young people and considerable expertise in the area of child welfare and provision of services to young people.

The program is linked with other PCYC initiatives such as midnight basketball.

At the PCYC young people can take part in structured activities and meet new friends in a monitored and safe environment. The activities greatly benefit the local Aboriginal youth as they engage with other young people in a positive and supportive way.

DAGJ is committed to continuous performance monitoring and evaluating all existing programs to improve Aboriginal service delivery and to ensure the community receives the highest standard of service.

engagement expertise to implement the SAY program. Workers are trained to engage young people effectively, and DAGJ facilitates networking conferences to provide opportunities for workers to share their experiences.

SAY patrols reduce the risk of young people engaging in crime, and they also reduce the likelihood of victimisation by removing young people from situations where they might be at risk. Anecdotal feedback from PCYCs, local residents, and patrol workers, indicates that SAY patrols contribute to increased usage and uptake of local youth services in communities where they operate.

SAY patrols are located in a variety of metropolitan and regional areas across the state and locations are selected with reference to Aboriginal youth crime and victimisation rates, levels of disadvantage, and service need. SAY patrols currently operate in Armidale, Bourke, Dareton, Dubbo, Kempsey, La Perouse, Newcastle, Nowra, Taree, and Wilcannia.

A review of the SAY patrol program over the six-month period from March 2010 to August 2010 found that Aboriginal youths were engaged by the service on 9564 occasions. Each of these engagements represents a circumstance when a vulnerable Aboriginal youth was taken to a safe place.

The program is currently subject to a national evaluation conducted by the NSW Government in partnership with the Australian Government, to measure its impact on crime, and linking clients to key services and support. The evaluation findings will determine if the program is expanded or modified.

SAY patrols are just one of the many DAGJ programs aimed at reducing youth crime and improving community safety.

Aboriginal Intensive Family Based Services

The Intensive Family Based Services (IFBS) program began in 1994 and is the longest running program of its kind in NSW. IFBS is a family preservation program modelled on the US Homebuilders Program. It is an intensive, time-limited, home-based support program for families where children or young people are at risk of entering the OOHC system, or are currently in care and a restoration plan is in place. IFBS programs are currently delivered by a number of Aboriginal and non-Aboriginal NGOs as well as Community Services.

During an IFBS intervention, practitioners work intensively with the family to stabilise the crisis and put in place structures to ensure the safety of the children or young people. Families are encouraged to build on their strengths while also identifying issues and working to address them. Families set goals around gaining new parenting skills to keep their children safe.

The Special Commission of Inquiry into Child Protection Services in NSW recommended that the NSW Government increase the number and range of family preservation services provided by NGOs, including IFBS, to Aboriginal families. It was further recommended that the new services be managed by Aboriginal NGOs to provide a culturally appropriate service to Aboriginal families, children, and communities. This also supports building the capacity of NGOs to deliver better services that are responsive to the needs of Aboriginal families and communities.
Keep Them Safe funding of $3.5 million per annum has been allocated for four new IFBS services. AbSec and Community Services are working together to establish these services in identified high-needs areas in NSW. These services will be operated by NGOs and the target groups will be:

- families with children at risk of being placed in OOHC
- families with children in OOHC where restoration is the goal
- Aboriginal children or young people in unstable placements and their carers.

Services aim to improve intensive family support to Aboriginal families to help ensure children and young people remain in their families and/or are successfully restored to their families. Services will be delivered in a culturally appropriate way to increase family engagement. In 2010-11:

- consultations with local Aboriginal service providers and Aboriginal community groups were undertaken in relevant locations
- pilot sites in Wyong, Kempsey, and Wagga Wagga were selected

- Bungree Aboriginal Association in Wyong and Burrung Dalai OOHC and Family Support Service became operational and have received good support from the local Aboriginal communities
- productive working relationships between the Aboriginal agencies and Community Services have been established.

Aboriginal Consultation Guide

The Special Commission of Inquiry into Child Protection Services in NSW recommended that Community Services develop guidelines for staff in order to ensure adherence to the Aboriginal and Torres Strait Islander Child and Young Person Placement Principles in Section 13 of the Children and Young Persons Care and Protection Act 1998.

The Aboriginal Consultation Guide is a practical framework developed to:

- help practitioners implement the Aboriginal and Torres Strait Islander Child and Young Person Placement Principles

- enhance Community Services practice and consistency in consulting and working with Aboriginal families, communities, and NGOs.

The guide will be launched by the Minister for Family and Community Services as part of NAIDOC Week 2011 celebrations. Following the launch, the guide will be generally accessible by all Community Services staff and will also be made available on the Community Services website.

Peer Support Program

AbSec has received funding to establish and maintain foster and kinship care peer support groups across all Community Services Centre (CSC) regions to further meet commitment to improve the wellbeing of Aboriginal children and young people in OOHC. This is known as the Peer Support Program.

AbSec has established the Peer Support Program in the north west, western, and southern regions of NSW. Three new positions have been created to deliver the program.

The position holders consulted with a range of stakeholders to ensure successful establishment and maintenance of the foster and kinship care peer support groups. This includes CSC staff, local Aboriginal service providers, and foster and kinship carers of Aboriginal children and young people.

The establishment and maintenance of foster and kinship care support groups is designed to provide the requisite information, advice, and support to carers of Aboriginal children and young people in OOHC. Further, the program enables carers of Aboriginal children and young people to enhance their knowledge.
AbSec is fortunate to play a critical role in ensuring the Keep Them Safe reforms are achieved. The reforms indicate more than just a commitment from the government to change culture; they are important in delivering more innovative and improved services to Aboriginal children and families, and in strengthening the collaborative working relationships between government agencies and the non-government sector.

Angela Webb, Senior Program Manager – Keep Them Safe, Aboriginal Child, Family, and Community Care State Secretariat

on a range of issues regarding the children and young people in their care. It places these carers in the best position to make well-informed culturally and procedurally appropriate decisions regarding the children and young people in their care.

To ensure this is achieved, the position holders provide a range of support to carers of Aboriginal children and young people. This includes the peer support groups, the identification of carer training needs, as well as the coordination of training according to the needs of the carers, face-to-face individual meetings with carers, and attendance at meetings at the local CSC, court, etc.

Monitoring the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities

The Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities is a whole-of-government plan designed to:

- reduce the incidence of child sexual abuse in Aboriginal communities
- reduce disadvantage and dysfunction
- build up Aboriginal leadership
- increase family and community safety and wellbeing.

Aboriginal Affairs NSW (AANSW) has instituted a rigorous monitoring regime to oversee the implementation of the Interagency Plan as well as to assess outcomes. The performance monitoring framework contains milestones and measures against which agencies are required to report on a six-monthly basis. As at June 2011 progress against the 88 actions was as follows:

- seventy-nine (89.7 per cent) actions were complete or progressing well
- seven (8.0 per cent) of the actions were delayed or had emerging risks
- two (2.3 per cent) actions had major slippage.

The Interagency Plan has been effective in raising the profile of the issue of child sexual assault in Aboriginal communities and promoting a whole-of-government response to the issue for the first time. Throughout 2010–11, agencies have worked toward reducing the incidence of child sexual abuse in Aboriginal communities, enhancing Aboriginal leadership on this issue, and increasing family and community safety and wellbeing.

Under the Interagency Plan, Juvenile Justice NSW has led work on improving personal safety and protective behaviours for children and young people in juvenile detention centres. As a result, staff of juvenile detention centres have increased
skills in meeting the needs of children and young people who may have experienced sexual assault before coming into detention.

Juvenile Justice has also worked in partnership with National Association for Prevention of Child Abuse and Neglect (NAPCAN) to adapt their LOVE BITES program for use in Juvenile Justice Centres. The adapted LOVE BITES program aims to educate young people about respectful relationships and violence in the community, with an Aboriginal-specific element making up a key component of the program.

Safe Families program

Safe Families is an early intervention program involving a coordinated approach between government agencies and communities to work together to tackle child sexual assault in Aboriginal communities. The program is being trialled in five communities over four years. The aim of Safe Families is to empower the community to keep children safe and to build strong, healthy family and community relationships that over the long term reduce the incidence of child sexual assault and reduce offending.

Safe Families establishes a co-located team of Safe Families interagency workers in each community to provide education about child sexual assault and to support the community to speak out and make the changes needed to keep children safe.

Safe Families uses a combination of education and awareness raising initiatives together with direct service provision and informal case management to:

- improve the awareness and understanding of child sexual assault and its impacts
- decrease vulnerabilities of children and young people
- strengthen the capacity of Aboriginal communities to appropriately recognise, report, and reduce the incidences of child sexual assault within their communities.

Community engagement and consultation began in Safe Families sites in advance of offices opening. Work is underway to map existing services to establish referral pathways for vulnerable families, provide coordinated support, and identify relevant service delivery gaps. These gaps include forensic assessment services of sexual assault victims, family support, counselling, and healing programs for Aboriginal men and women.

Local Aboriginal Reference Groups (LARGs) are being established in each Safe Families community to identify priorities for the community to address the issues that make children and young people vulnerable to sexual assault. The initial meeting of the first LARG will take place in late July 2011. Probity checks for the remaining four LARGs are currently being completed.

Casework is being delivered in some communities through Community Services and NSW Health. This involves:

- using standardised processes and evaluation methods, including the use of the Strengths and Needs Assessment tool
- compiling and reviewing case plans
- developing strategies that build on the strengths of families and community to address vulnerabilities that place children at risk
- liaising with and referring to appropriate government and non-government services.

A range of education programs have already been implemented and Safe Families is working directly with NAPCAN on a proposal to deliver a whole-school, whole-community program (Growing Respect) across all Safe Families sites.

Safe Families is currently investigating how a cross-agency case management model might be extended across Safe Families locations. The purpose of these Case Coordination Groups would be to provide a forum for agencies to meet on a regular basis to discuss processes needed to ensure improved coordination of services and better linking to vulnerable families and young people, and children at risk of sexual abuse.

Through ongoing community engagement there is an increasing acceptance of the Safe Families program. Safe Families staff members are responding to calls for more coordinated approaches to service delivery through active involvement in interagency groups. Community members and the service provision network are being actively engaged in Safe Families activities.

Expanded Aboriginal Maternal and Infant Health Service

The NSW Aboriginal Maternal and Infant Health Service (AMIHS) was developed to improve health outcomes for Aboriginal women and their babies during pregnancy and birth, and to decrease maternal and perinatal morbidity and mortality. AMIHS is a community-based maternity service providing culturally appropriate care for Aboriginal women and babies. The care is provided by an Aboriginal Health Worker and midwife.
The AMIHS model of care is innovative with the inclusion of a state-wide training and support unit, and the local provision of community development activities. The new Training and Support Unit for Aboriginal Mothers, Babies and Children, which has been established in the Clinical Education and Training Institute – Rural Directorate provides support and development opportunities for AMIHS teams. The community development aspect of AMIHS engages and empowers Aboriginal women and their communities, and encourages women to access and remain in the AMIHS program.

The AMIHS 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.

Aboriginal Impact Statement

The Keep Them Safe Aboriginal Impact Statement (AIS) is aimed at ensuring that Aboriginal stakeholders are consulted in the development and implementation of Keep Them Safe projects and actions and that the specific needs of Aboriginal people and communities are taken into account in developing and rolling out Keep Them Safe initiatives.

During the planning stage of Keep Them Safe milestones, the AIS was used to seek advice from agencies on:

- the level of engagement with Aboriginal stakeholders in the development of the project plan
- support such as access to playgroups, childcare support, and home visiting.

The O’Farrell Government is committed to putting locally driven solutions at the heart of our relationship with Aboriginal communities across NSW.

The Hon. Victor Dominello, Minister for Aboriginal Affairs
the contents of the plan and the management of issues affecting Aboriginal people and communities

implementation of the project, the involvement of stakeholders, and capacity building

evaluation planning and the involvement of Aboriginal stakeholders.

Advice received indicated that:

■ at the planning stage, agencies generally consulted with a wide range of Aboriginal stakeholders

■ the AIS process provided an opportunity for further reflection about the agency’s work with Aboriginal people

■ agencies reported benefits in sharing successes and challenges with each other.

In 2011–12 agencies will be asked to provide advice on the successes and challenges of Keep Them Safe initiatives as they relate to Aboriginal communities.

NSW Health Aboriginal Family Health Strategy

The revised NSW Health Aboriginal Family Health Strategy provides a framework for responding to family violence in Aboriginal communities within a culturally competent, family-based context with a focus on healing. The strategy will contribute to the provision of an integrated response based on collaboration between services and the support of whole-of-government initiatives, including Keep Them Safe. The strategy describes a model of care and presents positive action-based solutions that aim to:

■ reduce the incidence and impacts of family violence in Aboriginal communities

■ build the capacity and strength of individuals and communities to prevent, respond to, and recover from family violence

■ nurture the spirit, resilience, and cultural identity that builds Aboriginal families.

The revision of the strategy included a broad consultation process including a range of Aboriginal stakeholders which were identified in the Aboriginal Health Impact Statement and the Keep Them Safe Aboriginal Impact Statement.

A significant component of the strategy is currently implemented by Aboriginal Family Health, predominantly located in Aboriginal Community Controlled Health Organisations. These workers provide a service that aims to respond to local needs and contexts, actively engage local communities (including Elders and other community leaders, and relevant government agencies), and incorporate healing while promoting Aboriginal independence and empowerment.

The strategy was released on National Sorry Day, 26 May 2011, and is available on the NSW Health website. As this strategy is a revision of an earlier strategy, a number of actions identified have progressed, including:

■ increasing the number of Aboriginal Family Health Workers (AFHWs)

■ trialling the position of an Aboriginal Family Health Coordinator in four Local Health Districts.
Earlier achievements include:
- national accreditation of the Certificate IV Aboriginal Family (Family Violence, Sexual Assault, and Child Protection), evaluated in 2010
- establishment of the AFHW Network
- establishment of (and recurrent funding for) 20 AFHW positions (currently 25)

- release of the Operational Guidelines for Aboriginal Family Health Workers
- a strong partnership with the Education Centre Against Violence
- establishment of partnerships between NGOs funded under the strategy and Local Health Districts.

The way forward must take the lead from the “family-centric” view of the problem (i.e. from the perspective of parents, children, and extended family) in terms of what they want and what their priorities are.

The case study below demonstrates some of the complex issues encountered in responding to family violence in Aboriginal communities, and provides an opportunity to consider the application of the Aboriginal Family Health Model of Care.

Case study: Aboriginal Family Health Worker

An Aboriginal mother living in regional NSW with a baby and two children visited the local Aboriginal Medical Service to have her baby immunised. The nurse noticed bruising on the mother’s arm and forehead. The mother was offered an appointment with an AFHW, which she declined. However, the nurse raised her concerns with the AFHW.

Shortly after, the AFHW informally met with the mother in the local park where the mother revealed her partner was often violent towards her. She was worried about the impact this could have on her children.

The mother then agreed to an appointment with the AFHW. She explained her other two children were struggling at school because they were not sleeping and were often involved in playground disputes.

The AFHW consulted the Mandatory Reporter Guide. As there were identified child protection concerns, a report was made to Community Services. The AFHW contacted the NSW Health Child Wellbeing Unit (CWU), who recommended a range of local support services. The AFHW also contacted the local Building Strong Foundations for Aboriginal Children, Families, and Communities service to assist with the baby’s sleep, settling, and developmental health checks.

The AFHW also assisted the mother to meet with her children’s teachers. With the support of an ASLO, the children saw the school counsellor, who suggested after-school homework groups and helped the son register in the local football club. A specialised progress plan with regular teacher/parent meetings was developed.

The AFHW and the mother explored options she might pursue to permanently leave her partner, and together they developed a “safety plan”. The mother joined the local leaving violence support group. The mother’s partner agreed to attend drug and alcohol counselling.

After 12 months, the children were enjoying school and had progressed with their reading and writing. Playground problems had become less frequent. The mother’s situation had significantly improved: her participation in training courses had enhanced her employment opportunities and built her self-esteem and confidence.

Although the mother was no longer living with her partner, they had reached an agreement that he could visit the children regularly.
IMPROVING OUTF-OF-HOME CARE
Health assessments for children and young people entering OOHC

The out-of-home care (OOHC) program focuses on providing health assessments to children and young people entering statutory OOHC with the appointment of NSW Health OOHC Coordinators across NSW to plan and implement the assessment process.

The health assessment process aims to improve health outcomes for children and young people in OOHC. An underpinning principle of early identification and intervention guides this, in addition to long-term health planning. Developing close collaboration between all stakeholders, including health professionals, other government agencies, non-government organisations (NGOs), and carers further assists with this.

Throughout 2010–11, NSW Health has continued to work in collaboration with Community Services to plan and implement the health assessments. Strong collaborative partnerships have been developed at both a strategic, statewide level, and at the local level in implementing the health assessment process.

Stage 1 focused on children and young people entering statutory OOHC who will remain for longer than 90 days. The provision of health screenings and assessments for the initial target group is progressing across the state.

An additional stage has been developed for children aged 0–5 years already in statutory OOHC, funded for one year. Health services for Stage 2 are being provided through the Tertiary Paediatric Hospitals in Sydney and Newcastle. NSW Health and Community Services are working closely to progress this.

Health assessments have commenced for children entering statutory OOHC across most of the state. Community Services Interagency Pathways Coordinators have been employed in each region to facilitate the referral of children and young people entering statutory OOHC. At 30 June 2011, over 600 referrals had been made to Local Health Districts, with primary health screening, comprehensive assessments, and completion of health management plans underway for these children and young people.

Since 2010, the OOHC health assessment initiative has resulted in:

- development of an interagency capacity building conference.

In practice: Enhanced health services for children in care

A two-year-old girl came into care in September 2010 and was registered on the pathway in October 2010. There were no known medical issues for this girl; however, as a result of the health screening process, a heart murmur was detected and she will now be monitored by health services throughout her time in OOHC to ensure that she remains healthy, and ensure that preparations will be made for surgery, should this become necessary. Without this early health assessment, the heart murmur may have been overlooked in further general health check-ups, or not have been diagnosed until a more significant hospitalisation for other health matters.
the appointment of an OOHC Clinical Coordinator at The Children’s Hospital, Westmead to provide clinical advice and support to OOHC Clinical Coordinators state-wide

- implementation of the model pathway throughout NSW for children and young people entering statutory OOHC who will remain for longer than 90 days

- development of additional clinics through Tertiary Paediatric Hospitals

- funding for an evaluation of a program for foster carers.

Close collaboration between government agencies at the state-wide and local levels has been instrumental in implementing the model pathway to provide health assessments to children and young people entering statutory OOHC.

As a result of implementing this early intervention project:

- children have improved access to paediatric services in Local Health Districts

- adolescents have improved access to emotional and behavioural wellbeing assessments

- carers, children, and young people have increased education about and management of oral health concerns

- provision of support for carers for placement stability has increased

- monitoring of immunisation for children has increased.

This improved access can provide long-term health benefits for vulnerable children and young people. Aboriginal children and young people comprise approximately one-third of the program’s target population. Aboriginal representation during program development was provided by the NSW Health Centre for Aboriginal Health. At the local level, health services are being provided by Aboriginal Medical Services in some Local Health Districts.

Additional work is planned for the 2011–12 year by NSW Health OOHC Coordinators to further enable participation by Aboriginal children, young people, and their families and carers to improve access to health services for Aboriginal children and young people.

Supporting the education needs of children and young people in OOHC

All students entering OOHC are required to have an individual education plan prepared for them within 30 school days of entering care, which is reviewed annually by the Department of Education and Communities (DEC) and the responsible caseworker.

To enhance service delivery for development of “good practice” education planning, templates incorporating an education plan cover sheet were developed in collaboration with regional student support staff, including OOHC Coordinators.

Four examples of education plan templates with cover sheets are readily accessible to school-based staff in recognition of the flexible nature of individual education planning. The educational plan cover sheet can overlay other plans required for individual student support for children and young people in care such as disability, transition, behaviour; or health care plan.

OOHC Coordinators have been integral in the implementation of educational support planning for children and young people in OOHC, assisting regions to build the capacity of schools to better support students in care.

In March 2011, DEC and Community Services signed a Memorandum of Understanding (MOU) in relation to the provision of educational services for children and young people in OOHC. The MOU provides an agreed framework for a coordinated approach by the two agencies in responding to the needs of children and young people in OOHC who are enrolled in, or applying to enrol in, a NSW Government school, including a preschool.

Each DEC and Community Services region will establish regional protocols to support the MOU. The regional protocols identify local systems, processes, and strategies that support collaborative practice and joint responses to meet the needs of children and young people covered by the MOU.

Students moving between regions and schools are now benefiting from an education plan being developed and the schools having increased knowledge and information about the needs of students before they enrol, or when they are newly enrolled in a school.

During Term 4, 2010 and Terms 1 and 2, 2011, DEC’s Sydney Region and Community Services Metro Central Region have been trialling the education plan templates and cover sheets to inform their use with other regions. Initial discussions have been undertaken with NSW Health to determine local-level arrangements related to the introduction of health management plans and how
these plans can be used to inform education plans for children and young people in care. There has been increased communication between schools and caseworkers. Community Services Interagency Pathways Coordinators, have been employed in each region to facilitate education planning for children and young people in statutory OOHC. These positions are responsible for ensuring interagency collaboration between both agencies at the regional level. Community Services and DEC have jointly developed the Education Planning Pathway. The Pathway maps the journey of a child or young person in statutory OOHC through the processes of education assessment and education plan development, implementation, and review. At each stage the roles and functions of DEC, Community Services/OOHC agencies, and Authorised Carers are identified, and the flow of information exchange is mapped. The Pathway also clearly identifies all the relevant stakeholders in the development of the education plan, with the child or young person at the centre.

A joint trial of the Pathway is currently underway across DEC Sydney Region, and Community Services Metro Central Region. The trial is progressing well, with outcomes from the trial to inform state-wide implementation of education planning for children and young people in statutory OOHC, commencing July 2011.

**OOHC Coordinators in each DEC region**

OOHC Coordinators have been established in DEC regions to work with other regional staff in developing more effective and efficient modes of working to improve the educational outcomes for children and young people in OOHC.

Incorporated in the response to enhanced support for children and young people in OOHC is the provision of ongoing training that recognises the specialist nature of the role of the OOHC Coordinators and OOHC teachers.

In September 2010, all of the OOHC Coordinators and OOHC teachers engaged in training related to the specific needs of children and young people in OOHC, including an understanding of the effect of trauma on behaviour, related processes (e.g. case management transfer), and ways of strengthening communication with other agencies (e.g. Community Services Interagency Pathways Coordinators). Other topics included the review of Aboriginal cultural care plans, an overview of accreditation standards for OOHC agencies, and the roles of the Children’s Guardian.

Following from the success of the September 2010 training, OOHC Coordinators met in May 2011 to review and consider issues such as resource management, including the role of the OOHC teacher. DEC held an information session for Community Services legal officers and Interagency Pathways Coordinators on Compulsory School Orders. Methods of strengthening regional responses to children and young people in care who may be at risk of disengaging from school were also considered.

Professional learning by OOHC Coordinators has been provided to school communities and regional staff on issues such as the DEC OOHC care policy and practices, the impact of complex trauma on children and young people, and the implications for schools of transfer of case management to NGOs.

Ongoing interagency collaboration between DEC and Community Services has resulted in the development of a *Checklist for school principals: Who can make decisions on behalf of students in statutory out-of-home care*, which aims to help principals identify who is responsible for making decisions that may be relevant to a child or young person’s schooling. The clarity of role responsibility within the checklist...
is integral to effective and efficient discussions in support of student access to educational opportunities. 

OOHC Coordinators continue to establish links with Interagency Pathways Coordinators to streamline processes to facilitate notification of a child or young person’s placement in statutory OOHC.

Measures for children in OOHC in non-government preschools and schools

The government, Catholic, and independent education sectors have been working together throughout 2010–11 to examine appropriate measures to support children and young people in OOHC that attend non-government schools.

Regular meetings have enhanced the cooperation and collaboration between DEC, the Association of Independent Schools, and the Catholic Education Commission. Representatives from the Department of Premier and Cabinet (DPC) and Community Services also attend the meetings.

These meetings provide an ongoing forum to share information and jointly reflect on processes and procedures developed in support of the principles of Keep Them Safe, such as the monitoring and evaluation of interventions within each agency.

Decisions about the measures by other education sectors to support children and young people are made independently by those sectors.

Education and non-government school sectors will continue to collaborate and explore ways to support students in OOHC in non-government schools in 2012.

Consultation about ways of supporting Aboriginal children and young people in OOHC will continue with the NSW Aboriginal Education Consultative groups.

Development of a common OOHC case management framework

Keep Them Safe included a commitment to conduct a feasibility study into potential models for a common case management framework for children and young people in OOHC. A common case management framework was proposed in the Report of the Special Commission of Inquiry into Child Protection Services in NSW as a possible strategy for ensuring outcomes for children and young people in OOHC are delivered consistently across all agencies.

Community Services conducted a review and analysis of a number of common case management models for OOHC currently in use, both in Australian and international jurisdictions. Through

In practice: Supporting students at risk of disengaging from school

An example of the enhanced processes deriving from the establishment of OOHC Coordinators is in the western Sydney region where the OOHC Coordinator is developing a regional process for the early identification of service delivery for high-needs children and young people in care who are at risk of disengaging from school. Intra-agency discussions first focus on educational needs analysis, then address the coordination of education support services.

With the gradual increase in the provision of residential units by NGOs in western Sydney, the OOHC Coordinator has helped facilitate the development of a regionally coordinated enrolment planning process for high-needs students in residential care. Improved participation in the enrolment of high-needs children and young people in care by local high schools has occurred.

The OOHC Coordinator, western Sydney region, supports the enrolment of Aboriginal students in care and has developed a process to ensure the provision of relevant support in a timely manner. This involves a request being made to Aboriginal support staff such as Aboriginal School Liaison Officers, an Aboriginal Education Worker, and/or an Aboriginal School Learning Support Officer, to participate in enrolment planning meetings. This has promoted a broader range of support options for Aboriginal children and young people in care.
this exercise a position paper was developed which enunciated the view of Community Services that the NSW Standards for Statutory Out-of-Home Care, administered by the Children’s Guardian, provide all the essential features of a common case management framework, and that the introduction of a separate framework for OOHC was therefore not necessary.

The paper was made available to key government and non-government stakeholders for comment. At June 2011, Community Services is considering submissions received in response to this paper.

CREATE Foundation and YAPA youth consultations

Since the early stages of Keep Them Safe, CREATE Foundation (CREATE) and the Youth Action and Policy Association (YAPA), have facilitated a variety of consultations with young people in care. The consultations gave young people the chance to voice their opinions and concerns regarding the changes and new initiatives — changes which, at times, can feel far-removed from the power and control of children and young people in care. In October 2010, CREATE hosted a small consultation session with young people with a care experience, asking them about communication strategies for the new exchange of information provisions within Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998.

During these consultation sessions, it became clear that exchange of information is a significant issue for young people and that careful communication was needed about the safeguards and recourses relating to Chapter 16A. The group sentiment also showed that a fact sheet is not always the most effective way of communicating important information to young people.

The opinions of the young people in this consultation clearly highlighted the need to emphasise that sharing information under Chapter 16A is related strictly to information about welfare, safety, and wellbeing, not all information regarding a young person’s experiences. Young people were unsure about how to complain if they felt their privacy had been breached.

The feedback from these young people also indicated that children and young people should be informed about Chapter 16A in a way that is easy to follow, with plain language and appealing graphics.

This information will be used by the Keep Them Safe Implementation Unit in developing messages to target the needs of young people in OOHC and ensure they are fully informed about what Chapter 16A means.

Transfer of OOHC to the non-government sector

Evidence of the increasing demand for OOHC services and the impacts on capacity and service delivery led the Special Commission of Inquiry into Child Protection Services in NSW to recommend a gradual transition in the provision of OOHC services to the non-government sector with the Department of Family and Community Services (FACS) retaining responsibility for children with complex needs.

The new government is committed to the transfer and expects that the transition will commence early in 2012.

On 30 June 2011, the Minister for Family and Community Services announced the establishment of a joint NGO/Government Ministerial Advisory Group co-chaired by Andrew McCallum, CEO of Association of Children’s Welfare...
Agencies (ACWA); and Jim Moore (Acting Director General of FACS). This advisory group has been tasked with presenting a shared position on the transition process, as well as providing clear advice on the broader reforms that the NSW Government should prioritise in order to improve OOHC services.

Strategies to help prepare for the transfer include the following:

- negotiating new funding agreements based on fixed-unit costs
- reducing the growth in the number of, and expenditure on, Individual Client Agreements
- increasing the number of NGO-provided program-funded places
- increasing the capacity of Aboriginal agencies to provide OOHC placements for Aboriginal children as a priority
- increasing NGO capacity to meet the forecast OOHC population growth by increasing the number of foster carers
- as well as transferring placement management, transferring case management responsibility for children and young people in OOHC to NGOs where appropriate.

Capacity building and the transfer of placements to Aboriginal OOHC service providers is a priority, given the Aboriginal and Torres Strait Islander Child and Young Person Placement Principles articulated in Section 13 of the Children and Young Persons (Care and Protection) Act 1998, and the significant over-representation of Aboriginal children and young people in the NSW OOHC system.

Eight of the 54 non-government OOHC service providers currently accredited by the Children’s Guardian are exclusively for Aboriginal children. They currently provide just over six per cent of the total number of placements required for Aboriginal children.

To help address this service gap, Stage 2 of the Aboriginal OOHC Service Capacity Building Initiative (previously detailed in the Keep Them Safe Annual Report 2009–10) is well underway. One new Aboriginal agency has achieved accreditation, but is yet to be funded for placements; three other agencies are being supported to achieve accreditation through the initiative and are expected to be accredited within the first quarter of 2012.

A new Aboriginal Child, Family and Community Care State Secretariat (AbSec)/ACWA project to foster partnerships between Aboriginal and non-Aboriginal agencies is about to commence. This project aims to build the cultural competency of the broader non-government service system to work with Aboriginal people and communities, and also has a particular focus on the progressive transfer of children currently in Community Services OOHC placements to Aboriginal-designated agencies, with non-Aboriginal agencies providing mentoring and support.

A Project Officer has been employed by AbSec and three target communities which parallel the Family Case Management project have been identified as being in need of the development of Aboriginal OOHC services. As of June 2011, community and agency consultations are being undertaken.

Some of the Keep Them Safe foster carer recruitment and support activities are also part of this effort to build capacity in Aboriginal agencies and communities. This includes the AbSec project to expand Aboriginal carer peer support groups across the state (see p45), particularly in rural and remote areas. This project also aims to build better relationships among carers (and their communities), and the government and non-government sectors.

**ACWA and OOHC transfer**

ACWA will continue to work in partnership with FACS and Community Services to see the

Andrew McCallum, CEO, Association of Children’s Welfare Agencies

The community sector is ready to work with the new government on developing a transition plan to ensure a smooth transition of services that takes into account the best interests of children in care.
transfer of OOHC services to the non-
government sector become a reality. 
ACWA will continue to work closely 
with OOHC providers to build and 
develop their capacity to enable the 
transfer. At the same time, ACWA will 
work with these partners to develop 
a transition plan that is realistic and 
ensures quality care and outcomes for 
children in care.

ACWA has participated in advisory 
groups and working groups that are 
both guiding and informing the reforms. 
This includes involvement with the 
Child Protection Advisory Group 
(CPAG).

ACWA has also participated in 
the working group overseeing the 
transformation of the Community 
Services Grants Program into the Early 
Intervention and Placement Prevention 
services system.

With many of ACWA’s members 
involved in the provision of OOHC, 
ACWA has played a prominent role 
strongly advocating for the realisation 
of the transfer of all OOHC services 
to the non-government sector. This 
has involved ACWA having an active 
role in participating in the numerous 
working groups to do with OOHC 
contracting and costings.

Foster carer recruitment

Community Services has been 
working to improve the efficiency 
of carer recruitment, training, and 
authorisation processes. Work has 
commenced on reforms, which 
include a system for improving 
the assessment processes for the 
recruitment of carers, a review of 
the current assessment package to 
make it more competency-based, and 
improved training of the staff who 
undertake these assessments.

Fostering NSW is a NSW 
Government initiative to encourage 
more people to consider becoming 
foster carers. It was developed and 
delivered by Community Services in 
partnership with non-government 
 foster care service providers.

The first Fostering NSW campaign 
rang from 25 April to 30 June 2010. 
The campaign successfully achieved 
its objective of raising awareness 
about foster care. It also provided 
important ground work to enable 
the future development and ongoing 
improvement of the campaign. The 
recruitment drive has been a great 
success and shows how working 
together with NGOs can really make 
a difference.

Drawing on these successes, the 
2011 campaign will include a 
combination of state-wide and local 
activities such as TV advertisements, 
advertisements in local newspapers, 
and the development of information 
to distribute to interested foster 
carers.

NSW regional staff members play 
a vital role in foster carer 
recruitment, and their participation 
and involvement in last year’s 
campaign was fundamental to its 
success.

Around 60 per cent of all new 
enquiries during the campaign were 
prompted by television, magazine, 
newspaper, or online advertising, 
demonstrating that these ads really 
made an impact with the intended 
audience.

Carer recruitment teams made the 
most of the opportunity to spread 
the word at the local level, with 
letterbox drops, information sessions 
and community-based activities. 
More than 12,800 posters, 39,500 
brochures, and 8000 information 
booklets were distributed across 
NSW through local councils. 
Members of Parliament, NGOs, 
and carer recruitment teams 
to complement the advertising 
campaign. Hundreds of stories in 
local media showed real carers telling 
their stories, showing the many 
positive ways a caring, supportive 
foster family can make a difference in 
a child’s life.

More than 1000 people applied 
to become a foster carer with 
Community Services in the five 
months from the campaign launch, 
and non-government foster care 
agencies reported an increase of 
nearly 14 per cent in enquiries as a 
direct result of the Fostering NSW 
campaign.

Targeting culturally 
diverse carers

Community Services has begun three 
trial projects to lift the number of 
foster carers from Arabic-speaking, 
Greek, and African communities.

Settlement Services International 
won the tenders for the Arabic-
 speaking and Greek projects, and are 
partnering with the United Muslim 
Women’s Association, Arab Council 
Australia, and the Greek Orthodox 
Community of NSW to develop 
culturally relevant education materials 
and deliver a series of community 
information sessions in metropolitan 
Sydney.

SydWest Multicultural Services has 
partnered with Anglicare to deliver 
the project with African communities. 
Advertising strategies have also been 
developed that target Aboriginal 
communities, building on the work 
currently being done in partnership 
with AbSec (joint recruitment 
targeting Aboriginal carers).
STRENGTHENING PARTNERSHIPS
NGO capacity building and workforce development

Keep Them Safe includes commitments to develop long-term plans to build the child and family workforce, and the capacity of the non-government sector to deliver on the government’s Keep Them Safe commitments. This includes:

- improved capacity to respond to the needs of at-risk children, young people, and families, including taking on additional service responsibilities
- developing an effective and productive sector that delivers quality results for children, young people, and families
- developing an available, sustainable, and skilled workforce to deliver on Keep Them Safe short- and long-term objectives
- a consistent approach to workforce development across NSW Government agencies
- capacity for joint training, networking, and skill development.

A plan for workforce and non-government organisation (NGO) capacity building and workforce development was developed during 2009–10 following significant consultation with NGOs. The plan was agreed to by the Child Protection Advisory Group (CPAG), endorsed by Justice and Human Services CEOs in August 2010, and approved by the government for release in September 2010. Implementation over five years is being led by a steering committee of NGO peak organisations and government representatives.

The plan was built up from targeted conversations with key NGO representative groups. Development of the plan continues the collaboration between government agencies and NGOs to progress the objectives of Keep Them Safe. Development also involved consultation with key Aboriginal stakeholder groups to ensure specific issues with Aboriginal workforce and NGO needs were captured.

The plan emphasises the need for targeted activities to support the specific needs of Aboriginal NGOs, particularly the development of more meaningful local partnerships; improving early intervention and prevention service delivery in regional and local Aboriginal communities; improving Aboriginal cultural proficiency for staff involved in supporting Aboriginal children, young people, families, and communities; and particular strategies to improve Aboriginal employment.

The first in a range of capacity building initiatives for the NGO sector has been approved for implementation in 2010–11: the “Armidale Project” aims to strengthen the capabilities of small and medium providers located in Armidale and surrounds to deliver better services and outcomes for clients, consistent with the objectives of Keep Them Safe. A special focus on partnerships among Aboriginal and non-Aboriginal providers is a key aspect of this project.

Child Wellbeing and Child Protection – NSW Interagency Guidelines

The Child Wellbeing and Child Protection – NSW Interagency Guidelines provide information and guidance to organisations involved...
in the delivery of child wellbeing and child protection services in NSW. They are intended to enhance consistency and promote best practice service delivery to vulnerable children, young people and families. The guidelines are one of the Keep Them Safe mechanisms that support collaborative practice and are applicable to both government agencies and NGOs.

Community Services is leading the development of the Interagency Guidelines, which are being updated in stages and progressively made available online. Each chapter of the guidelines is developed by representatives of government human services and justice agencies and non-government organisations (NGOs).

In 2009–10, chapters were developed and published on interagency collaboration, exchanging information, making a child protection report, legislative reforms, and the roles and responsibilities of key government agencies and NGOs.

The following sections were completed in 2010–11:

- **Prevention and early intervention strategies**, which provides information about prevention and/or early intervention responses, key programs, and referral pathways.
- **Engaging children, young people, and families**, which gives advice about how to effectively engage children, young people, and their families.
- **Guide to court processes involving children and young people**, which details court processes that children and young people may come into contact with (principally the Children’s Court).

The final sections on case management, and responding to a child wellbeing concern or child protection report will be published in 2011–12.

### Regional Project Managers

Keep Them Safe Regional Project Managers (RPMs) have a significant role in the implementation of Keep Them Safe reforms. The RPMs provide regional support for specific Keep Them Safe initiatives; develop new relationships with the non-government sector and improve existing ones; and support regional aspects of key Keep Them Safe pilot projects such as Family Case Management (FCM) and Family Referral Services (FRS).

Eleven Keep Them Safe RPMs are employed within the Department of Premier and Cabinet (DPC) to work with government agencies and NGOs in implementing Keep Them Safe reforms throughout NSW. The Keep Them Safe RPMs are placed within the following regions:

- Central Coast
- Coastal Sydney
- Hunter
- Illawarra
- New England and North West NSW
- North Coast NSW
- South Eastern NSW
- Western Sydney
- South Western Sydney
- Western NSW
- Western NSW (Riverina).

The role of the Keep Them Safe RPM is to drive the regional implementation of Keep Them Safe, strengthen partnerships with key government partner agencies and NGOs in their regions, establish relevant structures in their regions to support collaborative roll-out of Keep Them Safe programs, and implement key initiatives (such as the NGO Capacity Building and Workforce Development Plan and the Change Management Plan).

Keep Them Safe RPMs are uniquely positioned to encourage collaboration...
between the sectors and reduce the “siloing” that has traditionally characterised child wellbeing work.

To date, the RPMs have focused on:

- conducting regional forums to inform local stakeholders on Keep Them Safe progress
- strengthening and creating local interagency networks in order to improve communication and collaboration opportunities for agencies
- brokering relationships with local organisations, agencies, and peak bodies
- promoting the principles of Keep Them Safe to community groups and at staff and worker meetings
- working with targeted agencies, organisations, and sectors (e.g. children’s services and childcare, Aboriginal services, multicultural and linguistically diverse services, mental health, drug and alcohol, and the disabilities sector)
- supporting the development and implementation of Keep Them Safe projects and initiatives, including FRS and FCM.

Regional Implementation Groups

The RPMs, in collaboration with the Justice and Human Services Regional Managers Clusters, established a local governance group in each of the DPC regions or sub-regions. These groups have written and endorsed a work plan that sets out the regional priorities and targets for Keep Them Safe in their local communities. These Regional Implementation Groups (RIGs) provide a forum for regions to discuss Keep Them Safe as it relates to the contexts of the specific communities that form their regions. In this way, the opportunities and challenges posed by Keep Them Safe can be targeted towards specific needs, and implementation can be monitored and managed locally as well as centrally.

RIGs have achieved significant outcomes during 2010–11, including:

- achieving broad government and non-government representation on the groups
- engaging NGOs and local government in the implementation of Keep Them Safe priorities
- achieving effective and efficient partnerships with Aboriginal organisations and local land councils
- building local knowledge of the service system and collaborative practice
- working to provide consistent messages and strategies across programs and issues
- undertaking regional stock-take of agency-specific initiatives related to child wellbeing.

Regional highlights

Central Coast

Support to the children and young people of the significant multicultural community has progressed through meetings with identified multicultural services, other service providers, and the RPM. This has increased cultural competence within local services. At the local level, services are identifying fathers as a key group for engagement as they work to support children and young people. The role of men in the lives of children, young people, and families has been supported by the RPM through involvement in the 2011 Dads’ Day Out events, and building relationships with both Aboriginal and non-Aboriginal men’s groups. This has further contributed to increased involvement of men in domestic violence prevention.

Coastal Sydney

The RPM has actively promoted government and non-government engagement in Keep Them Safe reforms. Specialist advice, presentations, seminars, and best-practice workshops have supported better child-centred services. The RPM has built strong productive relationships with the regional network of nine child and family interagencies. This has boosted non-government sector awareness of Keep Them Safe. NSW Government agency participation in these networks has greatly increased. This work is producing more effective and collaborative services for at-risk children and families.

Hunter

In 2010–11 the major focus for the Hunter has been stakeholder engagement and improving the sector’s understanding of the Keep Them Safe reforms. Activities and initiatives included:

- promotion of Keep Them Safe through agencies across the Hunter region
- collaborating with the Community Services Learning and Development Unit to deliver refresher Keep Them Safe training for a large number of new employees in a variety of sectors
- establishing the Hunter Keep Them Safe RIG to improve procedural issues and increase communication between services.

Illawarra

In the Illawarra, four interagency
groups across the region meet regularly, and come together annually in a Keep Them Safe regional roundtable. The recommendations from the first roundtable have since guided the work of the Illawarra and South-East Regions Keep Them Safe Senior Officers Group.

The Illawarra hosts a number of Keep Them Safe pilot projects, including:

- Keep Them Safe Whole-Family Teams in Nowra
- a newly-established FRS
- a Protecting Aboriginal Children Together project
- one of the three NSW Health Child Wellbeing Units (CWUs).

**New England/North West**

Over 45 Keep Them Safe information sessions have been delivered to 680 mandatory reporters by the RPM, TAFE, Association of Children’s Welfare Agencies (ACWA), and NSW Family Services (FamS).

Supporting the sector to implement Keep Them Safe work practices are local Place Teams that meet bi-monthly in eight local centres. The Place Team structure allows local services managers (NSW and federal government agencies, and local NGOs) to meet with the RPM to discuss issues in relation to Keep Them Safe.

**North Coast**

On the North Coast, Aboriginal families and communities are a particular focus area and partnerships are being built to deliver tailored training to Aboriginal workers and to promote collaborative practices. Two regional forums aimed to:

- provide consistent information about Keep Them Safe legislative changes and sector reform
- begin a process of cultural change to enhance the preparedness and skill of participants
- actively promote child wellbeing practices within and between organisations
- celebrate achievements to date.

Key issues identified at the forums were incorporated in the North Coast Action Plan, which guides implementation of Keep Them Safe strategies across the North Coast.

**South-East NSW**

Nine Keep Them Safe interagency groups have been established in South-East NSW. The groups are working together to improve service provision to children, young people, and families in their particular communities.

In November 2010, the Keep Them Safe RPM in South-East NSW organised a Keep Them Safe roadshow throughout the region. The project gave local mandatory reporters access to a panel of child protection and child wellbeing specialists. Feedback indicated that workers enhanced their understanding of changes to the way child wellbeing and child protection services are delivered in NSW while using the opportunity to develop regional networks and relationships with other agencies. The roadshow reached almost 200 mandatory reporters from the education, law enforcement, childcare, community services, and health sectors.

**South-West Sydney**

The Keep Them Safe RPM in South-West Sydney collaborated with the local non-government sector and the South-West Sydney Justice and Human Service Regional Managers Cluster to organise two place-based workshops across the region. These workshops brought together government agencies and NGOs to discuss the progress of Keep Them Safe implementation. All sessions were co-facilitated by government and NGO staff and over 200 mandatory reporters attended. The objectives of the workshops included:

- identifying opportunities to work collaboratively to improve the implementation of Keep Them Safe across the region
- developing recommendations about the needs and priorities for the region
increasing the understanding of the breadth of Keep Them Safe and related initiatives across South-West Sydney.

These workshops resulted in 238 separate recommendations about regional implementation. The region has incorporated these recommendations into its work plan and has a clear pathway to achieving these goals and is monitoring its implementation.

Western NSW

With strong support from the Regional Directors and Managers on the Regional Manager’s Network Justice and Human Services Cluster, Western Region has employed a focus group strategy to implement the necessary stakeholder change to support children, young people, and families within the culture and ideals of the Keep Them Safe framework. The four focus groups address the following:

- service system integration and information sharing
- engaging local government
- engaging Aboriginal people and Torres Strait Islander people
- workforce capacity and training.

These groups have developed deliverables and actions in these areas to monitor progress. With the roll-out of the above strategy, Western Region is now linking activities with the Justice and Human Services Keep Them Safe Leadership Charter to make the changes necessary within the Keep Them Safe framework.

Western Sydney

Key areas of success for the Western Sydney RPM in 2010–11 included:

- engaging government agencies, resulting in consistent attendance at working group meetings and contributions from members, including development of an implementation work log
- working with NSW Police Force and NGOs to resolve a domestic violence counselling referral issue
- developing Western Sydney’s stakeholder engagement strategy for Keep Them Safe Working Together for Western Sydney
- engaging NGOs and government agencies to form a planning committee for developing and guiding the Keep Them Safe Practice and Support Network Development Workshops.

Community Services/ADHC Memorandum of Understanding

To ensure improved outcomes for children and young people with a disability through the commitment of both agencies to greater collaboration and integrated service delivery, the Community Services and Ageing, Disability, and Home Care (ADHC) Memorandum of Understanding (MOU) on Children and Young People with a Disability was revised and endorsed by the Chief Executives of both agencies in March 2010.

The MOU commits Community Services and ADHC to collaboration and joint service delivery for children and young people with a disability, and their families and carers.

The MOU sets out the key principles on which joint practice is based. It serves as a high-level statement of intent, specifies the scope of the agreement, and represents a commitment by both agencies to work together to maximise outcomes for joint clients.

An integrated practice framework comprised of Regional Protocols and Joint Practice Guidelines has been implemented to guide staff. Regional Protocols set out the roles and responsibilities of each agency in relation to joint work under the MOU. The Joint Practice Guidelines are a practical resource for staff to be used in conjunction with the Regional Protocols, and are designed to support collaborative, child-focused joint practice between ADHC and Community Services.
The foundation stage of the training framework to support the implementation of the MOU has been completed. The framework included training about the agreement between the two agencies as well as components to continually develop joint practice. At June 2011, the practice framework to facilitate collaborative discussion about joint clients is under development.

Community Services/ADHC joint data management system

This initiative seeks to establish a joint data management system for monitoring and reporting on clients with a disability shared between two Department of Family and Community Services (FACS) agencies: ADHC and Community Services, in order to facilitate:

- improved outcomes for children and young people with a disability referred to ADHC and Community Services through active and appropriate monitoring of shared clients
- improved disability and child protection service system planning through enhanced information on shared clients

The joint data management system will improve joint assessment, case planning, and decision-making processes, and enable early identification of child protection matters involving children with a disability. Furthermore, risks of family breakdown are reduced through the provision of more targeted support services. This system will also improve services planning through enhanced information on the number, characteristics, support needs, and service outcomes of shared clients.

Outcomes for children and young people with a disability will be improved through timely referral, eligibility assessment, case planning, and service outcomes in keeping with their support needs and relationships.

In 2009–10 quarterly reporting to the Community Services–ADHC MOU Senior Officers Group in relation to joint clients commenced. A review of agency databases was undertaken to identify where improvements in joint data management could be made.

In 2010–11, enhancements to the joint management system were made:

- a framework to provide an outcomes logic and set of indicators relating to joint clients was drafted
- the data set identified for monitoring and reporting was refined
- issues relating to recording and extracting existing data were reviewed and options for addressing issues and data systems have been considered.

Quarterly data reports continued to inform planning and the oversight provided by the Community Services–ADHC MOU Senior Officers Group.

Further refinement to the framework and targeting of the enhanced Joint Data Management System will be undertaken in 2011–12.

Accommodation models for children and young people with a disability

ADHC and Community Services are working together to improve service coordination and expand accommodation models available to support children and young people who have a disability and are under the parental responsibility of the Minister for Family and Community Services, or for those whose disabilities are such that they can no longer continue to reside in their homes.

In 2010–11, an accommodation framework providing a continuum of care and support for children and young people with a disability was developed. The framework takes into consideration how current accommodation options could be shared between Community Services and ADHC, and how the needs of children and young people from Aboriginal and culturally and linguistically diverse (CALD) backgrounds can be met.

Broad consultation with Aboriginal and CALD service providers and community groups was undertaken throughout 2010–11 to ensure that the needs of these groups have been fully considered in the proposed framework.

Continued guidance and advice on the project was provided by a stakeholder reference group. Group members include Community Services, ADHC, National Disability Services, and Family Advocacy, with specific guidance on out-of-home care (OOHC) matters provided by Aboriginal Child, Family, and Community Care State Secretariat (AbSec), and CREATE Foundation.

ADHC and Community Services will continue to work together in 2011–12 to explore the feasibility of implementing the framework for children and young people with a disability.

Children’s Services Reforms – universal access

In late 2008, the Council of Australian Governments (COAG) signed
the National Partnership on Early Childhood Education (also known as “universal access”). The NSW and federal governments signed a Bilateral Agreement to implement the universal access requirements in NSW in June 2009. NSW is receiving $278.6 million over the five years of the agreement. Keep Them Safe supports the delivery of these commitments.

The objective of the agreement is to provide universal access to early childhood programs for all children in the year before school, delivered by four-year university-qualified early childhood teachers, for 15 hours per week, 40 weeks per year, by 2013. In 2010–11, the NSW Government continued to implement the actions set out in the agreement. The NSW Government is required to report annually to the federal government on progress implementing the agreement. The 2010 annual report for NSW has been submitted to the federal government.

In the first two years of the agreement, the focus has been on the provision of enhanced funding to community preschools, to increase the per-child funding amounts. Services receive a per-child funding amount (which is calculated on the Local Government Area of the service) and also receive higher rates of funding for Aboriginal children and those children from disadvantaged backgrounds. Services in remote areas also receive additional funding.

Community Child Care Cooperative (CCCC) has been contracted to work directly with preschool services in priority locations and develop localised strategies to improve access to early childhood education. During 2010–11, CCCC funded a number of Aboriginal engagement projects in areas where social planning data and local knowledge indicated that Aboriginal children were not accessing preschool. Aboriginal Community Support Workers engage and link Aboriginal families with preschool services in a culturally appropriate way. As a result of these projects, preschools have:

- created links with playgroups, Aboriginal health services, schools, and other support agencies, with the aim of increasing enrolment and retention of Aboriginal children in local preschools
- engaged and supported early childhood staff to develop cultural awareness and create meaningful links with Aboriginal communities
- raised awareness in the Aboriginal community about the importance of preschool education
- gathered information about barriers to preschool access for the Aboriginal community and collaboratively addressed these.

In the first year of the agreement, the number of Aboriginal children attending preschool increased from 79.6 per cent to 88.2 per cent of the Aboriginal four-year-old population. Results from the second year of the agreement are yet to be published, but are expected to show continued improvement in attendance rates for Aboriginal children.

Keeping it Together

ACWA, FamS, and Youth Action Policy Association (YAPA) have received funding from Community Services to support NGOs through the implementation of Keep Them Safe. This support, referred to as Keeping it Together, is wide-ranging and includes:

* As the 2010 annual report for NSW has not yet been formally accepted by the Australian Government, data on recent achievements cannot yet be reported publicly.
information sharing, consultation processes, promoting and encouraging collaboration, and developing improved systems.

This project included regional forums, a regional media kit, a review of HSNet, collaboration with other peaks in the development of a model child protection policy, and the development of a website with a designated email address to which the sector can direct questions, comments, and feedback.

ACWA is committed to supporting the sector through implementation and beyond. With the project ending, ACWA will continue to maintain the website and use existing mechanisms to engage with the sector. ACWA acknowledges the importance of continuing to be an ear to the needs and concerns of the non-government sector, particularly in regional NSW.

As part of this program, ACWA has completed 11 regional forums. The forums have been an important endeavour enabling ACWA to hear first-hand local issues and concerns, and engage with local NGOs. ACWA has also reviewed the usability of HSNet and has partially mapped the services on the database.

In collaboration with other NGO peaks, including Local Community Services Association (LCAS), YAPA and Families, ACWA and SNet have developed a model child protection policy. This is a first, and has resulted in a policy that the peaks feel will equip all member agencies with a current and effective agency policy in their work to ensure the wellbeing of children and young people.

National Quality Framework

COAG endorsed the National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care in December 2009. The National Partnership Agreement provides that a new national regulatory system, known as the National Quality Framework (NQF), will apply to preschool, long day care, family day care, and outside school hours care services from January 2012.

The NQF aims to improve the quality of education and care services provided to children in their early and middle years, improve information to parents about the quality of services, and streamline the current regulatory and quality assurance systems for children’s services across Australia.

In 2010–11, the NSW Government continued to work closely with the federal government and the states and territories to develop the details of the new system. The NSW Government is also continuing to consult closely with its NQF Reference Group, which comprises representatives of major early and middle childhood education and care sector interests. During 2010–11, the NSW NQF Reference Group met on five occasions and is a key source of advice about the transition to the NQF.

The Aboriginal and Torres Strait Islander Early Childhood Sector Advisory Group and the Secretariat of National Aboriginal and Islander Child Care are members of the NSW NQF Reference Group. Aboriginal stakeholder groups are also represented on a National Stakeholder Reference Group.

In May 2011, responsibility for early childhood education and care moved from FACS to the Department of Education and Communities (DEC). This aligns arrangements in NSW with those in other states and territories.

The COAG National Quality Reforms, which we support, make it clear that the primary role of preschool and long day care services is the provision of early childhood education and care.

The Hon. Adrian Piccoli, Minister for Education

The legislation that underpins the NQF was passed in Victoria in October 2010 and is being adopted by other jurisdictions across Australia. NSW was the first state to adopt the national law through the passage of the Children (Education and Care Services National Law Application) Act 2010 in November 2010.

From September 2010 to February 2011, 50 children’s services in NSW participated in a national trial of the new quality assessment and rating process, an important part of the new national system. The results of the trial, which involved almost 200 services nationally, have been evaluated and are being used to improve the assessment and rating process before the implementation of the NQF in 2012.

In March 2011, an exposure draft of the Education and Care Services National Regulations was released for public comment. In NSW, 10 public information sessions were
The National Framework for Protecting Australia’s Children

The NSW Government is continuing to progress initiatives within the Protecting Children is Everyone’s Business: National Framework for Protecting Australia’s Children 2009–2020 (the National Framework) with the federal government, other states, territories, and the non-government sector.

The National Framework is a 12-year reform agenda that recognises the importance of a national approach to child protection and the value of common goals.

Key priorities of the National Framework for NSW, as identified in the first three-year action plan, include:

■ national standards for OOHC
■ a common approach to assessment, referral, and support
■ information sharing
■ improving support for carers
■ filling the research gaps
■ young people transitioning from care.

National OOHC standards

In December 2010, Community and Disability Services Ministers endorsed a set of 13 National Standards for OOHC that will be gradually implemented nation-wide from July 2011 with the first public reporting in 2012. These standards will help to ensure that children and young people in OOHC are provided with a consistent standard of care, regardless of where they live in Australia. The standards will also put in place a nationally consistent data collection and reporting framework. Public reporting on achievement against the standards will commence in 2012, and will be gradually expanded through to 2015.

Measures under the public reporting framework for the National Standards will be progressively introduced so that by 2015 there will be 22 measures reported against the full set of National Standards.

Common Approach to Assessment, Referral, and Support

Community Services has represented NSW on a working group with the federal government, other states and territories, and the non-government sector on the development of a Common Approach to Assessment, Referral, and Support (CAARS).

CAARS is designed for use by universal and secondary prevention services to improve the early identification of at-risk children and their families, and to facilitate the timely provision of and/or referral to support services. It is also intended to strengthen collaboration between services by promoting the use of a common tool, a consistent approach, and improved information sharing.

In February 2011 the CAARS final report Working together to prevent child abuse and neglect – a common approach for identifying and responding to early indicators of need was released and funding of $1.1 million was announced under the auspice of the National Framework to trial CAARS for 12 months.

Interrelate Family Centre, Lismore has been identified as one of the four national CAARS trial sites and Community Services will continue to be an active partner during the next phases, including facilitating the involvement of key NSW Government and non-government partners.

Information sharing

Implementation of the information exchange protocol between Community Services, as the NSW child protection statutory agency, and the federal government has continued during 2010–11. Improved information sharing is recognised as a key strategy in the prevention of child abuse and neglect, and in supporting victims and their families.

In 2009 two appendixes under the National Information Sharing Protocol became operational in NSW: one with Centrelink and one with Medicare.

Efforts of Community Services to enhance information sharing with the federal government have continued during 2010–11. A further appendix with the Child Support Agency is expected to be finalised and operational during 2011, while initial discussions have commenced with the Department of Immigration and Citizenship.

Improving support for carers

The NSW Government continues to work with the federal government and other jurisdictions on the exploration of financial and non-financial support for grandparents, kinship, and foster carers. Community Services has been actively engaged in a research project, Financial and Non-Financial Support for Formal and Informal
Out-of-Home Carers, led by the Social Policy Research Centre, and has coordinated stakeholder meetings on the development of a national online resource for carers.

**Filling the research gaps**

A National Research Agenda is being developed with key academics and expert practitioners to inform future policy and service delivery through the identification of research opportunities and priorities, and an expanded evidence base.

Community Services has been working collaboratively with government and non-government partners through a Filling the Research Gaps working group to develop the National Research Agenda. Work to date includes completion of a research audit of existing projects relevant to the National Framework and development of an online research and evaluation register, which will enable new areas of research to be identified, and assist with maintaining the currency of the research audit.

**Young people transitioning from care**

Young people transitioning from care form a priority area under the National Framework for Protecting Australia’s Children. This client group is also a priority under the NSW Homelessness Action Plan. Community Services is the lead agency for two projects within the Homelessness Action Plan (funded under the National Partnership Agreement for Homelessness) that transition young people leaving care into supported independent living. One of these projects is located in the Illawarra and is targeted at Aboriginal young people. The other project is located in the North Coast.

Priority strategies under the National Framework include enhancing programs which reduce family violence and expanding housing and homelessness services for families and children at risk. A number of initiatives have been developed which are consistent with the priority strategy under the National Framework.

**Closing the gap**

One of the 12 national priorities is to close the gap between Indigenous and non-Indigenous children and young people. One of the aims is to support Indigenous community building activities in areas such as culture and connectedness, strengthening families and communities in targeted areas where children are at-risk, and speaking up about abuse. A Closing the Gap sub-group has been formed to progress work.
Child Protection Advisory Group

CPAG continued to provide high-level advice and informed stakeholder input on issues that arose in the development and implementation of Keep Them Safe throughout 2010–11. Members included heads of peak organisations, prominent academics in the child protection field, and union representatives.

Throughout 2010 members provided ongoing valuable discussion and feedback on a range of issues including:

- the NGO Capacity Building and Workforce Development Plan
- the Change Management strategy
- evaluation processes
- links with the National Framework for Protecting Australia’s Children
- information exchange with CWUs, FRS, and NGOs
- better supporting Aboriginal children and families together
- Community Services Cultural Change strategy
- the Pathways of Care Longitudinal Study into childcare in OOHC.

Three key working groups contributed significantly to the progress of the following three key reform areas: Service System Realignment, OOHC contract reform, and changes to supported care.

In December 2010 members reviewed CPAG’s structure and noted that its operation in 2010 was better than in 2009; its structure and membership suited the current stage of Keep Them Safe; it had developed trust from the sector, and maintained a focus on the best outcomes for children and young people.
TRAINING, DEVELOPMENT, AND EVALUATION
Keep Them Safe engagement and training

In 2010, the Keep Them Safe Implementation Unit engaged Bendelta to develop a Keep Them Safe Change Management Plan that would guide future Keep Them Safe training. Bendelta conducted targeted consultations in both Sydney and regional NSW, and from these developed the following key strategies:

1. Expanded Keep Them Safe Senior Officers Group (KTS SOG). To demonstrate the NSW Government’s strong commitment to partnership and shared responsibility, and to allow the NGO peak bodies to be involved in decisions concerning Keep Them Safe matters, an expanded KTS SOG has been established and includes representatives from ACWA, NSW Family Services (FamS), Aboriginal Child, Family, and Community Care State Secretariat (AbSec), and Council of Social Service of NSW (NCOSS).

2. Communicating change by co-opting local leaders as Keep Them Safe champions and demonstrating changed behaviour. A pilot will commence in Western NSW in July 2011.

3. Conducting training and building capacity among local interagency groups in working in the new Keep Them Safe environment. The Association of Children’s Welfare Agencies (ACWA) has developed training resources in the use of Chapter 16A (information sharing); collaborative casework; and engaging families. A series of train-the-trainer sessions will be held between June and September 2011 to train over 100 government and non-government community workers on delivering this training to interagency groups. Training will be rolled out from July 2011 and will be managed by ACWA.

In addition to the change management activities, in 2010–11 Keep Them Safe training and engagement was undertaken by a number of agencies. Examples include:

- The Family and Community Services (FACS) Child Wellbeing Unit (CWU) in collaboration with Ageing, Disability, and Home Care (ADHC) have delivered approximately 40 sessions of face-to-face training to over 500 frontline staff and senior managers. ADHC have also developed an e-learning package with a CD-ROM. In conjunction with the CWU, Housing NSW delivered approximately 10 “train the trainer” sessions across the state to approximately 90 participants. Each agency also has additional training available to their staff (e.g. e-learning for Housing NSW staff and training packages for Juvenile Justice staff). The CWU has also provided numerous local briefings for staff across these three agencies.

- The NSW Police Force CWU has run numerous training sessions with officers, including those specialising in domestic violence, to cover the basics of Keep Them Safe.

- Community Services ran 15 sessions on the Mandatory Reporter Guide, with over 300 participants attending.

ACWA Keep Them Safe learning and development

ACWA has been working in partnership with a range of stakeholders including DPC, Community Services, and TAFE NSW to deliver an array of learning and development packages to both the government and non-government sectors.

Keep Them Safe brings with it a number of significant changes to
the child welfare landscape and there is a large workforce that needs to be updated of the changes. The key projects include:

- Putting it into Practice: face-to-face training for the non-government sector. This involved developing this package and then rolling it out to over 1600 participants in 80 sessions.
- Shining the Light on Child Protection: an e-learning resource for the non-government sector. An innovative mode of delivery that can reach out to a greater audience than face-to-face sessions.

ACWA is at the commencement of the next stage of sector development. ACWA has developed learning circles to be delivered by local champions. The topics included are information exchange; engaging families; and collaborative practice and integrated case management.

In 2011–12, ACWA will continue to support the principles outlined in Keep Them Safe, by continuing relationships with stakeholders and striving towards developing learning and development packages that meet the needs of the sector. ACWA will continue to monitor these needs and ensure that training remains responsive to the sector.

**Joint domestic violence training**

The Learning and Development Branch, Community Services was tasked with developing a training strategy to meet the Special Commission of Inquiry into Child Protection Services in NSW recommendation that Community Services caseworkers should receive domestic violence training.

The stakeholders who assisted in the development of a response to the recommendation included:

- Department of Premier and Cabinet (DPC)
- NSW Health (Education Centre Against Violence)
- Community Services (Clinical Issues Unit, Child Death and Critical Reports Unit).

The training strategy was highly successful and very well received. Access to all the components was promoted in work locations across the state. The demand for these places, programs, and kits was significant.

Key achievements in this initiative have included:

- funding 55 places at the Australian Domestic and Family Violence Seminar (these places were occupied by Community Services caseworkers, and other government and NGO staff)

**Domestic violence related deaths account for 42 per cent of all homicides in NSW. I am wholly committed to supporting initiatives that help stamp out domestic and family violence.**

The Hon. Pru Goward, Minister for Family and Community Services, Minister for Women

- coordination and delivery of 11 domestic violence training courses (five different courses run multiple times), occupied by Community Services caseworkers and other government and NGO staff — a total of 203 staff members were trained
- development and dissemination of 200 domestic violence resource kits
Participants and facilitators highlighted the effective interagency nature of the training, with one trainer suggesting it be adopted as a model of best practice in domestic violence training.

## Community Services/ADHC Joint Training

The objective of this initiative is to implement joint training in relation to the Community Services and ADHC memorandum of understanding (MOU) to managers and staff in both agencies so they are able to identify children and young people covered under the MOU, and understand when and how to apply the MOU in practice.

The Centre for Community Welfare Training (CCWT), ACWA’s training arm, was engaged to develop training materials and deliver training on the MOU based on a framework developed in 2009. The training framework and materials were developed in consultation with relevant staff in both agencies.

The framework will be implemented in three phases:

- **Phase 1** was completed in October 2009 and involved senior managers’ briefings on the revised MOU by the MOU Senior Officers Group.
- **Phase 2** was delivered by ADHC in partnership with ACWA/CCWT through a train-the-trainer approach with two training sessions in July 2010 for facilitators from each region in each agency. Following these sessions, the facilitators delivered joint sessions for managers in their regions from August through December 2010. Managers briefed their staff on the revised MOU between September 2010 and January 2011. Briefings will be provided to new staff.
- **Phase 3** of the training, a practice framework to facilitate collaborative discussion about shared clients, is due to be completed by October 2011.

## Keep Them Safe Evaluation Framework

Keep Them Safe included a commitment to progressively evaluate implementation of the Keep Them Safe: A shared approach to child wellbeing action plan over its five years and the effects of the new child protection system on outcomes for children, young people, and their families.

In December 2009 the Social Policy Research Centre (SPRC) and the Australian Institute of Family Studies were engaged to develop the overall Keep Them Safe Evaluation Framework. In developing the framework, SPRC conducted broad-ranging consultations with government agencies, non-government organisations (NGOs), peak bodies, and advisory groups. A list of consultation informants can be found in Volume 2 of the Evaluation Framework Report, available on the Keep Them Safe website.

The Evaluation Framework, which was completed in August 2010, sets out an evaluation program that recognises the complex nature of the Keep Them Safe reforms and these multiple program areas. The Evaluation Framework also takes into account the breadth and diversity of the government and non-government service systems associated with Keep Them Safe. In addition to considering the overall effectiveness of Keep Them Safe, the framework was designed to guide evaluation of the relative impacts of different programs and their inter-relationships.

The framework is comprehensive and proposes broadly scoped, integrated evaluation activities. Further work was required to prioritise the activities and identify proposed key performance indicators. Accordingly, in August 2010 DPC commissioned the development of a four-year implementation plan for delivering the evaluation.

The implementation plan, finalised in May 2011, focuses activity on measuring outcomes that can be specifically attributed to Keep Them Safe reforms. The evaluation activities are focused on measuring outcomes for targeted population groups, and the movement of families through the service system, which is comprised of universal services, targeted early intervention and prevention programs for vulnerable families, and statutory services for families where risk of significant harm exists.

A Keep Them Safe Evaluation Steering Committee is being established. It will be comprised of representatives from the government and non-government sectors and will oversee the Keep Them Safe evaluation and finalise evaluation performance indicators. Systematic evaluation of Keep Them Safe initiatives will begin in late 2011.

Local evaluations and reviews conducted or ongoing in 2010–11 include:

- review of CWUs
- evaluation of Dispute Resolution Conference and the external care and protection mediation pilot
- evaluation of the Safe Families program
- Family Case Management pilot evaluation
- Family Referral Services evaluation.
The Keep Them Safe: A shared approach to child wellbeing action plan published in March 2009 contained a range of immediate, short-term, and long-term actions detailing the full five-year implementation of the Keep Them Safe program. These actions have been included in the table that follows, for the period 1 July 2010 to 30 June 2011.

<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chapter 1: The Universal Service System</strong></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>In 2010–11 over $130 million was allocated to not-for-profit preschools, including $27.4 million in “universal access” funding. This funding was allocated for access to preschool programs, according to the needs and characteristics of the children and families attending the services, and the communities in which the services are located. The aim of this additional funding is to increase participation rates, particularly for Indigenous and disadvantaged children, and to ensure that cost is not a barrier to access. The most recent published data show that participation rates have improved for Indigenous children, and affordability has improved for both these priority groups.</td>
</tr>
<tr>
<td>■ Funding to organisations to support the creation of these additional places was announced in December 2008.</td>
<td></td>
</tr>
<tr>
<td>■ Additional funding of $21 million per annum is being provided to support the delivery of these new places.</td>
<td></td>
</tr>
<tr>
<td>■ The work of these organisations to create 5250 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.</td>
<td></td>
</tr>
<tr>
<td>■ All new places will be established by December 2010.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>In 2010 the agreement has helped deliver higher funding rates to services for children and families who have historically been less likely to access preschool programs. This has resulted in increased participation by Indigenous children. Annual reports on progress are available on the Department of Education, Employment, and Workplace Relations website.</td>
</tr>
<tr>
<td>■ NSW and the Commonwealth are developing an implementation plan which will be finalised and approved in the first half of 2009.</td>
<td></td>
</tr>
<tr>
<td>■ The implementation plan will set out the Commonwealth’s and NSW Government’s agreed plan for the investment of the funding in NSW, and will provide additional milestones.</td>
<td></td>
</tr>
<tr>
<td>ACTION (as described in Action Plan)</td>
<td>UPDATE (as at 30 June 2011)</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Work with Aboriginal communities to establish nine Indigenous Child and Family Centres (CFCs) across NSW, in partnership with the Commonwealth under the National Partnership on Indigenous Early Childhood Development. These 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. 1. The NSW Government will commence work on the first centres in 2009, in consultation with Aboriginal communities. 2. All nine centres will be operational by 2014.</td>
<td>1. Department of Family and Community Services (FACS) and the Department of Premier and Cabinet (DPC) are jointly responsible for establishing the nine integrated CFCs. These centres will be based in Blacktown (two centres), Campbelltown, Ballina, Gunnedah, Nowra, Toronto, Lightning Ridge, and Brewarrina. The service providers for the first three Aboriginal CFCs were announced in December 2010 and will be located in Mt Druitt, Campbelltown, and Ballina. Interim services are already being provided in Mt Druitt and Ballina and as of June 2011, planning is underway for interim services in Campbelltown. 2. A tender process was undertaken in 2010–11 for the final six locations: Blacktown, Toronto, Nowra, Brewarrina, Gunnedah, and Lightning Ridge. Services are expected to commence operations in late 2011.</td>
</tr>
<tr>
<td>Parenting education is available for all parents with children aged 3–8 years under the Triple P Positive Parenting Program. 1. The NSW Government has allocated $5.2 million to roll-out the program over four years. 2. In order to reach all parents in NSW, 1200 practitioners will be trained by December 2010. 3. The program will be available to all parents with children aged 3–8 years by June 2011. 4. An independent evaluation of the program will be conducted.</td>
<td>1. Families NSW is assisting parents with children aged 3–8 years to have the opportunity to access parenting information and support through the $5.2 million roll-out of the Triple P Positive Parenting Program. 2. In 2011 about 300 welfare, health, and educational professionals were trained to deliver the program, bringing the total number of practitioners to 1200. A further 165 practitioners were trained in Indigenous Triple P, bringing the total number to 213. 3. See 1, above. 4. An evaluation of the roll-out of Triple P has commenced.</td>
</tr>
<tr>
<td>Significantly extend the coverage of the Aboriginal Maternal and Infant Health Strategy (AMIHS). 1. The AMIHS began in 2001 in seven locations. An additional seven services have since been added. 2. In 2007, the NSW Government agreed to expand AMIHS to fund a further 17 teams across NSW and link it with Brighter Futures. 3. A total of 31 services will be in place by the end of 2009.</td>
<td>1. All AMIHS programs have been implemented across the state. 2. AMIHS and Brighter Futures programs have been formally linked through joint orientation days conducted between NSW Health and FACS. By 30 June 2011, all AMIHS sites had undertaken an orientation program with the local Brighter Futures program. 3. See 1, above.</td>
</tr>
<tr>
<td>Raise school leaving age to ensure NSW students have improved opportunities. 1. The NSW Government will introduce legislation to change the school leaving age in 2009. 2. 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.</td>
<td>1. The NSW Government introduced legislation in May 2009 to increase the school leaving age from 15 years to 17 years. This took effect from 1 January 2010. 2. All students are now 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. Ongoing assistance is being provided to schools to make necessary innovations in areas such as curriculum, school organisation, student support, and professional learning.</td>
</tr>
<tr>
<td>ACTION (as described in Action Plan)</td>
<td>UPDATE (as at 30 June 2011)</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
| Increase the ratio of carers to children in long day care services to one carer for every four children under the age of two.  
1. The amendment to increase the ratio will be introduced in conjunction with other amendments to the Children’s Services Regulation in 2010. | 1. The new ratio of one carer for every four children under the age of two in child care centres and mobile children’s services has been introduced as part of the amendments to the Children’s Services Regulation 2004, which commenced on 1 January 2011. |
| Reduce educational disadvantage of children in low socioeconomic status (SES) areas, including Indigenous children.  
1. The NSW Government 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.  
2. The NSW Government and the Commonwealth will now develop an implementation plan, which will be finalised and approved in the first half of 2009. | 1. NSW Government and the Australian Government signed up to the Low Socioeconomic School Communities National Partnership (Low SES NP) Agreement in November 2008. Under the agreement, 637 NSW schools will implement six reforms specifically designed to transform schooling in Low SES school communities. Over 46 per cent of all Aboriginal students in NSW Government schools are in Low SES NP schools.  
A total of 551 government schools will participate in the Low SES NP in NSW from 2009 to 2015. Each year participating schools complete a school plan detailing planned activities against the six reforms of the agreement.  
2. An updated Bilateral Agreement and implementation plan were signed on 15 March, 2011. |

By the end of 2010, the Universal Health Home Visiting (UHHV) program will have full state-wide coverage.  
- The program began in 1998–99 on a small scale in selected areas, and is now available in all Area Health Services in NSW.  
- Currently, approximately 70 per cent of mothers receive a visit within the first month of birth.  
- By the end of 2010, the service will be available to all parents of a newborn baby. | UHHV is available in all Local Health Districts throughout NSW.  
For the period January to December 2010 Local Health Districts reported that 93.4 per cent of families with a newborn were offered a UHHV. |

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.  
- Introductory package and SAFE START Assessment and Screening training modules will be available to Primary Health and other NSW Health workers in 2009.  
- The third component on High Risk Response is to be developed in 2009–10 and will target NSW mental health and drug and alcohol workers. | SAFE START psychosocial assessment and depression screening is being fully implemented in all NSW Health antenatal clinics and child and family health nurse visiting services, as well as in some Substance Use in Pregnancy sites and Aboriginal Health Services.  
The Supporting Families Early/SAFE START online training course has been available since February 2010 and close to 3000 NSW Health staff members have successfully completed the training at 30 June 2011.  
SAFE START Response online training has been developed for the mental health and drug and alcohol workforce and will also be available to the broader NSW Health workforce. SAFE START Response training will be available in late 2011. |
### ACTION (as described in Action Plan)

**Chapter 2: Strengthening early intervention and community-based services**

- Revise Brighter Futures Guidelines.
  - As recommended by the Inquiry, by 30 June 2009, Community Services will revise its Brighter Futures guidelines to clarify eligibility for the program.

- Expansion of Brighter Futures.
  - 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.

- Enhanced support for families where one or more children are habitually absent from school.
  - An additional 25 Home School Liaison Officers (HSLOs) 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.

- Review counselling to parents through enhanced school–family services.
  - Department of Education and Communities (DEC) and NSW Health to examine strategies for expanding counselling services to parents.

### UPDATE (as at 30 June 2011)

- Revised Brighter Futures Guidelines were published in November 2009.

- The independent Social Policy Research Centre (SPRC) at the University of NSW concluded its four-year evaluation of the Brighter Futures program in September 2010.

- Keep Them Safe funding of $9 million per annum has been allocated to lead agencies for over 400 additional case management places targeted at Indigenous and culturally and linguistically diverse (CALD) communities.

- The additional 25 HSLO positions have been established and allocated to regions.

- The increase in the number of positions from 85 to 110 has resulted in an increase of 750 possible cases for intervention at any one time across the state.

- Getting on Track In Time — Got It! is a new school-based mental health early intervention service being implemented by NSW Health (Child and Adolescent Mental Health Services) in partnership DEC.

- Mental health positions have been filled in all three sites. Each site has identified two schools in which to commence the program.

- NSW Health has provided funding to support teacher release to implement the programs for the remaining three years of the pilot so that classroom teachers can be involved in the management and planning of the parent and student sessions.

- A state-wide coordinator for Got It! has been appointed by NSW Health and an implementation committee is being established with joint representation from NSW Health and DEC.
<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
</table>
| Introduction of sustained health home visiting.  
  - In 2008–09, the government will commence further trials of sustained health home visiting.  
  - 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 state-wide. | NSW Health has introduced five new sustained health home visiting programs, now known as Sustaining NSW Families. Three sites (Fairfield/Liverpool, Maitland/Cessnock/Kurri Kurri, and Wyong) commenced service provision from September 2010.  
In March 2011, new sites at Arncliffe in South Eastern Sydney, and Lismore/Kyogle/Richmond Valley Local Government Areas (LGAs) in northern NSW received funding and are in the establishment phase. The new sites will implement variations of the program to enhance service provision for Aboriginal families (in rural northern NSW) or those from CALD backgrounds with low levels of English language proficiency (Arncliffe). |
| Expand Brighter Futures to 9–14-year-olds, following examination of the evidence base, including priority access for Aboriginal children and their families.  
  - Examine current evidence base and identify model. | Community Services has examined the current evidence base on early intervention programs for vulnerable 9–15-year-olds and a possible service model was identified under which eligible children and families would receive voluntary, strengths-based, flexible early intervention services tailored to meet their individual needs. |
| Consider transferring case management of Brighter Futures to the non-government sector.  
  - The NSW Government will transfer growth places to the non-government sector in the short term.  
  - The NSW 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. | The final report of the Brighter Futures evaluation was released in September 2010. Comment was sought from a wide cross-section of stakeholders. Their feedback has informed a number of key decisions about the future direction of Brighter Futures. These include:  
  - increased non-government organisation (NGO) involvement in the program, giving NGOs responsibility for 60 per cent of service delivery  
  - Community Services caseworkers to target families who are assessed as being above the risk of significant harm threshold  
  - more focus on parents with drug and alcohol, mental health, and domestic violence issues.  
Brighter Futures lead agencies, NGO peaks, and other agencies have formed the Brighter Futures Council to provide ongoing advice on the implementation of the changes to Brighter Futures that were recommended in the evaluation report. |
### Chapter 3: Better protection for children at risk

**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.**

<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Develop detailed implementation plan by March 2009 for proclamation of amendments, including delivery of cross-agency training and establishment of identified Child Wellbeing Units (CWUs) in agencies to support implementation.</td>
<td>2. A detailed action plan, Keep Them Safe: A shared approach to child wellbeing was made public in March 2009. The action plan has been available on the Keep Them Safe website since this time and has guided agency reporting against actions.</td>
</tr>
<tr>
<td>3. Design and test threshold tool (first component of the Common Assessment Framework) for mandatory reporters by July 2009, to be implemented when legislation is proclaimed.</td>
<td>3. The Mandatory Reporter Guide (MRG) was designed and tested by Community Services. The MRG has been online for use by mandatory reporters since the legislation was proclaimed on 24 January 2010 and is now in use throughout NSW. The MRG was updated in December 2010, following feedback from multiple government and non-government stakeholders. Screening and Response Priority Structured Decision Making (SDM) tools were trialled at the Child Protection Helpline in July and August 2009. These tools were subsequently implemented at the Helpline on 24 January 2010.</td>
</tr>
<tr>
<td>4. Agencies amend operational policies and procedures to reflect legislative changes.</td>
<td>4. All agencies have also amended their operational policies and procedures to reflect the legislative changes.</td>
</tr>
<tr>
<td>5. Changes to NSW Police Force (NSW PF) Standard Operating Guidelines to reflect risk of significant harm.</td>
<td>5. The NSW PF has included in all relevant training materials to frontline police the change of threshold from risk of harm to risk of significant harm. Various internal policies have also been amended to reflect the changes.</td>
</tr>
<tr>
<td>6. Substantially progress government and NGO cross-agency training on new thresholds.</td>
<td></td>
</tr>
<tr>
<td>7. Proclamation of amendments to change the statutory threshold will be accompanied by a public information strategy.</td>
<td></td>
</tr>
</tbody>
</table>

1. On 24 January 2010 the main provisions of the Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 were proclaimed as amendments to the Children and Young Persons (Care and Protection) Act 1998.

2. A detailed action plan, Keep Them Safe: A shared approach to child wellbeing was made public in March 2009. The action plan has been available on the Keep Them Safe website since this time and has guided agency reporting against actions.

3. The Mandatory Reporter Guide (MRG) was designed and tested by Community Services. The MRG has been online for use by mandatory reporters since the legislation was proclaimed on 24 January 2010 and is now in use throughout NSW. The MRG was updated in December 2010, following feedback from multiple government and non-government stakeholders. Screening and Response Priority Structured Decision Making (SDM) tools were trialled at the Child Protection Helpline in July and August 2009. These tools were subsequently implemented at the Helpline on 24 January 2010.

4. All agencies have also amended their operational policies and procedures to reflect the legislative changes.

5. The NSW PF has included in all relevant training materials to frontline police the change of threshold from risk of harm to risk of significant harm. Various internal policies have also been amended to reflect the changes.

6. A range of cross-agency training/information sessions have been delivered, including:
   - the Regional Engagement Tour
   - information sessions on the use of the MRG
   - sessions on Chapter 16A information exchange
   - training for the early childhood sector
   In addition, government agencies have developed and delivered agency-specific training for their mandatory reporters.

7. DPC maintains a Keep Them Safe website. Fact sheets and a number of training resources have been produced. During the second half of 2010, Keep Them Safe and CREATE Foundation consulted with youth about specific messages to target their unique needs. A regular Keep Them Safe newsletter keeps mandatory reporters informed of progress.

8. The new threshold commenced upon proclamation of the legislation on 24 January 2010.
<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
</table>
| Improving practices and processes in the Children’s Court, including legislative amendments to streamline Children’s Court proceedings.  
1. Legislative amendments introduced into Parliament by March 2009.  
2. Required changes to policies and procedures made to give effect to legislative amendments.  
3. Training and education of Community Services staff and Children’s Court on changes to practices and processes to be completed by November 2009. | 1. Legislative amendments commenced in June 2009 and January 2010 with transitional arrangements in place until July 2010.  
In December 2010 legislative provisions requiring Children’s Registrars to have legal qualifications were commenced.  
2. Practice note commenced in the Children’s Court on 25 July 2010. The practice note was amended in September 2010 to further clarify procedures relating to initiating documents.  
Evidence-based guidelines for magistrates for contact orders were issued in April 2011.  
A 12-month trial of the docket system of case management was introduced in the Parramatta Children’s Court in February 2010.  
3. Each agency was responsible for training of its own staff. The required changes to Community Services procedures have been made and staff training was delivered ahead of the commencement of the new Children’s Court practices and processes scheduled for 26 July 2010. |

Appointment of a District Court judge as the senior judicial officer in the Children’s Court.  
- District Court Judge appointed for Children’s Court. | His Honour Judge Marien was appointed as President on 1 June 2009. |

Alternative Dispute Resolution (ADR) established and embedded prior to and in care proceedings.  
1. Establishment of an expert working party to review possible ADR models by March 2009.  
2. 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.  
3. Strengthen current dispute resolution model by training of Children’s Court Registrars on current ADR. | 1. Four models of ADR have been implemented across the NSW care jurisdiction:  
- A new model of Dispute Resolution Conference was launched in the Children’s Court on 7 February 2011.  
- An external care and protection mediation pilot was launched on 9 September 2010. The pilot is managed by Legal Aid NSW, and operates in the Bidura Children’s Court.  
- A Family Group Conferencing pilot was launched by FACS in February 2011. The pilot operates in Metro Central and Northern regions, and will conduct 30 conferences in each region.  
- Care Circles currently operate in Nowra, and consultations are underway to expand the program to Lismore in late 2011.  
2. The ADR expert working party delivered its report in December 2009. The NSW Government accepted all of the working party’s recommendations, and the initiatives were publicly announced in June 2010. These initiatives are outlined in 1, above.  
3. An additional four Children’s Registrars and a Senior Children’s Registrar have been recruited to support the new model of Dispute Resolution Conference, with Children’s Registrars now based in Parramatta, Campbelltown, Port Kembla, Broadmeadow, Wagga Wagga, and Lismore. The Children’s Registrars are trained in ADR. |
### ACTION (as described in Action Plan)

Improving feedback to mandatory reporters about actions taken by Community Services following a report of a child at risk of significant harm.

1. Provision of feedback to mandatory reporters electronically about the initial screening decision of Community Services by October 2009.

2. Aggregated data to be provided to CWUs in Area Health Services; The Children’s Hospital at Westmead; DEC; NSW PF; Housing NSW; Juvenile Justice; and Ageing, Disability, and Home Care (ADHC) to assist in identifying volume and any further education required of reports.

- Review of key Memoranda of Understanding (MOU) to include NGOs as partners where delivering OOHIC services.

### UPDATE (as at 30 June 2011)

1. The Child Protection Helpline provides automatic feedback to eReporters. The capacity to provide automated feedback to other mandatory reporters will become available as part of the KiDS Core Design Update in 2011–12. Semi-automated feedback, by way of a standard letter, has been introduced as an interim measure until the KiDS Core Design Update takes place.

2. Community Services established a system for the provision of a quarterly report to agencies with CWUs. These reports are published on the Community Services website on a quarterly basis.

Community Services Interagency Pathways Coordinators have been employed in each region to facilitate interagency collaboration between agencies at the regional level, in relation to children and young people in statutory OOHIC.

MOUs between Community Services and NSW Health, and between Community Services and DEC have been revised to reflect the new OOHIC Health Screening and Assessment Pathways, and the OOHIC Education Plan Pathway, for children entering OOHIC. The MOU between Community Services and ADHC has also been revised, and is supported at the regional level by negotiated regional protocols, and Joint Practice Guidelines across both agencies. These memoranda take into account the role of NGO partners in the delivery of services to children and young people in OOHIC.

NSW Health and FACS have commenced a staged implementation of the OOHIC Health Screening and Assessment Pathway in each Local Health District and Community Services region. A joint trial of the Education Planning Pathway is currently underway across DEC Sydney Region, and Community Services Metro Central Region.
<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Health Services, The Children’s Hospital at Westmead, NSW PF, Community Services, Housing NSW, Juvenile Justice, and DEC to identify families who frequently come into contact with human service agencies. An integrated case management response, which includes participation of NGOs, 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). Central support will be provided through DPC and seconded project team members for the setup phase, and as required to overcome barriers, share learning across locations, and develop a state-wide model.</td>
<td></td>
</tr>
<tr>
<td>1. Identification of two or three locations for a pilot study by April 2009.</td>
<td></td>
</tr>
<tr>
<td>2. Establish locally based project teams, within a regional and central governance system.</td>
<td></td>
</tr>
<tr>
<td>3. Regional Justice and Human Service Coordination Committee to report quarterly to Justice and Human Services Chief Executive Officers (JHS CEOs).</td>
<td></td>
</tr>
<tr>
<td>Improving capacity of agency staff to deliver improved services to children and families.</td>
<td></td>
</tr>
<tr>
<td>1. 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.</td>
<td></td>
</tr>
<tr>
<td>2. 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.</td>
<td></td>
</tr>
<tr>
<td>3. Code of conduct developed for all legal representatives in care proceedings, including specialist training with specialist ongoing accreditation and professional development.</td>
<td></td>
</tr>
<tr>
<td>4. Provision of a trained workforce to provide forensic medical services for children and young people.</td>
<td></td>
</tr>
<tr>
<td>5. Guidelines developed and implemented for staff in order to ensure adherence to the Aboriginal and Torres Strait Islander Placement Principles in Section 13 of the Children and Young Persons (Care and Protection) Act 1998.</td>
<td></td>
</tr>
<tr>
<td>1. Integrated Family Case Management (FCM) pilots are operating in three regions: South West Sydney, South East NSW, and Western NSW. Close to 80 families have received collaborative case management through the project.</td>
<td></td>
</tr>
<tr>
<td>2. Locally based management teams were established to manage the pilots, and oversee the case management of families.</td>
<td></td>
</tr>
<tr>
<td>3. Quarterly reports to the JHS CEOs is provided through the Keep Them Safe Implementation Unit (KTSIU), DPC.</td>
<td></td>
</tr>
</tbody>
</table>

1. The NSW Interagency Guidelines for Child Protection Intervention (2006) (renamed Child Wellbeing and Child Protection – NSW Interagency Guidelines) are being amended and reissued on the Keep Them Safe website in stages to form a common assessment framework to be used by all agencies operating in the broader child protection system. Website publication of the final version is expected to occur in late 2011. |
2. In 2010–11 the clinical consultants of the re-named and expanded Clinical Issues Unit (CIU) provided caseworkers with over 3000 individual mental health, drug and alcohol, and/or domestic violence consultations via email, face-to-face, and telephone. The CIU also developed five training packages for delivery to all Community Services frontline workers on working with families where mental health issues and domestic violence are risk factors. The domestic violence training is supported by comprehensive intranet resources targeted to the needs of child protection workers. A mental health intranet site is currently under development for completion in 2012. |
3. A code of conduct has been drafted and endorsed by the Children’s Court Advisory Committee. Following further comments from stakeholders, the committee is now considering whether revisions are required to the code of conduct.
Through the Child Abuse and Sexual Assault Forensic and Medical (CASAFAM) project, NSW Health is developing a model of sexual assault service provision integrating psychosocial and medical and forensic services. It includes the development of:

- postgraduate forensic and medical training courses
- a state-wide network of clinicians
- a professional advice and response line.

A discussion paper on this model has been developed for consultation. Measures are in place to address remuneration and build clinical support for doctors in rural areas and provide additional postgraduate training opportunities and scholarships for medical staff. These measures will be available for a range of medical professionals responding to sexual assault.

5. An Aboriginal Consultation Guide for Community Services staff has been developed and will be launched by the Minister for Family and Community Services in July 2011. State-wide implementation has now commenced. The guide provides a consistent framework to direct caseworkers in fulfilling their responsibilities under Sections 11–13 of the Children and Young Persons (Care and Protection) Act 1998.

The guide also provides strategies for engagement with the child, family, and wider community to ensure adherence to the Aboriginal Child Placement Principles.

---

**ACTION** (as described in Action Plan)  

<table>
<thead>
<tr>
<th></th>
<th><strong>UPDATE</strong> (as at 30 June 2011)</th>
</tr>
</thead>
</table>
| 4.     | Through the Child Abuse and Sexual Assault Forensic and Medical (CASAFAM) project, NSW Health is developing a model of sexual assault service provision integrating psychosocial and medical and forensic services. It includes the development of:  
  - postgraduate forensic and medical training courses  
  - a state-wide network of clinicians  
  - a professional advice and response line.  
  A discussion paper on this model has been developed for consultation. Measures are in place to address remuneration and build clinical support for doctors in rural areas and provide additional postgraduate training opportunities and scholarships for medical staff. These measures will be available for a range of medical professionals responding to sexual assault. |
| 5.     | An Aboriginal Consultation Guide for Community Services staff has been developed and will be launched by the Minister for Family and Community Services in July 2011. State-wide implementation has now commenced. The guide provides a consistent framework to direct caseworkers in fulfilling their responsibilities under Sections 11–13 of the Children and Young Persons (Care and Protection) Act 1998. The guide also provides strategies for engagement with the child, family, and wider community to ensure adherence to the Aboriginal Child Placement Principles. |

---

**Extension of services to address the needs of children and families where significant child protection issues are identified.**

1. Additional places for families to access the Brighter Futures program.

2. Provision of clinical services (drug and alcohol, counselling, mental health, and other allied health services) to children and young people who experience abuse and neglect, and their families.

3. Conduct and evaluate a pilot of intensive family preservation services for extension state-wide for children and young people at risk of entering OOHC.

4. Specialist caseworkers to be established to assist in the case management of young people.

---

**1.** Keep Them Safe funding of $9 million per annum has been allocated to Brighter Futures lead agencies for over 400 additional case management places targeted to Indigenous and CALD communities.

2. NSW Health has established Keep Them Safe Whole-Family Teams (KTS-WFT) in four locations: Lismore, Newcastle, Wyong, and Nowra. KTS-WFTs aim to address the needs of whole families where carers have mental health and/or drug and alcohol problems, as well as parenting difficulties, and there are child protection concerns. All teams are now established and are seeing clients. As of June 2011, 82 families have participated in the KTS-WFT pilot across the four sites. Interventions have included individual counselling, parenting programs, group programs, drug and alcohol treatment, and mental health treatment.

A four-year external evaluation has been commissioned which will analyse the pilot in terms of effectiveness, appropriateness, efficiency, and process.
<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. NSW Health’s New Street Adolescent Services 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 NSW Government will review the need for a further program to one rural location in an area of high need.</td>
<td>3. The Family Preservation and Restoration pilot has commenced and will run for 12 months from April 2011 to April 2012. There are four pilot sites in Raymond Terrace, Gosford, Eastern Sydney, and Central Sydney Community Services Centres (CSCs). There are four dedicated teams of four managers, 18 caseworkers, three legal officers, and four administration officers working with selected NGOs to combine legal options with solid case planning and more intensive service provisions to families so that long-term OOHC is an option of last resort and avoided where possible. An evaluation will run for 18 months.</td>
</tr>
<tr>
<td>4. Community Services is currently considering a model for specialist case management support for young people.</td>
<td></td>
</tr>
<tr>
<td>5. NSW Health successfully established the additional rural service in western NSW (Dubbo) on 12 June 2011. Rural New Street, Western has an Aboriginal focus. This site is in addition to the two existing New Street service sites located in Sydney West Local Health District and Hunter New England Local Health District (Newcastle and Tamworth). A state-wide Senior Clinical Advisor has been appointed to provide clinical supervision and consultation to service coordinators and teams.</td>
<td></td>
</tr>
</tbody>
</table>

Improving information about children subject to court proceedings.

- Data collection of care matters in the Children’s Court established.

A joint business case was submitted to Treasury to extend JusticeLink to the care jurisdiction and link to the KiDs system at FACS to enhance data collection and sharing between the agencies.

In 2009–10, steps were taken to increase the information available to the public. These included:

- publication of decisions on the internet – this is now happening at both the levels of the Children’s Court and District Court
- placing information on the Children’s Court website to assist people. This includes forms, practice notes, and directions; legislation, guidelines, and protocols of the Children’s Court; and links to other agencies.
### ACTION (as described in Action Plan)

Delivery of comprehensive multi-disciplinary health and developmental assessments for children and young people entering and in OOHC.

1. Review of existing OOHC assessment services provided by NSW Health and other agencies and development of appropriate service models to provide these services.

2. 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 OOHC.


4. NSW Health to undertake a prevalence study to consider the health status of children already in OOHC, what services they are receiving, and what further care they require.

### UPDATE (as at 30 June 2011)

1. A National Clinical Assessment Framework for Children in OOHC has been finalised with endorsement of the framework pending from national bodies. This framework will further inform the service delivery model used in NSW. The framework will support best practice in clinical health and wellbeing assessments for children and young people entering OOHC. An MOU has been developed between NSW Health and FACS that outlines the principal roles of these agencies on the provision of health services for children and young people in statutory OOHC.

   A draft comprehensive health assessment model pathway based on the child’s journey has been developed to support effective service provision and communicates the roles and responsibilities of agencies and services that provide health assessments.

2. Eight OOHC Coordinators have been appointed across NSW to enhance best practice in the provision of health assessments to children and young people entering OOHC.

   An OOHC Clinical Coordinator with a state-wide role to provide clinical advice and support to the eight OOHC Coordinators has been appointed.

3. An agreed joint approach between agencies on developing a formative evaluation has commenced. This evaluation will identify effective practices and processes related to access to, and the provision of, health assessments and the development of management plans that support health outcomes. This will provide an important preliminary step in developing an outcomes-based evaluation of the provision of health services.

4. A prevalence study was undertaken between December 2009 and June 2010 using data from the Children’s Guardian case file audits undertaken between 2008 and 2010. The study examined practices related to meeting the health needs of children and young people in OOHC. Circulation of the research report is being considered.
<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
</table>
| Improving educational outcomes for children in OOHC.  
1. OOHC Coordinators will be established to assist in the implementation of individual education plans for children and young people in OOHC who do not already have them.  
2. 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 DEC and by the responsible caseworker. | 1. Ten OOHC Coordinator positions have been established. Since July 2010, 597 notifications have gone to schools for the development of education plans of a child or young person in OOHC.  
The regional protocols will provide a forum for coordination of actions and sharing of information between agencies at a regional level.  
2. The Out-of-Home Care in Government Schools Policy and the Out-of-home Care in Government Schools – Education Plans Procedures have been provided to schools. These require that all students entering statutory OOHC from the beginning of Term 3 2010 must have an education plan developed for them within 30 school days of the child or young person being identified by the school as being in OOHC.  
Regional staff are working with Community Services to develop local protocols for ensuring the appropriate and timely development and review of plans. The Out-of-Home Care in Government Schools Policy and the Out-of-home Care in Government Schools – Education Plans Procedures will be reviewed to ensure that they are adequately supporting and advising departmental staff on the required processes. |

Feasibility study to be conducted on potential models for a common case management framework for children and young people in OOHC.  
■ Identification of potential model, including timeframes and how this will improve outcomes for children and young people in OOHC, by June 2010. | Community Services conducted a review and analysis of a number of common case management models for OOHC. A position paper was developed and made available to key OOHC stakeholders for comment in early 2011.  
The responses to the position paper highlighted the diversity of views within the OOHC sector on the issue of introducing a common case management framework in NSW.  
As set out in the position paper, the view of Community Services is that the NSW Standards for Statutory Out-of-home Care, administered by the Children’s Guardian, provide all the essential features of a common case management framework. |

Develop additional models of accommodation and care for children and young people with a disability who are subject to the parental responsibility of the Minister for Family and Community Services, or for those whose disabilities are such that they are unable to continue to reside in their homes. | An accommodation framework providing a continuum of care and support for children and young people with a disability has been developed. The framework takes into consideration how current accommodation options could be shared between Community Services and ADHC, and how the needs of children and young people from Aboriginal and CALD backgrounds can be met. Continued guidance and advice on the project was provided by a stakeholder reference group, formed in 2009–10. |
### ACTION (as described in Action Plan)

- Development of a training package to assist foster carers and kinship and relative carers in preparing young people for leaving care.
  - Implementation of training package for all young people.
- Provision of detailed information to care leavers as to the assistance which is available to them through state and federal sources after they leave care.
- Transfer of case management of children and young people without significantly complex needs to the non-government sector over the next 3–5 years.
  - Criteria developed and assessment of NGO capacity to take on a 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.
  - 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 non-government sector increases.

### UPDATE (as at 30 June 2011)

- Connecting Carers NSW has been funded to develop and provide information workshops/sessions to kinship, relative, and authorised carers across NSW to support the preparation and transition of children and young people from the OOHC system. These workshops are scheduled for 2011–12.
  - In consultation with carers and care leavers, Community Services developed a carer training package as an online resource in 2010.
  - Your Next Step and Leading the Way are two booklets for young people and carers of young people that outline the leaving care planning process, provide practical tips, and help identify necessary skills and supports available before and after care. The booklets are provided to the young person and their carer when the young person turns 15 and mark the beginning of preparations for the transition to independent living.
  - The booklets were published online and launched at the Foster Care Carnival in September 2010.
- The Children’s Court Clinic will be transferred from the Department of Attorney General and Justice (DAGJ) to NSW Health on 1 July 2011.
- Case management transfer from Community Services to OOHC funded agencies is currently progressing. As at March 2011, 1147 children and young people have had their case management transferred to an NGO.
  - The new government is committed to transitioning OOHC services to the non-government sector and expects that the transition will commence in 2012.
  - On 29 June 2011, the Minister for Family and Community Services announced the establishment of a Ministerial Advisory Group to be co-chaired by Jim Moore, ADirector General of FACS and Andrew McCallum, CEO of ACWA. The group has been tasked with developing a shared position on the transition process by December 2011.
**ACTION** (as described in Action Plan) | **UPDATE** (as at 30 June 2011)
---|---
An after-hours bail placement service should be established by Juvenile Justice (JJ) 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. | The Bail Assistance Line commenced operations in Dubbo on 7 June 2010. In November 2010 the service came online in the Hunter/Newcastle area. The Bail Assistance Line operates from 4pm–3am, seven days a week (including public holidays). NSW PF staff members can phone a 1300 number and speak directly with a Bail Coordinator to arrange a continuum of services for young people who are considered for conditional bail. The Bail Assistance Line Unit has developed productive relationships with police in the Local Area Commands where it is operational, and in partnership with FACS and the non-government sector, has assisted over 35 young people from being remanded in custody.

Development of a common case management framework across the OOHC sector subject to feasibility study as per short-term actions above. | Community Services conducted a review and analysis of a number of common case management models for OOHC currently in use both in Australian and international jurisdictions. A position paper was developed in early 2011.

---

**Chapter 4: Changing practice and systems**

1. 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 (e.g. referral to services).
2. Online version of threshold tool accessible by agency websites prior to proclamation of the new threshold.
3. Incorporated into agency policies and procedures by October 2009.
4. Included in the delivery of training and advice prior to proclamation.

---

1. The online MRG has now been in operation since 24 January 2010, and was updated in December 2010, following feedback from multiple government and non-government stakeholders.
2. See 1, above.
3. All NSW Government agencies have developed appropriate policies and procedures to ensure they are following guidelines established as part of the Keep Them Safe reforms.
4. Training and information sessions on Keep Them Safe incorporated the MRG before and after Proclamation.
**ACTION** (as described in Action Plan)

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.

1. Legislative amendments to be made to the *Children and Young Persons (Care and Protection) Act 1998* to permit exchange of information between human services 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.

2. Legislative amendments to be made to the *Children and Young Persons (Care and Protection) Act 1998* obliging human services 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.

Establish a new intake and referral framework to respond earlier to children and families.

1. Reports of imminent risk of significant harm would continue to be referred directly to the Child Protection Helpline.

2. By October 2009, establish CWUs 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.

3. Scoping the co-location of CWUs on a regional basis for NSW Health and DEC, including examination of resources to enable functions to be undertaken.

4. NSW PF CWU to be located regionally, providing a state-wide service.

5. ADHC, JJ, and Housing NSW will establish small central units (these agencies represent a smaller proportion of reports than the other agencies).

6. Joint training plan to be developed by May 2009 and commence implementation from July 2009.

**UPDATE** (as at 30 June 2011)

1. The information exchange provisions of the Wood legislation commenced on 30 October 2009, to facilitate trial operations of the CWUs and the FCM project.

2. The legislative amendments included Section 245A, which authorises or requires an agency with responsibilities relating to the safety, welfare or wellbeing of children and young people, to provide and receive information that is relevant to the provision of those services. The confidentiality of information is protected and agencies handling the information are required to take reasonable steps to coordinate the provision of services with other suitable agencies and organisations.

1. Reports that meet the new threshold of risk of significant harm are referred to the Child Protection Helpline.

2. CWUs have been operational in NSW PF, FACS, NSW Health, and DEC since January 2010.

3. NSW Health and DEC met in March 2009 to discuss the possibility of co-location. However, both units are run separately, with a high level of collaboration continuing across the CWU network with joint team leader meetings, cross-agency working parties, and all-agency meetings for Aboriginal staff. Joint agency training is ongoing, with cross-agency peer reviews and a cross-agency CWU conference.

4. The NSW PF CWU is located in Tuggerah.

5. With the establishment of the Department of Human Services in 2009, a joint CWU was established covering Juvenile Justice, ADHC, Housing NSW, and Aboriginal Affairs. With the creation of FACS in March 2011, the FACS CWU will continue to provide advice and support to Juvenile Justice, ADHC, and Housing NSW. As at 30 June 2011, negotiations are underway to determine whether the DEC or FACS CWU will provide support for AANSW.

6. CWU staff members have contributed to training and capacity building across their agencies with early emphasis on the MRG, and changes to the threshold and provisions for information exchange.
<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing data systems and processes that are common across the CWUs.</td>
<td>The WellNet data system was designed by Community Services to allow users working in CWUs to log, access, and search for calls and incidents within their unit, as well as search and access information recorded by other CWUs. Community Services trained CWU staff in late 2009. The new system was tested in November and December 2009, before going live on 24 January 2010. Cross-agency training for CWU staff was completed in 2009–10.</td>
</tr>
<tr>
<td>Test information sharing tools by October 2009, which includes an Information Technology mechanism which ensures that the separate agency units and individual mandatory 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.</td>
<td></td>
</tr>
<tr>
<td>Relevant staff trained in new systems and processes by December 2009.</td>
<td></td>
</tr>
<tr>
<td>Implement Community Services Information Management and Technology Strategic Plan, including the KiDS Core Redesign Update.</td>
<td>The KiDS Core Design Update is to occur in stages. The first stage of the project will be implemented in 2011–12.</td>
</tr>
</tbody>
</table>
| Staged implementation of Regional Intake and Referral Services.  
1. 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 state-wide.  
2. Establish a mechanism in other regions to identify referral pathways. | 1. Regional Intake and Referral Services, now known as Family Referral Services (FRS) provide information and link vulnerable children, young people, and their families to a range of support services in their local area. FRS are run by NGOs on behalf of NSW Health. Three pilot FRS commenced operation in May 2010:  
■ Hunter and Central Coast (located in Newcastle)  
■ Western (located in Dubbo, with an Aboriginal focus)  
■ Mt Druitt.  
Formal protocols defining communication and referral processes have been developed, and used by FRS and the CWU network (DEC, FACS, NSW PF, and NSW Health) since January 2011.  
A set of guidelines have also been developed with FRS input to guide the referrals to FRS from mandatory reporters who do not have access to a CWU.  
2. CWUs continue to support mandatory reporters within their agencies to identify appropriate internal and external services to assist children, young people, and families. Where the family reside in an FRS catchment area, this might include advice about a referral to a FRS. In regions which do not yet have FRS, CWU Assessment Officers access service databases (such as HSNet) to identify appropriate community support services for families. In addition, NSW Health has employed eight Child Wellbeing Area Coordinators whose roles include providing advice to all CWUs about pathways into appropriate health services. In addition to this, CWUs now have the capacity to make referrals for families on behalf of mandatory reporters within their agencies to the Brighter Futures Assessment Unit within FACS. |

---

**ACTION PLAN SUMMARY TABLE**

**KEEP THEM SAFE ■ ANNUAL REPORT 2010–11**
**ACTION** (as described in Action Plan)

1. 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.
2. 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.

Test the application of SDM within Community Services to guide improved risk assessment and response to children at risk of significant harm.

Develop SDM tools for use at the Child Protection Helpline by February 2010.

Introduce SDM at CSCs for use in assessments and interventions including restoration by July 2010.

**UPDATE** (as at 30 June 2011)

1. A common assessment tool, the MRG, was developed and established for use across the government and non-government sectors to increase efficiencies; help reduce engagement with multiple services; and better assist children, young people, and their families.
   
   The MRG was revised in December 2010 in response to feedback from government agencies and NGOs.

2. The MRG is in use in the NSW Health CWUs and the five pilot FRS. Experienced NSW Health clinicians and managers participated in the development of the MRG and are involved in its ongoing review.


   Quality assurance strategies identified areas for refresher training for staff and this was delivered in October 2010. There has been some refinement to the SDM SCRPT tools based on feedback from staff and ongoing review of their application.

   The SDM SCRPT tools are being integrated with the Community Services database, KiDS, as part of the first stage of the KiDS Core Design Update, due for release in 2011–12.

2. During August to October 2010 the SDM Safety Assessment, Risk Assessment and Risk Reassessment (SARA) tools were trialled in eight CSCs: St George, Penrith, Ingleburn, Nowra, Ulladulla, Griffith, Cessnock, and Coffs Harbour. Following a review of the trial it was decided to implement the SDM SARA tools.

   The implementation of SDM SARA across the state began in May 2011 and will roll-out to CSCs and joint Investigative Response Teams (JIRTs) in three stages across all regions until the end of September 2011.

   The SDM SARA tools will also be built into KiDS. Following review and customisation, trials of the Family Strengths and Needs Assessment (FSNA) and Restoration Assessment tools are due to conclude on 30 September 2011. The evaluation of the trial will inform a decision about state-wide implementation.

   The Carer and Placement Support Assessment tools (CPSA) are three tools used in OOHC cases. The set of SDM CPSA tools comprise the support assessment, the provision of care assessment, and the placement assessment. Initial customisation of the SDM CPSA commenced in March 2011 and the customised tools and policy and procedures manual will be considered for trial in the context of the transfer of OOHC to the non-government sector. A decision about whether to progress to the testing and trial stages with these tools has not yet been made.
### ACTION (as described in Action Plan)

<table>
<thead>
<tr>
<th>ACTION</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
</table>
| **There will be some changes to the NSW Ombudsman’s role to ensure effective oversight of the child protection system as follows:**  
1. **Ombudsman will be given the authority to audit the progress of the implementation of the Aboriginal Child Sexual Assault Interagency Plan.**  
2. **Amend the definition of reviewable deaths.** |  
1. Completion of the Ombudsman’s audit of the implementation of the Aboriginal Child Sexual Assault Interagency Plan is expected by December 2012.  
2. The definition of “reviewable deaths” under the Community Services (Complaints, Reviews and Monitoring) Act 1993 has been amended by revising two categories of reviewable deaths:  
   - children reported to Community Services in the previous three years  
   - siblings of children reported to Community Services in the previous three years. |
| **Enhance the role of the Children's Guardian by:**  
1. **Requiring 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.**  
2. **Amending legislation to provide a greater role for the Children’s Guardian in voluntary care.** |  
1. The Office for Children – Children's Guardian and Community Services have agreed on the minimum provisions for delegating parental responsibility to a designated agency and a MOU between the agencies is being finalised.  
2. The Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 introduced legislative change that enables the Children's Guardian to monitor these placements so that children do not remain in placements that do not address their long-term needs. |
| **Legislative amendments to background checking to extend Working With Children checks to additional categories of persons.** | The child-related employment provisions of the Commission and Young People Act 1998 were amended to broaden the classes of employees in high-risk groups who must undergo background checks prior to commencing employment in child-related positions. The provisions came into effect on 31 March 2010. |
| **Establish Regional Intake and Referral Services state-wide.**  
   - Following the evaluation of the demonstration of Regional Intake and Referral Services, finalise the models, locations, catchments and the final accountabilities of services. | Two additional FRS commenced operations in June 2011.  
   - New England North West FRS is an augmented service with an Aboriginal focus which covers 13 LGAs and the communities of Tingha and Bundarra, with intake and outreach provided from three sites.  
   - Illawarra FRS (located in Wollongong) is an augmented service which covers five LGAs in the region, with intake and outreach provided from three sites.  
   - Service delivery is guided by Practice Standards, which are being trialled over 12 months.  
   - As at 30 June 2011, planning was being undertaken for the continued state-wide rollout of FRS to further sites across NSW. |
| **Streamlining and improving oversight arrangements.**  
   - Evaluate whether recommendation that 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. | To date there have not been any requests since signing the MOU and the evaluation framework is under development. |
### Chapter 5: Better supporting Aboriginal children and families

#### ACTION (as described in Action Plan)

- Develop an Aboriginal Impact Statement (AIS) in relation to all actions described in the action plan, 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.
- Use the AIS to assess how each action will contribute to improving outcomes for Aboriginal children, young people, and their families, and reversing over-representation in the child protection and juvenile justice systems.

#### UPDATE (as at 30 June 2011)

- The checklists were analysed and key learnings integrated into the AIS process. Key examples of successes and challenges were shared across agencies.
- The checklist has been revised to capture the ongoing impact of initiatives as they have moved through the planning stage and into mid-phase development.

<table>
<thead>
<tr>
<th>The AANSW Two Ways Together Partnership Community Program will be implemented.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Program improvements will be developed in conjunction with Community Services to support family strengthening activities in Partnership Community locations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Develop strategies for further capacity building with Aboriginal communities and organisations, as well as government agencies, in consultation with key Aboriginal stakeholders.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- In seeking to bring about lasting change, the NSW Government will have regard to work already being done in this area in NSW as well as the international best-practice models (e.g. the Most Significant Change model developed by Davies and Dart and Stephen Cornell's Building and Sustaining Indigenous Governance).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>As noted elsewhere, Community Services has a number of related projects under Keep Them Safe (e.g. Protecting Aboriginal Children Together and Intensive Family Based Services). Community Services is continuing with its program: Aboriginal OOHCA Service Capacity Building Initiative (ASBCI) that commenced in 2006. This program aims to double the number of culturally appropriate OOHCA placements for Aboriginal children and young people in NSW. Phase 1 of the ASBCI is progressing well with Aboriginal OOHCA agencies developing their placement capacity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Phase 2 of the initiative has been implemented since July 2010. Community Services has funded four Aboriginal organisations to provide services to develop support services and strengthen their position to become OOHCA service providers in the future by delivering Family Preservation and Foster Care recruitment/support services, with a view to attaining accreditation from the Office of the Children's Guardian.</td>
</tr>
<tr>
<td>ACTION (as described in Action Plan)</td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Finalise the development of guidelines for fostering Aboriginal community engagement in JIRT matters by June 2009.</td>
</tr>
<tr>
<td>Consider making greater use of night patrols in smaller and more remote communities in consultation with Aboriginal people.</td>
</tr>
<tr>
<td>Ensure that, in establishing the new CWUs 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.</td>
</tr>
<tr>
<td>ACTION (as described in Action Plan)</td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Any model developed for OOHC assessments and referral pathways will specifically consider the cultural needs of Aboriginal children.</td>
</tr>
<tr>
<td>Continue to give priority to implementing the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006–2011.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
### ACTION (as described in Action Plan)

Identify Aboriginal children and young people who are frequently encountered by child protection and other human services and justice agencies and develop an integrated case management plan to provide more effective services to address their risks and needs. Central support will be provided through DPC and seconded project team members for the setup phase and as required to overcome barriers, share learnings across locations, and develop a state-wide model.

1. Identification of two or three locations for a pilot study.
2. Establish locally based project teams, within a regional and central governance system.
3. Regional Human Services and Justice Coordination Committee to report quarterly to FACS and JHS CEOs.

- Support the development of a learning exchange for communities and government to share experience and good practice information through resource services and workshops.
- Explore possible NSW initiatives to build on the National Indigenous Clearinghouse – providing expert information, resources, and advice on developing and supporting the wellbeing of Aboriginal people and communities. This will assist in development of a research or evidence base on what interventions work and make a difference.

- Develop the Aboriginal consultation practice guide and implementation strategy to ensure all Community Services casework practice is conducted in-line with the Aboriginal and Torres Strait Islander Principles contained in the *Children and Young Persons (Care and Protection) Act 1998* and to help build the cultural competency of the Community Services workforce.

### UPDATE (as at 30 June 2011)

1. Integrated FCM pilots were established in three regions: south-west Sydney, south-east NSW and western NSW. Western NSW targets Aboriginal families. As of June 2011, 17 families have engaged with the program.

2. Local management teams have been established to support implementation of FCM and oversee the case management of families. Frontline staff are working directly with families and Aboriginal families are linked to suitable Aboriginal workers to help them achieve the agreed outcomes of family plans.

3. Quarterly reports to JHS CEOs are provided through the KTSIU within DPC.

- NSW Government is a participating judiciary in Closing the Gap, the national clearing house for evidence-based research on overcoming disadvantage for Indigenous Australians.

- An Aboriginal Consultation Guide has been developed and will be launched by the Minister for Family and Community Services in July 2011. State-wide implementation has now commenced. The guide provides a consistent framework to direct caseworkers in fulfilling their responsibilities under Sections 11–13 of the *Children and Young Persons (Care and Protection) Act 1998*. The guide also provides strategies for engagement with the child, family, and wider community to ensure adherence to the Aboriginal Child Placement Principles.
### ACTION (as described in Action Plan)

Reform funding arrangements for Aboriginal services, commencing with organisations funded by Community Services, to simplify processes and provide more scope for local tailoring and innovation.

- Provide scope for services to be developed within a whole-of-community and place-based model which will better suit many Aboriginal organisations. In addition, identify the existing Aboriginal programs which need a transition plan to move them into Aboriginal community organisations over time.
- Include a specific component focused on the funding of Aboriginal programs and organisations in the proposed review of funding programs, to consider ways of better matching the funded service system to Aboriginal community and family needs, and cultural practices.

Implement the commitment to establish the Safe Families Program (Orana Far West), which is an example of a location-specific program with potential for being adapted in other communities in the state.

Establish a partnership with peak Aboriginal child welfare organisations and other peaks that:

- provides advice on developing a service system to respond to the needs of Aboriginal children, families, and communities
- includes building the capacity of Aboriginal organisations and communities — provides better support to foster and kinship carers
- investigates establishing Aboriginal NGOs in each Community Services region that could act as a linkage point between Community Services and communities with the eventual possibility of taking on case management responsibilities.

### UPDATE (as at 30 June 2011)

As noted elsewhere, the NSW peak body Aboriginal Child, Family, and Community Care State Secretariat (AbSec) and Community Services are working together to implement a number of related projects under Keep Them Safe (e.g. Protecting Aboriginal Children Together, Intensive Family Based Services, and the Peer Support program) that are underpinned by the MOU between AbSec and Community Services signed in March 2010.

Safe Families is now operational in all five sites. Community engagement and consultation commenced across all sites in advance of offices opening. Work is underway across all Safe Families locations to map existing services to establish referral pathways for vulnerable families, provide coordinated support, and identify gaps relevant to the Safe Families program. Local Aboriginal Reference Groups are being established in each Safe Families community to identify priorities for the community to address the issues that make children and young people vulnerable to sexual assault. Casework is being delivered in two of the communities through Community Services and NSW Health.

An MOU between Community Services and AbSec was signed in March 2010. Both agencies are working together on a variety of Keep Them Safe actions to improve child protection, service coordination, and reduce the over-representation of Aboriginal children and young people in the child protection system.
<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider the provision of services for men such as healing programs and men’s groups.</td>
<td>AANSW is leading the project Increasing the Capacity of Men to Address Child Sexual Assault in Aboriginal Communities. This project will provide opportunities through a variety of engagement processes to assist Aboriginal men to understand and participate in the efforts to tackle child sexual assault in Aboriginal communities.</td>
</tr>
<tr>
<td>■ The NSW Government will consider existing practice models and the role of this type of program in consultation with Aboriginal communities.</td>
<td>Tenders are currently being considered for projects and initiatives that meet outcomes areas (engagement, education, leadership, community healing) in 11 key communities.</td>
</tr>
<tr>
<td></td>
<td>Families NSW is assisting parents with young children aged 3–8 years through the Triple P Positive Parenting Program. The program has trained 165 practitioners in Indigenous Triple P, bringing the total number to 213.</td>
</tr>
<tr>
<td>The provision of parenting programs which are specifically targeted at Aboriginal families will be considered as part of implementation of the action plan, in consultation with Aboriginal communities and the non-government sector.</td>
<td>Corrective Services NSW partnered with Tresillian Family Services to deliver “Mothering at a Distance” to Aboriginal mothers, and with Centacare Broken Bay to deliver a fathering program. Programs are being rolled out progressively, starting with the Far West Area from Dubbo and the Outer Metro Area from Mt Druitt. Barnados also delivers the Triple P Positive Parenting Program to men at Bathurst Correctional Centre and to women at Wellington Correctional Centre.</td>
</tr>
<tr>
<td>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.</td>
<td>Through the CASAFAM project, NSW Health is developing a model of sexual assault service provision integrating psychosocial and medical and forensic services. This model gives specific consideration to the provision of culturally appropriate responses to Aboriginal children and families. Governance structures guiding the implementation of CASAFAM include medical representatives who are currently working in Aboriginal Medical Services.</td>
</tr>
<tr>
<td>Develop strategies to ensure that forensic and medical sexual assault services are provided in a culturally appropriate way for Aboriginal children.</td>
<td>NSW Health has established and filled seven additional FTE Aboriginal child sexual assault positions located in Hunter New England, Illawarra Shoalhaven, and Western Sydney Local Health Districts. The Education Centre Against Violence has developed the course “Competent responses to Aboriginal sexual and family violence” for non-Aboriginal/mainstream workers. This course continues to be run at Tamworth, Randwick, Parramatta, Bankstown, Eastlakes, and Wallsend. All 55 NSW Health Sexual Assault Services have strategies in place to improve accessibility for Aboriginal clients. These strategies include:</td>
</tr>
<tr>
<td>■ This will include consideration of support and training for medical practitioners employed by the Aboriginal Medical Services to equip them to provide these services.</td>
<td>■ cultural competency training for staff</td>
</tr>
<tr>
<td></td>
<td>■ community development and education</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>ACTION (as described in Action Plan)</td>
<td>UPDATE (as at 30 June 2011)</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Increase the number of Aboriginal Student Liaison Officers (ASLOs) 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.</td>
<td>The 15 new positions have been established, with the majority of the new ASLOs commencing duty on 27 January 2010. The total number of ASLOs state-wide is 26.</td>
</tr>
<tr>
<td>Examine the feasibility of the recommendation to establish boarding-type accommodation for Aboriginal children and young people at risk, and develop more detailed options for providing care and education for them.</td>
<td>An options paper has been completed following consultations with key stakeholders. The paper is currently being considered by partner agencies. The general consensus among stakeholders consulted was that there is limited value in the boarding style model for children at risk. There was agreement that, while there is a role for residential models of care as part of a spectrum of care and protection options, there are elements of the models that raise concerns, particularly when applied to Aboriginal children and families. AANSW is working with Peak NGOs to examine what support can be provided for community-based residential models supporting children and families.</td>
</tr>
</tbody>
</table>
| 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 people, and families, particularly those who present with a range of needs, including those which are complex and chronic.  
- Develop an approach in consultation with AbSec.  
- Develop accredited training and support to build Aboriginal cultural capacity in the workforce.  
- Apply the principles underpinning performance-based contracting and implement flexible funding arrangements to allow for local innovation. | The AbSec/ACWA Growth Partnership Project is developing partnerships between Aboriginal and non-Aboriginal organisations to build the capacity of Aboriginal NGOs to deliver family and community services in areas with high Aboriginal populations and limited access to services. Non-Aboriginal agencies will develop their cultural capacity and the project will develop a model of Aboriginal and non-Aboriginal partnerships all within the spirit of Keep Them Safe child protection approaches and wellbeing services. FamS has been funded to work in the Armidale area to strengthen the capacity of small to medium service providers to deliver better service outcomes for clients. A special focus of this project is partnering Aboriginal and non-Aboriginal providers. |
<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
</table>
| 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.  
- Conduct a pilot of the “Lakidjeka” model.  
- 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.  
- Consult AbSec in this process. | Community Services in partnership with AbSec is trialling a new model of consultation with selected Aboriginal NGOs to determine the most appropriate ways of keeping Aboriginal children and young people safe. The model is known as Protecting Aboriginal Children Together (PACT).  
The service model to be trialled in NSW has been developed following consultation with Aboriginal peak organisations, other peaks and agencies, and Community Services staff.  
PACT will be trialled in two locations in NSW – Moree and Shellharbour. A select tender process was undertaken in both locations.  
Pius X Aboriginal Corporation has been selected in Moree and negotiations are proceeding to identify an agency in Shellharbour. |
| Consider the feasibility of a state-wide 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.  
- Complete evaluation of current model.  
- Consider appropriate state-wide model. | A preliminary analysis of the feasibility of developing a NSW Family Group Conferencing model for Aboriginal people based on the Dhum Djirri Model that operates in Victoria has been completed.  
The Community Services Metro Central Region is currently trialling a family group conferencing model under Keep Them Safe with a specific emphasis on Aboriginal families using a methodology which takes into account aspects of the Dhum Djurri model.  
An options paper considering a state-wide model has been discussed initially with AANSW, with further consultations scheduled to take place with other stakeholders in 2011–12. |
| 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. | The Care Circle program is currently operating in Nowra. An evaluation of the program was completed in February 2010 by the Cultural and Indigenous Research Centre Australia (CIRCA).  
The evaluation found that Care Circles provide an appropriate avenue for community input and community involvement in decision making about Aboriginal children and young people.  
DAGJ is now in the process of expanding the program to Lismore, with the aim of introducing the program in the second half of 2011. |
<table>
<thead>
<tr>
<th><strong>ACTION</strong> (as described in Action Plan)</th>
<th><strong>UPDATE</strong> (as at 30 June 2011)</th>
</tr>
</thead>
</table>
| 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 *Children and Young Persons (Care and Protection) Act 1998*.  
- Within this context, the current Aboriginal Strategic Commitment Framework will need to be reshaped.  
- This may also form the impetus for an MOU, similar to the Victorian model, to be developed between the Minister for Family and Community Services, Community Services, AbSec, and Secretariat of National Aboriginal and Islander Child Care (SNAICC). (This would be a driver to establish a Lakidjeka-type model and the roll out of Family Group Conferencing.) | The MOU between Community Services and AbSec signed in March 2010 formally recognises the partnership required to ensure that culturally appropriate and effective responses to protecting Aboriginal children and young people at risk of significant harm is provided across both the government and non-government sectors, with the help of extended family members and the community.  
One of the key areas of consultation and collaboration defined in the MOU is:  
- expanding the capacity of mainstream NGOs, including workforce development and cultural training, to foster partnerships with Aboriginal agencies and deliver culturally appropriate child protection and family support (inclusive of preservation and restoration) to Aboriginal clients. |
| Explore the creation of Specialist Aboriginal Child Protection Teams in each Community Services region, that would also have an external focus on working with any Aboriginal child protection focused service that was developed in the non-government sector. | A number of options going forward have considered links and synergies with current projects such as PACT, Family Group Conferencing, and the MOU with AbSec about building capacity in Aboriginal NGOs.  
There are also potential links across FACS strategies such as Access Centres (“one stop shops”) and Regional Case Coordination panels, which will drive integration and service delivery focusing on the needs of children, families, and communities across the department. FACS is comprehensively exploring the range of links before future directions are finalised. |
| Examine the need for a second rural New Street Adolescent Services program 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. | A second Rural New Street service has been established in Dubbo. Rural New Street Western has an Aboriginal focus. The service commenced accepting referrals on 1 June 2011 and was officially opened on 29 June 2011. A local interagency reference committee has been established, with the first meeting of this group held in early June 2011. |
### Chapter 6: Strengthening partnerships across the community services sector

#### ACTION (as described in Action Plan)

- Develop and publish a five-year plan outlining how the NSW Government will work with NGOs to build the capacity of NGOs to enable them to take greater responsibility for delivering family and community services.

  1. Recognition of the principles of the Working Together With NSW Agreement and the diverse nature of the non-government sector.
  2. Recognition of and greater consistency in existing partnerships.
  3. Expanded role for the non-government sector in providing early intervention and OOHC services, with a focus on transition points for children and young people.
  4. Investment in a non-government sector capacity strategy, which will include training and other resources for service providers, administrators, and managers.
  5. Review government funding to NGOs to ensure funds are allocated in a consistent and coordinated way, commencing with organisations funded by Community Services.
  6. Establish integrated governance arrangements to ensure shared responsibility between the NSW Government and NGOs is realised, and introduce performance-based contracting.

- Develop and publish a five-year plan for child and family service workforce development.

  1. Development of a cultural change strategy focused on embedding shared responsibility between NSW Government and NGOs for outcomes for children, young people, and their families.
  2. 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 (CPAG) before they are finalised.
  3. Implementation of agency plans to be monitored by the Child Protection Senior Officers Group.

#### UPDATE (as at 30 June 2011)

| 1. | The Keep Them Safe NGO Capacity Building and Workforce Development Plan was endorsed by Justice and Human Services CEOs (JHS CEOs) in August 2010, and approved by the government in September 2010 for public release. |
| 2. | Implementation included the establishment of a Keep Them Safe NGO Capacity Building and Workforce Development Steering Committee with representatives from FACS, DPC, and NGO peaks who are jointly responsible for coordination and implementation. “The Armidale Project” aims to strengthen the capacity of small and medium agencies within the region, while maintaining a focus on the relationships between Aboriginal and non-Aboriginal organisations in the surrounding area. |
| 3. | Work on reforming Community Services early intervention funded programs is progressing under the Community Services Service System Realignment project. Work on reforming OOHC funded programs is progressing under the Community Services Major Change Program. |
| 4. | The NGO Capacity Building and Workforce Development Plan integrates strategies to build the capacity of the NGO sector and also to develop and train the Keep Them Safe workforce across the non-government and public sectors. |
| 5. | Work reforming funding arrangements for funded services is progressing under the Community Services Service System Realignment project. |
| 6. | The funding reforms underway for Community Services funded programs aim to introduce performance-based contracting where it is not already in place. |

1. The Keep Them Safe Change Management Plan was developed and implementation strategies have commenced.

2. Community Services has commenced work on the development of a Cultural Change Plan by adopting an action learning approach. During 2009–10 the Chief Executive, Community Services, facilitated 11 workshops across the state with Regional and Head Office staff, and government and non-government partners. These workshops have helped to identify the current cultural context and strategies for embedding a culture of collaboration within Community Services.

In 2010–11, ADHC and the CWU jointly delivered 41 customised face-to-face workshops to 575 managers. The workshops included resources to enable staff to return to their workplaces to brief
<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. NSW Government to work with peak and other organisations to encourage and assist non-government, local government, and federal agencies to tailor and implement similar plans for their agencies.</td>
<td>other staff members, Interactive eLearning and DVD materials were distributed to frontline staff across all regions and business streams. Nearly 3000 staff have attended team briefings to hear about how the Keep Them Safe reforms apply to them and to work through customised case studies. In 2011–12 ADHC will incorporate these approaches into a broader cultural change plan.</td>
</tr>
<tr>
<td>5. NSW Government to explore the use of service standards, funding agreements, and national frameworks to further embed the new directions.</td>
<td>In 2010–11, a range of activities were undertaken within Housing NSW to continue to drive cultural change and strengthen Keep Them Safe approaches. These included:</td>
</tr>
<tr>
<td></td>
<td>■ FACS CWU and Housing NSW delivered 10 train-the-trainer workshops to team leaders and senior client service officers</td>
</tr>
<tr>
<td></td>
<td>■ all new client service officers receive training as part of their induction program and an e-learning package is available for all Housing NSW staff</td>
</tr>
<tr>
<td></td>
<td>■ the FACS CWU Director met with Housing NSW Change Managers and Service Improvement Directors to support the continued implementation of Keep Them Safe, and the CWU provided briefings at Housing Offices.</td>
</tr>
<tr>
<td>3. Opportunities for raising awareness and providing training are constantly reviewed. Annual updates remind schools and other departmental staff of the changes. School education directors have been provided with support materials to undertake presentations to their principals to re-emphasise the changes and, wherever possible, staff are encouraged to be involved in local cross-sectoral training. The DEC CWU also plays a significant role in building the capacity of its mandatory reporters to identify and respond to child protection and wellbeing concerns. A significant component of cultural change in NSW Health, Frontline Policy and Procedures for the Protection and Wellbeing of Children and Young People has been drafted. This detailed guidance for health workers will be published in late 2011. Development of NSW Health’s cultural change plan is under consideration. Monitoring of agency plans will occur through the KTS SOG in 2011–12.</td>
<td></td>
</tr>
<tr>
<td>4. The KTS SOG will be expanded in 2011–12 to include peak NGOs. This expanded KTS SOG will focus on change management. Initiatives for improving engagement with local and federal government agencies will be included in the 2011–12 work agenda.</td>
<td></td>
</tr>
<tr>
<td>5. Exploring the use of service standards, funding agreements, and national frameworks is included in the 2011–12 KTS SOG work agenda.</td>
<td></td>
</tr>
<tr>
<td>ACTION (as described in Action Plan)</td>
<td>UPDATE (as at 30 June 2011)</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>The NSW Government in partnership with peak NGOs, to develop a series of training packages to help people understand the new system and their responsibilities within it.</td>
<td>1. In consultation with training partner TAFE NSW, Keep Them Safe developed a range of training packages and sessions, which were delivered to mandatory reporters across two phases of training. Phase 1 training was the Regional Engagement Tour, which reached 1,500 mandatory reporters across the state. Phase 2 training included information sessions delivered by TAFE between 19 October and 4 December 2009, which reached 21,000 mandatory reporters. Also included as part of Phase 2 were an additional 100 early childhood sessions, which reached 2,200 child care workers; and 135 sessions to the non-government sector on the use of the MRG. The Centre for Community Welfare Training (CCWT) delivered a further 80 sessions to 1,600 non-government mandatory reporters.</td>
</tr>
<tr>
<td>1. Targeted training for all mandatory reporters.</td>
<td>2. ACVWA has developed packages to enhance cultural change and collaborative work practices in the following areas:  ■ information sharing  ■ collaborative case management  ■ engaging families. Training will be rolled out state-wide through local interagency groups from August 2011.</td>
</tr>
<tr>
<td>2. Training to emphasise collaborative casework and sharing responsibility for outcomes.</td>
<td>3. Training needs for NGOs are to be addressed as part of the transition planning for the transfer of OOHC.</td>
</tr>
<tr>
<td>3. Training to help NGOs transition to providing more OOHC services.</td>
<td>4. See 1 and 2 above.</td>
</tr>
<tr>
<td>4. Joint training sessions to be delivered locally across NSW to government and non-government service providers.</td>
<td>5. All training packages are available on the Keep Them Safe website.</td>
</tr>
<tr>
<td>5. 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.</td>
<td>Community Services has completed stage one of a project to revise position descriptions (to include tertiary qualifications) for new Casework Managers. Stage two has commenced. This involves research into the effect of qualifications and suitability of the selection process for Casework Managers.</td>
</tr>
</tbody>
</table>

The NSW Government in partnership with peak employer organisations and unions, and guided by the CPAG, to review the qualifications required for major occupational categories, with a view to increasing consistency and improving skill levels.

1. Set minimum tertiary qualifications and practical experience necessary for all Casework Managers from 1 July 2009.

2. Work with NGOs to help them attract and retain experienced staff and provide uniform training for caseworkers and carers.

3. Establish ongoing professional training and development standards that are reflected in performance-based contracts.
<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengthen the preparation of graduates for work in a reformed system.</strong></td>
<td></td>
</tr>
<tr>
<td>1. The NSW Government will work with universities, TAFE, professional associations, and accreditation bodies to review training courses, competency, and capability frameworks, and accreditation standards.</td>
<td></td>
</tr>
<tr>
<td>2. Work to increase the number of Aboriginal people attaining relevant qualifications.</td>
<td></td>
</tr>
<tr>
<td><strong>Strengthen the service delivery and workforce capacity in regional and remote communities.</strong></td>
<td></td>
</tr>
<tr>
<td>1. The NSW 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.</td>
<td></td>
</tr>
<tr>
<td>2. Develop new ways of structuring work, incentives and infrastructure to make it easier for communities to access coordinated services.</td>
<td></td>
</tr>
<tr>
<td>3. Investigate appointing specialist caseworkers from Community Services in each region.</td>
<td></td>
</tr>
<tr>
<td><strong>1. These actions are linked to the five-year NGO Capacity Building and Workforce Development Plan. A Steering Committee will be established, including peak NGOs and government agencies, to progress the plan, including the actions listed here. The NGO Capacity Building and Workforce Development Plan implementation steering group has begun to progress the work outlined in the plan.</strong></td>
<td></td>
</tr>
<tr>
<td>2. As part of the review of qualifications (above) Community Services is partnering with Northern Sydney Institute of TAFE NSW to support caseworkers who do not hold a degree-level qualification to undertake a Vocational Graduate Certificate in Statutory Child Protection. Aboriginal staff working for Community Services have been given priority access to this course.</td>
<td></td>
</tr>
<tr>
<td><strong>1. DPC issued guidelines for implementation of the Rural and Remote Incentive Scheme to agencies in December 2010. The guidelines permit CEOs of human services and justice agencies to attract applicants to hard-to-fill positions in rural and remote locations by:</strong></td>
<td></td>
</tr>
<tr>
<td>■ offering benefits (including an additional week’s annual leave, an annual Remote Area Allowance and a motor vehicle allowance for travel during recreation leave) which were previously available only to compensate employees indefinitely stationed in rural and remote areas to those posted there for a specified term</td>
<td></td>
</tr>
<tr>
<td>■ tailoring incentives packages up to a maximum value of $10,000 per annum per employee from a suite of possible benefits</td>
<td></td>
</tr>
<tr>
<td>■ offering retention packages of benefits to existing employees in jobs at the same occupational classification and level and in the same location as jobs identified as needing to be filled by way of incentives.</td>
<td></td>
</tr>
<tr>
<td><strong>2. See 1, above.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3. Community Services continues to operate its Rural Short-Term Secondment Program, which is designed to assist smaller rural offices to maintain staffing levels and service delivery. A short-term secondment register is used to provide a pool of experienced child protection caseworkers and managers from metropolitan regions for rural and remote managers to call upon.</strong></td>
<td></td>
</tr>
<tr>
<td>The actions are linked to the five-year NGO Capacity Building and Workforce Development Plan, finalised in June. A Steering Committee will be established, including peak NGOs and government agencies to progress the plan, including these actions. **</td>
<td></td>
</tr>
<tr>
<td>ACTION (as described in Action Plan)</td>
<td>UPDATE (as at 30 June 2011)</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Strengthen the cultural competence of community service workers.</td>
<td>Cultural competence is a key aspect of the NGO Capacity Building and Workforce Development Plan. The implementation group is overseeing the “Armidale” project, which will strengthen relationships between Aboriginal and non-Aboriginal agencies while improving the cultural competence of non-Aboriginal staff.</td>
</tr>
<tr>
<td>1. Establish cultural competency standards which will be compulsory for all government and non-government child and family service workers.</td>
<td>The revised NSW Health Aboriginal Family Health Strategy was released on Sorry Day 2011. The strategy provides a framework for responding to family violence in Aboriginal communities within a culturally competent, family-based context with a focus on healing.</td>
</tr>
<tr>
<td>2. Standards of Aboriginal cultural competency to be an explicit condition of government engagement with service providers.</td>
<td>The strategy involves a model of care with a foundation of Aboriginal culture and family. Its core elements are:</td>
</tr>
<tr>
<td>3. Consultation with Aboriginal and non-Aboriginal organisations to establish standards for Aboriginal cultural competency.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ strategic leadership</td>
</tr>
<tr>
<td></td>
<td>▪ effective service delivery</td>
</tr>
<tr>
<td></td>
<td>▪ culturally competent workforce</td>
</tr>
<tr>
<td></td>
<td>▪ strong community capacity</td>
</tr>
<tr>
<td></td>
<td>NSW Health Frontline Policy and Procedures for the Protection and Wellbeing of Children and Young People (which will be published in late 2011) will provide health workers with extensive guidance about working with Aboriginal families and CALD communities.</td>
</tr>
<tr>
<td></td>
<td>ADHC’s Aboriginal Policy Statement formalises a strategic approach of strengthening services for older Aboriginal people, Aboriginal people with a disability, their carers, and families. ADHC recognises that building its cultural competency to better respond to the needs and interests of clients and communities is a key platform to strengthening services.</td>
</tr>
<tr>
<td></td>
<td>Underpinning the Aboriginal Policy Statement is ADHC’s Aboriginal Cultural Inclusion Framework 2011–2015. This framework sets out how ADHC will support culturally inclusive services through the development of an Aboriginal Cultural Competency Training Framework. This will shape how ADHC will build its competency for promoting a culturally competent and supportive working environment.</td>
</tr>
<tr>
<td></td>
<td>Additional training in cultural awareness has been provided to DEC staff, especially OOHC Coordinators, HSLOs, and ASLOs.</td>
</tr>
<tr>
<td>ACTION (as described in Action Plan)</td>
<td>UPDATE (as at 30 June 2011)</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>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.</td>
<td>1. Community Services in partnership with AbSec is to pilot a new model of consultation with selected Aboriginal NGOs to determine the most appropriate ways of keeping Aboriginal children and young people safe. The model is known as PACT. The pilot model will seek community input and involvement on the approach to individual child protection decisions involving Aboriginal children. A framework for consultation with Aboriginal peaks and relevant communities has been completed. A number of partnership and capacity building activities with Aboriginal NGOs are required before a pilot of this nature can commence. Consultants have been engaged since mid-April 2010 to develop the implementation plan for stage one of the project, including scoping the model and identifying appropriate engagement strategies with selected communities. In addition, the Aboriginal Service Capacity Building Initiative progressed two key initiatives:  ■ Phase 1 involved engaging Aboriginal agencies already providing OOHC services to further develop their placement capacity over three years  ■ Phase 2 involves working with four existing Aboriginal agencies not currently providing OOHC to develop their services and strengthen their position so that they can become service providers. The service model for Phase 2 builds the capacity of agencies to develop and provide family preservation and foster carer recruitment and support services.</td>
</tr>
<tr>
<td>1. 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.</td>
<td>2. See 1, above.</td>
</tr>
<tr>
<td>2. Prioritise locally driven service models that recognise, empower, and actively engage with the special needs of local Aboriginal communities.</td>
<td>3. These actions are linked to the five-year NGO Capacity Building and Workforce Development Plan, endorsed by JHS CEOs in August. A Steering Committee has been established including AbSec and other peak NGOs and government. The group is working to progress the plan, including these actions.</td>
</tr>
<tr>
<td>3. The NSW Government to actively encourage consultation between NGOs and Aboriginal organisations to form culturally sensitive partnerships to develop the capacity of those Aboriginal organisations.</td>
<td></td>
</tr>
</tbody>
</table>

1. Community Services in partnership with AbSec is to pilot a new model of consultation with selected Aboriginal NGOs to determine the most appropriate ways of keeping Aboriginal children and young people safe. The model is known as PACT. The pilot model will seek community input and involvement on the approach to individual child protection decisions involving Aboriginal children. A framework for consultation with Aboriginal peaks and relevant communities has been completed. A number of partnership and capacity building activities with Aboriginal NGOs are required before a pilot of this nature can commence. Consultants have been engaged since mid-April 2010 to develop the implementation plan for stage one of the project, including scoping the model and identifying appropriate engagement strategies with selected communities. In addition, the Aboriginal Service Capacity Building Initiative progressed two key initiatives:  ■ Phase 1 involved engaging Aboriginal agencies already providing OOHC services to further develop their placement capacity over three years  ■ Phase 2 involves working with four existing Aboriginal agencies not currently providing OOHC to develop their services and strengthen their position so that they can become service providers. The service model for Phase 2 builds the capacity of agencies to develop and provide family preservation and foster carer recruitment and support services. 2. See 1, above. 3. These actions are linked to the five-year NGO Capacity Building and Workforce Development Plan, endorsed by JHS CEOs in August. A Steering Committee has been established including AbSec and other peak NGOs and government. The group is working to progress the plan, including these actions.
**ACTION (as described in Action Plan)**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
</table>
| Strengthen the skills and experience of staff, both within the government and non-government sectors in delivering services to children and young people with physical and intellectual disabilities and supporting their carers.  
1. Review care options, including therapeutic foster care, available for children and young people with challenging behaviours.  
2. Improve data sharing between Community Services and ADHC to identify common clients.  
3. Develop dispute resolution processes that specifically consider the needs of children and young people with physical and intellectual disabilities and their carers.  
4. Roll-out joint training for staff from Community Services, ADHC, and relevant NGOs. | 1. Consideration is being given to models of flexible, child-centred funding for services required for children with special and or intensive needs as alternatives to funding specific service models.  
2. Community Services and ADHC are continuing to share data reports from each agency’s internal information systems and enhancements have been made to the Joint Data Management System to better identify joint clients.  
3. A project to explore the feasibility of establishing a mediation process to be used to resolve situations where ADHC and the parents or carers of children and young people with disabilities have differing views in relation to support options has been completed. ADHC is currently considering the proposed recommendations.  
4. A revised Community Services/ADHC MOU was endorsed in March 2010. An integrated practice framework comprised of Regional Protocols and Joint Practice Guidelines has been implemented to guide staff and Phases 1 and 2 of the joint staff training framework have been completed. |

Implement five-year plan for building government and non-government partnerships.  

The Keep Them Safe NGO Capacity Building and Workforce Development Steering Committee have endorsed a pilot project to build capacity of NGOs in the Armidale region.  

Additionally, the Keep Them Safe Change Management Plan has funded the development of three training modules which are being delivered during 2011–12 through a community-based, interagency approach.  

The modules are:  
1. Exchange of information under 16A.  
2. Engaging families.  
3. Working collaboratively (case planning).  

The sessions are being delivered within existing regional interagency networks (wherever possible) and are facilitated by both government and non-government workers from a range of agencies across the sector.  

These conversations will further develop skills while strengthening local worker relationships and thereby contribute to the development of both the non-government and government sector workforces.
<table>
<thead>
<tr>
<th><strong>ACTION</strong> (as described in Action Plan)</th>
<th><strong>UPDATE</strong> (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved training and support for foster and kinship carers.</td>
<td>1. Community Services has funded Connecting Carers NSW to provide state-wide co-facilitator training for Aboriginal Kinship Carers during 2011–12. This two-day training will build the capacity of Aboriginal Carers to assist in the delivery of training provided by Connecting Carers NSW to encourage the attendance and participation of Aboriginal Foster and Kinship Carers at ongoing training.</td>
</tr>
<tr>
<td>1. Revise and expand training and other supports provided to carers, before and after children are placed with them.</td>
<td></td>
</tr>
<tr>
<td>2. 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.</td>
<td>2. In 2010–11 AbSec was funded to employ three Aboriginal support workers to establish and coordinate Aboriginal Peer Support Groups for Aboriginal Foster and Kinship Carers within each region, with a focus on those carers within remote rural locations in NSW.</td>
</tr>
<tr>
<td>3. Recruit more foster carers for children and young people with physical and intellectual disabilities.</td>
<td>Community Services has produced a support resource for Aboriginal foster and kinship carers. This resource, <em>Raising Them Strong</em>, consists of a DVD, 45-page booklet, and series of cards which provide information on issues relating to health, education, and managing challenging behaviours. This resource will be distributed to Aboriginal foster and kinship carers in the second half of 2011.</td>
</tr>
<tr>
<td>Implement NSW Government’s five-year plan for child and family service workforce development.</td>
<td>The AbSec/ACWA Growth Partnership Project is developing partnerships between Aboriginal and non-Aboriginal organisations to build the capacity of Aboriginal NGOs to deliver family and community services in areas with high Aboriginal populations and limited access to services. Non-Aboriginal agencies will develop their cultural capacity and the project will develop a model of Aboriginal and non-Aboriginal partnerships all within the spirit of Keep Them Safe child protection approaches and wellbeing services.</td>
</tr>
</tbody>
</table>

3. An interagency project working group has identified a training resource in conjunction with ADHC for foster carers on working with children and young people with a disability and an implementation plan is being developed. All prospective foster carers with an interest in caring for a child with a disability are now identified. A self-paced resource has been developed which supports new and existing foster carers to make decisions about caring for children and young people with a disability. The working group is identifying resources, including web-based resources and access to respite services, to support foster carers of children and young people with a disability. |

This plan became part of the Keep Them Safe NGO Capacity Building and Workforce Development project. Please see p106 for further details.
## Chapter 7: Delivering the plan

<table>
<thead>
<tr>
<th>ACTION (as described in Action Plan)</th>
<th>UPDATE (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of a central Special Commission of Inquiry Implementation Unit in DPC 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 DPC and other government websites annually.</td>
<td>The KTSIU was established in January 2009 to facilitate the implementation of the action plan. The KTSIU provides quarterly reports to the Justice and Human Services Cabinet Committee.</td>
</tr>
</tbody>
</table>

Outcomes measures developed to identify progress in improving outcomes for children and to identify whether the system results in reducing risk for children.

In December 2009 SPRC (University of NSW) and the Australian Institute of Family Studies were engaged to develop a Keep Them Safe Evaluation Framework. The final Evaluation Framework Report was submitted to DPC in August 2010.

To complement the Evaluation Framework, DPC engaged Urbis to develop an implementation plan in October. The final plan was provided to DPC in May 2011.

Both the Evaluation Framework and the implementation plan will be published on the Keep Them Safe website in July 2011.

DPC is convening a Keep Them Safe Evaluation Steering Committee comprising representatives from lead agencies, an external research expert, and an NGO. The Steering Committee will oversee evaluation activities, including local evaluations.

A Senior Officers Group comprising senior representatives from human services and justice agencies convened by DPC and reporting to JHS CEOs to develop and drive changes.

Development of key performance indicators to monitor action plan.

A Keep Them Safe Senior Officers Group (KTS SOG) was established in March 2009 to drive the child protection system reforms, particularly to oversee and report on implementation of the Keep Them Safe: A shared approach to child wellbeing action plan.

The KTS SOG is convened by DPC and meets monthly. The KTS SOG reports on alternate months to JHS CEOs; quarterly to the JHS Cabinet Committee; and annually to the public on implementation of the action plan.

From July 2011, representative from peak bodies in the non-government sector will attend KTS SOG meetings on alternate months to help improve collaboration between Keep Them Safe lead agencies and the non-government sector.

The KTS SOG has developed key performance indicators and milestones for monitoring the Keep Them Safe: A shared approach to child wellbeing action plan, which are monitored monthly to determine Keep Them Safe progress.
<table>
<thead>
<tr>
<th><strong>ACTION</strong> (as described in Action Plan)</th>
<th><strong>UPDATE</strong> (as at 30 June 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of consultative mechanisms with key stakeholders to assist in implementation of the action plan.</td>
<td>1. During 2009–10, the CPAG was the key stakeholder group providing advice on Keep Them Safe to the Minister for Community Services. CPAG comprises heads of peak organisations, prominent academics in the child protection field, and union representatives. During 2010–11, the group was chaired by the Minister for Family and Community Services. As at August 2011, the KTS SOG will include Peak NGO representatives.</td>
</tr>
<tr>
<td>1. Continuing for two years the CPAG, chaired by the Minister for Community Services, and consisting of key peak bodies including the Council of Social Service of NSW (NCOSS), ACWA, AbSec, CREATE Foundation, Foster Parents Support Network, academic representatives, Youth Action and Policy Association (YAPA), Public Service Association (PSA), Australian Services Union, and DPC.</td>
<td>2. YAPA was funded by Keep Them Safe to conduct youth consultations and engage with young people to gain their perspectives on Keep Them Safe and OOHC. The last of these consultations concluded in the latter part of 2010.</td>
</tr>
<tr>
<td>2. Establishment of consultative forums with young people.</td>
<td></td>
</tr>
<tr>
<td>Development of mechanisms to monitor interagency collaboration at agency and regional level for demonstrating improved interagency work with children and families.</td>
<td>1. Regional Implementation Groups (RIGs) or a suitable alternative have been developed in all regions of NSW. These groups are made up of local representatives from the government and non-government sectors. RIGs have localised work plans in place and have been progressing the issues and work items that are regionally relevant in addition to the implementation of broader Keep Them Safe initiatives.</td>
</tr>
<tr>
<td>1. Implementation of 10 Regional Justice and Human Service Coordination Committees to drive implementation of the action plan.</td>
<td>2. Terms of reference are in place for all regional committees.</td>
</tr>
<tr>
<td>2. Terms of Reference for regional committees by April 2009.</td>
<td>3. A regional action plan based on the state-wide action plan was developed for each region using SOG/RCMG by June 2009.</td>
</tr>
<tr>
<td>3. Regional action plan based on state action plan developed for each region using KTS SOG/Regional Coordination Management Group (RCMG) by June 2009.</td>
<td>4. Plans have been approved by JHS CEOs and a system established for bi-monthly progress reports including barriers to implementation.</td>
</tr>
<tr>
<td>4. Plans approved by JHS CEOs and system established for bi-monthly progress reports, including barriers to implementation.</td>
<td>Amendments to relevant legislation were completed by April 2009.</td>
</tr>
<tr>
<td>Amending relevant legislation governing each human services and justice agency to oblige that agencies coordinate with other agencies any necessary decision making or delivery of services to children and families to meet the protection and care needs of children.</td>
<td>A key result deliverable for interagency collaboration on child protection matters was included in the Performance Agreements for Community Services senior executives, including regional directors, on 25 September 2009. Amendments to performance agreements of JHS CEOs were completed by June 2009.</td>
</tr>
<tr>
<td>ACTION (as described in Action Plan)</td>
<td>UPDATE (as at 30 June 2011)</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Establishing mechanisms for integration with State Plan priorities, including at a regional level, and the capacity to strategically engage with the Commonwealth reform processes under the proposed National Framework.</td>
<td>Mechanisms are in place to ensure that State Plan priorities and Keep Them Safe priorities are integrated. The performance indicators in the draft Keep Them Safe evaluation framework are in-line with State Plan Priorities. In addition, the Regional Coordination Committees work around Keep Them Safe and the State Plan are aligned. Work on ensuring the alignment of Keep Them Safe reforms with federal reform processes is ongoing.</td>
</tr>
<tr>
<td>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 JHS CEOs Cluster on delivering on the plan.</td>
<td>RIGs (or a Senior Officers Group) have been established in all areas of NSW. These groups have established priorities which derive from the NSW State Plan in conjunction with identified local needs.</td>
</tr>
<tr>
<td>Implementation of these priorities will be evaluated progressively over the next five years. Progress will be reviewed by the JHS CEOs, which will report annually to the Cabinet Committee on Justice and Human Services.</td>
<td>DPC commissioned the development of a Keep Them Safe Evaluation Framework and an implementation plan (for more detail, see p111). A number of local evaluations have commenced and a mid-term review of Keep Them Safe will commence in 2011–12. DPC is convening a Keep Them Safe Evaluation Steering Committee comprised of representatives from lead agencies; an external research expert; and an NGO representative. The Steering Committee will oversee evaluation activities, including local evaluations. The Steering Committee will report to the KTS SOG, and through the KTS SOG, to JHS CEOs.</td>
</tr>
<tr>
<td>Formal review of action plan against milestones and required changes/modifications.</td>
<td>The KTSIU maintains a milestone database which tracks progress of implementation of Keep Them Safe actions. The KTSIU monitors compliance with commitments made in the action plan and, if implementation of a Keep Them Safe milestone is not on track, manages emerging issues or initiates remedial action via the KTS SOG. The NSW Government provides annual progress reports through the Keep Them Safe annual report.</td>
</tr>
</tbody>
</table>
The original budget for 2010–11 was $170.6 million. In October 2010, $2.9 million was reallocated for initiatives that were not previously able to be funded, such as the implementation of a reparative parenting program for foster and kinship carers and the Growing Partnerships capacity building project. Funding was also provided to respond to additional requirements in existing projects, for example, recruiting an additional 10 positions at the NSW Police Force (NSW PF) Child Wellbeing Unit (CWU) in response to much greater need than anticipated, and for additional health assessments for children and young people entering out-of-home care.

Total expenditure for the year was $145.3 million. As $750 million ($783 million with indexation) was allocated to Keep Them Safe from 2008–09 to 2013–14, any funds not expended in 2010–11 have been transferred to the remaining years of the program. These funds include $3.4 million to maintain the additional staff in the NSW PF CWU; $4.5 million for change management, professional development and capacity building work; $4.5 million for Family Referral Services; $3.5 million for Brighter Futures; $2.1 million for Intensive Aboriginal Family Based Services; and $1.8 million for foster carer recruitment.

<table>
<thead>
<tr>
<th>CATEGORY OF INITIATIVE</th>
<th>ORIGINAL BUDGET ($ mill)</th>
<th>REVISED BUDGET ($mill)</th>
<th>ACTUAL EXPENDITURE ($ mill)</th>
<th>BUDGET LESS ACTUAL EXPENDITURE ($ mill)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving services for Aboriginal children and young people</td>
<td>9.2</td>
<td>9.2</td>
<td>5.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Enhancing prevention and early intervention services</td>
<td>37.7</td>
<td>38.1</td>
<td>29.0</td>
<td>9.1</td>
</tr>
<tr>
<td>Out-of-home care</td>
<td>68.5</td>
<td>69.1</td>
<td>67.3</td>
<td>1.8</td>
</tr>
<tr>
<td>Increasing investment in acute services</td>
<td>16.2</td>
<td>16.2</td>
<td>15.8</td>
<td>0.4</td>
</tr>
<tr>
<td>Changes to the child protection system</td>
<td>39.0</td>
<td>40.8</td>
<td>27.9</td>
<td>12.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>170.6</td>
<td>173.5</td>
<td>145.3</td>
<td>28.1</td>
</tr>
</tbody>
</table>
COMMITTEES AND MEMBERSHIPS

Keep Them Safe
Senior Officers Group

- Vicki D’Adam, Deputy Director General, Policy and Strategy, DPC
- Nazli Munir, Director, KTS Implementation Unit, DPC
- Anne Campbell, A/Chief Executive Officer, Community Services
- Helen Rogers, A/Executive Director, Program Management, Major Change Program
- Cathrine Lynch, Director, Primary Health and Community Partnerships, NSW Health
- Jenny Marshall, Manager, NSW Health Keep Them Safe Implementation Unit, NSW Health
- Judy Harwood, Director, Prevention and Pathways Directorate, ADHC
- John Kerlatec, Commander, Child Protection and Sex Crimes Squad, NSW PF

- Gary Groves, Manager, Operations, Child Wellbeing Unit, NSW PF
- David McKie, Director, Student Welfare, DEC
- Elizabeth Callister, Manager, Student Wellbeing and Regional Director, Student Welfare, DEC
- Judith Atkinson, A/Manager, Housing Assistance Unit, Housing NSW
- Anthony Gesiolka, Director, Strategic Policy and Planning, FACS
- Shenuka Wraight, Project Officer, ADR Directorate and Community Justice Centres, DAGJ
- Tanya Bosch, Principal Policy Officer, AANSW
- Suellen Lembke, Director, Programs Unit, JJ
- Julia Mitchell, Principal Financial Analyst, Treasury

Evaluation Framework
Working Group

- Nazli Munir, Director, KTS Implementation Unit, DPC
- Marilyn Chilvers, Strategic Planning, Performance and Evidence, Department of Family and Community Services
- Alix Goodwin, Client Wellbeing, ADHC
- Benjamin Smith, Planning and Corporate Performance, Community Services
- Sarah Williams, Performance Analysis and Development, Community Services
- Jenny Marshall, Manager, Keep Them Safe Implementation Unit, NSW Health
- Lyn Kemp, Centre for Primary Health Care and Equity, University of NSW
- Gill Yates, Planning and Performance, DEC
- Elizabeth Callister, Regional Director, Student Welfare, DEC
- Chris Krogh, Keep Them Safe Regional Project Manager, DPC
- Katherine Barnes, Keep Them Safe Implementation Unit, DPC
- Brian Smith, Executive Officer, Local Community Services Association
ACKNOWLEDGMENTS

The achievements of Keep Them Safe over the past two years are evidence of the immense work that can be achieved when the non-government and government sectors partner together for a common purpose.

Implementation of Keep Them Safe has continued because of a number of committed individuals and agencies who have worked hard to achieve the aims of Keep Them Safe, which are to ensure that all children in NSW are healthy, happy, and safe and have opportunities to reach their full potential.

Although there is no capacity here to recognise these people individually, these wide-ranging acknowledgments aim to capture those people in the government and non-government sectors who have been involved in this important initiative.

Thank you.