



Child Protection Service Plan

2004-2007

NSW DEPARTMENT OF HEALTH

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Foreword

Physical abuse and neglect has profound effects on the physical and emotional health and development of children and young people.

The development of the *NSW Health Child Protection Service Plan* has been overseen by a Steering Committee with diverse representation from departmental branches, Area Health Services, program areas and key government partners who work for the protection of children including the Department of Community Services and NSW Police. Further consultation has occurred with health service practitioners.

The *NSW Health Child Protection Service Plan* aims to improve the spectrum of assistance provided to children and young people who have experienced or are at risk of experiencing abuse or neglect. These strategies encompass prevention and early intervention, identification, referral, counselling and education.

The wide range of services provided by the NSW Health system offer many opportunities to provide information, support and strategic intervention to parents, carers and communities that will result in better care for children and young people.

The *NSW Health Child Protection Service Plan* makes a major contribution to our understanding and response to the impact of abuse and provides a direction for the provision of coordinated and planned NSW Health responses.



Robyn Kruk
Director-General
January 2004

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Introduction

NSW Health has a vital role to play in ensuring the safety, welfare and well-being of children, young people and their carers. The wide range of services provided by the NSW Health system offer many opportunities to provide information and support to parents, carers and communities that will promote better care for children and young people.

The *NSW Health Child Protection Service Plan* has been developed to provide clear direction as to how this comprehensive range of services can focus both on enhancing the health and well-being of children, young people and their carers and reducing the health impact of abuse and neglect. The service plan outlines strategies to maximise effective service provision and make the best use of available resources and skills. It is intended that the service plan will provide a clear framework to assist Area Health Services in focussing on early identification and prevention of abuse and neglect and to ensure that child protection services are delivered in a timely, responsive and culturally sensitive manner.

In order to meet the ever-increasing child protection demands placed on Health Services a holistic approach to service delivery is needed. A coordinated approach to protecting children and young people at risk of harm within Health Services is fundamental to ensuring their health, safety and well-being. It is intended that the *NSW Health Child Protection Service Plan* will assist Health Services in developing mechanisms for enhancing intra-area linkages and ensuring the development of collaborative and cooperative approaches, resulting in coordinated and planned child protection service delivery.

2

Statement of overall aim

The NSW Health system will ensure that consideration of the safety, welfare and well-being of children and young people underpins service delivery at all points within the system. The protection and care of children and young people is core business for NSW Health services and is the responsibility of all NSW Health workers. This is reflected across the spectrum of assistance, from prevention and early intervention, identification, referral and counselling and support for children, young people and families where abuse has occurred. This includes physical, emotional and sexual abuse and neglect.

The NSW Health system will respond in a timely and effective manner across the state to recommendations from other systems and structures which include the Child Death Review Team and meet responsibilities articulated within the *Children and Young Persons (Care and Protection) Act 1998* and the *NSW Interagency Guidelines for Child Protection Intervention (2000)*.

The *NSW Health Child Protection Service Plan* ensures that the responsibilities of NSW Health services with respect to children, young people and their families/carers are achieved in a responsive, consistent and coordinated way within and across Area Health Services.

Principles and key elements for child protection intervention

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Principles for child protection intervention

As outlined in the *NSW Health Frontline Procedures for the Protection of Children and Young People* (2000), the NSW Government has adopted Principles for Child Protection Intervention to guide agency decisions about child protection and provide a framework for individual agency policies, practices and procedures. These principles underpin the *NSW Health Child Protection Service Plan*. They are:

- The safety, welfare and well-being of the child or young person are paramount.
- Children and young people must be given the opportunity to participate at a level appropriate to their age and development in decisions which significantly impact on their lives.
- Child protection decisions must take account of the culture, disability, language, religion and gender of the child or young person, their family and caregivers.
- Families must be given an opportunity to participate in decisions which affect the safety, welfare and well-being of a child or young person.
- In acting to protect a child or young person, practitioners or agencies should maintain the child or young person's relationships and sense of identity and should intervene only as far as required to secure their safety, welfare and well-being.
- Children and young people who are unable to live with their families will be provided with an environment which meets their care, support, education and health needs.
- Government agencies will work in partnership with each other, non-government organisations and with the child or young person and their family to secure and sustain their safety, welfare and well-being.
- Government and non-government agencies will follow policies and practices that ensure staff are screened for employment and are qualified, trained and supervised.

Key elements of an effective child protection response

Consultation with Area Health Services and reviews of literature and research undertaken in the course of developing this plan identified the key elements of an effective response to the care and protection needs of children and young people. These key elements are:

- Child protection services need to be seen as integral to the provision of Health Services to children, young people and families and as a core responsibility for all health workers.
- Health workers should be able to recognise child protection issues at all entry points to Health Services.
- Evidence-based early intervention services must be available to those families where children and young people may potentially be at risk.
- Health workers should be aware of and be able to competently refer to appropriate services within and external to Health Services.
- Specialist assessment and treatment services must be available and accessible for children, young people and families.
- Health Services must be flexible and responsive to individual and local needs.
- Issues of access and equity should be addressed in all service delivery.
- Research and emerging good practice models should underpin and inform service delivery.
- Health Services should contribute to the development of the evidence base through a culture of evaluation and research.
- Health Services will take on a partnership approach with children, young people and families.
- Service delivery to children and young people must be coordinated both internally and externally to ensure a comprehensive and holistic response.
- Training programs for health workers are essential, and shall be comprehensive and ongoing.
- Support and consultation regarding child protection should be available to all health workers.
- Systems and structures must be developed to enhance and improve the overall system response to children and young people at risk of abuse.
- Health workers need to be responsive to child protection issues and make appropriate reports to the Department of Community Services if required.

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Child abuse and neglect – the extent of the problem

Definitions

Child abuse is a term commonly used to describe a range of different types of maltreatment or harm that can be inflicted upon children and young people. The definitions below are taken from the *NSW Health Frontline Procedures for the Protection of Children and Young People* (2000) and are consistent with the definitions contained within the *NSW Interagency Guidelines for Child Protection Intervention* (2000).

Child abuse includes:

Sexual assault

Sexual assault is any sexual act or sexual threat imposed upon a child or young person. Perpetrators of sexual assault exploit the immaturity and dependency of children and young people, using their age, size, authority or position of trust to involve their victims in sexual acts. Coercion, either physical or psychological, is intrinsic to child sexual assault.

Physical abuse

Physical abuse is any non-accidental injury to a child by a parent or caregiver. This includes injuries or harm caused by excessive discipline, severe beatings, shaking, bruising, lacerations or welts, burns, fractures or dislocations, attempted suffocation or strangulation. All of these may result in the death of a child or young person.

Emotional abuse

Emotional or psychological abuse encompasses a range of behaviours by parents or caregivers that harm a child. This may include excessive or unreasonable demands, failure to provide the psychological nurturing and affection necessary for a child's physical and emotional growth and development, scapegoating or rejection, severe verbal abuse and threats of abuse.

Neglect

Neglect is where a child is harmed by the failure of its parents or caregivers to provide the child with the basic physical and emotional necessities of life – food, clothing, shelter, emotional security, affection and attachments, medical care and adequate supervision. Neglect is characterised as a continuum of omissions in parental caretaking.

Exposure to domestic violence

Exposure to domestic violence can constitute a form of child abuse. Children or young people may be affected by domestic violence by experiencing or witnessing, or by being directly harmed by the violence, or by living in a home where violence occurs.

Incidence and prevalence

Over recent years, considerable research has been undertaken with a view to attempting to quantify the prevalence of child abuse and neglect during childhood. One of the major difficulties identified in the literature, however, is that researchers use widely variable definitions for the types of child abuse and neglect (see for example Fergusson and Mullen, 1999). Despite these problems, there is considerable evidence to suggest that child abuse and neglect is a significant problem in our community.

A number of major Australian and international community studies have found that up to one in three girls and one in seven boys are exposed to unwanted and inappropriate sexual attention before the age of 18. These include studies in America (Finkelhor, 1979; Russell, 1983; Finkelhor, 1994), and Australia (Goldman and Goldman; 1988, Mazza et al 1996). The Mazza study found that 28% of adult women had experienced sexual assault that involved physical contact prior to the age of 16. Fergusson and Mullen (1999) concluded that childhood experiences of exposure to inappropriate sexual attention are not uncommon and that between 5–10% of children and young people will experience what the researchers

term ‘severely abusive acts’ which involved actual or attempted penetration. Meta analysis of international prevalence research indicates that these findings are broadly consistent in all countries (Andrews et al, 2001). In a literature search to identify the prevalence of child sexual abuse, using standard definitions of level of abuse, Andrews et al (2001) considered 131 studies from 30 countries which had a total of 416,000 subjects. In their review, Andrews et al (2001) found that 3% of males and 13% of females experienced contact level abuse.

Estimates of the incidence and prevalence of child physical abuse and neglect are less readily available. In one of the few reliable studies which include consideration of physical abuse, Mazza et al (1996) found that, in a community sample of women, 10% had experienced childhood physical abuse with 7% having experienced repeated beatings at the severe end of the spectrum.

There is also considerable evidence of the co-occurrence of domestic violence and child abuse in many families. There is evidence that physical abuse of children is fifteen times more likely in families where domestic violence is occurring (McKay 1994). Furthermore, 33% of children who live with domestic violence report having been hit by their fathers while trying to defend their mother or stop the violence (Blanchard et al 1992)

The *Australian Bureau of Statistics Women’s Safety Study* (1996) found that 60% of women who reported violence by a current partner had children and young people in their care at some time during the relationship. Further, this study found that 38% of these women reported that their children had witnessed the violence. A study surveying young people’s experience of, and attitudes to, domestic violence found that 23% of young people had witnessed domestic violence perpetrated by their male carer against their female carer (*National Crime Prevention Report 2001*). A Western Australian study by Quinlivan and Evans (1999) found that nearly 30% of pregnant teenagers aged 12-17 were victims of domestic violence.

Recognition of child abuse and neglect

Much of the research attempting to quantify the prevalence and incidence of child abuse and neglect in the community relies on retrospective reporting by adults of childhood experiences. While it is clear that child abuse and neglect is widespread, children and young people often do not disclose their experiences of child abuse or neglect while it is happening. Identification of child abuse and neglect becomes the responsibility of adults, particularly professionals, with whom the child comes into contact. The level of identification of children or young people at risk of abuse or neglect, is, however, substantially lower than prevalence studies indicate, and confirmations of child abuse and neglect lower again, due to the burden of proof required by statutory authorities. Nonetheless, the rates of identification and confirmation of children and young people at risk of harm through child abuse and neglect provide a clear indication as to the current, known extent of the problem and therefore potential levels of demand on current services.

Table 1 provides NSW data on child protection notifications and substantiations in relation to child protection. ‘Notification’ refers to a report made to the statutory authority for child protection matters. Under new child protection legislation in NSW this process is now a ‘report’. ‘Substantiation’ refers to confirmation that a child has been abused or is at risk of harm following investigation by the statutory authority.

Table 1. Number of notifications and substantiations in NSW 1995-1996 to 2002-2003

	Reports/ notifications	Substantiations	% Substantiated
1995-96	28,930	14,063	49
1996-97	Not available	Not available	Not available
1997-98	31,223	8,406	27
1998-99	31,513	7,540	24
1999-00	30,398	6,477	21
2000-01	40,937	7,501	18
2001-02	55,208	8,606	16
2002-03	109,498	16,765	15

Compiled from: Australian Institute of Health and Welfare (2001 and 2004), Child Protection Australia, 1999-2000 and Child Protection Australia, 2002-2003.

The data above indicates that the number of child protection notifications has increased. This may point to an increase in the incidence of child abuse, however it is likely that a number of factors have had an impact on this statistic, including the introduction of mandatory reporting for professionals and increased community awareness about the issue of child abuse and neglect.

Although notifications have increased, the substantiation rate (now, confirmation rate) has decreased. This is due in part to policy and legislative changes to the requirements for substantiation. From July 1996 onwards, notifications were initially assessed to determine whether they related to child abuse or neglect or to some other concern about children or young people. Only those relating to child abuse and neglect were investigated (AIHW 1998). The impact of this change is evident in the data available after 1995-96 when the proportion of notifications investigated significantly decreased.

At this time changes were also made to the concept of substantiation. Before the introduction of the new policies, substantiation of a notification did not necessarily mean that child abuse and neglect had occurred, but rather that information about the notification was confirmed. This was revised so that a report (no longer termed a notification in NSW)

would only be substantiated where there was child abuse or neglect or where the child was regarded as being at risk of abuse or neglect. The marked decrease in the number of substantiations after July 1996 is significantly related to this change in policy.

This data trend is reflected in international child protection data, with increasing notifications but decreasing substantiations demonstrated in both the USA and Canada (YMCA, 1999 and Trocme et al, 2001), and in national child protection data (AIHW, 2004).

The rate of substantiation of child abuse and neglect across Australia is shown in Table 2 below. The Australian Institute of Health and Welfare (AIHW) annually collects combined statistics on reported and investigated maltreatment from the six states and territories responsible for child protection services in Australia. Given that each jurisdiction has its own legislation, policies and practices in child protection, the data collected cannot be directly compared.

The table reflects the total number of substantiations in the year 1999-2000, rather than the number of children or young people substantiated, that is, a child could have multiple substantiations if reported.

Table 2. Notifications and Substantiations: number and rates per 1,000 children, by Aboriginal and Torres Strait Islander status and State and Territory, 2002-2003

State	Total reports/notifications	Total substantiations	Substantiations per 1,000 children – ATSI	Sustantiations per 1,000 children – non-indigenous	Total rate of substantiations per 1,000 children
NSW	109,498	16,765	32.0	6.5	7.5
VIC	37,635	7,287	55.6	5.7	6.3
QLD	31,068	12,203	15.9	9.7	10.1
WA	2,293	888	9.7	1.3	1.9
SA	13,442	2,423	32.2	4.8	5.8
TAS	741	213	2.5	1.8	1.8
ACT	2,124	310	19.7	6.8	7.4
NT	1,554	327	8.7	1.6	3.3
TOTAL	198,355	40,416	N/A	N/A	N/A

Source: Australian Institute of Health and Welfare (2004), Child Protection Australia, 2002-2003.

The rate of substantiations for NSW in 1999–2000 was 3.9 children or young people per 1,000, which is significantly lower than other comparable states, for example Victoria with a substantiation rate of 6.3 per 1,000 children or young people in 1999–2000. The rates of substantiation per 1,000 children or young people in NSW are also significantly lower than those reported in the USA and Canada, 15 per 1,000 (YMCA 1999) and over 9 per 1,000 (Trocme et al, 2001) respectively.

It is also important to note the significantly higher rates of substantiation for Aboriginal and Torres Strait Islander children or young people as compared with non-indigenous children or young people across Australia, which may reflect a tendency to a more interventionist role by statutory authorities with these groups (AIHW 1998).

The table below identifies the type of abuse or neglect substantiated by the NSW Department of Community Services following an assessment.

Table 3. NSW reports received where assessment determined abuse/neglect by type of abuse

Type of abuse	% 1998/99	% 1999/00	% 2000/01	% 2001/02
Physical	28.8	30.9	26.6	24.6
Sexual	23.3	21.9	21.0	20.1
Neglect	21.9	20.6	20.9	18.2
Emotional	16.6	17.0	16.8	17.4
Harm or risk not classified	9.4	9.6	13.1	19.7
Total	100.0	100.0	100.0	100.0

Source: NSW Department of Community Services Annual Reports 1999–2002.

Table 3 indicates that the rates of different types of abuse substantiated by the Department of Community Services do not vary significantly over time, although the actual numbers do vary, as discussed above.

The impact of child abuse and neglect

From the considerable research that has been undertaken in this area, it is clear that there are both immediate and longer term consequences of all forms of child abuse and neglect on the emotional, psychological, social and physical health and well-being of children and young people.

Extensive research has demonstrated strong links between experiences of sexual assault and a range of problems in adolescence and adulthood. These problems include:

- low self-esteem, behaviour problems and depression (Tebbutt et al, 1997)
- self-harming behaviours (Beckinsale et al, 1999; Salter, 1995)
- drug and alcohol abuse (Salter, 1995)
- mental health problems (Mullen and Fleming, 1998; Herman, 1992)
- suicidality (Oates et al, 2001; Beckinsale et al, 1999).

Physical and sexual abuse is also a major factor in the homelessness of young people, which may result in risk taking behaviours including substance abuse, self-harming behaviour, prostitution, and increased vulnerability to further assault (National Crime Prevention, 1999).

In its most extreme form, physical abuse of children and young people may be permanently disabling or result in death. From July 1999–June 2002, the NSW Child Death Review Team identified 75 deaths of children or young people as a direct result of abuse or neglect (NSW Child Death Review Team, 2003).

The impact of physical abuse and neglect on children and young people may result in long-term adverse outcomes in terms of intellectual and cognitive functioning (Perez and Widom, 1996); mental health problems (Briere, 1992) and general health (Felitti et al, 1998). A strong link between adverse childhood experiences, including abuse, and later health problems has been found including heart disease, liver disease, cancer and chronic lung disease (Felitti et al, 1998). The cross-correlation was strongly increased by exposure to multiple forms of abuse.

There is also considerable research which suggests that early neglect may be similarly damaging for children and young people particularly in the areas of language development, psychosocial development and empathic responsiveness (see for example Perez and Widom, 1994). Early malnutrition appears to be strongly linked to lower intellectual quotient scores.

Research has also demonstrated a strong link between sexual offending behaviour in adolescents and exposure to abuse or domestic violence as a child. Ryan et al (1996) found that 63% of sexually abusive youths had witnessed domestic violence or the abuse of a sibling, 42% had experienced physical abuse themselves and 39% had experienced sexual abuse. Skuse et al (1998) also found that exposure to a climate of family violence was linked to later sexually abusive behaviour in adolescents.

There is an expanding body of Australian evidence which supports the view that exposure to domestic violence has a negative impact on children and young people (McIntosh, 2000; Laing, 2000) and may result in serious medium and long-term adverse outcomes for children and young people. These include problems with neural development, mental health problems, somatic complaints, social isolation, behavioural problems and schooling difficulties (Tomison, 2000). Other problems identified include aggressive and anti-social behaviours, depression and anxiety (Laing, 2000).

Quinlivan and Evans' (1999) Australian study of pregnant teenagers found that nearly 30% experienced domestic violence. They also found that teenage mothers who had experienced domestic violence and their newborn infants had significantly higher rates of postpartum morbidity, resulting in extended hospitalisations. This study also found a causal link between domestic violence and a significantly reduced head circumference in the newborn infants, a feature often associated with problems in later childhood development.

Implications for NSW Health

The NSW Health response to child abuse requires consideration to be given to both reports made to the Department of Community Services, and services provided to children and young people and their

families where abuse has been identified. NSW Health staff made 25,879 reports of children and young people at risk to the Department of Community Services in 2002–2003 (source: DOCS unpublished data). It is difficult to quantify from NSW Health data the number of children and young people and their families who have received a child protection service, as children and young people and their families may have received services from a range of health services including specialist child protection services.

In 2002–2003, 390,922 children and young people (0–16 years) attended NSW Health Public Hospital Emergency Departments, and 225,786 children and young people were admitted to NSW Health Public Hospitals. However, only 522 children and young people 0–14 years were identified as requiring hospital admission in 2002–2003 due to injuries resulting from interpersonal violence (source: NSW Health unpublished data, 2004).

In 2002–2003, preliminary data indicates that Physical Abuse and Neglect of Children (PANOC) Services provided counselling for 1,426 children and young people who had been abused or neglected and Sexual Assault Services provided counselling for 1,940 children and young people who had experienced sexual assault (source: PANOC and Sexual Assault Services Annual Reports 2002–2003).

These numbers, although representing a significant service response, indicate a much lower level of identification and intervention with children and young people who have experienced child abuse and neglect than reporting levels would indicate is required. Some children and young people and their families may have accessed a non government and government service that provides similar counselling services, however access to such services varies considerably across NSW.

Early intervention is crucial to ameliorate the effects of the abuse and to protect children and young people from further harm. The NSW Health Child Protection Service Plan has been developed to enhance the capacity of the NSW Health service system to identify and intervene in a more timely and effective manner with those at risk of harm through child abuse and neglect.

The legislation and policy context – national and state developments

5

National developments

Although the Federal Government does not have specific jurisdiction on child protection, activities in related portfolio areas have the capacity to impact on this issue. These include the *Family Law Act* which has specific child protection provisions and can make welfare orders and initiatives in relation to children and young people.

Federally there are two key documents – *The Health of Young Australians: A national health policy for children and young people* (1995) and *The National Health Plan for Young Australians: An Action plan to protect and promote the health of children and young people* (1997). These documents have informed subsequent state policy.

Other federal initiatives which impact on child protection include a national plan of action on the commercial sexual exploitation of children and young people; a youth suicide prevention strategy; and support for parenting programs and initiatives such as the Stronger Families and Communities strategy.

NSW developments

The Wood Royal Commission into the NSW Police Force: Paedophile Inquiry (1997) has had perhaps the most significant impact on child protection in NSW to date. The terms of reference of this inquiry were very broad and resulted in extensive recommendations for legislative reform and the introduction of new responses in a range of government agencies.

NSW Health was the subject of thirteen recommendations. Five of these referred to the need for education programs at the undergraduate, generalist and specialist level. An additional recommendation called for a review of the present support and protection services for victims of child sexual abuse with a view to ensuring more effective coordination, equitable distribution and accessibility (Wood 1997, Vol 5 p 1321).

The Royal Commission also had implications for the review of the *Children (Care and Protection) Act 1987*. Recommendations for the Department of Community Services included the consideration of a centralised intake system, extension of mandatory notification obligations and the introduction of a requirement that government agencies use their 'best endeavours to provide services to children in care' (Wood, 1997, Vol 5, p1321).

The Children and Young Persons (Care and Protection) Act 1998 was proclaimed in December 2000, incorporating many of the Wood recommendations. This legislation describes all elements of the statutory child protection system in NSW and introduces a strong focus on interagency partnership and early intervention. The introduction of the legislation was accompanied by revision of the *NSW Interagency Guidelines for Child Protection Intervention 2000*.

Over the recent years, a number of other pieces of legislation have introduced a range of screening measures. These allow for increased scrutiny of previous criminal histories and disciplinary proceedings for those who work with children or young people, including the *Commission for Children and Young People Act 1998*, the *Child Protection (Prohibited Employment) Act 1998*, the *Ombudsman's Amendment (Child Protection and Community Services) Act 1998* and the *Child Protection (Offenders Registration) Act 2000*.

Another key driver of policy change is the NSW Child Death Review Team. Since its inception in 1996, this Team has maintained a register of all child deaths and has reviewed deaths which have occurred in suspicious circumstances. The NSW Child Death Review Team reports annually to Parliament on recommendations for policy and practice changes to prevent child deaths in NSW.

Also of relevance is the Community Relations Commission and Principles of Multiculturalism Bill 2000 which established the principles of multiculturalism as the policy of NSW, to ensure that culturally and linguistically diverse communities are included as an integral part of the social, cultural and economic future of NSW. As a result, all government agencies have responsibility for ethnic affairs in NSW. Major service departments, like NSW Health, have been identified as 'key agencies' and must report on a range of requirements under the legislation.

Finally, Families First has been developed as a coordinated strategy sponsored by the NSW Government to increase the effectiveness of early intervention and prevention services with families. Families First focuses on providing support to families who have children under eight years of age, and links early intervention and prevention services and community development programs to form a service network to support parents/caregivers. A Regional Executive Officers' Group is formed in each area comprising representatives of the Area Health Service, Department of Ageing, Disability and Home Care, Department of Community Services, Department of Education and Training, and Department of Housing.

NSW Health developments

The NSW Government Action Plan for Health was announced by the Minister for Health in 2000. The Government Action Plan (GAP) aims to create an environment of greater certainty and stability for the NSW Health system. By building on the strengths already present in the system it is promoting best practice patient care. The GAP's ultimate aim is to provide the people of NSW with a health service that is both consistent and more effective. The GAP implementation structure includes 12 Implementation Coordination Groups; a Clinical Council that oversees and leads the overall implementation; Community and/or consumer representation included in every Implementation Coordination Group; and over 500 clinicians, managers and consumers in leadership positions – an innovative approach fostering alliances across traditional boundaries.

The NSW Health child health policy, *The Start of Good Health: Improving the Health of Children in NSW*, was released in October 1999 and targets children 0-12 years. Child health issues of particular concern include:

- injury – the most common cause of death and one of the causes of hospital admission among children
- mental health problems – are increasing in prevalence in childhood (see for example Zubrick et al 2000)
- preventable illnesses – there are increasing numbers of children being diagnosed with illnesses which are preventable.

Young People's Health Our Future was launched in December 1998 and addresses the 12-24 age group. It identifies young people's priority health areas and strategies for responding to these areas. The priorities are:

- healthy nutrition and physical activity
- the harmful effects of alcohol, illicit drugs and tobacco
- mental health problems, such as suicide, depression and psychosis
- preventing harm and reducing injury
- positive and healthy sexual health development.

Under the Children and Young Persons (Care and Protection) Act 1998, a broader range of Health workers are mandated to report young people at risk of harm and also have new responsibilities to provide services to children, young people and families that may prevent harm or minimise further impact of harm. In response to this legislation, NSW Health produced the *NSW Health Frontline Procedures for the Protection of Children and Young People* in 2000, which articulates Health workers' responsibilities under the legislation. These procedures introduced a range of new processes aimed at increasing the responsiveness of the health system, including the centralisation of requests for information and the monitoring of requests for service made by the Department of Community Services.

In recent years NSW Health has implemented a number of initiatives in child protection, particularly in relation to training of Health staff on responsibilities to report suspected child abuse and neglect. In 1997, mandatory child abuse training addressing recognition and notification of child abuse and neglect was introduced for all workers who have contact either with children and young people or with clients who parent or care for children and young people. This training provides essential information on the nature and effects of the different forms of child abuse and gives direction in relation to reporting abuse. The *NSW Health Training and Communication Plan* was implemented in 2000 to assist Health Services in the planning of training around the new responsibilities, and to ensure an appropriate and consistent level of training across Health Services. The Training and Communication Plan builds on the previous child protection training commenced in 1997, and aimed to ensure that Health workers receive training that is appropriate to their position. Area Health Services have now completed the targeted mandatory legislation training, however, there is a requirement for areas to continue to provide ongoing training to both new and existing staff.

The NSW Health Domestic Violence Policy and accompanying procedures document was issued in March 2003. This policy aims to reduce the incidence of domestic violence through the identification of and early intervention with at risk individuals and families. The introduction of routine screening for domestic violence in targeted programs through this policy, has significant potential to reduce childrens' exposure to domestic violence.

In line with the requirements of the Community Relations Commission and Principles of Multiculturalism Bill 2000, NSW Health is required to develop five-year Ethnic Affairs Priorities Statements. This is currently under development. Multicultural health in NSW is acknowledged as a national and international leader with significant progress having been made across a range of issues viewed by ethnic communities as important.

The Aboriginal Family Health Strategy (AFHS) was developed to reduce family violence and sexual assault in Aboriginal and Torres Strait Islander communities. The AFHS and principles take a holistic approach to Aboriginal family and community violence, encompassing extended family networks. This approach aims to ensure that a whole of life view of health is applied including cultural well-being, physical, emotional, spiritual, social, and economic health. The AFHS calls for solutions to Aboriginal and Torres Strait Islander family and community violence to be found and led by the community.

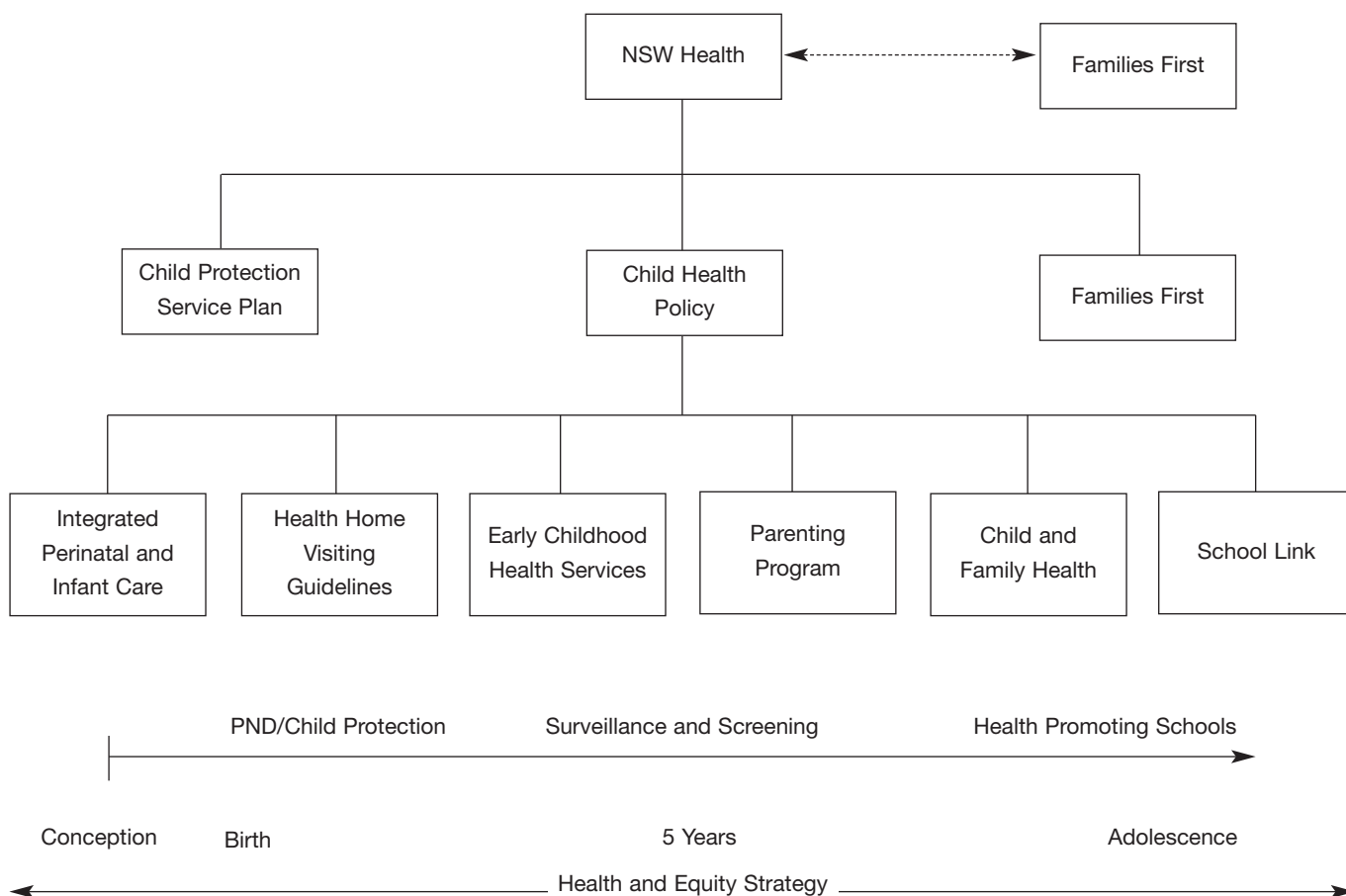
Underpinning all current policies and frameworks within NSW Health is the *NSW Health and Equity Statement* which outlines action that NSW Health can take to address health inequalities over the next five years. It focuses on action that:

- Health Services can take through the development and delivery of health services and programs
- NSW Health can take within the health system and with other government and non-government organisations
- to ensure that improvements in health are shared by all people and communities.

The goal of the NSW Health and Equity Statement is to reduce the gap between the health of those who are most and least disadvantaged, while continuing to improve the health of all people in NSW. A fundamental way of recognising that we have achieved this goal will be reduction in the gap between the health of Aboriginal and non-Aboriginal people in NSW.

Proposed Framework for the Service Plan and NSW Initiatives for Children and Young People

This chart illustrates the proposed relationship between the *NSW Health Child Protection Service Plan* and *NSW Initiatives for Children and Young People* including NSW Health policies and strategies



Descriptive profile of current service delivery

6

NSW Health Framework for the Protection of Children and Young People

Health Services need to be delivered within a framework that acknowledges the complexity of child abuse and neglect and identifies the points at which Health Services are best placed to contribute to child protection and prevention. The range of services provided by the NSW Health system means that there are many opportunities to provide support to parents, carers and communities that could promote better care for children and young people.

For the purposes of this document, NSW Health services have been categorised as universal, targeted or specialist, based on their role in child protection.

Universal services

Universal services are those which are available to the whole community. The focus of these services is on enhancing the health, welfare and well-being of children, young people and their families. Such services have a role in the identification, early intervention and prevention of abuse.

Universal services provided by NSW Health include:

Early Childhood Health Services

Early Childhood Health Services offer primary prevention through a statewide network of 500 early childhood centres. They provide a universal, non-stigmatising health service offering support to families at the early stage of parent-child relationships and a range of services relating to the health and development of infants and children for the 0-5 year age group.

Community Health Centres

There is a network of approximately 280 Community Health Services in NSW, many of which provide specialist multidisciplinary Child and Family Health Services. Child and Family Health Services provide assessment and management of problems such as developmental delay, emotional and behavioural problems. Community Health Centres also provide generalist counselling services which may include counselling to victims of domestic violence or adults experiencing other problems which may impact on their ability to parent, such as adult survivors of child sexual assault.

Youth Health Services

Youth Health Services provide a range of services for young people aged between 12 and 24 years. These services include counselling and casework services, health promotion, nursing and medical services, drug and alcohol counselling, counselling for young people at risk of harm or where abuse has been identified, counselling for young people where sexual assault has not been positively identified, outreach services and needle exchange services. Some services target young people who are homeless or at risk of becoming homeless, and provide counselling for young people and their families.

Screening tools and support services

The early identification of support needs and risk issues is also a significant strategy in the prevention and recognition of abuse. Practice guidelines for health home visiting, data collection systems and effective assessment processes and screening tools are being developed as part of the Families First strategy to assist in the identification of vulnerable families.

NSW Health is currently implementing a number of data collection systems, assessment and screening tools which will assist in the identification of children and young people at risk of harm including the Domestic Violence Screening tool, Integrated Perinatal and Infant Care (IPC) Program and Mental Health Outcomes and Assessment Training Program

(MH-OAT). NSW Health also offers services such as antenatal screening for risk factors, antenatal education, postnatal groups, parenting groups for children at challenging development ages (eg toddlers) and positive parenting programs.

Health promotion

Health promotion services play an important role in changing attitudes towards children and young people through community education about preventing accidental injuries, the harm associated with physical punishment, and skills for positive, non-coercive relationships.

NSW Parenting Program

The NSW Parenting Program for Mental Health is a five-year initiative of the Centre for Mental Health. This program aims to develop a coordinated and comprehensive approach to implementing parenting programs and links to the NSW Government's Families First initiative. NSW Health and non-government services across the state are participating in this initiative. The aims of this program include promoting community and worker awareness of the significant impact that parenting practices can have on the mental health of children and young people.

Acute Health Services

Acute Health Services are available in each Area Health Service. In addition to Emergency Departments, there are designated paediatric wards in many hospitals which have a role in the prevention and early identification of children and young people at risk.

Other related services

General practitioners also play an important role in the protection of children and young people through the recognition and reporting of risk indicators, their treatment of injury, and by their referral to appropriate support services. NSW Health has developed strong links with general practitioners through the General Practitioner Advisory Committee, Divisions of General Practice and liaison officer positions.

Targeted services

Targeted services are those which target specific groups of children and young people who are considered potentially 'at risk' of harm, and specific sections of the adult population considered more 'at risk' of abusing. The early identification of children and young people who may be at risk through assessment at critical entry points into the health system is crucial in preventing or ameliorating the effects of abuse and neglect. Health Services can play a role in secondary prevention by offering services which help children and young people deal with common life difficulties, where they may be particularly vulnerable to abuse or neglect or in domestic violence situations which place children and young people at risk.

Targeted services provided by NSW Health include:

Schools as Community Centres Program

Schools as Community Centres Program is an interagency program supported by the Departments of Education and Training, Community Services, Housing and NSW Health. This Program aims to prevent disadvantage for children entering school by providing integrated services for families in disadvantaged communities. The program works with families with children under eight years to support parents in their parenting role, and assists parents to access existing mainstream services in the community. The Schools as Community Centres Program is being expanded to additional sites through Families First.

Family Care Centres

NSW Health provides 25 Family Care Centres across the state. Family Care Centres are a secondary level of service providing brief and early intervention in support of Early Childhood Health Services. Services provide more intensive support and advice to families with children aged 0-5 years on a long appointment or day-stay basis.

Residential family care services

NSW Health provides four residential family care services in Sydney. These specialist services, through Tresillian and Karitane, provide intensive specialist support and care for complex parenting issues. Services include day-stay services, outreach services, group programs, home visiting, 24-hour crisis telephone services and education programs.

Children of Parents with a Mental Illness (COPMI) Network

There are a range of initiatives across NSW to ensure these children and young people are identified and provided with programs to support them and help them understand their parents illness including: peer support programs for adolescents; holiday camps for children; mothers playgroups; and staff awareness and training programs in the provision family focused care in adult mental health services.

Adult Mental Health Services

Whilst the focus of these services is on adults, they also have a role to play in the assessment of children and young people who may be at risk as a result of their carers having a mental illness, and intervening to ensure that children and young people are safe and protected. Adult Mental Health Services may also provide ongoing support and assistance to families where necessary.

NSW Refugee Health Service

The NSW Refugee Health Service provides consultation, support and training for health care workers on refugee health and related issues; and liaison between agencies working with refugees and health services. The NSW Refugee Health Service also provides certain direct services to refugees including health information and education and health assessments.

Drug and Alcohol Services

Again, whilst these services focus on adults, they clearly have a role to play in the assessment and identification of children and young people who may be at risk of harm as a result of their parents

or carers having substance abuse problems. Such services also have a responsibility to intervene to protect and ensure the safety of children and young people. Drug and Alcohol Services may also play an ongoing role with respect to support and assistance to families where needed.

Other child, youth and family services

NSW Health also funds a range of child, youth and family services through non-government organisations. These include Centacare and The Woman's Centre at Canterbury, and through partnership agreements such as the NEWPIN program auspiced through Burnside which provides a parental support group and network for parents with a child less than five years.

Specialist services

Specialist services provide intervention for children, young people and their families/carers where abuse has occurred with the aim of stopping further abuse, ameliorating the effects of the abuse and preventing the development of longer-term difficulties. A range of health programs provide services to children, young people and their families or caregivers where physical abuse, emotional abuse or neglect have occurred.

Specialist services provided by NSW Health include:

Sexual Assault Services

NSW Health has a network of over 50 Sexual Assault Services, 46 of which see children and young people. Sexual Assault Services deliver services to children and young people who have been victims of sexual assault and their non-offending caregivers. They provide medical examinations and treatment, crisis and ongoing counselling for the child, young person and their non-offending parents and siblings, advocacy, and court preparation and support. Sexual Assault Services also undertake a range of prevention activities including community education and awareness raising activities; as well as consultation to other professionals; professional education and training on sexual assault and child protection issues; resource development and information provision.

Physical Abuse and Neglect of Children (PANOC) services

NSW Health has a specialist PANOC counselling service in each Area Health Service. PANOC services provide a range of therapeutic, counselling and casework services to children, young people and their families when physical abuse, emotional abuse, neglect or exposure to domestic violence has occurred within the family. Referrals to PANOC services may only be made by the Department of Community Services to ensure access to services for those assessed as being at the greatest risk of harm. PANOC services also provide consultation for Health workers on child protection issues as well as education about child protection issues. PANOC Coordinators also assist in the development of child protection services within Area Health Services.

Child Protection Units

NSW Health has three Child Protection Units in teaching hospitals, which provide a specialist response to children and young people who have experienced abuse and their families. These child protection units are based at John Hunter Hospital (Newcastle), Sydney Children's Hospital (Randwick), and the Children's Hospital at Westmead. Services provided include a 24-hour crisis counselling and medical service; specialist assessment; forensic medical assessment; ongoing therapeutic and counselling services; medical treatment; complex consultations and expert testimony in court. Statewide services include training; 24-hour specialist consultation and support to Department of Community Services and Health workers; and a teleconference service.

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services provide specialist assessment and treatment services for children and young people with developing mental health problems or disorders, a considerable proportion of whom are likely to have experienced abuse or neglect. Child and Adolescent Mental Health Services play an important role in the provision of assessment and treatment for children and young people at risk of harm or who have experienced abuse or neglect. Child and Adolescent Mental Health Services also provide consultation to and liaison with other services and agencies.

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

STARTTS addresses the needs of traumatised refugees, particularly those who have been tortured as part of their ordeal. Services include torture and trauma counselling to individuals and families, health assessments and referrals, group work for young people and adults and adjuncts to therapy such as limited employment and training assistance. Other services provided include community education and awareness raising about the health and psychosocial issues affecting torture and trauma survivors; training for service providers to develop their skills to work with traumatised refugees; and consultation with organisations to enhance the appropriateness and effectiveness of their services for refugee communities.

Program for Children Who Exhibit Sexualised or Sexually Abusive Behaviours

Each Area Health Service provides services to children under the age of 10 years who are exhibiting inappropriately sexualised or sexually abusive behaviours. Where these children have also been victims of sexual assault, services are provided by Sexual Assault Services. Trained child and family health and child and adolescent mental health workers provide services for children who are not themselves victims of sexual assault but who exhibit these inappropriately sexualised or sexually abusive behaviours. These services are available across NSW through a range of locations.

Children and young people aged 10 to 17 years who sexually assault other children

The New Street Adolescent Service, in Western Sydney Area Health Service provides services to children and young people aged 10-17 years who have committed sexual offences and who are not eligible for programs provided by the Department of Juvenile Justice. A Memorandum of Understanding with key government departments and an interagency advisory committee supports this specialist service.

Adult sexual offenders

The NSW Pre-Trial Diversion of Offenders Program, based in Western Sydney Area Health Service is a specialised statewide program, which provides treatment to adults who have sexually assaulted their own or their partner's children. Entry into the program is contingent on pleading guilty to the offence, being assessed as suitable, and entering an undertaking to participate in the program subject to its conditions. The goals of the program are the protection of children and young people and the prevention of further child sexual assault in families where this has occurred. The program was established in recognition of the particular difficulties experienced by children and young people involved in the prosecution of their own parent/step parent following sexual abuse.

Education Centre Against Violence (ECAV)

ECAV is a statewide, specialist organisation committed to producing high quality training and resources for NSW Health and interagency professionals in working with children, young people and adults who have experienced sexual assault, domestic violence, and/or physical and emotional abuse and neglect.

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Challenges for NSW Health

The current legislative and policy context within NSW clearly states that the protection and care of children and young people is the responsibility of all government agencies. Consistent with this, NSW Health has a commitment to ensuring that a coordinated and comprehensive response is provided to children and young people with the aim of promoting and ensuring their safety and well-being.

Children, young people and their families come into contact with the NSW Health system at any one of a number of entry points, and may utilise services from any or all levels of the service system, depending on their needs and issues. The challenge for NSW Health services is to ensure that the care and protection of children and young people underpins and is reflected in service delivery at all points within the service system.

The specific roles and responsibilities of NSW Health services with respect to the care and protection of children and young people are clearly articulated within the *Interagency Guidelines for Child Protection* (2000) and the *NSW Health Frontline Procedures for the Protection of Children and Young People* (2000).

Key themes that emerged in consultations with health services during the development of this plan were the need for consistency and coordination between and within Area Health Services, and the need for a process that is centrally driven but locally implemented.

Specific challenges which have been identified for NSW Health, and which the *NSW Health Child Protection Service Plan* aims to address, include the need for:

- child protection to be seen as core business throughout NSW Health and as the responsibility of all health workers
- a consistent approach across and within Area Health Services to the operationalisation of child protection responsibilities
- service entry points which are more identifiable and accessible, and greater consistency in the range of services available thereby minimising confusion for external stakeholders such as the Department of Community Services
- an integrated response to children and young people within and across program areas in Area Health Services
- communication between and coordination of services both within Area Health Services and in collaboration with external services for children and young people at risk of, or who have experienced abuse
- clearly agreed priorities to target service delivery to vulnerable children and young people within primary and secondary health services
- clear policies, procedures and guidelines to facilitate service delivery to children, young people and their families where abuse or neglect have occurred
- flexibility and the ability to respond to emerging needs such as the children of refugees
- coordination of sexual assault services, as identified by the Wood Royal Commission
- a child protection focus in program areas delivering services to adults, particularly in services such as mental health and drug and alcohol
- a consistent approach to training all Health staff in understanding and acting upon their roles and responsibilities with respect to child protection.

Summary of strategic objectives

Informed by the key elements for child protection, and consistent with the NSW Government Principles for Child Protection Intervention, as described in Section 3, the following strategic objectives have been developed for the *NSW Health Child Protection Service Plan*.

Prevention

Health Services have a significant role to play in providing services which focus on the prevention of abuse and neglect of children and young people. The focus on prevention requires the development of collaborative linkages with other agencies and with local communities. Prevention in this context is seen as applying to the whole population, and to an identified at risk population. In this way, the role of prevention in child protection is paramount in universal, targeted and specialist programs across Area Health Services.

Early identification and intervention

Early intervention in this document refers to identification of risk of abuse or neglect as well as identification and intervention in the early stages of abuse occurring. Early identification of and intervention with children, young people and their families/carers in relation to abuse or neglect is a priority. A proactive approach requires a significant re-focussing of Health Services. The development of processes and structures to assist staff to identify children and young people at risk is crucial, particularly within those program areas where child protection is not the primary focus, or in adult services where the needs of dependent children or young people have not, in the past, been seen as core business.

Responsive service delivery

Services must be delivered in a manner which is timely and responsive to the needs of children, young people and their families/carers. This requires Health Services to develop systems and processes which facilitate access to the range of services required in a prompt manner, which are flexible to the needs of individuals. Access to high quality specialist services where required is also crucial.

Coordination and communication

A coordinated approach within Health Services to protecting children and young people at risk of harm is clearly an important objective. Health Services need to develop structures and processes that ensure that intervention is integrated, planned and coordinated. A key benefit of coordination is better continuity of care for clients, and improved outcomes. Service planning should be undertaken to ensure the most efficient and effective use of resources, to maximise flexibility in order to meet demand and to minimise duplication. Service planning needs to be undertaken at an area-wide and statewide level to enhance liaison and collaboration. Communication within Area Health Services and between Area Health Services and the Department will facilitate this process.

Accountability

All legislative requirements around the protection and care of at risk children and young people must be met by Health Services. Health Services also have a responsibility to utilise public resources in the most effective and efficient way. Additionally, there is an obligation to ensure that all services are of acceptable quality and adhere to defined clinical and operational standards. Structures and processes must be developed to enable Health Services to monitor and be accountable for service delivery and for the outcomes of services provided.

Strong partnerships

Health Services must work in partnership with children, young people, their families/carers and external agencies to improve outcomes for clients. Mechanisms for developing such linkages and for ensuring the development of collaborative and cooperative approaches to service delivery need to be developed by Health Services. Health Services also need to ensure that consumers have the opportunity to input into service development and provide feedback.

Culturally appropriate and sensitive service delivery

Services will be provided which respond to the needs of diverse cultural groups in sensitive and appropriate ways. Health Services must work in partnership with local communities to enhance collaboration and cooperation, thereby increasing the confidence of those in need of services.

Service accessibility

Equitable access to services for those in need with a particular emphasis on rural and remote communities, indigenous people, and those from marginalised groups is crucial. Health Services need to develop mechanisms to ensure that a comprehensive range of services, including specialist services, is available, and to explore innovative ways of delivering services where access is a concern.

Quality service delivery

Health Services need to ensure that high quality services are provided by appropriately qualified and trained staff and enhanced through the introduction of continuous quality improvement processes. Services should satisfy established standards and should have in place structured quality improvement processes. In the provision of services, Health Services should utilise evidence based practice where available.

Summary of strategic actions

The NSW Department of Health will:

- establish a central consultative Senior Child Protection Coordination Group (SCPCG) including:
 - Centre for Mental Health
 - Centre for Drug and Alcohol
 - Centre for Health Promotion
 - Clinical Policy Unit
 - Quality and Safety Unit
 - Primary Health and Community Partnerships
 - Aboriginal Health
 - Legal Branch
 - Nursing and Midwifery Office
- enhance rural recruitment and retention in PANOC and Sexual Assault Services through development of management structures and strategies
- ensure intake guidelines for adult focussed Health Services identify children and young people at risk
- review evidence base for prevention and early intervention
- develop forensic protocols for PANOC medical assessments
- develop appropriate and coordinated models for medical responses to children and young people who have experienced abuse
- develop policies and procedures for Children who Exhibit Sexualised or Sexually Abusive Behaviours
- enhance access to the Pre-Trial Diversion of Offenders Program for victims and family members
- enhance access to programs for adolescents who are sexually offending
- develop a file audit tool for identification of child protection services
- revise procedures for PANOC and Sexual Assault Services and the Frontline Procedures for Child Protection

- develop a process for regular liaison between Area Child Protection Coordination Groups and the Statewide Child Protection Coordination Group
 - convene a forum to explore best practice models in child protection for rural and remote communities
 - facilitate a consultation forum with Area Health Services and Child Protection Services, to assist identification of priority areas for research and evaluation.
- Area Health Services will:
- establish Area Child Protection Coordination Groups (ACPCG) to be chaired by a member of the Area Executive, with senior representation from Mental Health, Drug and Alcohol, Community Health, Nursing, Aboriginal Health, Sexual Assault, PANOC, Families First, Social Work, Child and Family Health, Paediatrics, Maternity, Emergency Medicine, Medical Administration and GP Liaison. The work of these groups will focus on prevention and early intervention activities, which are linked with Families First
 - introduce assessment mechanisms which assist in identification of children and young people at risk
 - develop a training calendar to ensure all health staff have access to and attend training on mandated responsibilities in child protection which includes cross cultural issues and reflects child protection competencies.
 - develop interagency linkages including development of links with NGO's, Divisions of General Practice, Joint Investigative Response Team, Local Coordinating Committees and Regional Officers Groups
 - develop a process for the provision of consultation services regarding child protection to area wide staff
 - introduce mechanisms for Intra-Area service coordination for children and young people at risk of harm including referral processes, case planning, case management, service delivery and discharge planning
 - develop intake procedures and guidelines which prioritise children and young people who are vulnerable or at risk in community based child and family targeted health services
 - implement a file audit system for child protection which will be developed in conjunction with the NSW Department of Health
 - ensure the appointment of Area Coordinators for PANOC and Sexual Assault services who has responsibility for policy, planning and performance
 - undertake consultation with indigenous and key culturally and linguistically diverse communities for service planning and development of strategies to enhance access to child protection services
 - develop research and evaluation strategies within Area Health Services which inform child protection practice.

(Refer over for full list and timeframes).

Actions, performance indicators and timelines

Timetable for implementation of the service plan						
Outcome(s) sought	Actions	Performance indicators	By whom	By when	Related actions	
Strategic objective 1. Prevention						
Provision of services which will focus on the prevention of abuse and neglect of children and young people						
<ul style="list-style-type: none"> • Strong, well-functioning families. • Risk factors identified and addressed through education and intervention. 	1.1 Ensure that the Area Child Protection Coordination Group (ACPCG) has a focus on prevention and early intervention activities, as well as to identify victims of abuse, across AHSs.	1.1.1 Staff in positions that can influence prevention are appointed to ACPCG.	AHSs	April 04	4.1	
		1.1.2 Prevention and early intervention activities to be included in <i>Annual ACPCG Report</i> .	AHSs	Mar 05 Mar 06 Mar 07	4.2	
	1.2 Ensure that the prevention and early intervention activities of ACPCG and Families First are consistent and developed in collaboration.	1.2.1 Mechanism to be developed.	AHSs	May 04		
	1.3 Early intervention and prevention activities will be evidence based.	1.3.1 Review evidence base for child protection prevention and early intervention activities including those developed through Families First.	DOH	Mar 04	6.4 1.3.1	
			1.3.2 Disseminate information to ACPCG.	DOH (PH&CP)	Apr 04	
			1.3.3 <i>Second and Third Annual ACPCG Report</i> demonstrates evidence based practice.	AHSs	Mar 06 Mar 07	4.2
	1.4 Identify and develop linkages with local prevention initiatives.	1.4.1 Included in <i>Annual ACPCG Report</i> .	AHSs	Mar 05 Mar 06 Mar 07	4.2 1.1.2	
	1.5 Develop policies and procedures to support the Program for Children who Exhibit Sexualised or Sexually Abusive Behaviours.	1.5.1 Consult with key stakeholders.	DOH (PH&CP)	Apr 04		
			1.5.2 Explore options for funding and service delivery models.	DOH (PH&CP)	May 04	
			1.5.3 Policies and procedures developed.	DOH (PH&CP)	May 04	
			1.5.4 Implemented in AHSs.	AHSs	Aug 04	
			1.5.5 Review reporting requirements	DOH (PH&CP)	May 04	
	1.6 Enhance access to the Pre-Trial Diversion of Offenders Program for victims and family members.	1.6.1 Explore options for funding and service delivery.	DOH (PH&CP)	Dec 03		

Timetable for implementation of the service plan						
Outcome(s) sought	Actions	Performance indicators	By whom	By when	Related actions	
	1.7 Develop a statewide Adolescent Sex Offender Strategy.	1.7.1 Consult with key stakeholders.	DOH (PH&CP)	May 05		
		1.7.2 Explore options for funding and for service delivery models.	DOH (PH&CP)	May 05		
		1.7.3 Develop strategy.	DOH (PH&CP)	Nov 05		
Strategic objective 2. Early identification						
Early identification and intervention with at risk children, young people and their families						
<ul style="list-style-type: none"> • Healthy, safe children and young people. • Risk factors identified and addressed through intervention. • Increased responsiveness by services where child protection issues have been identified. 	2.1 Implement and utilise assessment mechanisms which assist in the identification of children and young people who may be at risk.	2.1.1 Routine screening for domestic violence implemented.	AHSs	Dec 04		
		2.1.2 Integrated Perinatal and Infant Care tool implemented.	AHSs	Dec 05		
		2.1.3 Explore other screening mechanisms that could include child protection questions.	DOH (PH&CP)	Mar 05		
	2.2 Ensure intake procedures for adult focussed health services that identify children and young people at risk.	2.2.1 Existing intake and assessment tools in Mental Health Services; Drug and Alcohol Services and Community Health (eg MHOAT; BTOA) to be modified to include questions about child protection.	DOH (CMH)/ (CDA)/ (PH&CP)/ AHSs		Dec 04	
		2.2.2 Ensure that services for adults with disabilities consider parenting issues in assessment processes.	AHSs		Dec 05	
	2.3 Assess the capacity of services to effectively identify and intervene in child protection matters.	2.3.1 File audit system for ongoing monitoring of services to be developed.	DOH (PH&CP) /AHSs		Oct 04	
		2.3.2 File audit system implemented by Area Child Protection Coordination Groups (ACPCG).	AHSs		Apr 05	
		2.3.3 Outcomes, including plans to address clinical and systems issues, reported to DOH.	AHSs		Annually from Mar 05	4.2

Timetable for implementation of the service plan					
Outcome(s) sought	Actions	Performance indicators	By whom	By when	Related actions
Strategic objective 3. Responsive service delivery					
Services are delivered in a manner which is timely and responsive to the needs of children, young people and their families					
<ul style="list-style-type: none"> • Healthy, safe children and young people. • Satisfactory child and adolescent development. • Access to high quality specialist services where required. • Effective and efficient use of resources. • Flexible service delivery. 	3.1 Develop a process for the provision of consultation to AHS staff on child protection issues and responsibilities.	3.1.1 Identify relevant positions to provide advice.	AHSs	Jan 05	
		3.1.2 Policies and procedures developed.	AHSs	Apr 05	
		3.1.3 Communication strategy developed and implemented.	AHSs	Apr 05	
	3.2 Introduce mechanisms for intra-Area service coordination for children and young people at risk of harm including referral processes, case planning, case management, service delivery and discharge planning.	3.2.1 Develop clear definitions of case planning and case management.	DOH (PH&CP)	Jun 04	
		3.2.2 Policies and procedures developed including process for identifying key coordinating worker.	AHSs	Apr 05	
	3.3 Develop a forensic protocols for PANOC medical assessments.	3.3.1 Protocol finalised and distributed to all AHSs.	DOH (PH&CP)	Aug 04	
	3.4 Develop policies for photography of children's injuries including the use of colposcopes and digital video cameras.	3.4.1 Policy finalised and distributed to all AHSs.	DOH (PH&CP)	Dec 04	
	3.5 Develop intake procedures and guidelines which prioritise children and young people who are vulnerable or at risk in community based child and family targeted Health Services.	3.5.1 Procedures and guidelines developed.	AHSs	Apr 06	
		3.5.2 Procedures and guidelines implemented in Child and Family Services; Early Childhood Services; Community Health Services and Youth Health Services.	AHSs	Jun 06	

Timetable for implementation of the service plan					
Outcome(s) sought	Actions	Performance indicators	By whom	By when	Related actions
Strategic objective 4. Coordination and communication					
A coordinated approach to protecting children and young people at risk of harm within Health Services					
<ul style="list-style-type: none"> • Planned and coordinated intervention. • Minimised duplication. • Integrated service delivery. 	4.1 Establish Area Child Protection Coordination Groups (ACPCG) to be chaired and sponsored by Area Executive, with senior representation from: <ul style="list-style-type: none"> • mental health • drug and alcohol • community health • nursing • Aboriginal health • sexual assault • PANOC • Families First • social work • child and family health • paediatrics • maternity • emergency medicine • medical administration • GP liaison 	4.1.1 Terms of Reference finalised and distributed to all AHSs.	DOH (PH&CP) /AHSs	Mar 04	
		4.1.2 ACPCG established.	AHSs	Apr 04	
	4.2 ACPCG will meet all reporting and accountability requirements.	4.2.1 ACPCG to submit first <i>Annual Report</i> .	AHSs	Mar 05	1.1 1.3 1.4
		4.2.2 ACPCG to submit second <i>Annual Report</i>	AHSs	Mar 06	2.3 6.1 6.2
		4.2.3 ACPCG to submit third <i>Annual Report</i> .	AHSs	Mar 07	6.3 6.5 7.1 7.2 8.1 8.2 9.1
	4.3 Establish a DOH Child Protection Consultative Group (SCPCG) including: <ul style="list-style-type: none"> • Centre for Mental Health • Centre for Drug and Alcohol • Centre for Health Promotion • Quality and Safety Unit • Clinical Policy Unit • Primary Health and Community Partnerships • Aboriginal Health • Nursing and Midwifery Office • Legal Branch 	4.3.1 Terms of Reference finalised.	DOH (PH&CP)	Mar 04	
		4.3.2 SCPCG established and convened.	DOH (PH&CP)	May 04	

Timetable for implementation of the service plan						
Outcome(s) sought	Actions	Performance indicators	By whom	By when	Related actions	
	4.4 Develop a process for liaison between Area Child Protection Coordination Groups and the Statewide Child Protection Coordination Group.	4.4.1 Terms of Reference for annual meetings of ACPCG Group chairs developed.	DOH (PH&CP)	Mar 04		
		4.4.2 First annual meeting convened.	DOH (PH&CP)	Nov 04		
		4.4.3 Second annual meeting convened.	DOH (PH&CP)	Nov 05		
		4.4.4 Third annual meeting convened.	DOH (PH&CP)	Nov 06		
	4.5 Ensure the appointment of an Area Coordinator of Sexual Assault Services with responsibility for policy, planning and performance.	4.5.1 Mechanism developed, documented and advised to DOH.	AHSs	Aug 04		
		4.5.2 Mechanism operational.	AHSs	Nov 04		
	4.6 Ensure the appointment of an Area Coordinator of PANOC services who has responsibility for policy, planning and performance.	4.6.1 Mechanism developed, documented and advised to DOH.	AHSs	Aug 04		
		4.6.2 Mechanism operational.	AHSs	Nov 04		
	Strategic objective 5. Accountability					
	All legislative and duty of care requirements around the protection and care of at risk children and young people are met					
<ul style="list-style-type: none"> • Healthy, safe children and young people. • Legislative requirements are met. • Efficient and effective use of resources. 	5.1 Ensure all health staff have access to and attend training on mandated responsibilities in child protection.	5.1.1 Training of existing staff completed.	AHSs	Feb 04		
		5.1.2 Training which meets required standards available to all new staff by designated and accredited trainers.	AHSs	Ongoing		
	5.2 Review and revise <i>NSW Health Frontline Procedures for the Protection of Children and Young People</i> (2000).	5.2.1 Frontline procedures revised and distributed.	DOH (PH&CP)	Nov 06		

Timetable for implementation of the service plan					
Outcome(s) sought	Actions	Performance indicators	By whom	By when	Related actions
Strategic objective 6. Strengthen partnerships					
Work in partnership with children, young people, their families and external agencies to improve outcomes for clients					
<ul style="list-style-type: none"> Community and family views are reflected in the services provided for the safety, welfare and well-being of children and young people by NSW Health. Improved client outcomes through collaboration. 	6.1 Develop or strengthen interagency linkages including development of links with NGO's and Divisions of General Practice.	6.1.1 Included in <i>Annual ACPCG Report</i> .	AHSs	Mar 05 Mar 06 Mar 07	1.1.2 4.2
	6.2 Participate in appropriate local and area committees with a focus on child protection eg Joint Investigative Response Team Local Coordinating Committees; Regional Officers Groups.	6.2.1 Included in <i>Annual ACPCG Report</i> .	AHSs	Mar 05 Mar 06 Mar 07	4.2
	6.3 Identify opportunities for collaborative interagency work at a local and area level.	6.3.1 Included in <i>Annual ACPCG Report</i> .	AHSs	Mar 05 Mar 06 Mar 07	4.2
	6.4 Develop referral pathways for enhanced collaboration and cooperation.	6.4.1 Intra- and inter-health services referral protocols to be developed by ACPCG in consultation with Families First.	AHSs	Dec 04	1.2 1.3.1
	6.5 Ensure services establish a partnership approach with children, young people and families.	6.5.1 Mechanisms for consumer input, feedback and evaluation developed and documented, including evaluation process.	AHSs	Mar 05	6.6
		6.5.2 Submitted to DOH for approval and included in Annual Report.	AHSs	Mar 05 Mar 06 Mar 07	4.2
		6.5.3 Mechanisms implemented.	AHSs	Jul 05	
	6.6 Ensure views of DoCS, Police and DET are considered by the Statewide Child Protection Coordination Group (SCPCG).	6.6.1 Terms of Reference include mechanism for obtaining views of relevant agencies.	DOH (PH&CP)	Mar 04	4.3.1

Timetable for implementation of the service plan					
Outcome(s) sought	Actions	Performance indicators	By whom	By when	Related actions
Strategic objective 7. Culturally appropriate and sensitive service delivery					
Services will be provided which respond to the needs of diverse cultural groups in sensitive and appropriate ways					
<ul style="list-style-type: none"> Increased access to appropriate Health Services. Strengthened partnerships with culturally and linguistically diverse communities and agencies. 	7.1 Undertake consultation and develop interagency linkages with key Culturally and Linguistically Diverse (CALD) communities and agencies to inform service planning and delivery.	7.1.1 Included in <i>Annual ACPCG Report</i> .	AHSs	Mar 06 Mar 07	4.2
	7.2 Undertake consultation and develop interagency linkages with indigenous communities and key agencies to inform service planning and delivery.	7.2.1 Included in <i>Annual ACPCG Report</i> .	AHSs	Mar 05 Mar 06 Mar 07	4.2
	7.3 Ensure consistency of Area based child protection plans with the <i>Aboriginal Family Health Strategy</i> and the <i>Aboriginal Health Partnership Agreement</i> .	7.3.1 Ensure staff responsible for AFHS are represented on ACPCG.	AHSs	April 04	4.1
		7.3.2 Ensure <i>Annual ACPCG Report</i> is consistent with and considers implications of both the strategy and partnership agreement.	AHSs	Mar 05 Mar 06 Mar 07	
	7.4 Establish a support and coordination mechanism for designated Aboriginal Child Protection positions.	7.4.1 Support and coordination mechanism identified.	DOH (PH&CP)/ DOH (AHB)/ AHSs	Oct 04	
		7.4.2 Implemented by appropriate AHSs.	AHSs	Nov 04	
	7.5 Ensure health staff have access to cross-cultural training.	7.5.1 Child Protection Training (see 9.1) to include a cross-cultural training component relevant to the demographics of the Area.	AHSs	Ongoing	9.1

Timetable for implementation of the service plan					
Outcome(s) sought	Actions	Performance indicators	By whom	By when	Related actions
Strategic objective 8. Service accessibility					
Equitable access to services for those in need with a particular emphasis on rural and remote communities; indigenous people; and those from marginalised groups					
<ul style="list-style-type: none"> Improved access to appropriate Health Services. Increased responsiveness by non-specialist services to children and young people where child protection issues have been identified. Strengthened partnerships with relevant communities and agencies. 	8.1 Enhance access to services for indigenous communities.	8.1.1 Support projects established under the <i>Aboriginal Family Health Strategy</i> .	AHSs	Ongoing	
		8.1.2 Develop strategies to enhance access and include in <i>Annual ACPCG Report</i> .	AHSs	Mar 05 Mar 06 Mar 07	4.2
		8.1.3 Ensure <i>Annual ACPCG Reports</i> are consistent with the Aboriginal Health Partnership Agreement.	AHSs	Mar 05 Mar 06 Mar 07	4.2
	8.2 Enhance access to services for children and young people with disabilities.	8.2.1 Strategies identified including worker training and physical and communication accessibility of services and included in <i>Annual ACPCG Report</i> .	AHSs	Mar 06 Mar 07	4.2
		8.2.2 Linkages are identified with appropriate agencies and included in <i>Annual ACPCG Report</i> .	AHSs	Mar 06 Mar 07	4.2
		8.2.3 Strategies and linkages implemented.	AHSs	Dec 06	
	8.3 Explore opportunities for innovative models of service delivery to rural and remote communities.	8.3.1 Convene a forum to explore innovative best practice models in child protection for rural and remote communities.	DOH (PH&CP) / AHSs	Jun 05	
		8.3.2 Explore opportunities for Commonwealth funding for Rural Health Initiatives.	DOH (PH&CP)	Dec 05	
	8.4 Enhance rural recruitment and retention in PANOC and Sexual Assault Services through identification of issues and development of appropriate management structures and strategies.	8.4.1 Identify issues and consider options to address issues for isolated PANOC and sexual assault workers.	DOH (PH&CP) / AHSs	May 05	
		8.4.2 Process developed with DOH Workforce Planning to assess and potentially review grading of SAS and PANOC workers.	DOH (PH&CP)	Aug 05	

Timetable for implementation of the service plan					
Outcome(s) sought	Actions	Performance indicators	By whom	By when	Related actions
	8.5 Develop appropriate and coordinated models for medical response to children and young people who have experienced abuse.	8.5.1 Revise NSW Health Role Delineation for PANOC services.	DOH (PH&CP)	Mar 06	
		8.5.2 Revise NSW Health Role Delineation for SAS services.	DOH (PH&CP)	Mar 06	
		8.5.3 Work with Level 6 CPUs to develop models for training and support of medical officers providing services to victims of child abuse.	DOH (PH&CP)/ AHSs	Oct 05	
		8.5.4 Work with Attorney General's Department regarding medical officers giving evidence by remote means.	DOH (PH&CP)	May 04	
Strategic objective 9. Quality service delivery High quality services through continuous quality improvement					
<ul style="list-style-type: none"> Mechanisms for monitoring service performance and improving service quality are in place. Consumer feedback used to inform service development. Improved client outcomes. 	9.1 Area Child Protection Coordination Group (ACPCG) to identify Area based training needs and plan a response in collaboration with Corporate Learning Units.	9.1.1 Training needs identified and ongoing training plan developed.	AHSs	July 04	7.5.1
		9.1.2 Annual training calendar developed for child protection training and included in <i>Annual ACPCG Reports</i> .	AHSs	Mar 05 Mar 06 Mar 07	
		9.1.3 Ensure that training targets new and existing staff.	AHSs	Ongoing	
		9.1.4 Training program provided by qualified and accredited training providers (holding Certificate IV in Workplace Training and Assessment).	AHSs	Ongoing	
		9.1.5 Records of training attendance will be maintained on Pathlore or equivalent and reported by ACPCG in reports.	AHSs	From Sept 04	

Timetable for implementation of the service plan					
Outcome(s) sought	Actions	Performance indicators	By whom	By when	Related actions
	9.2 Ensure that child protection training reflects the national child protection competencies.	9.2.1 Health representative attends Interagency Child Protection Training Providers Forum (ICPTP).	DOH (PH&CP)	Ongoing	
		9.2.2 AHS training providers to meet bi-annual with health rep to ICPTP.	DOH (PH&CP)	Ongoing	
		9.2.3 Training developed is accredited and assessment of courses and graduates undertaken.	AHSs	Jun 05	
	9.3 Review and revise the <i>Child Protection Policy and Procedures Manual</i> to ensure consistency with legislation, <i>NSW Interagency Guidelines for Child Protection</i> (2000) and the <i>NSW Health Frontline Procedures for the Protection of Children and Young People</i> (2000).	9.3.1 Develop manual for PANOC/Specialist Child Protection Services, to be finalised and distributed.	DOH (PH&CP)	Nov 04	
		9.3.2 Revise <i>SAS Policy and Procedures Manual</i> to incorporate child sexual assault, to be finalised and distributed.	DOH (PH&CP)	Mar 06	
	9.4 Area Child Protection Coordination Group (ACPCG) to undertake research and evaluation to inform child protection practice.	9.4.1 DOH to facilitate consultation forum with AHSs to assist identification of priority areas for research and evaluation by AHSs.	DOH (PH&CP)	Sept 04	
		9.4.2 Research and evaluation areas identified and strategy developed.	AHSs	Feb 05	
		9.4.3 Submitted to DOH.	AHSs	Mar 05	
		9.5.2 Strategy implemented,	AHSs	Aug 05	

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Implementation plan

Once finalised, the *NSW Health Child Protection Service Plan* will be distributed to all Area Health Services. It is anticipated that this will occur in February 2004. The *NSW Health Child Protection Service Plan* will also be placed on the NSW Health Intranet site which is used extensively by Health workers to access current information in relation to child protection initiatives.

The *NSW Health Child Protection Service Plan* requires both the Area Health Services and the Department to implement a number of initiatives. Timelines for the achievement of all these initiatives are included in the Service Plan.

Following distribution of the *Plan to Areas* in February 2004, Area Health Services will be asked to provide a report in March 2005 to the Department as to their progress with respect to the implementation of fundamental and key initiatives. In particular, each Area Health Service is required to establish an Area Child Protection Coordination Group.

The Department will establish a statewide Child Protection Coordination Group, with the same representation by branches as the programs represented on the area groups. A key task of the group will be to review the reports developed by Area Child Protection Coordination Groups, and to receive reports from Areas with respect to statewide issues. The Statewide Child Protection Coordination Group will also develop a process for liaison with Area Child Protection Coordination Groups, including convening annual meetings.

Areas will be asked to submit annual reports for the implementation on their achievements throughout the life of the service plan. It is anticipated that the full implementation of the initiatives required by the *NSW Health Child Protection Service Plan* will be completed by mid 2007. The final report will detail progress against all of the outcome measures listed in Section 10.

In addition to the ongoing monitoring and review of Areas' progress with implementation, in 2007, the NSW Department of Health proposes to evaluate the outcomes of the *NSW Health Child Protection Service Plan* (see Section 10).

The aim of the *NSW Health Child Protection Service Plan* is to improve the capacity of NSW Health services to identify and respond to children and young people who are at risk of, or experiencing, child abuse and neglect in a more timely, coordinated and effective manner.

Any evaluation of the effectiveness of the service plan must be congruent with this aim.

It is proposed to evaluate the *NSW Health Child Protection Service Plan* by assessing both the implementation and the effectiveness of the initiatives required.

Implementation of initiatives

All Area Health Services will be asked to provide reports to the NSW Department of Health on their progress in implementing the initiatives required by the service plan. Area Health Services will also be asked to provide annual reports with the prospective years work plan to the Department.

A final report will also be required by all Area Health Services and by the NSW Department of Health in March 2007 detailing the final outcomes with respect to their implementation of the initiatives required by the service plan.

Effectiveness of the service plan

The effectiveness of the service plan will be evaluated by assessing the achievement of a range of desired outcomes.

The desired outcomes and performance indicators, which will be measured, are identified in the table on the following page.

Evaluation of the *Child Protection Service Plan* is due to be finalised in October 2007. Discussions with key agencies who may be able to provide appropriate data relating to the outcome measures for the evaluation will commence in 2006.

Outcome measures for evaluation of the effectiveness of the *NSW Health Child Protection Service Plan*

Desired outcomes	Performance outcome measures
<p>1. Fewer child deaths due to Health Services identifying or intervening appropriately.</p>	<p>1.1 Evidence of appropriate identification and intervention through file audits.</p> <p>1.2 Evidence of case planning through file audits.</p> <p>1.3 Decreased number of child deaths where contact with Health Services did not result in appropriate identification, reporting or intervention based on a review of <i>Reportable Incidents and NSW Child Death Review Team Reports</i>.</p>
<p>2. Adult focussed services identify and respond to the needs of children and young people at risk of or experiencing child abuse and neglect.</p>	<p>2.1 Evidence of appropriate identification and intervention through file audits.</p> <p>2.2 Increased number of appropriate reports of children and young people at risk of child abuse and neglect to Department of Community Services by adult focussed services.</p>
<p>3. Health Services accept referrals as required by Section 17 of the <i>Children and Young Persons (Care and Protection) Act 1998</i>.</p>	<p>3.1 Increased number of appropriate referrals which meet agreed criteria accepted from Department of Community Services by Health Services under Section 17 of the <i>Children and Young Persons (Care and Protection) Act 1998</i>.</p>
<p>4. Improved case planning, conferencing and coordination of service delivery within Health Services to children and young people at risk of harm or experiencing child abuse and neglect.</p>	<p>4.1 Evidence of case planning and coordination through file audits.</p> <p>4.2 Evidence of identification and responding to children and young people at risk of harm or experiencing child abuse and neglect.</p>
<p>5. Sentinel events for children and young people are minimised.</p>	<p>5.1 Evidence of reviews/investigations to assess adverse outcomes.</p> <p>5.2 Evidence of systems changes as a result of reviews of adverse outcomes.</p> <p>5.3 Decreased numbers of adverse outcomes for children and young people, within Health Services based on reviews of reportable incidents.</p>

Glossary

Assault

Any act done intentionally or recklessly which causes another person to apprehend immediate and unlawful violence. The act must be a hostile one. An assault can be reckless with foresight of the likelihood of inflicting injury, or the intentional or reckless application of force.

Carer

A person who, while not a parent of the child, has current care of the child. A carer may provide the care with or without fee or reward and can include relatives, friends or acquaintances of a parent, residential care workers, childcare workers, youth workers, nursing staff and foster parents.

Child

Any person under 16 years of age, except where otherwise stated.

Class of children or young people

More than one child or young person who may be at risk of harm because of association with a person or a situation causing risk of harm from abuse and neglect.

Confirmation

The term formerly used by the Department of Community Services to describe the process of establishing that a child or young person had been abused. The language and criteria now used by the Department of Community Services is 'risk of harm' and that a child or young person is in need of 'care and protection' in accordance with the *Children and Young Persons (Care and Protection) Act 1998*.

Early identification

Early identification and intervention in this document refers to identification of risk of abuse or neglect as well as identification and intervention in the early stages of abuse occurring.

Emotional abuse

Emotional abuse or psychological harm encompasses a range of behaviours by parents or caregivers that harm a child or young person. This may include excessive or unreasonable demands, failure to provide the psychological nurturing and affection necessary for a child or young person's physical and emotional growth and development, scapegoating or rejection, severe verbal abuse and threats of abuse.

Exposure to domestic violence

Exposure to domestic violence is a form of child abuse. Children and young people may be affected by domestic violence by experiencing or witnessing the violence or by living in a home where violence occurs.

Interpreter

Accredited language or sign interpreters and people experienced in the use of facilitated communication techniques for people with disabilities.

Mandatory reporting

The act of a person mandated under Section 27 of the *Children and Young Persons (Care and Protection) Act 1998* reporting that they suspect a child or young person is at risk of harm.

Neglect

Neglect is where a child or young person is harmed by the failure of their parents or caregivers to provide the child or young person with the basic physical and emotional necessities of life – food, clothing, shelter, emotional security, affection and attachments, medical care and adequate supervision. Neglect is characterised as a continuum of omissions in parental caretaking.

Notification

The term previously used under the previous child protection legislation, the *Children (Care and Protection) Act 1987*, to describe information provided to the Department of Community Services by a person who had formed a belief on reasonable grounds that a child or young person had been abused, was in danger of being abused, or in need of care. Under the *Children and Young Persons (Care and Protection) Act 1998* this is known as making a report of risk of harm.

Parent

Any person having parental responsibility for a child or young person.

Parental responsibility

All the duties, powers, responsibility and authority, which, by law, parents have in relation to their children.

Physical abuse

Physical abuse is any non-accidental injury to a child or young person by a parent or caregiver. This includes injuries caused by excessive discipline, severe beatings, shaking, bruising, lacerations or welts, burns, fractures or dislocations, attempted suffocation or strangulation, and possibly death.

Prevention

Prevention of abuse and neglect of children and young people in this document is seen as applying to both the whole population, and to an identified at risk population. The role of prevention in child protection is paramount in universal, targeted and specialist programs across Area Health Services.

Protective intervention

The action taken by agencies to protect a child or young person from abuse and neglect by the provision of care, services and support, or the apprehension and prosecution of those responsible for their abuse.

Reasonable grounds

Grounds which would cause a reasonable person to form a judgement of risk of harm, having regard to the circumstances of the individual case including the nature and seriousness of the allegations made, the age and physical condition of the child or young person, any corroborative evidence which exists, and other relevant information.

Report

Information provided, in accordance with Sections 24, 25 or 27 of the *Children and Young Persons (Care and Protection) Act 1998*, by a person who forms the belief on reasonable grounds that there are current concerns for a child, young person or a class of children or young people due to risk of harm from abuse or neglect.

Reporting

The act of making a report of a child or young person, or class of children or young people, at risk of harm to the NSW Department of Community Services.

Risk of harm

As defined in Section 23 of the *Children and Young Persons (Care and Protection) Act 1998*, a child or young person is at risk of harm if current concerns exist for the safety, welfare or well-being of the child or young person because of the presence of any once or more of the following circumstances:

- a The child's or young person's basic physical or psychological needs are not being met or are at risk of not being met.
- b The parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care.
- c The child or young person has been, or is at risk of being, physically or sexually abused or ill-treated.
- d The child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm.
- e A parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm.

Note: Physical or sexual abuse may include an assault and can exist despite the fact that consent has been given.

Risk of harm assessment

A process that requires the gathering and analysis of information in order to make decisions about the immediate safety and current and future risk of harm to the child or young person. Risk of harm assessment is not a linear process and requires constant analysis as new information or circumstances arise.

Sexual assault

Sexual assault is any sexual act or sexual threat imposed upon a child or young person. Perpetrators of sexual assault exploit the immaturity and dependency of children and young people, using their age, size, authority or position of trust to involve their victims in sexual acts. Coercion, either physical or psychological, is intrinsic to child sexual assault and differentiates it from consensual sex with a peer.

Specialist services

Specialist services provide intervention for children, young people and families where abuse has occurred with the aim of stopping further abuse, ameliorating the effects of the abuse and preventing the development of longer-term difficulties. For the purposes of this document, NSW Health services have been categorised as universal, targeted or specialist, based on their role in child protection.

Substantiation

The term used by the NSW Department of Community Services to describe the establishment of harm or risk of harm to a child or young person. To substantiate is to make a decision that harm or risk of harm has been suffered, or is likely to be suffered in the future.

Targeted services

Targeted services are those which target specific groups of children and young people who are considered potentially 'at risk' of abuse, and specific sections of the adult population considered more 'at risk' of abusing. For the purposes of this document, NSW Health services have been categorised as universal, targeted or specialist, based on their role in child protection.

Universal services

Universal services are those which are available to the whole community. The focus of these services is on enhancing the health, welfare and well-being of children, young people and their families. Such services have a role in the identification, early intervention and prevention of abuse. For the purposes of this document, NSW Health services have been categorised as universal, targeted or specialist, based on their role in child protection.

Young person

Any person who is aged 16 years or above but who is under 18 years.

Definitions adapted from the *NSW Interagency Guidelines for Child Protection Intervention* (2000), *NSW Child Protection Council Interagency Guidelines for Child Protection Intervention* (1997), *Draft Families First Health Home Visiting Practice Guidelines* (2001), and the *Department of Community Services 'Business Help Glossary'* (2002).

References

- Anda RF, Felitti VJ, Chapman DP, Croft JB, Williamson DF, Santelli J, Dietz PM, Marks JS 2001, Abused Boys, battered mothers, and male involvement in teen pregnancy, *Pediatrics*, 107(2), Online www.gateway1.ovid.com:80/ovidweb.cg (accessed 23 July 2001).
- Andrews G, Corry J, Issakidis C, Slade T, Swanston H 2001, *We know the problem, you tell us the remedy: An analysis of international data on the prevalence and consequences of child sexual abuse*, National Child Abuse and Neglect Conference Proceedings, DHS, Victoria.
- Australian Bureau of Statistics, *Women's Safety Australia*, AGPS, Canberra, 1996.
- Australian Institute of Health and Welfare 1998, *Child Protection Australia 1996-1997*, Australian Institute of Health and Welfare, Canberra.
- Australian Institute of Health and Welfare 2001, *Child Protection Australia 1999-2000*, Australian Institute of Health and Welfare, Canberra.
- Australian Institute of Health and Welfare 2004, *Child Protection Australia 2002-2003*, Australian Institute of Health and Welfare, Canberra.
- Beckinsale P, Martin G, Clark S 1999, Sexual abuse and suicidal issues in Australian young people, *Australian Family Physician*, Vol. 28, No 12, December, pp1298-1303.
- Blanchard A, Molloy F, Brown L 1992, 'I just couldn't stop them', *Western Australians Living with Domestic Violence: A study of Children's experiences and Service Provision*, School of Social Work (The Curtin University) for the Western Australia Government Office of the Family, Perth.
- Child Death Review Team 2003, *Fatal Assault and Neglect of Children and Young People*, NSW Commission for Children and Young People, Sydney.
- Commonwealth Department of Health and Family Services 1997, *The National Health Plan for Young Australians: An action plan to protect and promote the health of children and young people*, Australian Government Publishing Service, Canberra.
- Commonwealth Department of Health and Family Services 1997, *The National Health Plan for Young Australians: An action plan to protect and promote the health of children and young people*, Australian Government Publishing Service, Canberra.
- Commonwealth Department of Health and Human Services 1995, *The Health of Young Australians: A national health policy for children and young people*, Australian Government Publishing Service, Canberra.
- Commonwealth Department of Health and Human Services 1995, *The Health of Young Australians: A national health policy for children and young people*, Australian Government Publishing Service, Canberra.
- Department of Family and Community Services 2000, *Tomorrows children: Australia's national plan of action against the commercial sexual exploitation of children*, ACT Department of Family and Community Services, Canberra.
- Edleson JL 1999, *Children's Witnessing of Adult Domestic Violence in Journal of Interpersonal Violence*, 14:8, pp839-870.
- Falshaw L, Browne KD, Hollin CR 1996, *Victim to Offender: A review in Aggression and Violent Behaviour*, 1:4, pp389-404.
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS 1998, Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults – The Adverse Childhood Experiences (ACE) Study, *American Journal of Preventive Medicine*, 14 (4) pp245-258.
- Fergusson DM, Mullen PE 1999, *Childhood Sexual Abuse: An Evidence Based Perspective*, Vol 40, *Developmental Clinical Psychology and Psychiatry*, Sage Publications.
- Finkelhor D 1979, *Sexually Victimized Children*, New York: The Free Press.
- Finkelhor D 1984, *Child Sexual Abuse – New Theory and Research*, New York: The Free Press.
- Finkelhor D 1994, cited in Fergusson DM, Mullen PE 1999, *Childhood Sexual Abuse: An Evidence Based Perspective*, Vol 40, *Developmental Clinical Psychology and Psychiatry*, Sage Publications.
- Goldman R, Goldman JDG 1988, The Prevalence and Nature of Child Sexual Assault in Australia, *Australian Journal of Sex, Marriage and Family*, 9:2, pp94-106.
- James M 2000, *Child Abuse and Neglect: Part 1 – Redefining the Issues. Trends and Issues in Crime and Criminal Justice*, No.146, Australian Institute of Criminology, Canberra.

- Johnstone H 2000, The national child protection data collection – what does 10 years worth of data tell us? Australian Institute of Family Studies (ed.), *Family Futures: Issues in Research and Policy*, 7th Australian Institute of Family Studies Conference. www.aifs.org.au/institute/afrc7/johnstone.html
- Laing L 2000, Children, Young People and Domestic Violence, *Australian Domestic and Family Violence Clearinghouse – Issues Paper 2*, p1-28.
- McIntosh J 2000, Thought in the face of violence: A child's need. In *Partnerships Against Domestic Violence* (ed). *National Forum: The Way Forward: Children, Young People and Domestic Violence: Conference Proceedings*. Office of the Status of Women, Canberra.
- McKay M 1994, The link between domestic violence and child abuse: Assessment and treatment considerations, *Child Welfare*, Vol.73, No.1, pp29-39.
- Margolin G, Gordis EB 2000, The Effects of Family and Community Violence on Children, *Annual Review of Psychology*, pp445-479.
- Mazza D, Dennerstein L, Ryan V 1996, Physical, sexual and emotional violence against women: a general practice-based study, *Medical Journal of Australia*, Vol 164, pp14-17.
- Mullen PE, Fleming J 1998, Long Term Effects of Child Sexual Abuse, Issues in Child Abuse Prevention, *National Child Protection Clearing House Issues Paper*, Australian Institute of Family Studies, No. 9 Autumn.
- National Crime Prevention 1999, *Living Rough: Preventing Crime and Victimization Amongst Homeless Young People – Full Report*, Australian Government Printing Service, Canberra.
- NSW Child Death Review Team 2001, *Annual Report – July-December 2002*, NSW Commission for Children and Young People, Sydney.
- NSW Department of Community Services, *Annual Reports – 1999-2000, 2000-2001 and 2001-2002*.
- NSW Department of Community Services 2002, *Business Help Glossary*.
- NSW Department of Health 2001, *Draft Families First Health Home Visiting Practice Guidelines*, pp9-60.
- NSW Health 2000, *Report of the New South Wales Chief Health Officer*, www.health.nsw.gov.au/public-health/chorep (accessed 18 January 2002).
- New South Wales Interagency Guidelines for Child Protection Intervention* 2000, NSW Government.
- Oates RK, Plunkett A, O'Toole B, Swanston H, Shrimpton S, Parkinson P 2001, Suicide Risk following Child Sexual Abuse, *American Journal of Ambulatory Paediatrics*, Sept, Vol 1 No 5, pp262-266.
- Perez CM, Widom CS 1994, *Childhood Victimization and Long-Term Intellectual and Academic Outcomes in Child Abuse and Neglect*, Vol 18, No. 8, pp617-633.
- Peters et al 1986, cited in Fergusson DM, Mullen PE 1999, *Childhood Sexual Abuse: An Evidence Based Perspective*, Vol 40, *Developmental Clinical Psychology and Psychiatry*, Sage Publications.
- Quinlivan JA, Evans SF 1999, Detecting Domestic Violence in Adolescent Pregnancy in Conference Proceedings – *7th Australasian Conference on Child Abuse and Neglect*, October 17-20 1999, Vol 1 pp481-485.
- Russell D 1983, *The Incidence and Prevalence of Intrafamilial and Extrafamilial Sexual Abuse of Female Children in Child Abuse and Neglect*, Vol 7, pp133-146.
- Ryan G, Miyoshi T, Metzner JL, Krugman RD, Fryer GE 1996, Trends in a National Sample of Sexually Abusive Youths, *Journal of American Academy of Child and Adolescent Psychiatry*, 35:1, pp17-25.
- Skuse D, Bentovim A, Hodges J, Stevenson, Anreou C, Lanyado M, New M, Williams B, McMillan D 1998, Risk factors for development of sexually abusive behaviour in sexually victimised adolescent boys: cross sectional study, *British Medical Journal*, 317:175-9.
- Tebbutt J, Swanston H, Oates RK, O'Toole BI 1997, Five Years after Child Sexual Abuse: Persisting Dysfunction and Problems of Prediction, *Journal of American Child and Adolescent Psychiatry*, 36:3, March, pp330-338.
- Tomison AM 2000, Exploring Family Violence: links between child mistreatment and domestic violence, *National Child Protection Clearinghouse Issues Paper 13*, Australian Institute of Family Studies.
- Trocme N, MacLaurin B, Fallon B, Daciuk J, Billingsley D, Tourigny M, Mayer M, Wright J, Barter K, Burford G, Hornick J, Sullivan R, McKenzie 2001, *Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report*, Ottawa: Minister of Public Works and Government Services Canada.
- United Kingdom Department of Health Children, *Child Protection Registers 1997/98 – Statistics* (online)
- Wood J 1997, *Royal Commission into the NSW Police Force: Paedophile Inquiry Final Report: Volume IV*, NSW Government, Sydney.
- YMCA of the USA's *National Report Card* 1999. www.ymca.net/presrm/reportcard/99/violence99.html (accessed 24 July 2001).
- Zubrick SR, Barton P, Clair E 2000, Mental Health Disorders, Children: Scope, Cause and Prevention, *Journal of the RANZCP*.

