Keep Them Safe
A shared approach to child wellbeing

Information Sessions
Participant’s Manual
Acknowledgements

This manual has been developed to support the delivery of the ‘Keep Them Safe – A shared approach to child wellbeing’ Information Sessions.

The Manual has been prepared for the New South Wales Department of Premier and Cabinet.

Special Acknowledgement is made to Nicole Devereux and Tricia Williams for their contributions to the process and content material by the ‘Keep Them Safe – A shared approach to child wellbeing’ Implementation Team, TAFE NSW, September 2009
About the Participant’s Manual

This Participant’s Manual supports the Keep Them Safe Information Sessions for Mandatory Reporters. The purpose of the manual is to provide a documented and accessible form of the information presented throughout the three-hour session. The manual also contains relevant case studies that may be a focus of specific sessions together with a series of reflective questions that will hopefully initiate and encourage conversations which promote strategies for the implementation of Keep Them Safe on an individual, organisational and inter-agency level.

This manual provides only a summary of information in relation to the background of Keep Them Safe and the ongoing reforms planned over the next five years. Further information can be accessed on the website set up by the NSW Government’s, Department of Premier and Cabinet: www.keepthemsafe.nsw.gov.au
The Information Sessions

The purpose of the three-hour Information Sessions for Mandatory Reporters is to provide an overview of Keep Them Safe – A shared approach to child wellbeing. As the implementation of Keep Them Safe is part of a five-year action plan, the Session will provide information about the background to the initiative, the key changes to child protection in NSW through Keep Them Safe and a briefing about the reforms that have commenced, as well as those planned over the next twelve months.

The Information Session is not training in child protection or in any of the key areas being developed through Keep Them Safe. The session is a briefing of Keep Them Safe, with a purpose of introducing the context and concepts of what will change for people and organisations working with vulnerable children, young people and families in NSW. The Information Session provides an opportunity for workers and organisations to begin thinking and planning so that when new systems and reporting processes commence in late January 2010, organisations will be prepared and will be able to work as an integral component of a system working collaboratively for better outcomes in child wellbeing.

The shift in the way we think about child protection and child wellbeing will bring three key messages throughout the Information Sessions. These messages are:

• Shared responsibility – collaboration
• Risk of ‘Significant Harm’ – new threshold
• New ways of working – new systems to support children and families earlier
*Keep Them Safe* will bring with it many challenges and will require individuals, agencies and interagency networks to make the shift: to reflect, plan and act so that new ways of thinking transform into new ways of working.

The Information Sessions will not provide a prescriptive outline of what you will need to do when the changes are implemented in January 2010. The sessions will give you information about what those changes are, what is currently being done to prepare for those and other aspects of the five-year plan and will also give an opportunity to actively participate in the process of change. The session will outline the key changes, specifically those in relation to new threshold for reporting children and young people to the Community Services Helpline. As the process is still developing in preparation for January 2010, communication will be ongoing as the changes and tools associated with the new processes are finalised.

Further training will be provided as the reforms continue to roll out over the next twelve months. Additional training will provide opportunities to develop greater knowledge of the tools and processes involved in specific areas of practice.

As with any change process, there may be resistance, hesitancy and uncertainty. It is acknowledged that these responses can be a normal part in the process of change management. What is important is the knowledge that this process – the reforms being made through the implementation of *Keep Them Safe* – is in response to the Report of the Special Inquiry into Child Protection Services in NSW and is based on 106 of the 111 recommendations made by Justice Wood. In order to move forward we need to work together, maintain a child and young person focused approach, and keep an emphasis on the change, not the challenges.
### Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ACWA</td>
<td>Association of Children’s Welfare Agencies</td>
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<td>AbSec</td>
<td>Aboriginal Child, Family and Community Care State Secretariat</td>
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<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
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<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>CS</td>
<td>Division of Community Services</td>
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<td>CWU</td>
<td>Child Wellbeing Unit</td>
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<td>DADHC</td>
<td>Division of Ageing, Disability &amp; Home Care</td>
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<td>DET</td>
<td>Department of Education and Training</td>
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<td>DFV</td>
<td>Domestic/Family Violence</td>
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<td>DJJ</td>
<td>Division of Juvenile Justice</td>
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<td>DPC</td>
<td>Department of Premier and Cabinet</td>
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<td>DVLO</td>
<td>Domestic Violence Liaison Officer</td>
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<td>ECN</td>
<td>Early Childhood Nurse</td>
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<td>EI</td>
<td>Early Intervention</td>
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<tr>
<td>FaHCSIA</td>
<td>Department of Families, Housing, Community Services and Indigenous Affairs</td>
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<td>FCM</td>
<td>Family Case Management</td>
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<td>FRS</td>
<td>Family Referral Service – (formally known as Regional Intake and Referral Service – RIRS)</td>
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<td>HASI</td>
<td>Housing and Accommodation Support Initiative</td>
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<td>HS Net</td>
<td>Human Services Network</td>
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<tr>
<td>Human Services Department</td>
<td>Division of Community Services, Division of Ageing, Disability and Home Care, Division of Housing NSW and Division of Aboriginal Affairs and Division of Juvenile Justice</td>
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<td>JIRT</td>
<td>Joint Investigation Response Team</td>
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<td>KTS</td>
<td><em>Keep Them Safe</em></td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MRG</td>
<td>Mandatory Reporter Guidance</td>
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<td>NCOS</td>
<td>Council of Social Service of NSW</td>
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<td>NGO</td>
<td>Non-government organisation</td>
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<td>OOHC</td>
<td>Out of Home Care</td>
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<td>ROSH</td>
<td>Risk of Significant Harm</td>
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<td>SAAP</td>
<td>Supported Accommodation Assistance Program</td>
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<tr>
<td>SDM (Tool)</td>
<td>Structured Decision Making (Tool)</td>
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<td>SOG</td>
<td>Senior Officer’s Group</td>
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What is ‘Keep Them Safe: A shared approach to child wellbeing’?

Keep Them Safe, released in March 2008, is the NSW Government’s response to the November 2008 Report of the Special Commission of Inquiry into Child Protection Services in NSW, led by the Honourable James Wood AO QC.

Keep Them Safe is a five-year Action Plan that aims to reshape the way family and community services are delivered in NSW so that children, young people and their families receive the services they need, sooner.

In particular, Keep Them Safe includes action to:

• enhance the universal service system
• enhance early intervention services
• better protect children at risk
• support Aboriginal children and families, and
• strengthen partnership with non-government organisations (NGOs) in delivering community services.

Key outcomes for children and young people

The goal of Keep Them Safe

A shared approach to child wellbeing is for all children in NSW to be healthy, happy and safe; and to be able to grow up belonging in families and communities where they have opportunities to reach their full potential.

To achieve these goals, the Government will work with NGOs to pursue the following outcomes for children and young people:

• children have a safe and healthy start to life
• children develop well and are ready for school
• children and young people meet developmental and educational milestones at school
• children and young people live in families able to meet their physical, emotional and social needs
• children and young people are safe from harm and injury, and
• children, young people and their families have access to appropriate and responsive services if needed.
Philosophy of Keep Them Safe

Keep Them Safe reinforces the principle that care and protection of children and young people is a shared responsibility. This responsibility rests firmly with parents, families and communities, and it is only in exceptional circumstances that statutory intervention is warranted.

To help keep families together, the Government has committed to enhancing early intervention and prevention services. To help achieve this, the Government will increase the role of other government agencies and those of non-government organisations and help to build capacity in delivering these services. This recognises the expertise in delivering community services that exists in the non-government sector.

Why was Keep Them Safe necessary in the first place?

In 2008 the Community Services Helpline received nearly 300,000 calls. It was impossible for the Department to respond fully to all these calls.

One of the main factors that drove this large number of calls was that the threshold for reporting to the Helpline (risk of harm) was too low. NSW has one of the lowest thresholds for statutory intervention according to national and international standards.

Due to the large number of calls to the Helpline many families who had serious needs received little or no attention. For example, in 2007/08 only 13% of calls to the Helpline received a home visit from a Community Services caseworker.

Decades of international research have clearly shown that early intervention and prevention services and an efficient universal service system are the best and most cost-effective way to care for families in the long term, so that problems are addressed before they become worse.

Keep Them Safe, therefore, aims to improve the situation for families who are struggling by providing better co-ordination of services, and better linking to families who need them.
Guiding principles behind *Keep Them Safe*

The Government fully supports the eight principles set down by Justice Wood in his final report. These principles are:

1. Child protection is the collective responsibility of the whole of government and the community.

2. Primary responsibility for rearing and supporting children should rest with families and communities, with government providing support where it is needed, either directly or through the funded non-government sector.

3. The child protection system should be child-focused, with the safety, welfare and wellbeing of the child or young person being of paramount concern, while recognising that supporting parents are usually in the best interests of the child or young person.

4. Positive outcomes for children and families are achieved through development of a relationship with the family that recognises their strengths and their needs.

5. Child safety, attachment, wellbeing and permanency should guide child protection practice.

6. Support services should be available to ensure that all Aboriginal and Torres Strait Islander children and young people are safe and connected to family, community and culture.

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

8. Assessments and interventions should be evidence-based, monitored and evaluated.

The Government is using these principles to create an integrated system that supports vulnerable children, young people and their families. This system will include new reporting and referral arrangements that provide alternative ways for children and families to access the support services they need.

In cases where statutory intervention is needed to protect children and young people, the *Keep Them Safe* reforms aim to improve the response of government, the courts and non-government organisations.
What are the key elements of the reforms?

The key elements of the Government’s reform package are:

• increasing the threshold for reporting children and young people to the Community Services Helpline from ‘risk of harm’ to ‘risk of significant harm’
• establishing Child Wellbeing Units in the major government reporting agencies
• establishing a network of Family Referral Services
• enhanced service provision focusing on early intervention and prevention, including comprehensive universal, secondary and tertiary services
• increasing the role of non-government organisations in delivering services
• changes to out-of-home care
• changes to processes in the Children’s Court and
• providing better services to Aboriginal children and young people

New legislation

The legislation for the Keep Them Safe reforms has passed through Parliament and was assented to on 7 April 2009. However, to ensure training and support tools are in place before the legislation takes effect, the new provisions of the Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009, will not come into force until each provision is formally proclaimed. Provisions proclaimed to date relate to:

• the appointment and functions of the new President of the Children’s Court
• changes to the reviewable deaths definition and the Ombudsman’s reporting period, implementing two specific recommendations of the Wood Inquiry.

The remaining sections will be proclaimed over time, with updates provided in the Keep Them Safe e-newsletter.
In summary, the legislation:

- raises the mandatory reporting threshold from ‘risk of harm’ to ‘risk of significant harm’
- includes two new grounds that indicate a child may be at risk of significant harm
- sets up an alternative reporting process for mandatory reporters in major government reporting agencies (as they currently comprise over 60% of all reports) which will involve new Child Wellbeing Units
- removes penalties for not reporting
- permits exchange of information between government agencies and non-government organisations involved in the safety, welfare and wellbeing of children and young people
- allows disclosure of reporter identity to a law enforcement agency investigating a serious offence against a child or young person, in limited circumstances
- simplifies and streamlines the Children’s Court process, making it more user friendly
- clarifies the Court’s role regarding children in out of home care
- establishes a new approach to out of home care based on children being in statutory, supported and voluntary out of home care
- expands the categories of people subject to ‘working with children’ background checks
- streamlines oversight and reporting on child deaths.
Reporting Children at Risk

Changes in how people make a report

Before the end of January 2010
Until the new threshold of risk of significant harm comes into effect in 2010, all reports about children and young people suspected to be at risk of harm should go to the Community Services Helpline, by calling 132 111.

After the end January 2010
When the new threshold of risk of significant harm comes into effect:

• mandatory reporters employed in government agencies that have a Child Wellbeing Unit (CWU) in their agency can call their CWU for help in identifying whether a case meets the new threshold of risk of significant harm;

• mandatory reporters employed by non-government organisations or by government agencies without a CWU will still report matters to the Community Services Helpline where they believe a child is at risk of significant harm;

• the public will continue to be able to make reports to the Community Services Helpline by calling 132 111.

Risk of significant harm
Members of the community and mandatory reporters who suspect that a child or young person is at risk of significant harm (the statutory threshold) should report their concerns to the Community Services Helpline. This new statutory threshold has replaced ‘risk of harm’ in the Children and Young Persons (Care and Protection) Act 1998.

A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent.
**Agreed policy definition of Significant Harm**

‘Significant’ in the phrase ‘to a significant extent’ means something which is sufficiently serious to warrant a response by a statutory authority irrespective of a family’s consent.

What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse effect on the child or young person’s safety, welfare or wellbeing.

In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse effect on the child after the child’s birth.

‘Significance’ can result from a single act or omission or an accumulation of acts or omissions.

**New guidance for reporting a child or young person at risk**

New Mandatory Reporting Guidelines are being developed by Community Services in partnership with government agencies, mandatory reporters and non-government organisations (NGOs) to help front-line mandatory reporters such as police officers, teachers, nurses, social workers and non-government service providers to determine whether a case meets the new threshold.

The guidelines will form part of a common assessment framework for all agencies (including NGOs) working with children, young people and families.

The guidelines will be available for testing by the Child Wellbeing Units in October 2009. A final version of the Guidelines will be available on the KTS website before the new threshold is proclaimed.

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**Information will be continually updated at the Keep Them Safe website:**

www.keepthemsafe.nsw.gov.au

To remain informed, frequently check for updates and subscribe to the Keep Them Safe e-newsletter by registering through the quick link panel on the website.
The Information Session – Outline

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<th>Topic and Content</th>
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<td><strong>Introduction to session</strong>&lt;br&gt;• Introduction of facilitators&lt;br&gt;• Expectations&lt;br&gt;• Overview of session</td>
<td>10 mins</td>
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<tr>
<td><strong>Section 2</strong></td>
<td><strong>Background and philosophy</strong>&lt;br&gt;• Why changes – Wood inquiry Recommendations&lt;br&gt;• Government response – <em>Keep Them Safe</em> (KTS)&lt;br&gt;• Philosophy of KTS (shared responsibility), purpose of reforms,&lt;br&gt;• Outlining five-year plan&lt;br&gt;• New legislation (‘significant harm’, reporting grounds, information exchange),&lt;br&gt;• New systems and services (CWU/FRS/HL role)</td>
<td>30 mins</td>
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<td><strong>Section 3</strong></td>
<td><strong>What are the changes?</strong>&lt;br&gt;• Legislation&lt;br&gt;• New reporting threshold – ‘significant harm’&lt;br&gt;• New grounds for reporting&lt;br&gt;• Mandatory Reporting Guidance tools&lt;br&gt;<strong>Case studies</strong></td>
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<td><strong>Section 4</strong></td>
<td><strong>New systems and services</strong>&lt;br&gt;• Child Wellbeing Units (CWUs)&lt;br&gt;• Family Referral Services (FRS)&lt;br&gt;• Reporting and referral&lt;br&gt;<strong>Case studies</strong></td>
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<td><strong>Break</strong></td>
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<td><strong>Section 5</strong></td>
<td><strong>Working collaboratively and engaging with clients</strong>&lt;br&gt;• Managing changes&lt;br&gt;• Cultural change&lt;br&gt;<strong>Case studies</strong></td>
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<td><strong>Section 6</strong></td>
<td><strong>Where to from here?</strong>&lt;br&gt;• Where to get more information</td>
<td>15 mins</td>
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PowerPoint Slides Session 1

Introduction

Information Session Outline

Key Topic areas will include:

- Background and Philosophy of Keep Them Safe
- The Changes – What are they?
  - Overview of ‘Significant Harm’

- New Systems
  - Child Wellbeing Units
  - FRS Family Referral Services
  - Reporting and Referral

- Interagency Practice – Cultural Change
- Where to from Here?
Information Session Outcomes

Major outcomes for Mandatory reporters:

• Your responsibility and how you discharge those is changing

• Understand the definition of ‘risk of significant harm’ and what it means in your work context

• Know what the new reporting process is and where to get assistance
Key points

Major outcomes for this Information Session are that as mandatory reporters:

• You have responsibilities and how you discharge those is changing
• You understand the new definitions of ‘risk of significant harm’ and what it means in your work context
• You know what the new reporting process is and where to get assistance if you need it.

Notes
PowerPoint Slides Session 2

Background and Philosophy

Wood Inquiry and Context

• Special Commission of Inquiry into Child Protective Services commenced December 2007

• Determine what changes were required within the child protection system to cope with future levels of demand
Wood Inquiry and Context

Specific recommendations:

- System of reporting, recording information, management of reports, professional capacity and supervision of staff, current statutory framework, inter-agency cooperation, arrangements for children in out-of-home care and resources in the child protection system

Findings

- Reports are increasing annually
- “Frequently reported families”
- Mandatory reporters made around three quarters of reports
- Aboriginal children, young people, families and communities are over-represented
Findings

• Culturally appropriate interventions are not widespread

• Many reports do not warrant statutory intervention

• Mandatory reporters do not receive sufficient information about reports made

Findings

• Re-reporting has significantly increased

• Increasing numbers of children and young people in out-of home care

• Decreasing pool of foster carers and diverse placement options

• Overly legalistic proceedings in Children’s Court
Recommendations

- Wood Inquiry made 111 recommendations for changes to the child protection system

- Government accepted 106

Government Response

3rd March 2009 - NSW Government released Keep Them Safe: A Shared Approach to Child Wellbeing a five year action plan:
Government Response

• Reshape services for children, young people & their families

• Share responsibility across community

• Provide support earlier

• Respond to the report of the Special Commission of Inquiry into Child Protection in NSW

Goal of *Keep Them Safe*

All children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential
Goal of *Keep Them Safe*

Agencies such as Health, Education, Police and Human Services (Housing, Juvenile Justice, Disability Services) should expand their role in supporting children

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Goal of *Keep Them Safe*

- Fewer children and young people reported to DoCS

- More families supported on a local level in a coordinated approach by other government agencies and non-government services
Governance Framework

- The Department of Premier and Cabinet oversee the implementation of *Keep Them Safe*
- Advisory groups of been set up across agencies
- Workshops and forums with government and non-government staff to facilitate specific projects

Purpose of Keep Them Safe

- Child protection is a collective responsibility
- Primary responsibility for raising and supporting children and young people should rest with families and communities with government providing support
Purpose of Keep Them Safe

• Where the State intervenes in people’s lives this is warranted, is less adversarial and in the best interests of children

• Non-government organisations are important stakeholders in the child protection system

Purpose of Keep Them Safe

• Building stronger partnerships between government and non-government organisations

• Giving non-government organisations greater responsibility in the delivery of family and community services is a way to take services into communities

• The child protection system should comprise of integrated universal, secondary and tertiary services
Key points
• Child protection really is everyone’s business
• The reforms establish a significantly greater role for non-government organisations and other government agencies
• The experience of the child remains at the centre of the system
• New pathways and a higher reporting threshold are designed to help streamline the system.
• The whole-of-government nature of Keep Them Safe means we don’t yet have all the answers to how many of the reforms will affect our work.
• Changes will be tested progressively and implemented over a five-year period.
• The reforms build on current strengths of the service system

Focus points
• How do you see these changes and Keep Them Safe working in your agency?
• What are your hopes for these changes?
• What do you regard as the strengths of the new approach?
• What are the strengths of your organisation in undergoing change?
PowerPoint Slides Session 3

What are the Changes?

What Changes?

• NSW has one of the lowest thresholds for reporting in Australia

• The number of reports made to the Community Services Helpline has significantly increased over the last decade
What Changes?

An overloaded system can lead to:

- Vulnerable children being overlooked by the system
- Inappropriate reporting and investigations
- Children in care adversely affected
- Strained relationships between services

Wood Inquiry and Context

- Widely recognised that the range of government and non-government agencies working with families have a role to play in keeping children safe

- NSW Government has accepted Wood’s recommendations
Wood Inquiry and Context

• **Mandatory Reporting** will be retained but amendments are to be made to the way that it operates

• Raising of the mandatory reporting threshold from “risk of harm” to risk of “**significant** harm”

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Wood Inquiry and Context

• **Child Wellbeing Units** to be established in government agencies with large numbers of mandatory reporters

• Tools and training for mandatory reporters are being developed
Wood Inquiry and Context

Need to distinguish between children in need of support and children at risk of significant harm.

Wood Inquiry and Context

Reforms will:
• address the overloading of the current system and how to provide appropriate responses earlier
• create pathways for children and families to receive support and services without being reported to the statutory child protection agency
Mandatory Reporting

• Mandatory reporting promotes the notion of child wellbeing as a shared concern and has been retained as a key aspect of the *Keep Them Safe* reform agenda

• Beginning of the school year 2010, the threshold will change to “risk of significant harm”

Current Risk of Harm Legislation

Mandated reporters must make a report to Community Services when they have current concerns about risk of harm to the safety, welfare and wellbeing of a child
Current Risk of Harm Legislation

- **Section 23 of the Children and Young Persons (Care and Protection) Act 1998 (the Care Act)** defines a child or young person to be 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 one or more of a number of circumstances.

New Grounds for Reporting

- If parents or carers fail to make proper arrangements for their child to receive an education.

- Acknowledgement that while a single act may constitute neglect, there may be a series of incidents which seem inconsequential in themselves but may, when viewed together, establish a pattern of significant harm.
New Grounds for Reporting

Criminal penalty for mandatory reporters failing to report has been abolished

New Threshold for Reporting

• New statutory reporting threshold to ‘risk of significant harm’

• The legislation does not define the term “significant”

• Rely on policy definition
Defining “Significant Harm”

• What is meant by ‘significant’ in the phrase ‘to a significant extent’ is that which is sufficiently serious to warrant a response by a statutory authority irrespective of a family’s consent.

Defining “Significant Harm”

• Something that is significant is not minor or trivial. It may reasonably be expected to produce a substantial and demonstrably adverse impact on the child or young person’s safety, welfare or well being, and it can result from a single act or omission or an accumulation of these
Defining “Significant Harm”

• In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child after the child’s birth

Mandatory Reporter Guidance Tool

• Mandatory Reporter Guidance (MRG) tool will help reporters determine whether or not the risk of harm is significant

• The tool is interactive and cultural considerations are canvassed within the tool
Key points

• From early 2010, mandatory reporters who suspect that a child or young person is at risk of significant harm (refer to policy definition) report this to the Community Services Helpline.

• Reporters who hold concerns for a child or young person that do not meet the new threshold will receive feedback from the Community Services Helpline. Where they still hold concerns they can refer to other local services to provide supports to families to mitigate concerns or risks (note: since 2002 only about 8% of reports were made by non-government organisations).

• Where reporters who have Child Wellbeing Unit hold concerns that do not meet the threshold they can liaise with their agency’s Child Wellbeing Unit, consider any direct help the reporter’s agency can offer, or refer to other local services to provide supports to families to mitigate concerns or risks.

• Reporters are encouraged to work with other agencies to engage different support for a family where a matter does not indicate risk of significant harm to a child or young person.

• Revised legislation includes two new grounds that indicate a child may be at risk of significant harm.

• Mandatory reporters still have an obligation to report concerns for children and their employer is responsible for ensuring and oversight of systems to ensure compliance with the terms of the legislation.

• Mandatory reporters will be assisted in decision making through newly developed and trialed tools.

Focus points

• How can you and your agency talk about the new threshold and the changes in reporting?

• What policies will you need to redevelop to ensure that your agency’s procedures follow the new reporting guidelines?

• Currently, what do you do when you identify your clients are at risk?

• How can your current practices extend to support the changes?
Case Study – Gwen’s Story

Does Not Meet Threshold

Gwen’s teacher is concerned about her increasing absence from school. Gwen, who is 10 years old, has a learning difficulty and is now struggling with her work. She is continually absent from school, which is condoned by her mother, Rachel, who has mental health issues. The Home School Liaison officer visits Rachel who is hostile and defensive.

The Home School Liaison officer is worried about Gwen and discusses this with the principal who phones the DET Child Wellbeing Unit. Initial enquiries on the system indicate that the NSW Housing Child Wellbeing Unit received information from the Housing worker where concern for Gwen’s lack of supervision has been reported. Gwen’s situation is discussed between the officers in the Units. The Housing Child Wellbeing Unit officer makes contact with the principal and a successful joint visit by the Housing worker and the Home School Liaison officer follows.

Gwen’s attendance improves and additional learning support is arranged for her. She is supported on a 20 Day Attendance Improvement plan. The Housing worker decides to talk to the local Health Service about her concerns for Gwen when Rachel is not taking her medication.

This case does not currently meet the threshold for risk of risk of significant harm. If her attendance deteriorated again it would be reported to Community Services.
Case Study – Maria’s Story

Does Meet Threshold

John and Maria have a baby aged 4 months. They have both moved from interstate and say they are not in contact with their families. They live in a shared house but have no relationship and little contact with the other occupants. John has a job with a security company and works long, and sometimes odd, hours.

Maria has previously been diagnosed with schizophrenia but has not engaged with mental health services. Maria says she would see a GP if she feels the need. There are limited records of Maria’s ante-natal care as they moved to Sydney late in her pregnancy.

The Early Childhood Nurse has home visited and is concerned about the baby not gaining weight. Early childhood services have planned to increase their visits but are not always able to contact Maria. They have noticed that she is often disengaged and does not always attend to the baby when the baby cries. Maria says she is scared to leave the room and that she believes the other people in the house are talking about her. Despite her attempts, the Early Childhood Nurse has not been able to meet with John. She has however spoken to him and he said “she’s not good at the moment but Maria has upped her dose of medication and she should come good soon”.

Maria and John are both refusing to have anything to do with the mental health service. They have also refused any suggestions of referrals to support services.

On this visit one of the house mates let the nurse in and she found Maria asleep with the baby next to her. The baby was crying loudly and looked like this had been happening for some time. The baby’s foot was trapped under Maria’s arm and the baby desperately needed changing. The Early Childhood Nurse managed to wake Maria, with some difficulty, but Maria did not seem alarmed or concerned about what was happening.

There has been one previous report from one of the house mates when the baby cried for “hours on end” despite Maria being in the room. A report is made to the Child Wellbeing Unit and as it meets the criteria of risk of significant harm a report is made to Community Services.

This case does meet the threshold Risk of Significant Harm
Case study – Joel and Kaya’s story (Part One)

Does not meet threshold

Joel is six-years-old and lives with his parents and little sister Kaya, who is three. Both children have scabs and sores on their legs and are not always dressed appropriately for the weather. They live in a house that is often dirty, with clothes strewn all over the place, no linen on the beds and dirty dishes piled up in the kitchen.

Joel has poor school attendance but the family is engaged with local support services and is receiving financial assistance and counselling.

Joel and Kaya’s mother takes the children to the local hospital emergency department on three occasions about the sores on their legs, which look infected. The family do not have a local GP. After the third visit, staff suggest that the mother talk with the social worker at the hospital because they are concerned about the repeated visits and the appearance of the children. The mother agrees and talks to the social worker.

The social worker notices how anxious the mother is and that she is unwilling to talk about her home situation. She asks the mother what role her partner plays in the care of the children. The mother looks nervous and states that he controls all of the money which makes it hard for her to buy food or do things like take the children to the doctor.

The social worker is concerned about possible domestic violence and discusses this with the mother. Although the mother doesn’t confirm this, she accepts the information given to her about domestic violence and safety for her and the children. She suggests to the mother that she could get support from the local child and family health team or the family support service. The social worker also provides the mother with details of local GPs for follow up on the medical issues. The mother informs that the counsellor she is seeing about financial issues from a local NGO has given her contact details of a GP. The social worker informs the mother that she still has concerns for the children and would like to contact the counsellor to clarify what support they are offering.

The social worker and local NGO agree to share information with each other about the care and protection of the children, the safety of the mother and the concerns about possible domestic violence.

With the information available at this time, this case does not meet the threshold for risk of significant harm
Case Study – (Part Two)

Does meet threshold

Six-year-old Joel has told a police officer called to his home over domestic violence that his father touches him on his private parts and has threatened to kill three year old Kaya if he tells anyone. This is an allegation of sexual abuse with a threat of violence. It fits the definition of “risk of significant harm” and should be reported to the Helpline for further investigation by Community Services. Under the shared responsibility framework, a report to the Helpline does not mean a mandatory reporter, who is already working with the family, disengages from the family.

Care needs to be taken in addressing the sexual assault and safety of Joel, possible safety concerns for Kaya, any safety concerns for the mother as the non-offending parent and also a victim of domestic violence. Ongoing support and counselling should continue for the non-offending family, if it is safe for the worker(s) to do so. Workers would also have to take into account any JIRT investigation and if the father is still living in the home. No counselling of Joel for sexual assault should take place until an investigation has taken place and the abuse has been substantiated, the focus should be on ongoing safety.

This case, with the additional information does meet the threshold
Risk of Significant Harm – risk of sexual harm.
Case Study – Brian’s Story

Does meet threshold

Brian is a 6 year old boy in Year 1. He is a very quiet, but well behaved boy. He misses more school than most children in his class but the school has agreed to keep an eye on this. Brian has occasionally turned up with bruising but has always been able to provide an explanation for his injury. His parents rarely attend the school and Brian usually walks home alone or with the neighbour’s children.

On this particular day you notice that Brian has a black eye and what looks like a red mark around his neck. You do not get an opportunity to ask Brian about this. At the end of the day Brian is hanging around and does not appear to be heading home. You are about to approach Brian when one of his neighbours, an 8 year old boy, runs up to him and encourages him to walk home with him. The friend notices you walking towards Brian and says “his dad did that”. Brian punches him and says “I told you not to tell anyone”. Brian then runs off and his friend runs after him.

Action: Consulted Mandatory Reporting Guide

Risk of Significant Harm Threshold

Physical Abuse

• Aware or reasonably suspicious of a current injury
• Friend says that the injury was caused by parent and it was not accidental
• Injury significant—marks around neck and black eye
• History of previous bruising and afraid to go home

Report made to Community Services Helpline

This case does meet the threshold Risk of Significant Harm – Physical Abuse
Case study – Sarah’s Story

Does meet threshold

Sarah has significant problem with marijuana abuse. Previous reports have related to Sarah being physically aggressive towards her child, which resulted in him falling over and sustaining an injury to his head. Other issues identified related to Sarah being observed as being heavily under the influence of substances.

Concerns have been raised about another child with decaying teeth and a large abscess forming. Parents had not sought medical treatment for this. This child also had a large patch of hair missing behind her left ear.

Paul, the children’s father recently physically assaulted Sarah in front of the children. Sarah attended a refuge and was transported by police, but the children remained with Paul. Concerns were raised that the children have been left with their father. Paul both deals and uses heroin and the children have reported to their teacher that they are scared of both of their parents. Other reports state that the children do not bring enough food for lunch and they are like scared ‘rabbits’.

The worker uses the Mandatory Reporting Guide (MRG) which indicates that there is risk of significant harm and makes a report to the Community Services Helpline.

This case does meet the threshold Risk of Significant Harm

Risk of significant harm of neglect
- child in need of immediate medical intervention that parent not providing
- child requires medical treatment for significant conditions that resulted from neglect
- not in care of capable carer
- frequently insufficient lunch provided by parents

Risk of significant harm of DV
- incident of DV, significant injury to adult, children present

Risk of significant harm of physical abuse
- injury to head
- previous reports say injury caused by mother and not accidental

Risk of significant harm parent/ carer substance abuse
- substance abuse impact ability to meet the child’s needs, causing risk of significant harm and child’s behaviour (scared rabbits) indicate impact of substance abuse
PowerPoint Slides Session 4

A shared approach to child wellbeing

New Systems and Services

A Context for Change

• Wood’s concern about the number of children and young people not receiving services and Community Services being overwhelmed with reports

• Need to get to children and families sooner to reduce risks
Key System Changes

New referral pathways:

• Child Wellbeing Units (CWU)

• Family Referral Service (FRS)

Rationale for Change

• Children receive support at local level even if not meeting statutory response

• Concerns about children are recorded in consistent way to build a cumulative record of risk
Rationale for Change

• Coordinated way to share information

• If risk of significant harm changes and is identified a report to Community Services can be made

Focus Point

• How will you support vulnerable children and young people?

If you are seeing an adult in difficulty you may also be seeing a child who is in need of support and assistance
Child Wellbeing Units

Four Child Wellbeing Units to be established:

• Health, DET, Police and Human Services

(These agencies are responsible for over 60% of all reports: NGOs about 8%)

Child Wellbeing Units

• Mandatory reporters complete Mandatory Reporter Guidance

• Contact Child Wellbeing Unit where required

• Receive advice and support about risks
The Role of Child Wellbeing Units

• Advise government agency mandatory reporters whether there is a risk of significant harm and report matters that meet the threshold to the Community Services Helpline
• Identify alternative local responses or guide referrals to other services for cases that do not meet the threshold
• Coordination of government agency service systems to enable better responses to children, young people and families in need of assistance

Child Wellbeing Units
What if we don’t have one?

• Four government agencies make up two thirds of reports to Community Services and recommended by Wood to have CWU

• Agencies will use Mandatory Reporter Guidance to assess risk

• If needed use existing pathways in agency
Where the risk is below SH?

• Agencies will where possible:
  
  • Provide a service themselves
  
  • Utilise their own local contacts to make appropriate referrals

Where the risk is below significant harm

• Utilise the Family Referral Service where these have been established to find an appropriate service

• Utilise the Human Services Network HSNet ‘ServiceLink’ database as a way of identifying appropriate services
Feedback from Community Services Helpline

- Where reports of risk of significant harm have been made feedback to be given by Community Services to mandatory reporters

- If not found to meet statutory threshold, action can be taken by the agency to support or refer as appropriate

- Reports not meeting the threshold will be recorded at Community Service Helpline

Family Referral Service (FRS)

- Providing appropriate response for families falling below threshold for statutory intervention

- Aim to prevent escalation of risk

- Link families to available services

- Improve links between government and NGOs
Family Referral Services – How and When

• A staged implementation

• Trial in 3 locations: Dubbo, Mount Druitt and Newcastle

• Two models will be trialed:
  • telephone advice model
  • coordination of active referrals and case management model

Family Referral Service How and When?

• Health is lead agency to implement Family Referral Service with services being run by NGOs/Local Government

• Statewide rollout within 3-5 years
The Role of Family Referral Service

• Family Referral Service will:
  • Identify appropriate available services
  • Drive improved links between local government and non-government services
  • Provide advice to agencies to support better realignment of local services

Evaluation of Family Referral Service

• Following a 12 month trial the decision about the best model to implement will be made

• Commitment of $38 Million over 5 years to establish Family Referral Service
Areas without Family Referral Service

- Encouraged to use existing networks.
- Utilise resources such as HS Net.

If you don’t have an Family Referral Service

Other existing referral options include:

- Domestic Violence Line
- Brighter Futures Early Intervention services
- Existing NSW Government agencies (Health, Disability and Home Care, Housing NSW)
- Existing Commonwealth Government agencies (e.g. Centrelink, FaHCSIA)
- Existing NGOs (e.g. family support services, child care services)
Cultural Considerations

The development of new systems are ensuring that culturally appropriate referral pathways are in place to link families to culturally responsive services in their local community.

Cultural Considerations

- Dedicated Aboriginal positions being recruited for Child Wellbeing Units
- One of the three Family Referral Services trialed with be Aboriginal specific
Overview of New Systems
Key points

• Concern about the number of children and young people not receiving services and Community Services being overwhelmed with reports

• New referral pathways

• Child Wellbeing Units

• Family Referral Service
  – Support received locally for those children who do not need statutory intervention
  – Child Wellbeing Units to be established
  – Feedback from Community Services about reports made to the Helpline
  – Family Referral Services developed to avoid escalation of risk, provide appropriate response for families that fall below threshold, link families to available services and improve links between NGOs and government services
  – Development of new systems ensure that culturally appropriate referral pathways are in place to link families to culturally responsive services in their local community
  – Dedicated Aboriginal positions being recruited for CWUs
  – One of the three FRS personnel trialed with be an Aboriginal person

Focus points

• What challenges might you experience as an agency in implementing Keep Them Safe

• How can you overcome any challenges or barriers through the process of change?

• How will you discuss the need for change in your agency?

• What opportunities do you see for your work/agency through the implementation of Keep Them Safe?

• What resources do you have that will support you to implement the Keep Them Safe changes?

• What do you consider to be the most positive aspect of the changes?
Interagency Practice - A Context for Change

Wood recognised:

- Multidimensional support needs and risks
- Key trends and risks
- Complex issues can not be addressed by one agency alone
Interagency Practice - A Context for Change

• Effective interagency collaboration can enhance assessment of need and delivery of services

• Minimise gaps

• Increase resources efficiency

• Provide increased support for workers

What Needs to Be Done

Wood identified improvements in interagency practice:

• Lack of systematic cross agency training
• Lack of understanding of each others’ roles
• Community Services viewed as having primary role for child protection services
• Lack of understanding of the range of services available
What Needs to Be Done

• Operational policies and procedures do not reflect ‘the Guidelines’

• Multitude of documents and agreements - added complexities

• Memorandums of Understanding largely irrelevant for non-government sector

• Minimal or no joint planning with families with complex / high need

The Need for Change Outlined

Other aspects of interagency practice Wood identified as challenging:

• Different boundary alignments of government, NGO and local government agencies and service delivery areas

• Lack of a clear and workable structure for the flow of information between agencies
The Need for Change Outlined

- Privacy and information exchange constraints
- Resource limitations
- Complexities involved when families move interstate

Interagency Collaboration – The Philosophy of Working Together

- Child Protection is a collective responsibility
- Responsibility for rearing and supporting children rests primarily with families and community
Interagency Collaboration – The Philosophy of Working Together

• For children and families to keep out of the statutory system they need an approach which has strong cooperation between Government and NGO sector

• Coordination, information sharing and referral processes are needed to support families

The Aims of Keep Them Safe

• Reshape the way services are delivered so that children, young people and their families receive the services they need sooner

• Strengthen its universal service system
The Aims of Keep Them Safe

• Support effective integrated case management strategies for families

• Engage with Aboriginal, culturally and linguistically diverse and communities experiencing disadvantaged to identify the best approaches that will work in local areas and communities

Cooperation the Key to Success

The establishment of the Child Wellbeing Units, the Family Referral Services and the raising of the mandatory reporting threshold will rely on excellent cooperation between government and non-government agencies
Why the Change?

- To keep children and families out of the statutory system

- To move from merely ‘protecting children’ to promoting safety and wellbeing of children

- Priority of universal supports available for all families

Why the Change?

- More intensive (secondary) prevention interventions with a focus on early intervention

- Intensive child protection services as a last resort, the least desirable option for families and governments
New Ways of Working Together

• A Shared Responsibility

• Intervention broadened from a concern with ‘Child Protection’ to support for ‘Child well-being’

Common Assessment Framework

• Still in development
• Aims to promote collaboration
• Will provide Information, resource materials and assessment tools (e.g. Mandatory Reporters Guidance)
• Accessible for all agencies and NGOs
Child Wellbeing and Child Protection – NSW Interagency Guidelines

• Last updated in 2006

• Will be revised to align with *Keep Them Safe*

• Focus from child protection to wellbeing

• First stage in process to implement vision of *Keep Them Safe*

Engaging Families

• Intensive Family Support Services

• Brighter Futures extended to provide services to children aged 9-14 years

• Number of family preservation services provided by NGOs extended
Children and Young People and Parents with a Disability

• Strengthen skills and experience of staff

• Improve collaboration and consultation for working with children who have disability in OOHC

• Examine additional models for accommodation and care

Family Case Management

• Frequently encountered families

• Agencies working together to develop integrated case plans

• All family members case managed as required

• New services – brokerage funds
Family Case Management

- Will be rolled out in 3 regions in NSW
  - South West Sydney: Fairfield, Greenacre and Green Valley / Miller
  - South East NSW: Queanbeyan, Goulburn and Bega Valley
  - Western NSW: Orange and Leeton / Narrandera

- Stage 1 of the process to include up to 90 families

Out of Home Care

Improving Educational Outcomes

- OOHC coordinators in DET, assist in developing Individual Education Plan for children in OOHC

- Multidisciplinary health and development assessments
Out of Home Care

• Transfer of OOHC to the NGO sector

• Aim to build capacity of NGO sector to take on more of the OOHC services

• Increased role of NGOs in tertiary OOHC services

Information Exchange

• New approach to information sharing

• Under legislative changes ‘prescribed body’ agencies to share information to assist with service delivery for the safety, wellbeing and welfare of a child or young person. Proclaimed late October 2009
Development of Workforce Capacity

• Commitment to develop capacity of NGO sector

• Greater emphasis on shared local decision making and cross sector collaboration

• Build capacity and develop strategies to change culture of government and NGO sector

Cultural Context

• Wood highlighted over-representation of Aboriginal children and young people in the child protection system and juvenile justice system

• Recommendations and government commitment to reduce these levels and work to develop culturally responsive and appropriate services
Working with Aboriginal Families

Key principles in relation to Aboriginal children and young people:

- Empowerment of local Aboriginal communities in decision-making
- Focus on local circumstances including the composition of individual Aboriginal communities
- Strength and capacity of local leadership and of government and non-government resources
- Need for integrated locally based services providing a continuum of care (prevention/early intervention to targeted and specialist support services)

Capacity Building and Partnership

- Focus on building capacity of Aboriginal and non-Aboriginal agencies
- Build on existing skills and resources of Aboriginal community
- Building capacity of non-Aboriginal agencies to be more culturally respectful and responsive in policy and practice areas
Strengthening our response for Aboriginal children and young people

Building Universal services:

• Early Intervention Services
• Child Protection Services
• OOHC Services
**Key points**

- Effective interagency collaboration can enhance assessment of need and delivery of services
- Improvements in interagency practice are needed
- Child protection is a collective responsibility
- Responsibility for rearing and supporting children rests primarily with families and the community
- Strong cooperation needed between government and NGO sector
- Establishment of the CWU, the FRS and the raising of the mandatory reporting threshold will rely on excellent cooperation between government and non-government agencies
- Shared responsibility
- Intervention broadened from a concern with ‘Child Protection’ to support for ‘Child wellbeing’
- NSW interagency guidelines will be revised to align with *Keep Them Safe*
- Agencies working together to develop integrated case plans for frequently reported families
- Improving educational outcomes for children and young people in OOHC
- Transfer of OOHC to the NGO sector
- New approach to information sharing
- Government to develop long-term (five-year) workforce development plan
- Commitment to develop capacity of NGO sector to take on expanded role
- Build capacity and develop strategies to change culture of government and NGO sector

**Focus points**

- How will you work with your local service network to increase interagency capacity to support child wellbeing?
- What is your vision for child protection services over the next five years? What will you do to contribute to a positive change process?
- What are the existing opportunities for collaboration in your local areas? How can they be improved?
- What are the strengths of your current practices in networking and collaboration?
Case Study – Sheree’s Story

**Does not meet threshold**

The Frame family began to attend their local Family Support Service when Ben, the eldest of four young boys, started school. Ben’s mum, Sheree had seen an advertisement for the Family Support Service in the school newsletter. Sheree and her three young sons attended the service for a few months after she dropped Ben off at school.

The facilitator of the service’s parenting group noticed that the young boys were anxious and unsettled. Sheree said that Ben was getting into trouble for fighting at school. However, when the facilitator tried to talk to Sheree about her children, she seemed distracted from the boys’ needs and offered only vague responses about feeling ‘tired’. The worker also suspects she may have been drinking.

When there is talk about what supports she has at home e.g. her husband, she becomes evasive and teary. She says that he isn’t home much, spending much of the time at the pub after work. The facilitator wonders whether there is domestic violence. One day Ben came along to the service with his brothers because he had been suspended from school. The facilitator heard Sheree say that she didn’t want their father to know. The facilitator believed that the Frames could benefit from more sustained support and referred them to the Family Referral Service who then made a referral to the local NGO Brighter Futures early intervention program with Sheree’s consent.

Comment: The Brighter Futures assessment process commences with an initial home visit. On this occasion Sheree presents as willing to get help but anxious about her husband’s willingness to be involved. The Brighter Futures Caseworker noticed bruising on both of Ben’s arms.

**Referral under Keep Them Safe**

Concerns for Ben (5) for physical abuse (bruising on arms) does not meet risk of significant harm threshold because at this point, the injury is not significant and there is no disclosure from the child or parent about the nature of the injury.

Brighter futures worker needs to talk to the child and ask him what happened. Ben says “I fell down”. Brighter futures worker asks Ben to tell her the story of how and where he fell down. Ben says he was in the playground playing with another child and he pushed him over.

Brighter Futures worker asks Sheree about the bruising on Ben, by saying “oh I noticed Ben has been in the wars recently, what happened there?” The mum says Ben told her he fell over at school. Brighter Futures worker asks mum if she can talk to the school about how Ben is going. The mother agrees. Brighter future worker talks to the local school about incident. Teacher reports that no incident like this happened, but also noticed bruising following Ben’s suspension and has reported this to DET CWU.
In the meantime, the DET CWU has contacted the Police CWU who has confirmed 2 callouts for domestic violence. The callouts have involved the dad shouting and pushing Sheree with the kids present, but these incidents also do not meet the criteria for risk of significant harm, because there was no use of a weapon, no significant injury to adult or child, and no known increase to the pattern of violence.

The Brighter Futures worker also contacts the family support service to discuss their respective roles and to exchange information regarding the safety of Ben and the other children.

The Brighter Futures worker meets with Sheree to explain that she is worried about the safety of Ben, the other children and herself and commences safety planning. The worker provides Sheree with information including the DV line phone number and local support services. She also makes a referral to a drug and alcohol service for Sheree.

The Brighter Futures worker says that she will keep on supporting Sheree and calls a case meeting with the school counsellor, the family support service, the drug and alcohol worker, maybe the local DVLO, and considers contact with Family Referral Service to see if any other supports are available.

The Brighter Futures worker and all involved continue to monitor the situation for escalating risk.

**The benefits under the new system**

- Collaborative approach with other agencies that does not require Community Services as central info point – eg freer info exchange, case meetings
- Service can continue to work with family to support long term intervention and capitalise on engagement
- Transparency for mum and agencies about who is doing what

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**This case does not meet the threshold Risk of Significant Harm**
Case Study – Melissa’s Story
(Collaborative Approach and Good Case Management)

Does not meet threshold
Melissa is a polydrug user currently living in a Department of Housing unit. She has been referred to the Drugs in Pregnancy Program by the case manager at the pharmacotherapy (methadone) clinic. The case manager provided a history of complex psychosocial issues, difficult interpersonal relationship issues and concerns relating to ongoing substance misuse. Melissa has a long history of child sexual assault perpetrated by her natural father. There are no family supports and Melissa reports she has a very poor relationship with her mother.

Melissa is on the methadone maintenance treatment program, daily dosing in high doses. Melissa says she takes occasional over the counter medication for back pain, smokes 10 cigarettes a day and reports it is 8 weeks since her last injecting drug use.

This is an unplanned pregnancy; the baby’s father insisted on a termination, she equally insisted she wanted to keep the baby having previously terminated a pregnancy.

As Melissa’s pregnancy progressed her male neighbour (query ex partner) has become increasingly threatening to her, both physically and verbally. Melissa fears for her safety and as a result has begun spending her days sitting in the car, and at times sleeping in her car. She discloses this to the Drugs in Pregnancy midwife. Melissa is currently 8 months pregnant and the midwife has concerns about the safety of the unborn child. Staff had some concerns regarding illicit drug use, but Melissa denied this and the results of her urine drug test supported this.

The midwife used the Mandatory Reporting Guide (MRG) and as it did not demonstrate risk of significant harm she consulted with the Health CWU. They did an information search and as there was no significant information except for some petty crime offence in the past on the Police information system, this information was recorded by the CWU, and it was suggested that the midwife consult with the Family Referral Service to see what other services may be available for Melissa.

This case was also raised at a hospital case review meeting and a further case planning meeting was held with current service providers to discuss issues and plan where to from here. As a result of the case meeting, a letter was written to support a transfer to another Department of Housing property. Melissa was also referred to a program that provided through a local NGO for women who experienced sexual assault in childhood.
The situation with the neighbour continued to deteriorate and she was supported by police to take out an AVO. She was offered new Department of Housing accommodation.

Her baby son was delivered and admitted into Neonatal Intensive Care Unit for neonatal abstinence syndrome. Melissa was keen to breastfeed and was referred to a lactation consultant to support her with this. Her baby’s medication needs were minimal and they were discharged home to be followed up by Child and Family Health Services and Drug and Alcohol Services.

This case does not meet the threshold Risk of Significant Harm
Case Study – Zac’s Story  
(Example of working collaboratively and a grey risk of significant harm situation – Multi agency situation)

Zac (10) lives with his mum Emma and little sister Brianna, 4 and her dad Jason. Jason has schizophrenia and has a case manager with the mental health team. He also has problems with alcohol and becomes very aggressive when he is drunk.

Emma was diagnosed with postnatal depression after the birth of Brianna and still struggles with depression. Her GP monitors her medication but she does not have a mental health worker. She has had contact with the local family support service for help with budgeting and managing the kids.

Both children have some major behavioural difficulties. Zac has been diagnosed with ADHD and has been suspended from school on a number of occasions, mainly for fighting with other students. He reportedly has no friends. He and Jason don’t get along. Emma says that Zac is obsessed with computer games and will nag her non-stop for up to 10 hours a day until she lets him go to the DVD store to borrow one. Jason then gets angry with her for giving in and says it’s all her fault that Zac is like he is. She will then physically discipline Zac, but she says that it is not working anymore and he is becoming uncontrollable.

Brianna and Emma intermittently attend a supported play group at the local school, but the worker there has told the family support worker that Emma rarely interacts with Brianna, preferring to talk to the other mums. The family support service has been trying to help Emma get Brianna into some child care, but every time they organise something, Emma doesn’t follow through. Brianna is behind in all her milestones and is inappropriate with other children. She gets frustrated easily and lashes out at other kids. Brianna is still in nappies. She screams if Emma tries to leave the room. Emma says that she is just like Jason. Emma is unable to say what Brianna is interested in or does when they are home together. The family support service believes that Brianna just watches TV.

Emma makes contact with the local health service and says she is not sure how much more she can take with Zac as last night it was much worse. Emma says that he needs to live somewhere else for a while.
Issues – Is this risk of significant harm?

- Carer’s mental health – impact of Emma’s and Jason’s mental health concerns on both children.
- There is no other parent or carer who adequately provides for the children.
- Brianna is under 5.
- Relinquishing care – Emma threatening that Zac must live elsewhere, but no exploration of whether he can e.g. grandparent or his natural father
- Physical discipline concerns but no information about physical injury. Reports of escalating physical punishment

Process under Keep them safe

- Health worker to report to CWU – to discuss whether this situation meets the criteria for risk of significant harm
- Family support worker – worked through the mandatory reporter guide (MRG) and reports to Community Services re carer’s mental health and impact on Brianna’s behaviour.
- Mental health worker – may report to CWU for concerns relating to Jason’s mental health and capacity to parent Brianna.
- Health CWU discover that Zac is known to the DET CWU, due to concerns about his behaviour at school, the suspensions and a lack of response from Emma.
- If risk of significant harm for relinquishing care is established, process through Community Services
- If not risk of significant harm, first step to clarify is who will discuss Zac’s safety with Emma and any other options for respite, including Zac’s natural father
- DET and Health CWU discuss options, which include allocating someone to coordinate case meeting
- Information exchange – between health (mental health, AOD? and health worker e.g. generalist counsellor) family support, DET, supported play group worker
- Clarify roles of all involved
- Referred Family Referral Service for access to other supports if deemed necessary.
- Emma willing to access assistance, if situation changes i.e unable to follow through on plan of action, there may be a need to reconsider assessment
PowerPoint Slides Session 6

Where to from here?

Key Messages

Shared Responsibility – Collaboration

Risk of Significant Harm – New Threshold

New ways of working – New Systems
Keep Them Safe – useful websites

Keep Them Safe Website: www.keepthemsafe.nsw.gov.au
Department of Premier and Cabinet: www.dpc.nsw.gov.au
Human Services Net: www.hsnet.nsw.gov.au
NSW Department of Community Services: www.community.nsw.gov.au
Department of Education and Training: www.det.nsw.edu.au
NSW Department of Health: www.health.nsw.gov.au
Association of Children’s Welfare Agencies: www.acwa.asn.au
Council of Social Service of NSW: www.ncoss.org.au
Australian Council of Social Services: www.acoss.org.au
Education Centre Against Violence: www.ecav.health.nsw.gov.au

Other Useful Contacts

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**Overview**

*Keep Them Safe: A shared approach to Child Wellbeing* is the NSW Government’s response to the Report of the Special Commission of the Inquiry into Child Protection Services in NSW, led by the Honourable James Wood AO QC and released in November 2008. *Keep Them Safe* recognises the importance of the wellbeing of all children and young people, with the aim of providing appropriate support to families earlier, to prevent children and young people requiring statutory child protection intervention. To achieve this *Keep Them Safe* encourages families and communities, government and non-government agencies to work together to support children, young people and families.

*Keep Them Safe* is a five year action plan. This fact sheet outlines the key changes for families, mandatory reporters, communities, service providers, non-government and government agencies.

*Keep Them Safe* involves a new approach to child wellbeing, but one which builds on the strengths of the service system rather than replacing agency action, expertise and capacity. Changes will be tested and implemented progressively over a five year period.

**Aim of changes**
The goal of *Keep Them Safe* is that “all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential”.

In order to achieve this goal, the NSW Government will pursue the following outcomes for children and young people:

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

A central theme of the changes is that care and protection of children and young people is a shared responsibility.

As different families can experience a range of complex and sometimes chronic factors, responsibility for child wellbeing needs to be broader than just Community Services. A number of agencies fund and/or deliver services to address issues such as substance abuse, limited social supports, imprisonment, domestic violence, homelessness, unemployment and mental health issues. These agencies can often provide timely support services to families where statutory intervention is not required.

Building stronger partnerships between government and the non-government sectors is critical to changing the way we support children and families. Giving non-government organisations greater responsibility in the delivery of family and community services is a way to take services into communities - to connect better with people and their needs through positive, constructive relationships. Agencies will also be able to more easily request and exchange information where it relates to the safety, wellbeing and welfare of a child.

Importantly, *Keep Them Safe* incorporates a number of strategies designed to reduce Aboriginal representation in the child protection system, and of securing greater participation of Aboriginal agencies in child wellbeing services.

**Summary of changes**
The key changes in *Keep Them Safe* are:

- Increasing the threshold for reporting children and young people to Community Services from “risk of harm” to “risk of significant harm”
- A new intake, referral and management framework
that provides alternate referral pathways for children and young people below the new reporting threshold (includes establishment of Child Wellbeing Units in major government reporting agencies and a network of Regional Intake and Referral Services)

• Enhanced service provision focusing on prevention and early intervention, including comprehensive universal and acute services
• Increasing the role of non-government organisations in delivering services
• Improved outcomes for children in out-of-home care (OOHC) through system changes including the appointment of new health and education OOHC coordinators to improve health and educational outcomes for children and young people
• Simplifying and streamlining Children’s Court processes, making them more user friendly
• Providing greater participation and better services to Aboriginal children and young people, to reduce their representation in the child protection system.

What’s new?

• Unblock the Community Services Helpline by raising the mandatory reporting threshold
• New intake, referral and management framework that provides alternate referral pathways for less serious cases (Child Wellbeing Units and Regional Intake and Referral Services)
• Comprehensive universal, secondary and tertiary services
• Information exchange and more cooperation between agencies
• Enhanced role for the non-government sector
• Responses to the over-representation of Aboriginal children in the system
• Improving court process.

For further information regarding the above contact:

• Child Wellbeing Unit
• KTS website: www.keepthemsafe.nsw.gov.au
• Human Services Net: www.hsnet.nsw.gov.au
• Association of Childrens Welfare Agencies: www.acwa.asn.au

Or Contact:
Your Supervisor
Your Manager
Your Legal Services Branch
Relevant Websites
**New Services**

Keep Them Safe: A shared approach to Child Wellbeing is the NSW Government’s response to the Report of the Special Commission of the Inquiry into Child Protection Services in NSW, led by the Honourable James Wood AO QC and released in November 2008. Keep Them Safe recognises the importance of the wellbeing of all children and young people, with the aim of providing appropriate support to families earlier, to prevent children and young people requiring statutory child protection intervention. To achieve this Keep Them Safe encourages families and communities, government and non-government agencies to work together to support children, young people and families.

**Summary of changes:**
The NSW Government has committed $750 million dollars over the next five years for new services and associated systems to promote child wellbeing. The funding aims to reshape services for children, young people and their families by providing more support earlier, developing an integrated partnership approach with the non-government sector and strengthening collaboration between agencies across the whole NSW community support sector.

**What is being funded?**
Service expansion over the next four years (the budget cycle) is being funded as follows:
- $114 million for enhanced prevention and early intervention services.
- $25 million for improving services for Aboriginal children and young people.
- $58 million for enhanced acute services (e.g. intensive family preservation).
- $170 million for changes to the child protection system and services.
- $222 million for out-of-home care.

40% of increased funding is being directed to non-government organisations to support partnerships and provision of the following:
- Extra places for children in a realigned Brighter Futures.
- Regional Intake and Referral Services.
- Intensive Family Preservation.
- Intensive Aboriginal and other Family Based Services.
- A new model of working with Aboriginal children and families.
- Other prevention and early intervention services.
- Out-of-home-care (OOHC).

**More funding for prevention and early intervention**
- Expansion of Sustained Home Visiting supports (NSW Health).
- Drug and alcohol services for parents and families (NSW Health).
- Services to support children who have parents with a mental illness (NSW Health).
- More Home School Liaison Officers (DET).
- NGO funding as above.

**More support for Aboriginal children and families**
- A new model of working with Aboriginal children and families.
- Expansion of Intensive Aboriginal Family Based Services.
- More Aboriginal Student Liaison Officers.
- Parenting programs for Aboriginal adult offenders.
- Safe families accommodation.

**Increased investment in acute services**
- Expanding Intensive Family Preservation Services.
- Kaleidoscope and New Street (NSW Health).
- After-hours bail hotline (Juvenile Justice).
- Joint assessment and investigation of serious abuse (Health, Police and Community Services).
- OOHC coordinators to improve health and educational outcomes for children and young people entering OOHC (NSW Health and DET).
Changes to the child protection system

- Child Wellbeing Units in major government reporting agencies.
- Network of Regional Intake and Referral Services to be initially trialled in three regions using two models.
- Trialling of the Family Case Management Program.
- Improvements to Children’s Court including the identification of a Alternate Dispute Resolution model.
- Briefing and training staff in new systems and processes.
- Evaluating new systems and programs.

What’s New?

- A reshaping of community-based services to enhance the wellbeing of children and young people.
- Improved early intervention service options.
- More services to be delivered by NGOs.
- Additional specialist resources for Aboriginal service providers.
- Enhanced collaboration and coordination across government agencies and NGO services.
- Improved accountability and governance mechanisms.

For further information regarding the above contact:

- Child Wellbeing Unit
- KTS website: www.keepthemsafe.nsw.gov.au
- Human Services Net: www.hsnet.nsw.gov.au
- Association of Childrens Welfare Agencies: www.acwa.asn.au

Or Contact:

Your Supervisor
Your Manager
Your Legal Services Branch
Relevant Websites
Summary of changes:
The Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 provides the foundations for the Keep Them Safe reforms.

Description of changes affecting mandatory reporters
One of the most important legislative changes is the raising of the mandatory reporting threshold from “risk of harm” to “risk of significant harm” [sections 23 to 25], which will commence at the end of January 2010.

The legislation also removes criminal penalties for not reporting [section 27] and sets up an alternate reporting process [new section 27A]. This includes the establishment of new Child Wellbeing Units in the government agencies which make up the majority of mandatory reports - NSW Health, NSW Police, and the Departments of Education and Training and Human Services (formerly Juvenile Justice, Housing, and Ageing, Disability and Home Care).

Members of the public, non-government staff and other government agencies will continue to report to the Community Services Helpline when they believe a child or young person is at risk of significant harm.

A shared approach to child protection means greater information sharing between agencies involved in the safety, welfare and wellbeing of children or young people (new Chapter 16A). Therefore under the interagency information exchange amendments, government agencies and non-government organisations (NGOs) will be able to share relevant information to assist with responding to the safety, welfare and wellbeing of a particular child or young person.

Other reforms include the addition of two new grounds that indicate a child may be at risk of significant harm:
1. Parents or carers have not made proper arrangements and are unable or unwilling for their child to receive an education; and
2. A series of acts or omissions incidents when viewed together may establish a pattern of risk of significant harm (cumulative impact).

What's new for mandatory reporters?
• From the end of January 2010 only children and young people suspected of being at risk of significant harm are reported to the Community Services Helpline.
• Workers from government human services and justice agencies that have a Child Wellbeing Unit can contact their Child Wellbeing Unit for advice if they are concerned that a child is at risk of significant harm to identify whether they report to Community Services or provide a response within their own agency. Agencies that have a CWU are: NSW Health, DET, Police and Human Services (Juvenile Justice, DADHC, Housing).
• The Community Services Helpline will continue to provide feedback on reports it receives to workers from other agencies and NGOs who are mandatory reporters.
• Organisations can share information relating to the safety, welfare and wellbeing of a child or young person if it would assist with decision making, assessment, planning, investigation or service delivery.
• Children who fail to receive an education, or who experience a series of acts or omissions which when considered together have a substantial cumulative impact, will now also be considered to be at risk of significant harm.
Other changes affecting the child protection system

The legal system

In an attempt to streamline the legal process and reduce the legalistic nature of proceedings a number of changes will be made to processes in the Children’s Court:

- Care applications filed within 72 hours following assumption of care.
- Initiating applications will need to be accompanied by a written report instead of an affidavit.
- Not all material to be relied upon in the care proceedings must be filed at the beginning of proceedings.
- The Children’s Court can send parties to attend an Alternative Dispute Resolution service.
- The power to make contact orders is limited to making interim orders where it has approved a permanency plan involving restoration (note that this change will not be proclaimed until an Alternative Dispute Resolution scheme is in place).

Out-of-Home Care (OOHC)

The legislation strengthens the framework for the provision of out-of-home care by clarifying the legislative definitions and service classifications of statutory, supported and voluntary out-of-home care (OOHC) [section 135].

- **Statutory OOHC** will consist of placements that are made following a court order where a family member no longer has parental responsibility [new section 135A].
- There are also placements which have been agreed to by family members but which are assisted by Community Services, because alternative approaches to court action are being taken to address the needs of the children who are in need of care and protection. These will be called **supported OOHC** [new section 135B]. The support provided by Community Services could include a range of things such as the provision of services, arranging parenting courses or providing financial assistance.
- Another type of placement is **voluntary OOHC** arranged by the family without State intervention [new section 135C]. This allows children in private arrangements made by their families without the knowledge, involvement or support of Community Services to continue with as little State interference as possible. The only involvement by Community Services will be as a safety net to stop children in voluntary arrangements being forgotten, and to ensure their futures are properly planned.

Working with children checks

There are new employment categories that will be required to undergo background checks before commencement. These include:

- people who manage and/or control prescribed children’s services, including an authorised supervisor of a prescribed children’s service
- Child Wellbeing Unit assessment officers
- Principal officer of an accredited adoption service provider
- Contractors whose work involves direct unsupervised contact with children
- High risk volunteers.

Transfer of the Child Death Review Team

The Child Death Review Team will be transferred from the Commission for Children and Young People to the NSW Ombudsman in November 2009. While the NSW Ombudsman will be the Convenor, the Commissioner for Children and Young People, will remain as a member of the Team.

Proclamation – what changes are in force now?

Most of the legislation is not yet proclaimed. Information exchange provisions will be proclaimed in late October 2009 with the rest of the legislation mostly being proclaimed in late January 2010. Sections proclaimed to date include:

- Changes to the senior judicial office in the Children’s Court were proclaimed on 1 June 2009, providing for the appointment of the President of the Children’s Court, Judge Mark Marien.
- Changes to the definition of reviewable deaths and the Ombudsman’s reporting period were proclaimed on 1 July 2009, implementing two specific Wood recommendations relating to the Ombudsman’s scrutiny of child deaths.

For further information regarding the above contact:

- Child Wellbeing Unit
- KTS website: www.keepthemsafe.nsw.gov.au
- Human Services Net: www.hsnets.nsw.gov.au
- Association of Childrens Welfare Agencies: www.acwa.asn.au
- Your Supervisor/Manager • Your Legal Services Branch
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Keep Them Safe
A shared approach to child wellbeing
Regional Engagement Tour

Interagency Collaboration

Keep Them Safe: A shared approach to Child Wellbeing is the NSW Government’s response to the Report of the Special Commission of the Inquiry into Child Protection Services in NSW, led by the Honourable James Wood AO QC and released in November 2008. Keep Them Safe recognises the importance of the wellbeing of all children and young people, with the aim of providing appropriate support to families earlier, to prevent children and young people requiring statutory child protection intervention. To achieve this Keep Them Safe encourages families and communities, government and non-government agencies to work together to support children, young people and families.

The Government’s response to the Wood Inquiry, Keep Them Safe – A shared approach to child wellbeing states that the care and protection of children is a shared community responsibility and that the focus of intervention should be broadened from a concern with “child protection” to support for “child wellbeing”.

The Keep Them Safe action plan has seven elements to ensure children, young people and families are provided with appropriate support:
• Improving access to universal services (such as home visiting and parenting education) to help prevent problems from arising in the first place
• Strengthening early intervention and community-based services to prevent the need for children to enter the child protection system
• Better protection for children at risk
• Changing practice and systems such as referral systems to connect children and families to the right services
• Supporting Aboriginal children and families to reduce the number of children coming into contact with the child protection system
• Strengthening partnership across the community services sector
• Delivering the Plan and measuring success.

Effective referral systems are needed to connect children and families with the right services (universal, early intervention and statutory child protection services). These services need to be properly coordinated by government and non-government agencies, and agencies need to be able to share information so that children and families do not fall through the cracks.

A centrepiece of the reform for interagency collaboration is a new model for the intake and referral of child protection concerns. This involves the establishment of Child Wellbeing Units within four key government agencies and a network of Regional Intake and Referral Services. Refer to KTS Fact Sheets Child Wellbeing Units (No. 8a) and Regional Intake and Referral Services (No. 9a).

Supporting effective collaborative practice is essential if the Keep Them Safe reforms are to succeed. Keep Them Safe proposes better agency coordination and information sharing to provide improved responses to children and young people through the development of a Common Assessment Framework.

This is intended to provide comprehensive information for screening and assessment to ensure:
• speedy referral to appropriate services
• reduced duplication of effort
• minimisation of multiple assessments by different agencies.

Child Wellbeing - NSW Interagency Guidelines
The benefit of interagency collaboration has been a feature of NSW human services provision since the mid 1990s, as formalised through the NSW Interagency Guidelines for Child Protection Intervention (the Guidelines) and updated in 2006. The Guidelines are being revised to ensure they support the vision of Keep Them Safe.

This is a collaborative process, with participation from all agencies involved in the delivery of child protection and child wellbeing services. Proposals for the contents of
the ChildWellbeing - NSW Interagency Guidelines and their relationship with other Keep Them Safe initiatives, such as the NSW Common Assessment Framework, are currently in development.

Community Services is coordinating these guidelines. Individual agencies and non-government organisations are contributing, according to their areas of expertise.

Once completed, the Guidelines will be located on the Keep Them Safe website.

**The NSW Common Assessment Framework**

The NSW Common Assessment Framework will promote collaboration between the many government and non-government agencies with responsibility for the care, protection and wellbeing of children and families in NSW and improve the process of referral to appropriate services.

The NSW Common Assessment Framework will include information, resource materials and assessment tools, such as the Mandatory Reporting Guidance, that will enable agencies to identify and respond to the needs of children, young people and their families.

**Information exchange**

Refer to KTS Fact Sheet Information Exchange (No. 5) to find out more about new arrangements to support the freer exchange of information between agencies (both government and non-government) relating to a child or young person’s safety, welfare or wellbeing.

**Family Case Management approach**

In the Keep Them Safe action plan, the NSW Government committed to implement integrated case management for ‘frequently encountered families’. This project is now known as Family Case Management (FCM) and will be trialled in three regions (South East, South West and Western), in two or three locations in each of these regions.

**What is Family Case Management (FCM)?**

The client group for FCM has been broadly defined to let local groups respond to priority issues and needs in their area. However, families will:

- include at least one child or young person who is the subject of multiple reports
- be frequently involved with multiple services (government and NGO)
- have received a previous government agency or NGO response with limited results
- consent to participate.

The integrated case management approach will involve all government agencies and NGOs working together to identify priority families, and develop family case management which is tailored to the individual needs of families within the program. All family members will be part of this process, not just the children. There is also potential for some new services for families using available brokerage funds. Local activity will be supported by an FCM Coordinator in each region. The Coordinator is a new role that will support joint case planning and assist in identifying barriers caused by agency policies and procedures (particularly in government) that impact on delivery of services. The Coordinator will also assist in evaluation of the new program.

**For further information regarding the above contact:**

- Child Wellbeing Unit
- Human Services Net: www.hsnet.nsw.gov.au
- Association of Children's Welfare Agencies: www.acwa.asn.au
- Regional Intake and Referral Service
- Your Supervisor / Manager
- Your Legal Services Branch

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An initiative of the NSW Government in partnership with the non-government sector
The *Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009* expands the information sharing provisions of the *Children and Young Persons (Care and Protection) Act 1998* to allow a freer exchange of information between “prescribed bodies” (Government agencies and non-government organisations) relating to a child or young person’s safety, welfare or wellbeing.

**What type of information can be shared?**
The information must relate to safety, welfare or wellbeing of a child or young person.

Information may be shared if it relates to:
- a child or young person’s history or circumstances; and/or
- a parent or other family member; and/or
- people having a significant or relevant relationship with a child or young person; and/or
- the other agencies’ dealings with the child or young person, including past support or service arrangements.

**What about privacy and client confidentiality?**
While the new legislation permits information exchange between prescribed bodies, a “prescribed body” must not use or disclose the information for any purpose that is not associated with the safety, welfare or wellbeing of the child or young person.

An agency is not required to disclose information if it believes it would prejudice a criminal investigation or coronial inquest, endanger a person’s life, or is not in the public interest.

The reporter’s details cannot be exchanged without their permission unless it is required as part of the investigation of a serious offence alleged to have been committed against a child or young person, even if a report has been made to a Child Wellbeing Unit or directly to the Community Services Helpline.

**Is the consent of the child, young person or family necessary to exchange information?**
Consent should be sought where possible, however it is not essential to obtain this consent where it is likely to further jeopardise the child or young person’s safety, welfare or wellbeing.

**How is the information exchanged?**
Written exchange is preferred, and standard forms, letters, emails and other forms of electronic communication can be used. In addition, information may be exchanged verbally, for example where there is an established arrangement between agencies or at a case conference. However, a written record of the verbal exchange is required and should be stored securely on file consistent with your organisation’s policies and procedures.
Where to go for more information:

- Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009
- Children and Young Persons (Care and Protection) Act 1998
- If you are unsure whether your agency is a prescribed body, contact your legal adviser/ Legal Services Branch
- Child Wellbeing Unit
- KTS website: www.keepthemsafe.nsw.gov.au
- Human Services Net: www.hsnet.nsw.gov.au
- Association of Childrens Welfare Agencies: www.acwa.asn.au
- Regional Intake and Referral Service
- Your Supervisor / Manager

What’s New?

- New legislative provisions (Chapter 16A) to authorise agencies and NGOs to share information to assist with service delivery for the safety, welfare and wellbeing of a child or young person (to be proclaimed in late October 2009).
- Prescribed bodies can exchange information that relates to a child or young person’s safety, welfare or wellbeing, whether or not the child or young person is known to Community Services.
- Chapter 16A allows for the exchange of information between prescribed bodies without any Community Services involvement. Up until now information exchange has only been possible where a child or young person was known to Community Services and the information was sent to or received from Community Services.
- Disclosure of reporter details to a law enforcement agency for the purpose of an investigation into a serious offence alleged to have been committed against a child or young person (to be permitted in limited prescribed circumstances from late January 2010).
- Direct information sharing will enable greater collaborative decision-making between agencies.

A prescribed body is any organisation specified in section 248 (6), Children and Young Persons (Care and Protection) Act 1998 or in clause 7, Children and Young Persons (Care and Protection) Regulation 2000. ‘Prescribed bodies’ under the legislation are:

- NSW Police;
- a government department or a public authority;
- a government school or a registered non-government school or a TAFE;
- a public health organisation or a private hospital;
- a private fostering agency or a private adoption agency;
- agencies that provide residential child care centre or a child care service under the Act;
- any other organisations that have direct responsibility for, or supervision of, the provision of healthcare, welfare, education, children’s services, residential services, or law enforcement, to children;
- the Family Court of Australia (for the purposes of section 248 but not Chapter 16A);
- Centrelink (for the purposes of section 248 but not Chapter 16A);
- Commonwealth Department of Immigration and Multicultural and Aboriginal Affairs (for the purposes of section 248 but not Chapter 16A).
New Statutory Threshold

**Summary of changes:**
From the end of January 2010, the statutory threshold — the point at which a concern should be reported to the Community Services Helpline — will change from ‘risk of harm’ to ‘risk of significant harm’. A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent.

The amendments also include the addition of two new grounds for reporting that indicate a child may be at risk of significant harm:

- Parents or carers have not made proper arrangements and are unable or unwilling to arrange for their child to receive an education
- A series of acts or omissions when viewed together may establish a pattern of significant harm (cumulative impact).

**Why the change?**
The Wood Inquiry found that many children who did not require the statutory intervention of the State were being reported to the Community Services Helpline. This used valuable resources and did not result in children and their families receiving the supports that they needed. The Inquiry recommended that the threshold be raised so that:

- those children and young people who do not require a statutory response are no longer reported to the Community Services Helpline
- more families are supported at a local level by other government agencies and non-government services
- Community Services is able to focus on the most serious cases.

The aim is to ensure that vulnerable children and their families receive appropriate services at an earlier stage in the life of the problem.

**What does this mean for reporters?**
From 2010, members of the community and mandatory reporters who assess that a child or young person is at ‘risk of significant harm’ (the new statutory threshold) should report their concerns to the Community Services Helpline:

- Mandatory reporters - phone 13 36 27
- Non-mandatory reporters (including the general public) - phone 132 111.

**How will I know what meets the new threshold?**
Mandatory Reporter Guidance (MRG) has been developed to help front-line mandatory reporters such as doctors, police officers, teachers and social workers determine whether the risk to a child or young person meets the new statutory threshold. It will form part of the common assessment framework for all agencies working with children, young people and families. The MRG is an interactive tool and will be available online. Training will be provided to all mandatory reporters.

In addition, the four major government reporting agencies will establish Child Wellbeing Units (CWU) which will be:

- Helping agency mandatory reporters identify whether a child meets the new risk of significant harm threshold
• Providing advice to mandatory reporters about possible service responses to children below the threshold
• Driving better alignment and coordination of agency service systems over time, to enable better responses to children and families in need of assistance.

Agencies or organisations without a CWU can continue to contact the Community Services Helpline where they suspect a child is at risk of **significant** harm.

**What happens to reports that do not meet the new threshold?**

If a child or young person is not at risk of significant harm, the report does not meet the new statutory threshold. In these situations mandatory reporters should:

• Where appropriate continue to offer the services of their own organisation
• Refer to local services and work collaboratively with other organisations to help keep children safe
• Where available, referrals can also be made to Regional Intake and Referral Services (RIRS) which will be run by NGOs to link families to local services.

Information sharing will ensure that concerns for children and young people’s wellbeing are monitored and reported to Community Services if they reach a level considered ‘risk of significant harm’.

The Helpline will provide feedback to mandatory reporters about whether or not the report meets the new threshold for statutory intervention.

**What's New?**

• The threshold for reporting to the Community Services Helpline is rising to ‘risk of significant harm’ at the end of January 2010.
• Reports that do not meet the statutory threshold will be assessed and referred to non statutory services if needed, either by the reporting agency/reporter or by referral to a **Regional Intake and Referral Service** and/or other services that can provide supports to families to mitigate concerns or risks.
• Reporters will be assisted in decision making through newly developed Structured Decision Making Tools, including the **Mandatory Reporter Guidance Tool** (MRG).

**For further information regarding the above contact:**

• Child Wellbeing Unit
• KTS website: www.keept themsafe.nsw.gov.au
• Human Services Net: www.hsnet.nsw.gov.au
• Association of Children’s Welfare Agencies: www.acwa.asn.au

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Relevant Websites
Keep Them Safe: A shared approach to Child Wellbeing is the NSW Government’s response to the Report of the Special Commission of the Inquiry into Child Protection Services in NSW, led by the Honourable James Wood AO QC and released in November 2008. Keep Them Safe recognises the importance of the wellbeing of all children and young people, with the aim of providing appropriate support to families earlier, to prevent children and young people requiring statutory child protection intervention. To achieve this Keep Them Safe encourages families and communities, government and non-government agencies to work together to support children, young people and families.

Summary of changes
Mandatory reporters will only make a report to the Community Services Helpline where there is suspected ‘risk of significant harm’ as opposed to ‘risk of harm’. For reports that do not meet the new threshold, mandatory reporters where appropriate identify potential responses within their own agency or organisation or make a referral to other services to provide support to the family, including the Regional Intake and Referral Services (RIRS), with the consent of the family.

To assist mandatory reporters determine whether or not a case needs to be reported to the Community Services Helpline, the Mandatory Reporter Guidance has been developed. Mandatory reporters in the Department of Human Services, NSW Health, NSW Police and DET can also contact their Child Wellbeing Unit for advice.

Why the changes?
The Wood Inquiry noted the need to distinguish between children and young people in need of support and those at risk of significant harm. The Children and Young Persons (Care and Protection) Act 1998 has been amended so that only those children who are likely to need the care and protection powers of the State are reported to Community Services. For more information about changes to the statutory threshold, please see fact sheet New Statutory Threshold.

The Mandatory Reporter Guidance (MRG)
The MRG is one of the Structured Decision Making Tools which has been developed to improve screening and assessment of children and young people, and the support they receive from services. Structured Decision Making Tools and the MRG do not replace professional judgement, but aim to complement and support mandatory reporters at each key decision point, using the best available evidence to guide these decisions.

The MRG is an online interactive tool. It has been developed by the US-based Children’s Research Centre which has worked with representatives from government and non government agencies in NSW. Mandatory reporters will choose a ‘decision tree’ and be led through a series of questions which will help them decide whether or not there is a risk of significant harm.

Decision trees will be available relating to the following areas of concern:
- Physical abuse
- Sexual abuse
- Psychological harm
- Relinquishing care
- An unborn child
- Parent / carer substance abuse
- Parent / carer mental health
- Domestic Violence
- Neglect – in relation to:
  > Supervision
  > Physical shelter / environment
  > Food
  > Lack of medical care
  > Mental health care
  > Education.
The online MRG Tool will also provide definitions and examples that mandatory reporters can access to support them in making their assessment.

The MRG will help mandatory reporters determine whether they should
- Make a report to the Community Services Helpline
- Make a referral to a Regional Intake and Referral Service (RIRS), or to community or other government support services
- Consult their Child Wellbeing Unit (if relevant)
- Document and continue the relationship.

The MRG will form part of the common assessment framework for all agencies working with children, young people and families. Training and information will be provided to all mandatory reporters in use of the guidance tool.

The Structured Decision Making Tools will include principles relating to culturally appropriate support services for Aboriginal families and families from culturally and linguistically diverse backgrounds.

What’s New?
- Only risk of “significant harm” reported to Community Services Helpline.
- Structured Decision Making Tools have been developed.
- The Mandatory Reporter Guidance will guide and support mandatory reporters’ professional judgment in responding to children and young people at risk.
- Children that do not meet the statutory threshold can be helped directly or referred to RIRS and / or other services.
- Child Wellbeing Units established in four government agencies to provide advice and guidance to mandatory reporters.

For further information regarding the above contact:
- Child Wellbeing Unit
- KTS website: www.keepthemsafe.nsw.gov.au
- Human Services Net: www.hsnet.nsw.gov.au
- Association of Childrens Welfare Agencies: www.acwa.asn.au

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**Keep Them Safe**

A shared approach to child wellbeing

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**Child Wellbeing Units**

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**Why the changes?**

Commissioner Wood was concerned about the number of children, young people and families who were not able to receive support from Community Services due to the statutory system being overwhelmed with reports.

The reason for the establishment of the Child Wellbeing Units (CWUs) is that the Community Services Helpline should only be contacted for matters that require a statutory response. For those children who do not meet the new ‘Risk of Significant Harm’ threshold, the CWU will provide an alternative pathway for providing support.

**Where and when will the Child Wellbeing Units be established?**

CWUs will be trialled from October 2009 and operational from January 2010, following proclamation of the new mandatory reporting threshold. As recommended by the Inquiry, they will be established in those agencies that make the majority of the reports to the Helpline. These are: NSW Health, the Department of Education and Training, NSW Police and the newly formed Department of Human Services (covering Juvenile Justice, Housing and Ageing, Disability and Home Care).

**The role of the Child Wellbeing Units**

- Helping agency mandatory reporters identify whether a child meets the new risk of significant harm threshold
- Providing advice to mandatory reporters about possible service responses to children below the threshold
- Driving better alignment and coordination of agency service systems over time, to enable better responses to children and families in need of assistance

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**When to call the CWU?**

If you are a mandatory reporter in an agency with a CWU you should call your CWU to:

- determine whether your concerns meet the new risk of significant harm threshold where you are not sure, after consulting the Mandatory Reporter Guidance (MRG) tool.
- identify whether another agency has concerns or is working with a particular child, young person or family, and whether this information could possibly increase the level of risk.
- receive advice and assistance to plan referrals and services to assist the child, young person and their family.

**What to expect when you call a CWU?**

The CWU will record details about you, the child and your concerns and will also ask you to consent to your contact details being shared with other agencies as needed.

Each CWU will have limited access to other agencies’ CWU databases, as well as to the Community Services KIDS system, to assist the sharing of information to determine risk. CWUs will document concerns that do not reach the statutory threshold, to ensure that these concerns do not get lost in the system and that a cumulative assessment of risk is built across agencies.

Information sharing will also ensure that cumulative concerns for children and young people’s wellbeing are monitored and reported to Community Services if they reach a level that it is now considered risk of significant harm.

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An initiative of the NSW Government in partnership with the non-government sector
If following assessment, the child or young person is considered at risk of significant harm, the CWU will advise the mandatory reporter to report the matter to the Community Services Helpline. When needed, the CWU may make reports directly to the Helpline.

**What support will the CWU provide for concerns below the threshold of risk of significant harm?**

If the child is not considered at risk of significant harm, CWU officers will help to identify potential responses within your agency, that are intended to support the child, young person or family. If the agency working with the family is not in a position to offer a service directly to the family, the CWU will provide advice to mandatory reporters to determine access to suitable local services (both government and non-government including Regional Intake and Referral Services) with the intention of avoiding referral to the statutory child protection system.

The Community Services Helpline will continue to provide feedback to mandatory reporters on the reports it receives. Where the statutory threshold isn’t met, this will prompt mandatory reporters to make referral to local services.

**For further information regarding the above contact:**
Child Wellbeing Unit
KTS website: www.keepthemsafe.nsw.gov.au
Human Services Net: www.hsnet.nsw.gov.au
Association of Childrens Welfare Agencies: www.acwa.asn.au

**Or Contact:**
Your Supervisor
Your Manager
Your Legal Services Branch
Relevant Websites
**Summary of changes:**

To ensure that vulnerable families are identified earlier and receive an appropriate service in a timely manner, the government is establishing new referral pathways to identify and provide services to respond to children and young people who fall below the new statutory threshold of ‘Risk of Significant Harm’.

These pathways will include the establishment of Child Wellbeing Units (CWUs) and Regional Intake and Referral Services (RIRS).

**What is a Child Wellbeing Unit?**

Child Wellbeing Units will be established in four government agencies: NSW Health, the Department of Education and Training, NSW Police and the newly formed Department of Human Services (covering, Juvenile Justice, Housing and Ageing, Disability and Home Care). These government agencies make approximately two thirds of all reports to the Community Services Helpline.

CWUs will help reporters determine whether or not reports meet the statutory threshold and decide how to best assist children and families below the threshold from within their agencies capabilities as well as other services.

**What does this mean for reporters without a CWU?**

The changes will require all organisations, both government and non-government, to think about how they can support vulnerable children and young people.

Mandatory reporters who do not have a Child Wellbeing Unit in their agency or organisation will use the Mandatory Reporter Guidance (MRG) tool to assess whether their concerns for a child or young person meet the threshold of risk of significant harm. If this is the case, these mandatory reporters will continue to report concerns of risk of significant harm to the Community Services Helpline.

**What supports are available to reporters without a CWU?**

Where the concerns fall below the threshold of risk of significant harm mandatory reporters, where possible, will:

- provide a service through their own organisation (where appropriate)
- use their own local contacts to make appropriate referrals (including the DV Line, Early Intervention Services or other government and NGO services)
- use the Regional Intake and Referral Service (RIRS), where these have been established, to find an appropriate service
- use the Human Services Network database **ServiceLink** as a way of providing details of the services within your local community.

**What feedback will be available from Community Services?**

Community Services will provide feedback to mandatory reporters about whether their report about a child or young person met the statutory threshold. Where the statutory threshold isn’t met, this will prompt mandatory reporters to make local referrals to services, thereby...
ensuring children and young people below the threshold of risk of significant harm still receive an appropriate response.

**How will a cumulative picture of risk be built?**
Child Wellbeing Units will use a common database which will show where another agency is working with a child. It is anticipated that Community Services will continue to record contacts from other mandatory reporters that fall below the statutory threshold to enable cumulative risk of significant harm to be identified. Government agencies and non-government organisations will be able to exchange information under Chapter 16A in the new legislation, where that information is relevant to the safety, welfare or wellbeing of a child or young person and not just where the report meets the threshold of risk of significant harm.

**What's New?**
- New referral pathways are being developed to ensure that children and young people who fall below the threshold of risk of significant harm are provided with a service if required
- CWUs will be established in the government agencies that make up the majority of reports to the Community Services Helpline
- Mandatory reporters of agencies that do not have CWUs should use existing referral pathways and the new Regional Intake and Referral Services, where available, to provide services to vulnerable children, young people and families

**For further information regarding the above contact:**
- Child Wellbeing Unit
- KTS website: www.keepthemsafe.nsw.gov.au
- Human Services Net: www.hsnet.nsw.gov.au
- Association of Children's Welfare Agencies: www.acwa.asn.au

**Or Contact:**
Your Supervisor
Your Manager
Your Legal Services Branch

**Relevant Websites**
Regional Intake and Referral Services (RIRS)

Keep Them Safe: A shared approach to Child Wellbeing is the NSW Government’s response to the Report of the Special Commission of the Inquiry into Child Protection Services in NSW, led by the Honourable James Wood AO QC and released in November 2008. Keep Them Safe recognises the importance of the wellbeing of all children and young people, with the aim of providing appropriate support to families earlier, to prevent children and young people requiring statutory child protection intervention. To achieve this Keep Them Safe encourages families and communities, government and non-government agencies to work together to support children, young people and families.

Why the changes?
Regional Intake and Referral Services (RIRS) arise from the Special Commission of Inquiry’s recommendations about the need for appropriate responses for families who fall below the threshold for statutory intervention but would benefit from services to address current concerns and prevent escalation to the statutory child protection system.

What is a Regional Intake and Referral Service?
RIRS are a referral service for use by government agencies and non-government organisations to link vulnerable children, young people and families to appropriate services in their local communities. Consistent with the voluntary nature of this service, it is also proposed to allow scope for self-referrals, at least in the initial pilot phase.

The NSW Government has committed $38 million over five years for the staged implementation of RIRS.

What is the purpose of RIRS?
- To identify and refer children, young people or families, to appropriate services, building on rather than replacing agency action, expertise and capacity.
- To drive improved links between government and non-government services.
- To provide advice to agencies to support better co-ordination of local services.

Where will RIRS be located?
Initially, RIRS will be piloted for 12 months in three locations in NSW before statewide roll-out after the trial. The locations for the pilots will include one metropolitan area and two regional/rural areas.

At least one of the three RIRS piloted will have an Aboriginal focus. An overall aim of the RIRS under Keep Them Safe is to improve access to culturally responsive services for Aboriginal children, young people and their families.

What’s New?
- RIRS are a referral service for government agencies and NGOs.
- They are intended to link vulnerable children, young people and families to local services.
- RIRS can be utilised by mandatory reporters when a child, young person or family need some assistance, but are not at risk of significant harm.
- RIRS are intended to build on existing service capacity and referral networks.

What will the service model look like?
Two service models will be trialled. The first will assist children and families with lower or less complex needs and operate primarily as a telephone advice service. As well as providing telephone advice, the second ‘augmented’ model will also have greater capacity to coordinate more active referrals, with some case management and the possible use of funding to assist families to access services.
When will the RIRS be established?
A tendering process led by NSW Health is underway with non government organisations. The target date for the phased commencement of the trials is January 2010. The three trials will be evaluated within 12-18 months before statewide roll-out of best practice evidence-based models within 3-5 years.

The RIRS will complement government agencies’ role and build on the local knowledge, expertise and capacity of the non-government sector in linking vulnerable children and their families to appropriate services in local areas.

For further information regarding the above contact:
• Child Wellbeing Unit
• KTS website: www.keepthemsafe.nsw.gov.au
• Human Services Net: www.hsnet.nsw.gov.au
• Association of Childrens Welfare Agencies: www.acwa.asn.au

Or Contact:
Your Supervisor
Your Manager
Your Legal Services Branch

Relevant Websites
Regional Intake and Referral Services (RIRS)

Areas that won’t have a pilot site

Why the changes?
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What is the purpose of RIRS?
- To identify and refer children, young people or families to appropriate services, building on rather than replacing agency action, expertise and capacity.
- To drive improved links between government and non-government services.
- To provide advice to agencies to support better co-ordination of local services.

Why haven't RIRS been established in all areas?
In responding to Wood’s recommendation to establish RIRS, the Government indicated in Keep Them Safe that implementation would occur in a staged process within 3-5 years. This would allow for evaluation of the three pilot sites, to determine the most effective model that would best meet the needs of different communities across NSW. The evaluation will also help determine gaps and duplications in service provision and will help establish RIRS around existing interagency networks rather than replacing them, as was the concern of some organisations in relation to the establishment of RIRS.

What’s New?
- RIRS are a referral service for government agencies and NGOs.
- They are intended to link vulnerable children, young people and families to local services.
- RIRS can be utilised by mandatory reporters when a child, young person or family need some assistance, but are not at risk of significant harm.
- RIRS are intended to build on existing service capacity and referral networks.
- RIRS are a referral service being piloted in three locations across NSW before a staged statewide roll-out in each region.
- Until a RIRS is established in your region, continue to access current referral pathways and provide services to children, young people and families.
In line with the recommendations of the Special Commission of Inquiry, it is anticipated that there should be at least one RIRS in each of the seven Community Services regions.

**What do I do until a RIRS is established in my area?**

Agencies will continue to use current referral pathways and provide services to children, young people and families. Where agencies are unsure of what services are available, databases such as the Human Services Network (HSNet) ServiceLink will be available to provide details of the services within your local community.

Training is available in the use of this comprehensive online directory of human services in NSW. Contact ServiceLink either by email hsnet@hsnet.nsw.gov.au or telephone 02 9228 4200.

**For further information regarding the above contact:**

- Child Wellbeing Unit
- KTS website: www.keepthemsafe.nsw.gov.au
- Human Services Net: www.hsnet.nsw.gov.au
- Association of Children's Welfare Agencies: www.acwa.asn.au

**Or Contact:**

Your Supervisor
Your Manager
Your Legal Services Branch

**Relevant Websites**
Keep Them Safe
A shared approach to child wellbeing

Keep Them Safe – Information Sessions

Evaluation

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<th>Town/suburb</th>
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Your name (Optional)

Position & Organisation

The key objectives of this Information session were for mandatory reporters to:

1. know that they have responsibilities and how they discharge those responsibilities is changing
2. understand the new definition of risk of significant harm and what it means in their work context
3. have knowledge of changes in legislation in relation to exchange of information
4. know what the new general reporting process is and where to get assistance if they need it
5. understand the new systems including Child Wellbeing Units, Family Referral Services

Please circle any objectives that you think were not achieved.

Do you think that you understand the Keep Them Safe Approach? Yes / No

If not, what would you like to know more about?

________________________________________________________

________________________________________________________

Do you know where you can get further information about Keep them Safe? Yes / No

To ensure the successful implementation of the Keep Them Safe approach what people or organisations will you have to work more closely with?

________________________________________________________

________________________________________________________

Any further comments?

________________________________________________________
Useful Websites

Non-Government Organisations
Council of Social Services of NSW: www.ncoss.org.au
NSW Family Services: www.nswfamilyservices.asn.au
Foster Care Association: www.fcansw.org.au
Child and Family Welfare Association: www.cafwaa.org.au
Create: www.create.org.au
Aboriginal Child, Family and Community Care: www.absec.org.au
Foster Parents Support Network: www.fosterparentsupportnetwork.org.au
The Youth Accommodation Association: www.yaa.com.au
Youth Action and Policy Association: www.yapa.org.au

NSW Government
Department of Community Services: www.community.nsw.gov.au
The Children's Guardian: www.kidsguardian.nsw.gov.au
NSW Ombudsman: www.ombo.nsw.gov.au
NSW Commission for Children and Young People: www.kids.nsw.gov.au
NSW Parenting Centre: www.communitynsw.gov.au
Department of Ageing, Disability and Home Care: www.dadhc.nsw.gov.au
Community Builders: www.communitybuilders.nsw.gov.au
Better Service Delivery Program: www.hsnet.nsw.gov.au