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ACT GOVERNMENT SUBMISSION

STANDING COMMITTEE ON HEALTH AND DISABILITY

'NOBODY'S CHILDREN – INQUIRY INTO THE EARLY INTERVENTION AND CARE OF VULNERABLE INFANTS OF THE ACT'

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BACKGROUND

The ACT Government commenced a process of reform in 2003-2004 to provide improved service delivery to vulnerable and at risk children, young people and families in the ACT.

When working with families it is crucial to differentiate between risk and vulnerability. The vulnerability of families is identified by broad issues which may impact on family functioning and parenting including unemployment, family violence, drug and alcohol misuse, mental health or disability and involvement with crime and the justice system.

Risk, as defined under the *Children and Young People Act 1999*, is a more specific term, focusing on the likelihood of children or young people under the age of 18 years from being abused or neglected. Many of these circumstances arise from families where vulnerabilities also exist but not exclusively. Furthermore, not all vulnerable families have experiences of children who have been abused or neglected.

There is powerful evidence from neuroscience that the early years of development (conception to age 6), particularly the first 3 years, set the basis for competence and coping skills that will affect learning, behaviour and health. The *Canadian Early Years Study – Final Report by April, Mustard and Cain, 1999* showed that nurturing by parents in the child's early years has a decisive and long-lasting impact on their social development, capacity to learn, behaviour and ability to regulate emotions and risks for disease in later life. Negative experiences, including severe neglect or absence of appropriate stimulation, are likely to have sustained negative effects. Appropriate investment in the early years yields significant individual and community benefit over the longer term. These benefits include: greater social and economic participation; higher educational attainment; reduced rates of crime; improved health status and lower levels of child abuse and neglect.

Children's development is influenced by a number of factors including: birth and pre-birth experiences; health; cognition and disability status; the physical, social and emotional environment they live in; and the skills and well being of their parents or carers. The extent to which a child is able to develop optimally in the early years has a critical impact on their ability to learn and participate in future years.

Compelling evidence based research has led governments in Australia and internationally to build service systems that can better and earlier respond to the needs of children and families through the provision of universal and targeted interventions. Universal services improve outcomes for all children. Targeted services provide specific services for children at risk and vulnerable families.

ACT INITIATIVES

The reform program introduced in 2003 was a response to key developments including: the ACT Children's Plan and a Review of the Safety of Children in Care in the ACT (undertaken by Ms Cheryl Vardon and Ms Gwenn Murray).

In addition the establishment of the Aboriginal and Torres Strait Islander Services unit within the Office for Children, Youth and Family Support, Department of Disability, Housing and Community Services provided the basis for the development of Indigenous specific programs including kinship and foster care, family support programs and the integrated family support pilot program. The unit provides services as well as advice to statutory child protection services regarding interventions with Indigenous children, young people and families.

A study undertaken in 2006 by Gwen Murray and Craig Mackie further informed improvements in the development of services for vulnerable and at risk children, young people and families. The study made 55 recommendations.

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The implementation of these recommendations has brought about achievements including:

- The development of protocols and procedures with ACT Health concerning vulnerable infants (from birth to two years of age), budget funding and an expanded team,
- Legislative amendments to enable prenatal reporting,
- Development and implementation of supportive structures for parents of infants provided by ACT Health and Care and Protection Services,
- Review of the risk assessment framework to improve identification and responses to vulnerable infants and their families,
- Revised policies and practices to ensure timely, holistic and clearer responses to vulnerable infants and their families,
- Policies and procedures to support and assist families where drug dependency and mental health issues are impacting on the care of children,
- Additional training and guidance for staff across government and non-government agencies, and
- Development of protocols with key stakeholder agencies – for example, Domestic Violence Crisis Service and ACT Policing (Sexual Abuse and Child Abuse Team - SACAT).

A final progress report was tabled before the ACT Legislative Assembly on 3 April 2008. A copy of this report is attached to the Submission.

In addition other significant reforms occurred over the same period including:

- Amendments to the *Children and Young People Act 1999*, introducing prenatal reporting and clarifying mandatory reporting requirements;
- Revised and ongoing review of policies, procedures and practices in Care and Protection Services, reflecting child centred practice;
- Revised delegations pursuant to the *Children and Young People Act 1999,*
- Commitment to the Framework for Service Collaboration for the Care; Protection and Well Being of Children and Young People by ACT Government Departments;

- Development of the Aboriginal and Torres Strait Islander kinship and foster care service;
- Improvements to the reporting and information systems for Care and Protection Services;
- Development of integrated and collaborative models of practice across departments and agencies;
- Community education programs to improve community awareness of child safety, safe sleeping and child protection;
- Ongoing research, training and other educational opportunities for foster carers, the service sector and staff; and
- Convening of Aboriginal and Torres Strait Islander Gathering and forums, including at Wreck Bay, to inform future policy and practice development.

A number of whole of government initiatives have been developed to integrate and consolidate work with vulnerable and at risk children, young people and families. The *ACT Children's Plan,* developed in 2004, articulates the government's commitment to children and families and provides a common policy framework for the provision of services across government, non-government and the community.

The Plan encompasses antenatal, infancy, the early school years and middle childhood and addresses both universal targeted services provided to address the needs of specific groups for children between 0-12 years. A *Young People's Plan* was developed in 2002 to address issues concerning young people.

The shared responsibility towards vulnerable children in care is supported by Government agency commitment to the '*Sharing Responsibility: A Framework for Service Collaboration for the Care, Protection and Wellbeing of Children and Young People in the ACT* signed in 2005. The Departments, which have made a commitment, are:

- ACT Department of Disability, Housing and Community Services, including the Office for Children, Youth and Family Support;
- ACT Department of Education and Training;

- ACT Health;
- ACT Department of Justice and Community Safety;
- ACT Chief Minister's Department; and
- ACT Department of Treasury.

Antenatal and postnatal care and support services available for vulnerable parents and their children

Compelling research in the neuro-science area on brain development proves that trauma before birth, in infancy and early childhood, including the experience of poor nutrition, violence, poverty and separation, is seriously detrimental to the development of the brain. The most rapid and important period for physical brain development occurs up to the age of three years. This has serious implications for policy makers and service providers. Early intervention is a means of identifying and addressing the physical, emotional and educational needs of children during these critical years.

Family support systems in Australia and overseas are responding to the present and growing demand for services to support vulnerable families by investing and strengthening early intervention and prevention approaches. ACT Health and the Department of Disability, Housing and Community Services have a number of programs that fit within an early intervention and prevention framework.

The Perinatal Program

The Perinatal Program provides psychiatric consultation for parents in the perinatal period who are experiencing moderate to severe mental illnesses. A psychologist assists the consultant psychiatrist with the clinics and provides limited clinical management in addition to providing Integrated Multi-agency for Parents and Children Together (IMPACT) Program coordination for Mental Health ACT. An additional part time psychologist provides intake/triage and assists with the Clinics.

The Integrated Multi-agencies for Parents and Children Together (IMPACT)

The Integrated Multi-Agencies for Parents and Children Together (IMPACT) program is an ACT Health initiative. The program provides a service system response for pregnant women, their partners and their families with children up to 2 years of age who are clients of Mental Health ACT and/or who are receiving opioid replacement therapy and whose complex and intensive needs require the need for a multi service response.

The IMPACT program is a partnership between ACT Health, Department of Disability, Housing and Community Services, General Practice and Community Pharmacy. The aim of the program is to coordinate a cross-agency system response between these agencies and services that improves outcomes for children and their families.

The IMPACT Program is located at The Canberra Hospital. The program is comprised of two IMPACT Coordinators and three Liaison Officers, located in the Alcohol and Drug Program, Mental Health ACT, and Care and Protection Services.

The Parenting Enhancement Program (PEPS)

The *Parenting Enhancement Program* (PEPS) is a new approach from *Child, Youth and Women's Health Program (AC T Health)* to support improved health outcomes for vulnerable families. It aims to provide early intervention, support and health promotion for families who need individualised case management to achieve good health outcomes for infants during the first 12 months of life. From 1 May 2007, the PEPS Program has been provided across the entire ACT. In preparing staff, Maternal and Child Health (MACH) staff received training and ongoing case management and clinical supervision. Nursing practice guidelines have been developed to support optimal practice with vulnerable families.

Blue StarClinic

The Blue Star Clinic, at The Canberra Hospital, is an outpatient Clinic that works with the IMPACT and the Perinatal programs. The Clinic provides ongoing support for babies discharged from hospital after delivery to parents where drug misuse has

occurred during pregnancy. The Clinic has demonstrated that regular visits to a specialist paediatrician enables babies to be discharged home early and their need for additional medication monitored closely. The Clinic aims to ensure that babies withdraw from previous drug exposure seamlessly and without distress. There is a high degree of compliance leading to better engagement of families with the Maternal and Child Health (MACH) services in the community. A MACH liaison nurse attends the Clinic and liaises with parents and the MACH nurse close to the family's home. The babies and families are reviewed for growth and development, parenting skills, follow up for Hepatitis C and other health issues until 12 months of age.

Children Of Parents with a Mental Illness (COPMI)

Children and young people who have a parent affected by a mental illness have historically been isolated in the community and excluded from information, support services and resources. In recent years this has improved as these children and young people are identified as a group with unique needs.

Whilst research is limited, in part because of the isolated nature of this group, research in Australia suggests that approximately 35% of mental health services clients are female parents of dependent children under the age of 18. In the United Kingdom and Europe, it is estimated that 50% of people with a mental illness are parents. In 2005 it was estimated that over one million children in Australia were living in a household where at least one parent has a mental illness.

The COPMI project supports the non-discriminatory identification and support of children through awareness raising and presentations to service agencies. The project officer assists agencies to review policies and procedures for referral processes and the identification of resources to meet the needs of these children. The project raises awareness of the significant issues for these children through interagency networking and collaboration –including; Carer's ACT- Young Carer's, Cyclops, Litmus, Student Counsellors, Marymead, Horizon's and the Tuggeranong and Gungahlin Child and Family Centres.

Canberra College Cares

The Canberra College Association is a partnership with CYCLOPS ACT, ACT Health and significant community agencies. It provides an educational support program for young carers, pregnant and parenting students in the ACT and surrounding districts. The program provides opportunities for young people to achieve Year 10 and 12 certification through the flexible delivery of educational programs at the Weston Campus. ACT Health support this initiative with the provision of Maternal and Child Health nurses attending on a weekly basis at the Canberra College to provide parenting advice and support to young parents on matters concerning nutrition, growth and development of their infant children.

Circles of Support.

Barnardo's, in partnership with ACT Health, operates the Circles of Support Program. This program addresses the social determinants of health, specifically, social exclusion and isolation, achieved through the establishment and support of a formal network of volunteers who work together to provide support to young parents needing more support. The program targets parents with alcohol and drug issues.

Universal First Home Visit

Universal first home visit is a visit made by Maternal and Child Health nurses to parents following the birth of their child. If additional supports are required, sustained home visiting is provided within the Parenting Enhancement Program.

Specific Programs for children of drug affected parents

"Counting the Kids" brokerage funds from Odyssey House Victoria

Agencies who work with children and families in six States and Territories (Victoria, Tasmania, Australian Capital Territory, Western Australia, South Australia and Queensland) may apply for funding from the *Counting the Kids Brokerage Fund.* Grants of up to $4000 per child are available to children impacted by parental drug and alcohol problems. The aim is to engage children in activities that will enhance their health, connectedness to the community and family, education and employment

and self-esteem and well-being. The program supports the provision of resources such as music lessons, dental work, counselling, sports equipment or extra tutoring.

In the ACT, a panel assesses applications. Significant funds have been allocated to families in the ACT since 2007. At Gungahlin Child and Family Centre, a number of children and their families have accessed these funds for swimming lessons, school clothing, school packs etc. This has been successful in engaging with families with complex and multiple needs.

Programs for at risk and vulnerable Indigenous children and their families

Particular focus is also provided to Aboriginal and Torres Strait Islander families. Aboriginal and Torres Strait Islander peoples are one of the most disadvantaged groups in Australia and face a broad range of issues such as: lack of access to culturally appropriate services; drug and alcohol use; mental health problems; problems of grief and loss; domestic violence; housing (including transience and homelessness) and low socio economic status.

Recent reports and the media have highlighted Indigenous children and their family's experiences across a number of jurisdictions. These reports provide insight into the complexities and challenges of service delivery. In December 2007, the Council of Australian Governments (COAG) established a Working Group on Indigenous Reform to address alcohol and substance abuse issues and its impact on families, family violence; early childhood development; safe home environments; access to suitable primary health services; supporting school attendance and education and involving local Indigenous people in the formulation of suitable support programs.

Aboriginal and Torres Strait Islander children and young people in the ACT make up around 1-2% of the total ACT children and youth population. In the ACT and across Australia, Aboriginal and Torres Strait Islander children and young people are over-represented in the child protection, out-of-home care and youth justice systems. It is a key Government priority to address this over representation. Strategies include consulting and seeking the participation of local Indigenous community

representatives in the development of future services, the provision of culturally appropriate services and supports including family support, out of home care and child protection services.

The Aboriginal and Torres Strait Islander Service (ATSIS) is leading work around an integrated service delivery model for Aboriginal and Torres Strait Islander families across health, education and family support services. The model was developed in 2006-07 by a working group comprising senior officers from the Department of Disability, Housing and Community Services, ACT Health and the Department of Education and Training. The model promotes cross-agency collaboration and is being progressively implemented with vulnerable Indigenous families as a pilot project. The project includes:

- a comprehensive family strengths and difficulties assessment tool, appropriate for Aboriginal and Torres Strait Islander families,
- elements of family group conferencing, which allows for the family's engagement in decision-making consistent with Indigenous decision-making principles,
- the OCYFS Case Management Framework, enabling a holistic case review and referral process,
- a single point for case coordination, identified by the family and more likely to have an appropriate relationship with the family,
- a needs priority framework, developed specifically for this model, and
- a period of sustained, intensive engagement over time, agreed to with the family through a non-statutory, voluntary, agreement.

The criteria for entry into the program includes initial child protection reports that do not require immediate statutory intervention yet indicate areas of need; children aged 5-10 where significant concern exists regarding non-school attendance and potential transitional difficulties and new born children where the family profile identifies limited or no contact with health services.

The Department of Disability, Housing and Community Services funds community-based Indigenous family support services through two Indigenous community organisations:

- Gugan Gulwan Family Support Worker— a partnership between Gugan Gulwan Youth Aboriginal Corporation and OCYFS funds the provision of a family support worker based at Gugan Gulwan. The officer works with families who have come to the attention of Care and Protection Services and whose children may be at risk of being placed in care, and
- Jumby Mulla Program—funding for an Indigenous family support service in North Canberra.

Growing Healthy Families (Aboriginal and Torres Strait Islander project)

In June 2007, the Gungahlin Centre received funding under the Australian Government's Shared Responsibility Agreements (SRA) to conduct a project - Growing Healthy Families. The aim of this initial project is to assess the strengths and needs of the local Aboriginal and Torres Strait Islander community, through an Aboriginal Community Development Worker. This worker facilitated the engagement with the community, particularly through Ngunnawal and Holt Koori preschools.

Prior to the commencement of the project in June 2007, very few Indigenous families engaged with the Centres. Now, 21 Indigenous families are actively engaged. The Gungahlin Centre is working with the ANU's National Centre for Epidemiology and Population Health (NCEPH) and the Indigenous Coordination Centre (ICC) to capture and document the:

- Story of a strengths based community development framework;
- Process of engaging the community and other mobs;
- Communication strategy for informing the mob about the project;
- Effective management frameworks and the provision of good governance;
- Change agents and shifts in practice;
- Importance of raising consciousness; and
- Shared learning experiences of staff.

This research will enable the Department of Disability, Housing and Community Services to develop an evidence-based best practice model for engaging Aboriginal and Torres Strait Islander communities.

ACT Child and Family Centres – Gungahlin and Tuggeranong

The Child and Family Centres (CFCs) established in Gungahlin and Tuggeranong are a flagship initiative of the Building Our Community – the Canberra Social Plan. The CFCs service families with children across their local community, with a particular focus on the early years of the child's life. The CFC's are the key building blocks to deliver the ACT Early Childhood Platform, which is currently in development.

Since 2005, the Centres have provided services to approximately 1850 families, delivered 237 community development and education programs and held 436 parenting sessions for ACT families.

Community Health and Maternal and Child Health

Core to the Centre's programs is integrated service delivery across the government and community sector, to deliver services in a client-focused and seamless fashion. Maternal and Child Health (MACH) services, relationship counselling, specialist child and family workers and other allied health services are provided or coordinated from the Centres. A range of MACH clinical services and group programs are provided from the Centres. Further development of programs is guided by identified trends and themes within the local communities.

Community based child protection workers

A community based child protection worker is located at each Centre and supports a number of early intervention programs delivered from the Centres. They work with families and services in a one stop shop model, connect families with prevention and early intervention services, actively provide a referral pathway out of the statutory system and increase social connectedness with community and services. Their presence aims to normalise child protection work within the community and educate community services and families about child protection.

Universal Play Group: Paint and Play

Paint and Play is a play group run from local parks in Ngunnawal, Richardson and Kambah. This is a highly popular and successful program, where families are able to access information and professional advice and services. This program targets families with children from birth to school age. This program assists to break down social isolation and builds stronger community connections. The work is undertaken in partnership with child care students from the CIT, Children's Policy and Regulation Unit, Kids At Play Bus, the mobile library service and Communities @ Work.

These same programs have also been developed by other services at Dunlop (Belconnen Community Services) and Ainslie (Parentline). Woden Community Services are exploring the possible delivery of this program in the Red Hill area.

Targeted Playgroups

A number of targeted playgroups are delivered by the Centres. *Learn, Giggle and Grow* targets families with multiple and complex issues resulting in statutory child protection intervention and involvement with other tertiary systems (Mental Health Services and the Domestic Violence Crisis Service). The playgroups provide an opportunity for families to connect with others, access to parenting information, an opportunity for families to observe positive interaction with children, normalise access to services and facilitates connections with the broader service system.

The *Poppy Play Group* targets parents with a diagnosed mental health illness. The play group is a partnership between the CFC worker and a private adult mental health worker funded by ABA Constructions. The playgroup provides an opportunity for parents to learn to play with their children, access parenting information and practice parenting skills in an environment where they are supported.

The *Poppy Playgroup* won an award at the ACT Early Intervention Awards 2007 in the special focus category for the delivery of services within the area of mental health.

Infant Referral

This project was established within the Centres in October 2006, to provide a coordinated and streamlined referral process for families involved with Care and Protection Services.

Families referred to the community child protection worker are a mix of highly complex and vulnerable families as well as families with children who have been reported to Care and Protection Services on a single occasion. Children are generally aged between 0-5 years of age. This project has engaged families who were in the early stages of the statutory system, at a time when they are more prepared to engage with services to address identified vulnerabilities and risk.

Young Parents Project

The Centres are working collaboratively to research and develop a program targeting young (teenage) parents within the ACT. These parents have had experiences with the child protection system or have children known to or in the statutory system. The program will seek to:

- Understand the experience of the statutory system for the parents involved;
- understand the profile and life experiences of the parents and their children;
- develop a program focused on assisting young parents with young children;
- prevent the children from entering or continuing in the statutory system;
- educate young parents about positive parenting practices; and
- link young parents with relevant agencies and service providers for support.

Partnership with The Smith Family (TSF)

The Smith Family, in partnership with the Gungahlin Centre provides access to the "Learning for Life" program providing financial assistance for families for the duration of their school life. The Smith Family also make available the "Tech Pack" program, providing computers for disadvantaged families.

Integrated Family Support Program(IFSP)

The Integrated Family Support Program is a joint project between the Commonwealth, ACT Government and community family support agencies. The project is developing a model of integrated and collaborative service delivery for the ACT, when working with vulnerable and at risk families with children aged 0-8.

The Department of Disability, Housing and Community Services, ACT Health and Department of Education and Training and 8 non-government agencies - Alcohol and Drug Foundation of the ACT, Belconnen Community Services, Woden Community Services, Barnardo's, Communities@Work, Marymead, and Relationships Australia - participated in a trial from June 2006 to June 2007.

The program secured Commonwealth funding to continue the project for three years. Funding was matched by the ACT Government. The Institute of Child Protection Studies will conduct a three year action research evaluation for completion in 2010.

YWCA Young Parents Program

The YWCA Young Parents Group operates from the Mura Youth and Community Centre. The group is open to all young parents and has a parenting, peer support and mentoring focus. The aim of this group is to provide young parents in the Tuggeranong region with a semi-structured parent group, to increase their social network and supports and share their positive parenting experiences.

Parent and Infant Relationship Support Group (PAIRS)

The Tuggeranong Centre and the Canberra Region Attachment Network (CRAN) are delivering joint training in Parent and Infant Relationship Support Group (PAIRS) to the ACT. PAIRS shown to be effective in improving parent/infant interaction and optimising infant development for groups including 'difficult to settle' babies, teenage parents, depressed/anxious mothers, 'at risk' children and families.

Training occurred in April 2008. The program is a collaboration between CFC's, Marymead Child and Family Centre, Barnardo's, ACT Health and community based child protection workers.

The Canberra Hospital Midwifery Program

In April 2008, The Canberra Hospital Midwifery Program commenced providing outreach services from both Tuggeranong and Gungahlin Centres. This service provides antenatal consultations. This service provides families a program within a community setting and an opportunity to link parents who may have additional requirements for support services prior to their children being born. This model of early intervention and prevention practice reflects interventions early in the life of the child and in the life of a problem.

ParentLink

ParentLink is community education prevention program that provides parenting information within the ACT and nearby regional area to all families. The program disseminates parenting information (including the publication of 92 parenting tip sheets and 12 indigenous guides) to increase the skills and confidence of parents in raising their children and link them to support services. The guides are written by Parenting South Australia and reproduced by ParentLink.

The guides are widely distributed across the ACT, including preschools, primary schools, shopfronts, health centres, community and government agencies. In 2007, 301,000 parenting tip sheets and 25,000 Quick Contact brochures were printed and distributed to agencies and individuals in the ACT. The guides are available at http://www.parentlink.act.gov.au/.

Triple P Parenting Program

The Triple P Parenting Program is an evidence-based program, proving to be an effective early intervention and prevention program within the Centres. It is targeted at parents who are identifying difficulties in managing their children's behaviour. These difficulties can exacerbate without support and often require more intense forms of intervention to prevent deteriorating parent/child relationships. This program complements more universal access programs such as Paint and Play and Topical Talks. This program targets children from birth to 8 years of age.

Triple P can be delivered to parents individually or in a group and the program has proved extremely popular. At Tuggeranong CFC, the program is offered once per school term and no promotion has been necessary this year. The program has been offered to a broad range of parents, including fathers undertaking drug rehabilitation.

Children's Behaviour Clinic and Children's Emotional Wellbeing Clinic

Since the implementation of the Centres, there has been a strong demand for clinical interventions focusing on managing children's behaviour and emerging mental health issues. The Centres are establishing two clinics, the Children's Behavioural and Development Clinic and the Children's Emotional Wellbeing Clinic to provide:

- For clients - an alternative pathway into CFC, promoting early help-seeking behaviours.
- For staff – strengthening their referral base and clinical expertise.
- For other professionals - providing an additional referral option.

The program will be piloted in Gungahlin from early May 2008, with a primary focus for children aged 0 – 8 years who reside in north Canberra, primarily in the Gungahlin area. The program will be extended to Tuggeranong in the near future.

The Venus Program

The Venus program is an initiative of Fernwood Women's Health Clubs for women who have experienced challenging life circumstances. Sessions provide information followed by an hour of exercise. A worker from the Gunghalin CFC attends each session to support and encourage participants. The philosophy of the program is to empower women to use new opportunities and to share/ exchange information to improve their lifestyle, health and wellbeing of participants.

The program has been very successful since its commencement in 2006. The successful partnership was recognized at the 2006 ACT Early Intervention Awards by winning an award in the "Excellence in Service Provision" category. In 2008, Belconnen and City Fernwood clubs have joined the Gungahlin Fernwood club, with three programs running simultaneously across the clubs in partnership with Gungahlin CFC.

Relationship Counselling

Relationships Australia in partnership with the Centres provide access to relationship counselling for families with young children. This outreach counselling enables families to further enhance their opportunity to access services for multiple issues.

Healthy Start

Healthy Start is a national initiative to support parents with learning difficulties in their parenting role and practitioners supporting these families. The programs are delivered in the family's home. Goals are established for each parent based on an initial assessment conducted in collaboration with the family. The number of sessions required is determined by the individuals needs.

Practitioner information has been developed and shared across various agencies in the ACT including:

- Parenting Young Children - to develop positive parent/child interactions and parents skills in child care - for parents of children aged 6 months to 6 years.
- Healthy and Safe - to promote child health and home safety, for parents with younger children, although applicable to children of all ages.
- Healthy Start for me and my baby - to promote the healthy and well being of pregnant women with learning difficulties, during the antenatal and birth period. Healthy Start will provide an information package to identified professionals across the ACT during the later half of 2008.

Australian Early Development Index (AEDI)

The Gungahlin Centre has undertaken the pilot of the Australian Early Development Index within Gungahlin. The AEDI is a population based measure of children's development to help communities throughout Australia understand how children are developing by the time they reach school age. Development is measured across domains including physical health and well-being, social competence, emotional maturity, language, cognitive skills, communication skills and general knowledge. The AEDI is being piloted by the Commonwealth in 60 communities.

Gungahlin CFC implemented the first stage of the pilot in 2005 and is currently undertaking the second stage of the pilot. A summary of the first stage results is available at http://www.rch.org.au/australianedi/results.cfm?doc_id=9180.

Overall, children in Gungahlin performed better than the national average. 22.6% of Australian children surveyed were 'developmentally vulnerable' in one or more domains; children in Gungahlin were less vulnerable (14.7%) however, children in Ngunnawal were more vulnerable (23.3%).

SIDS and Kids ACT: Safe Sleeping Education Program

The national SIDS and Kids Safe Sleeping Education Program was commenced in 1997, resulting in a significant reduction in the incidence of Sudden Infant Death Syndrome (SIDS) deaths nationally. Research has shown that the population group where the least reduction in deaths occurred is in families with complex social and economic issues.

Recent reviews undertaken in NSW (2006 and 2007) and Queensland (2005) found that 95.8%, 87% and 100% of babies who died unexpectedly had one or more modifiable risk factors present in their sleeping environment at the time of death. These risk factors include tummy and side sleeping, head covering with unsafe bedding, exposure to tobacco smoke during pregnancy and or after birth and co-sleeping in combination with smoking. In addition, babies from disadvantaged and vulnerable families (Indigenous families, drug and alcohol misuse and low level of maternal education) made up a significant portion of these deaths. The social conditions of these families make the families difficult to reach through traditional public health education strategies.

SIDS and Kids ACT are funded through ACT Health to provide a Safe Sleeping Education Program. The program is delivered by midwives and Maternal and Child Health nurses. In partnership, ACT Health, Care and Protection Services and SIDS and Kids ACT provided joint training to professionals promoting safe sleeping and strategies for raising these issues with vulnerable families.

In the absence of materials for parents with low literacy, CPS and ACT Health have funded SIDS and Kids ACT to develop safe sleeping resources for people with limited literacy skills. A brochure has been completed awaiting final consultation.

The Early Childhood Platform

The Early Childhood Platform for children in the ACT is currently in development, as the framework for future service development across the government and non-government sector. The Early Childhood Platform sits within the context of the *ACT Children's Plan*, *the Best Start to Life: The Importance of Early Childhood Education,* and *the Early Childhood Schools Framework.*

The Early Childhood Platform will have two overarching goals:

- Overall improvement in the health and development outcomes for children growing up in the ACT community; and
- Addressing the particular needs of children at risk of lifelong disadvantage, with a view to significantly improve outcomes for these children.

The Platform has a focus on initiatives related to the health, development and education. The Early Childhood Platform will focus on the critical early years prior to school and continue to include children to 8 years of age.

Licensing of child care services for children aged 0-12 years

The *Children and Young People Bill 2008* requires licensed child care services to provide safe and nurturing environments for children in their care. In addition, the Bill provides for the inclusion of standards of child care service delivery and monitoring of the standards and continues to identify child care staff as mandated reporters of physical and sexual abuse of children and young people. These initiatives provide for concerns regarding the safety of children to be addressed by the regulatory authority or by child protection services. As appropriate, the early intervention and prevention strategies available within the Department of Disability, Housing and

Community Services and its non-government partners are able to be accessed to support children and their families.

Emergency and casual child care placements

The Department of Disability, Housing and Community Services funds emergency and casual child care placements primarily for vulnerable children and their families. The placements support the early intervention and prevention strategies by providing support to families at times of crisis.

Youth Support Programs

The Youth Support Programs fund a variety of programs for young people aged 12 to 25 years of age. Some target young people who are to be or are parents of young infants. Examples of programs and services include:

- *U-Turn Youth Services* provides a young parents group on a weekly basis and emergency relief and case management support to young parents;
- *Karinya House for Mothers and Babies* provides a supported accommodation service for pregnant young women and young women with infant children and outreach support service to young parents in their homes;
- Gugan Gulwan Youth Aboriginal Corporation provides a *Young Mothers Group for Indigenous women*;
- Marymead Children and Family Centre provides a *Men and Women's Parenting Group;*
- Mura Lanyon Youth and Community Centre, YWCA and Tuggeranong Child and Family Centre provides the *Lanyon Young Parents Group*; and
- Southside Community Services provides a *Mosaic Parents Group and Playtime Group.*

Family support services

Early intervention and prevention strategies require the voluntary engagement of families with programs and services that address their identified needs. Engagement is achieved through a service that a family attends or direct outreach services to families in areas of need. Both means of engagement must be accessible and acceptable to families to enable supportive and trusting relationships to be developed.

The focus of the Family Support Program (FSP) is to provide early interventions to support and strengthen families and prevent families from requiring statutory intervention. The program primarily targets vulnerable children, young people and families within the ACT. The services include universal, secondary and tertiary services to at risk families, where the parent's capacities are affecting the well being of children or an unborn child.

The Department of Disability, Housing and Community Services continues to provide funding for a broad range of family support services provided by the non-government sector. The Department provides a total of $2,251,380.87 to 19 services that collectively run 23 Programs. These include: One Parent Family Support Service; Refugee and Migrant children, young people and families who have experienced War trauma, Human Rights violations and/or Torture; Family Skills for Men and the Grandparents Support Network.

Working across States and Territories

Work in relation to national approaches to child protection and creating child safe communities has been underway for some time under the auspice of the Community and Disability Services Ministers Advisory Council (CDSMAC).

The ACT led a CDSMAC working group to develop a national alert system for high-risk child protection matters. The working group developed a standardised template and guidelines for these alerts across Australia and New Zealand. After the completion of a trial in July 2007, the protocol was endorsed by CDSMAC members and is now in place.

Working across Departments

Over recent years there has been a deliberate strategy to establish more formal communication and partnership processes across ACT Government Departments. An example is the governance of the *ACT Children's Plan,* which has strengthened networks across government through the establishment of an Interdepartmental Committee (IDC), consisting of senior departmental representatives.

In recognition of the important role effective working relationships between Care and Protection Services and ACT Health play in improving outcomes for children, there have been formalised communication and partnership arrangements between the agencies. These include:

- The development of an Memorandum of Understanding between ACT Health and the Office for Children, Youth and Family Support, with quarterly meetings to facilitate discussion on organisation-wide issues;
- Care and Protection Services representation on the ACT Health Child Protection Advisory Committee;
- Bi-monthly meetings to address systemic issues held with Care and Protection, Community Health and Child and Adolescent Mental Health;
- Establishment of liaison officer positions for each agency; and
- Establishment of an out of home care clinic within ACT Health's Child at Risk Health Unit at The Canberra Hospital, providing a health assessment for all children and young people entering care.

Legislative changes

The ACT is the first jurisdiction in Australia to review child welfare legislation in the context of a Human Rights Act. A number of amendments to the *Children and Young People Act 1999* have been implemented since 2006. The Act now includes:

- Prenatal reporting;
- Revised requirements for mandated reporters;
- The concept of a child or young person being at risk of abuse or neglect; and

- A framework for the protection and provision of information under the Act.

Reviews across Australia have identified the need for legislation allowing prenatal concerns to be reported, to provide early and voluntary support and assistance to the mother, parents and families. The prenatal reporting provisions enable a voluntary assessment of risk to the child after the birth. It also enables the provision of voluntary support services to the woman and family members, including fathers, who may be involved in the care of the child after birth.

The *Children and Young People Bill 2008* proposes significant further reform to the law and will directly impact on the lives of at risk children in the ACT. The Bill was tabled before the ACT Legislative Assembly in March 2008.The Bill introduces reforms that support earlier intervention in the life of a child or in the life of a problem, enabling statutory child protection services to respond earlier and more effectively to concerns about children.

The Bill will introduce provisions regarding prenatal information sharing between agencies following receipt of a prenatal report and before the birth of a child. Further legislative reforms include a requirement to respond to all concerns received about children as well as new investigation powers in response to a child protection report.

The Bill enables the Children's Court to include drug testing provisions in care and protection orders, by directing that a person not use a stated drug or that a person undergo drug testing in accordance with drug testing standards. The Bill will enable greater stability and certainty for children subject to care and protection orders through the introduction of stability proposals in their care plans. The stability proposal will include strategies to support children who do or do not live with their parents, concurrent planning for restoration with parents and/or alternative and permanent care. This will ensure improved long term social, emotional and learning outcomes for children in care.

The Bill expands the criteria for making a protection order in relation to a child to include psychological abuse associated with domestic violence. This addresses

concerns that children and young people need to be adequately protected from exposure to domestic violence and the detrimental effects on their emotional and psychological wellbeing.

The Bill ensures that people making decisions about the care and protection of Aboriginal and Torres Strait Islander children and young people have regard to protecting and promoting the cultural and spiritual identity of Aboriginal and Torres Strait Islander children and young people through connections to family and community and through the development of cultural care plans.

FUTURE DIRECTIONS

Professional Development and Training

The shift towards early intervention and prevention and more integrated and collaborative work practices must be supported by community education and training. Studies and reviews have highlighted the complexity of the issues. Professionals require educational opportunities, increased skills and access to resources to enable them to work effectively with families.

The Department of Disability, Housing and Community Services and ACT Health are presenting a series of child-focused workshops to enhance the practice of those who work with vulnerable families. The workshops enable staff to understand and strengthen their skills and knowledge.

ACT Children's Plan

During 2007/2008, the *ACT Children's Plan* Interdepartmental Committee (IDC) has undertaken a review of its achievements, purpose and membership. This has resulted in a revision of its Terms of Reference, a reprioritising of its directions and commitments, and a review of its governance structures. Through this review process the IDC determined that the principles of the *ACT Children's Plan* still hold currency and relevance in 2008.

ATTACHMENT

RECOMMENDATIONS FROM THE MURRAY-MACKIE STUDY, GOVERNMENT RESPONSE AND CURRENT PROGRESS

Progress as at 25 February 2008

RECOMMENDATIONS FROM THE MURRAY-MACKIE STUDY

GOVERNMENT RESPONSE AND CURRENT PROGRESS

Recommendations			Government Response	Progress at 25. 02.08
Child Death Reviews in the ACT	1.1	That the government progress its agreement in principle that a child death review team or committee be established within the recommended Commissioner for Children and Young People subject to further analysis to ensure that this function is appropriate once the role and capacity of the Commission has been established.	Agreed	**In progress**. Exploration of a structure for case review between ACT Health and CPS is underway. Child death review processes for the ACT are currently being explored in consultation with DHCS, DJaCS and ACT Health.
	1.2	That the focus of child death review should be a comprehensive mechanism that acknowledges the complexities of child abuse and the responsibilities of whole of government and community in the prevention of child abuse and child deaths.	Agreed	As above
Role and relationship of CPS and ACT Health	2.1	That the role and working relationship between CPS and ACT Health is clearly defined between the agencies with protocols put in piace: • Exchanging information • The active role of ACT Health in overseeing Discharge Plans and Action Plans • Systems and procedures for contacting agencies for particular information • Reporting unborn children • Drug affected infants • Urine testing of carers of infants at risk • CPR notified by hospitals • The role and inclusion of the MACH nurse in home visits and care plans.	Agreed	**Completed**. Education, training and development of procedures with ACT Health staff concerning child protection matters has been undertaken and remains ongoing to reflect improved processes. This includes clarification of information exchange. Projects relating to nursery discharge and Prenatal reporting have been completed and implemented.

Recommendations			Government Response	Progress at 25. 02.08
Role and relationship of CPS and ACT Health	2.2	That a joint project be undertaken between OCYFS, ACT Health and the Dept of Justice and Community Safety that considers the increasing incidence and the serious impacts of heavy substance use and domestic violence on young children and to develop a whole of government strategy to improve collaborative approaches across jurisdictions.	Agreed	**Ongoing.** Dialogue commenced with the departments.
Reporting unborn children	3.1	That the CYPA be amended to allow for the reporting and appraisal of concerns about unborn children.	Agreed to progress through the current legislative reform process.	**Completed.** The ACT Legislative Assembly passed amendments to the Act on 8 March 2007. These were implemented into practice in collaboration with ACT Health on 25 July 2007.
	3.2	That until the *Children and Young People Act 1999* is amended; the following interim procedures should be adopted: (a) Reports that a child will need protection after he or she is born should be recorded, with a view to investigating the report immediately upon the birth of the subject child. (b) A written request should be made to the relevant hospital or service provider to immediately inform CPS of the baby's birth; (c) The report should be investigated as soon as CPS is informed about the baby's birth.	Agreed to progress through the current legislative reform process.	**Completed**. Policy and practice directions have been provided to staff regarding prenatal reports.

Recommendations			Government Response	Progress at 25. 02.08
Reporting unborn children	3.3	Any reports of concerns about an unborn child, who will need protection after he or she is born, should also be automatically considered as a report in relation to any sibling or child living in the same placement.	Agreed as amended with author. Legal advice is required to clarify the capacity to implement within the current legislation. The same effect will be achieved by practice directions requiring workers to assess the safety of all siblings living in the family home.	**Completed**. Policy and practice directions have been developed and implemented regarding prenatal reports.
Vulnerable infants	4.1	That as a matter of priority, the current risk assessment framework be reviewed as a decision making tool for responses for vulnerable infants (under two years of age). Practice guidelines concerning risk assessment should accompany any amendments to the tool and policy.	Agreed	**Completed**. The review of Risk Assessment Framework has been completed and training provided to staff in August 2007. A revised framework is being piloted from November 2007 to January 2008. The Pilot will be reviewed in March 2008 and the processes evaluated and updated as required. In consultation with key stakeholders, work is being undertaken on the development of a common needs assessment tool for use across agencies working with vulnerable families.

Recommendations			Government Response	Progress at 25. 02.08
Vulnerable infants	4.2	That amendments to the policy include that where Appraisals are required concerning children who are under two years of age, they are to be at least commenced, within 24 hours.	Agreed with amendment. This amendment as currently worded will put the focus on commencement of the process rather than completing a timely assessment. The practice direction will focus on requiring a home visit and interviewing key people within a 72 hour period.	**Completed**. A revised appraisal policy has been developed and implemented.
Vulnerable infants	4.3	That the practice guidelines include the valuable role of the MACH nurse in the care plan and in home visits to vulnerable infants. See also recommendation 2 concerning protocols with ACT Health.	Agreed	**Completed**. Revised practice directions refer to the collaborative practices with ACT Health. Case conferencing policy and protocols have been developed and implemented.
Drug dependent and drug affected infants	5.1	A definition as to what constitutes a "drug dependent or drug affected infant" should be established and inserted in the Policy and Procedures Manual.	Agreed	**Completed**. Practice directions were implemented in September 2006 and have been subsequently reviewed.
	5.2	Detailed information should be made available to all workers about the special needs of "drug dependent or drug affected infants".	Agreed	**Completed**. Information and a range of educational training and resource strategies have been developed and distributed to staff.
	5.3	Where a baby is suspected of being born drug-affected, the hospital where the child is born should be requested to provide a clear, written determination as to whether the baby is "drug dependent or drug affected" and make this information available to the CPS as soon as possible.	Agreed	**Completed**. The Nursery Discharge project has incorporated clear communication and case planning processes involving all agencies working with the 'at risk' infants and their family.

Recommendations			Government Response	Progress at 25. 02.08
	5.4	That a *pro forma* document be devised for the use of hospitals concerning the status of babies suspected of being "drug dependent or drug affected" and whether they have special needs or require particular medical attention and that this document be provided to CPS.	Agreed	**Completed**. A proforma document has been developed as part of the nursery discharge planning process and implemented into practice.
Medical testing of children	5.5	Where there are suspicions that children are born drug dependent or suspected that children have been given drugs such as methadone (as a method of quietning them for example) then arrangements need to be undertaken to test children to verify their safety or otherwise.	Agreed	**Completed**. Various strategies have been developed in conjunction with ACT Health to assess and monitor drug withdrawal or ingestion and to work with parents/carers. These are ongoing. Discussions continue with ACT Health on referral and follow up subsequent assessments of these children.
Child Protection Reports and Critical Incident Reports for subject children and siblings	6.1	A notification in relation to a subject child should: (a) Automatically include siblings of the subject child, who are living with that child. (b) Automatically include any other child living with the subject child. (c) Automatically include *in utero* (unborn) siblings.	Agreed in principle	**Completed**. Policy and procedures have been developed and implemented.
Child Protection Reports and Critical Incident Reports for subject children and siblings	6.2	That all court reports, affidavits and other material prepared by external service providers and used in support of an application for care and protection in relation to a subject child, that indicates the subject child is at risk; should then 'trigger' the recording of a child protection report in relation to siblings of the subject child.	Agreed	**Completed**. Policy and procedures have been developed and implemented.
	6.3	That policy is amended so that CPRs are automatically recorded when children die, who were known to the department (within a specified period of time prior to death, for example, three years prior), in relation to sibling children.	Agreed	**Completed**. This has been included as part of the new Intake policy and practice.

Recommendations			Government Response	Progress at 25. 02.08
Child Protection Reports and Critical Incident Reports for subject children and siblings.	6.4	That a Critical Incident policy be developed.	Agreed	**Completed**. A Critical Incident Policy for CPS has been developed and is being implemented. This is in line with the DHCS Critical Incident Framework
Hospital discharge, Action Plans and the role of CPS	7.1	That CPS accept responsibility for the supervision and implementation of hospital Discharge Plans or Action Plans in accordance with their legislative obligations under s.10 Children and Young People Act 1999. (See also recommendation 2 in relation to the role and responsibility of ACT Health in collaborative arrangements with CPS in this regard).	Agreed	**Completed**. Processes for joint planning and development of action plans have been implemented in conjunction with ACT Health.
Hospital discharge, Action Plans and the role of CPS	7.2	That meetings to discuss discharge from hospital are recorded and placed on file, with a case plan to follow. Minutes of the meeting with the case plan needs to be provided to each of the agencies' representatives. There should be follow up meetings to ensure that resolutions and commitments are being carried out with a central person responsible for the co-ordination of services and support.	Agreed	**Completed.** Processes have been developed and implemented.
Child Protection Reports from hospitals	8.1	That an updated *pro forma* document be devised for use in hospitals and for other health service providers when making a CPR concerning a child.	Agreed	**Completed**. An updated report form has been developed and implemented.
Obtaining information about the illicit drug use of care givers	9.1	That workers are educated on the various ways that they can assess the illicit drug use of care-givers, which would include: (a) Information from the care-giver, (b) Information from external organisations such as those offering drug and alcohol counselling or treatment, (c) Medical practitioners, (d) Observations from home visits and the like, and (e) Objective medical tests such as urine screening.	Agreed	**Completed**. Educational, training and resource strategies including workshops, education sessions with teams, written resources and electronic information are available to staff. A policy on the use of urine testing has been developed and implemented.

Recommendations			Government Response	Progress at 25. 02.08
Obtaining information about the illicit drug use of care givers	9.2	That workers are encouraged to place an increased emphasis on the importance of objective medical tests such as urine screening.	Agreed	**Completed**. As stated above.
Obtaining information about the illicit drug use of care givers	9.3	That workers are encouraged to enforce requests for urine testing of care-givers, if it is considered to be in the best interests of the child, by court order if necessary. (a) This could be achieved for instance by utilising s.215 *Children and Young People Act 1999* which would enable the Department to apply to the court for an assessment order.	Agreed	**Completed**. As stated above
Assessment Orders	10.1	That workers are encouraged and supported, where appropriate and necessary, to make an application for an assessment order (s.215 *Children and Young People Act 1999*) when investigating a CPR.	Agreed	**Completed.** New policy and practice directions regarding appraisals have been implemented.
	10.2	That workers are encouraged to ensure that there are consequences when care givers repeatedly and unreasonably fail to give a urine sample. (a) An example could be that a consequence of three unreasonable refusals to provide a urine sample would immediately trigger an appraisal of the subject child's current circumstances.	Agreed	**Completed**. See response to recommendation 9.1.
	10.3	That workers are encouraged where necessary to ensure compliance with urine testing by obtaining, as part of an assessment order; an assessment order could include an order that "a person undergo an examination, a test or a treatment of a physical, medical or dental nature on the person, other than by way of surgery" (s.190 (a) CYP Act).	Agreed	**Completed**. As above.

Recommendations			Government Response	Progress at 25. 02.08
	10.4	That workers are provided with further education and training about the nature and extent of orders that a court can make pursuant to an application for an assessment order.	Agreed	**Completed**. Training provided to staff on court processes includes this information.
Obtaining information from other agencies	11.1	That workers are reminded through training or Practice Directions, of the benefit and the policy concerning risk assessment and the obtaining of information from external agencies when appraising reports.	Agreed	**Completed**. New policy and practice directions have been developed and implemented.
	11.2	That where possible, signed authorities should be obtained from care-givers at an early stage of intervention that will allow workers access by consent to information held by external agencies about subject children and care-givers.	Agreed	**Completed**. Policy and practice directions have been developed and implemented.
	11.3	That workers are provided with further training about the nature and extent of powers available to them under s. 28 and s. 29 *Children and Young People Act 1999* and they are encouraged and supported to use these powers, where necessary, to obtain information from external agencies.	Agreed	**Completed**. Training is provided as part of an implementation strategy for new policies and procedures.
	11.4	That protocols are established with external agencies for the timely delivery of information, which would include agreements about fees.	Agreed	**Competed**. Development of systems to support the provision of information in partnership with ACT Health continue to be progressed. Protocols have been entered with DVCS and ACT Policing
Meetings with Service Providers and care givers	12.1	All meetings, including home visits and hospital discharge meetings, should be carefully documented. This means that the following should be recorded where possible: (a) The identity and role of stakeholders, (b) Contributions made by each stakeholder, (c) Documents used at the meeting, and (d) Outcomes of meetings.	Agreed	**Completed**. A practice direction was implemented in September 2006. Templates documenting meetings have been developed and implemented.

Recommendations			Government Response	Progress at 25. 02.08
Information sharing with police	13.1	That the draft Protocol with police concerning the exchange of information be finalised and enacted.	Agreed	**Completed**. MOU between CPS and ACT Policing has been developed and signed on 12 February 2008. Implementation of protocols is now underway.
	13.2	That the Protocol for the exchange of information between police and CPS include the processes for the provision of information by police when a parent or carer is regularly coming to the attention of police for high risk drug related behaviour, such as robberies or involvement in prostitution and they have the care of children.	Agreed	**Completed –** As above
	13.3	That the Protocol and the OCYFS Policy and Procedures Manual should include clear information about the distinction between the police investigation and statutory child protection functions of CPS. That is, that the protection of and assessment action concerning the subject child and other children in the placement must not cease if there is a police investigation.	Agreed	**Completed**. The MOU between CPS and ACT Policing incorporates this recommendation. A new practice direction was implemented in April 2007.
Domestic and family violence	14.1	A brief overview of the literature and practice matters about the effects of domestic violence on children has been included in Attachment 2. A practice paper on the complexities in the interface between child safety and domestic violence should be drafted by CPS so as to provide further guidance to workers in this regard.	Agreed	**Completed**. A practice direction has been developed and implemented. Cross agency workshops on domestic violence have been undertaken. Policy and protocol development continues.
Aboriginal and Torres Strait Islander children	15.1	That consideration is given to updating CHYPS, or if this is impractical, then practice directions be given to staff that when "unknown or not stated" is entered into the Indigenous status field of CHYPS, that workers return to this field to update the status once it has been obtained.	Agreed	**Completed**. A practice direction has been developed and implemented.

Recommendations			Government Response	Progress at 25. 02.08
	15.2	In conjunction with the ATSI Unit, ensure that the recommendations from the Vardon and Murray reports concerning Aboriginal and Torres Strait Islander children and young people are implemented as a matter of priority.	Agreed in principle. While all Vardon and Murray recommendations in relation to case practice issues are on course some of the community development processes eg, the gathering has evolving in other ways through the consultative processes.	**Completed.** Recommendations were addressed through the Aboriginal and Torres Strait Islander Children Vardon Implementation Group. The Aboriginal and Torres Strait Islander Gathering and forums were held during August and September 2007.
Sleeping practices and environment	16.1	That consideration be given to a joint project with ACT Health to develop and implement a Territory wide policy to be followed by all relevant staff including midwives and health workers about the provision of information to new and expectant parents about safe sleeping practices. Further, that ACT Health develop a training package that includes culturally appropriate materials and communication strategies that convey consistent messages about safe sleeping, particularly to high risk and vulnerable families.	Agreed	**Completed**. Sids and Kids ACT, ACT Health and the Department of Disability, Housing and Community Services (DHCS) convened an educational forum for staff on safe sleeping practices in September 2006. Further workshops are planned for October-December 2007 as part of the 'What about me' community education sessions. A further workshop will take place in March 2008. Safe sleeping messages will be an ongoing part of the working with vulnerable families strategy. DHCS and ACT Health has jointly funded Sids and Kids ACT to develop education programs and resources targeted to high risk and vulnerable families.

Recommendations			Government Response	Progress at 25. 02.08
Appraisal	17.1	That considerations should be given to amending policy and practice guidelines so that the commencement of appraisal action is when workers sight and engage with the child, not when phone calls are first made; this action would constitute information gathering for the appraisal.	Agreed with amendment – aligned to as per 4.2 the new practice directions will provide more rigorous requirements for completion in a stipulated timeframe.	**Completed**. A new appraisal policy was developed and implemented in Aprii 2007.
Appraisals	17.2	That decisions about the timeframe for Appraisals need to state when the appraisal action must be commenced and when the appraisal must be completed.	Agreed	**Completed.** As above.
	17.3	That a policy is implemented to ensure that recommended deadlines for appraisals, are in principle, not to be extended unless in extraordinary circumstances and that reasons for an extension of a recommended deadline for an appraisal must be documented.	Agreed	**Completed.** As above.
	17.4	A particular appraisal should not be "rolled over" to join another appraisal if this would mean extending a recommended deadline on a previous CPR.	Agreed	**Completed**. Policy and a practice direction were implemented in September 2006 and these have been subsequently reviewed as part of the ongoing improvement process.
	17.5	Appraisals must include contacting and the use of information from external agencies pursuant to s.28 and s.29 of the *Children and Young People Act 1999.*	Agreed	**Completed.** A new appraisal policy was implemented in April 2007.
Appraisal	17.6	That the relationship between CIS and the Appraisal Teams is reviewed regarding current functions, any overlap and their working relationship.	Agreed	**Completed.** The review has been completed as part of the Office for Children, Youth and Family Support Realignment.
	17.7	That the practice of the Appraisal Team changing and 'downgrading' urgency ratings of appraisal decisions that are made by CIS Team Leaders, is also reviewed.	Agreed	**Completed.** The practice direction was implemented in September 2006.

Recommendations			Government Response	Progress at 25. 02.08
Substantiation	18.1	That departmental policy should be reviewed so that staff have clear guidance about the substantiation of allegations, so that decision making considers whether or not it is likely that an abuse event has occurred, the future risk to children and the social background and family need.	Agreed	**Completed.** A new appraisal policy was implemented in April 2007.
	18.2	That the current substantiation outcome categories are reviewed to better capture decision making about harm categories of neglect, emotional abuse and family violence.	Agreed	**Completed.** As above.
Record Keeping	19.1	That recommendations from the Murray Report (2004) concerning record keeping, be implemented if not already done so. That workers, through a training session, be briefed on the significance of keeping files that are able to be quickly and easily read and understood by other workers, the importance of keeping thorough notes, which should always be dated and the worker's name recorded.	Agreed	**Completed.** The record keeping recommendations of the Murray Report have been implemented. A practice direction was implemented in September 2006 and undergoing review. Record keeping requirements are part of the core training provided to new staff. Additional training is provided to staff when a practice direction/policy is implemented.
	19.2	That all documents and information concerning a subject child should be kept on a file specifically for that child.	Agreed	**Completed.** Implemented practice requires the creation of a file for each child.
	19.3	That the Indigenous status of children and their families are recorded.	Agreed	**Completed**. Revised policy was implemented in January 2007.
Managing workplace aggression and stress	20.1	That CPS develop some key principles and levels of action for the management of client intimidation and aggression and to support and ensure the personal safety of staff. This would include guidance for managing client behaviour in the office, while transporting clients and during home visits.	Agreed	**In progress.** Draft policy documents in conjunction with the supervision policy are being developed to support staff.

Recommendations			Government Response	Progress at 25. 02.08
	20.2	A policy should also be developed for managing work place stress and vicarious trauma, for de-briefing for staff in critical incidents and when a child dies and for the supervision of and mentoring for staff through senior practitioners.	Agreed	**In progress.** As above.