Australian Centre for
Child Protection

National Comparison of Cross-Agency Practice in Investigating and Responding to Severe Child Abuse – A Report for the NSW Ombudsman's Office

(Report 1 of 2)

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1. EXECUTIVE SUMMARY

This report summarises a comparison of Australian and select international jurisdictions against the approach of the Joint Investigation Response Team (JIRT) model in New South Wales. The structure of this report includes a brief rationale for the characteristics compared, a narrative summary of cross-agency responses in Australia, a narrative summary of selected cross-agency responses in equivalent international jurisdictions, and a detailed comparison of responses in Australian jurisdictions.

Drawing on recent publicly available information, this report aims to summarise each of the cross-agency responses to severe child abuse. The report compares these jurisdictions on the following characteristics, which are in part based on factors associated with effective cross-agency responses drawn from a literature review of components of effective multi-disciplinary responses (See Report 2 Section 3.4 for a summary), and some other relevant descriptive factors:

- General Characteristics;
- Centre Characteristics;
- Intake Characteristics;
- Information Sharing & Case Planning;
- Interviewing;
- Support and Advocacy Services;
- Referral to Therapeutic Services;
- Governance;
- Legislative Context.

1.1 Australian Cross-Agency Responses to Severe Child Abuse

Broadly, Australia has a variety of cross-agency responses in place to respond to severe child abuse. These fit onto a spectrum from more informal arrangements, to fully integrated Multi-Disciplinary Team (MDT) models. MDTs in this context are an approach to responding to alleged child abuse that involves a team of professionals from different agencies and disciplinary backgrounds. The degree to which teams are integrated, collaborative, or consultative will vary between models (Lalayants & Epstein, 2005), but MDTs will usually have a process of case review or information sharing to coordinate and plan the response across agencies. The purpose of these teams and the types of agencies involved will also vary between models, although for the present review the MDTs will typically involve collaboration between police and child protection statutory authorities. The MDT may also involve medical and therapeutic professionals depending on the purpose of the model. Importantly, jurisdictions differ in the level at which a cross-agency response occurs; for example, in Queensland the inter-agency response is restricted to cases with an ongoing child protection concern, in the NT cross-agency responses apply to cases judged to be ‘complex’, whereas in New South Wales a much broader variety of cases can receive a cross-agency response.

The JIRT model in New South Wales is particularly noteworthy as a state-wide decentralised response with a centralised intake assessment through the JIRT Referral Unit, and joint information sharing, planning and responses at the local planning level. The Multi-Disciplinary Centres (MDC) in Victoria provide a comprehensive forensic response inclusive of supportive and therapeutic services within centres. These centres also provide a response for suspected child victims (i.e. where abuse is suspected, but has not been disclosed or substantiated), working to provide them with information

about their options and to put services in place. The Multiagency Investigation & Support Team (MIST) pilot in Western Australia (Herbert & Bromfield, 2016a, 2017c) also provides a similar centre based response, with advocacy support and therapeutic services on-site. The Perth-Metro response, the Child Abuse Taskforce in the Northern Territory, the Queensland State-Wide response, the 'Wraparound' response in the Australian Capital Territory, and the South Australian State-Wide response have elements of MDT responses that are built around processes of information sharing and response planning between statutory and government agencies. These responses differ in the degree to which agencies undertake joint investigation and assessment, and the degree to which support agencies are involved in information exchange, planning and interviewing.

1.2 Cross-Agency Responses in Comparable International Jurisdictions

This report reviewed a variety of international MDT models to better understand cross-agency practices in comparable jurisdictions. The included jurisdictions were judged to be comparable liberal democracies with similar social and economic conditions. The review included a brief narrative discussion of prominent international collaborative models. These include Child Advocacy Centres in the United States and Canada, Multi-Agency Safeguarding Hubs (United Kingdom), Joint Child Abuse Investigation Teams (Scotland), Barnahus (Sweden, Denmark, Finland, Greenland, & Iceland), and Puawaitahi (New Zealand). These are briefly compared to the JIRT model.

In terms of a comprehensive response, the JIRT model is comparable to the international body of practice of MDT responses. The JIRT model has well-established intake processes across the agencies involved, with centralised and consistent state-wide intake through the JRU. While the JIRT model has many commonalities with models like MASH (United Kingdom) and Puawaitahi (New Zealand), these responses have a different and more expansive purpose than the JIRT model. While some matters are not accepted for a JIRT response and referred to a local CSC or police response; MASH in particular respond to a broad spectrum of cases with an MDT response, aiming to reduce the risk of harm to children and to reduce the necessity for statutory child protection involvement in most cases (Munro, 2011). These comprehensive responses have attempted to establish systems to respond to alleged child abuse and neglect and children at risk. In relation to these cases, models like MASH and Puawaitahi put in place services and support for children and young people who may not be ready to disclose abuse, and may require some time to develop the trust and rapport to be able to disclose in a forensic interview[1]. These models also provide services for children and young people who may decide not to officially report their abuse, or whose complaint is not proceeding through the criminal justice system as part of a collaborative cross-agency response.

Many of the models differ in terms of who from the MDT undertakes interviews with children. Predominately in Child/Children's Advocacy Centres (CAC; Canada & United States) the approach is to have a trained forensic interviewer employed by the CAC (which may be run by an NGO or a government worker independent from police and child protection agencies - an arrangement not used in any jurisdiction in Australia except SA). The Nordic countries were unique in terms of providing a response that includes a magistrate observing interviews in the Barnahus model, with the interview concluding all involvement of the child in the criminal justice process. As discussed later, this arrangement is possible because Nordic countries have an inquisitorial civil law system; such an approach is at odds with the role of the judiciary in common law jurisdictions.

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[1] We note that NSW Police prefer the term 'recorded criminal interview', however we have used the term 'forensic interview' consistent with most other jurisdictions.

The JIRT model also compares favourably internationally in terms of the co-location of key agencies, particularly police and child protection statutory authorities; although we note the intention to move to a policy of 'proximal co-location' (See Section 20.3 of the NSW Ombudsman's report). The JIRT model compares less favourably in terms of co-location and integration with the supportive and therapeutic end of cases.

Despite the long history of the CACs, relatively few of them have statutory workers (i.e. police and child protection workers) co-located at CACs (Herbert, Walsh, & Bromfield, Under Review), and are primarily based around providing information sharing and case planning between statutory workers and workers providing advocacy and community based therapeutic services. The Barnahus, Puawaitahi, and a small number of centralised full service CACs have full co-location and integration of the investigation and supportive responses.

1.3 Comparison of Characteristics of Cross-Agency Responses to Severe Child Abuse in Australian Jurisdictions

This section outlines some of the similarities and differences between cross-agency responses to severe child abuse in Australian jurisdictions, separated out into twelve distinct responses (See Table 1).

Table 1. Distinct Responses Included in the Comparison

Jurisdiction	Response	Scope of Cross-Agency Response in Jurisdiction
New South Wales	**Co-Located JIRT Response –** Combined specialist police, child protection and health agency response to severe child abuse cases that require police investigation[1] **Non-Co-Located JIRT Response** – Same framework of response as the co-located JIRTs, but with agencies operating from separate sites	Alleged child sexual abuse, extreme neglect (e.g. malnutrition/ dehydration), and severe or serious alleged physical abuse (e.g. extensive soft tissue injuries, head injuries, fractures, burns)
Victoria	**Multi-Disciplinary Centres (MDC pilots)** – Co-located centre based response with specialist on-site support services at six sites across Victoria with police, child protection, health, and support services involved in the response **Victoria Standard Response –** State-wide (except MDC sites) cross-agency response with police, child protection, health, and support services involved in the response, but working from their own premises	Rapes of children (suspect known), and indecent acts (including sexual penetrations) upon children, Rape/attempt/assault with intent to rape by a stranger; All allegations of child abuse where the offending occurs in intra-familial environment (family violence); Joint investigations with Child Protection and other stakeholders in respect to child abuse
Queensland	**State-Wide Queensland Response** – State-wide inter-agency response to child protection cases; cases with ongoing child protection concerns can be referred to the Suspected Child Abuse & Neglect (SCAN) teams. This specialist response brings police, child protection, health and education agencies together for information sharing and case coordination. Outside of this response, more informal inter-agency collaboration can occur	For a SCAN team response, the process requires the matter to be assessed by Child Safety Services as a notification, and/or Child Safety is responsible for ongoing intervention, and coordination of multi-agency action is required to assess and respond to protection needs

		An MDT response can also occur for Child Concern Reports, with Information Coordination Meetings
Western Australia	**Perth-Metro Response** – Inter-agency response applied to the Perth metropolitan area including police, child protection, and health agencies[2] **Multiagency Investigation & Support Team (MIST pilot)** – Co-located centre based cross-agency response with police, child protection, and specialist on-site services at a pilot site **Regional/Remote Response** – Inter-agency response between district detectives and district child protection	Child Abuse Squad Charter Offences: Sexual abuse (Familial offender; Extra-Familial Offender Child under 13; Child in Care of CEO; Offender in position of authority over child; Serious Injury Planning Meetings) Physical Abuse (Familial abuse resulting in a serious injury; Child in Care of CEO; Offender in position of authority over child; Serious Injury Planning Meetings) Neglect (Criminal Neglect for Child Under 13)
South Australia	**SA State-Wide Response** – Inter-agency case discussion and information sharing between police and child protection agencies, and in some cases the Child Protection Service (SA Health). The response differs based on the age, and communication capacity of children	Interagency code of practice applies to all types of abuse and neglect; Department for Child Protection will refer to SAPOL for sexual abuse, serious neglect or physical abuse
Tasmania	**TAS State-Wide Response** – Inter-agency case discussion and information sharing between police and child protection agencies	Child abuse cases accepted by police can prompt the use of information sharing arrangements between Police and Child Safety Services
Australian Capital Territory	**ACT Territory-Wide Response** – Territory wide inter-agency response to coordinating services, information exchange and collaboration across agencies. The response includes police, child protection, health/medical services, supportive and therapeutic services, and prosecutors	Sexual offences in which families were offered and consented to a cross-agency response
Northern Territory	**Child Abuse Taskforce** – Joint co-located joint child protection and police response	Complex matters (i.e. matters likely to involve concurrent child protection and police investigation)

[1] Note: As of December 2016, the JIRT State-Wide Management Group have agreed to move to ‘proximal co-location’, an approach where the agencies involved in the response do not directly share an office space, but are nearby, and in some cases will remain in the same building.

[2] Note: The WA Police are undertaking an addition pilot within their Perth-Metro Response involving removing police interviewers from the joint interviewing pool and having them work from the investigations floor with Child Abuse Squad Detectives. The pilot also makes it possible for Child Abuse Squad detectives to observe specialist child interviews. Department of Child Protection and family Support interviewers are able to observe interviews in this pilot, but not conduct them. We also note that this practice has been adopted across all Child Abuse Squad investigations in mid-2017.

The responses were compared on the characteristics of MDT responses identified in the research literature. Some key similarities and differences between responses are presented in Table 2.

Table 2. Summary of Key Characteristics of Responses

	Cross-Agency Protocol	Cross-Agency Intake	Case Review/ Planning	Joint-Agency Investigation	Co-Location of Core Agencies	Co-Location of Support Agencies	Specialist Interview Suites	Cross-Agency Input & Observation of Interviews	Built-In Independent Advocacy Role
NSW (Co-Located JIRTs)	X	X	X	X	X		X	X	[7]
NSW (Non-Co-Located JIRTs)	X	X	X	X			X	X	[7]
MDC pilots (Vic)	X		X	X	X	X	X	X	X
Standard Response (Vic)	X		X	X			X	X	X
SCAN Teams (QLD)	X		X				X	X	
Perth-Metro (WA)		[1]	X	[2]	[3]		X	X	X
MIST pilot (WA)	X	[1]	X	X	X	X	X	X	X
Regional/ Remote WA		[1]	X	[2]				X	
SA State Response	X	[1]	X	X		[4]	X[5]	X[6]	
Tas State Response	X		X				X[5]	X	
ACT Territory Wide Response[2]	X		X				X	X	X
Child Abuse Taskforce (NT)	X		X	X	X		X	X	

[1] Note: While not a cross-agency intake, each of these responses involve convening a strategy meeting to discuss the involvement of each agency, as opposed to referring cases to one another.
[2] Partial Joint-Investigation: Initial joint coordination and intake for cases relevant across agencies. Agencies then undertake their own investigations with some coordination between agencies.
[3] Partial: CPFS Interviews are co-located, but not CPFS district caseworkers who conduct the Safety & Wellbeing Assessment.
[4]Children receiving an interview by the Child Protection Service at Adelaide Women and Children's Hospital received referral to on-site support and therapeutic services.
[5] Some regional areas do not have access to specialised interview suites.
[6] Interviews with a child under seven at the Child Protection Service will be observed by both Police and Department for Child Protection. Department for Child Protection do not observe interviews with older children by the investigating officer or the interviewer from the Victim Management Section.
[7] Health Clinicians as part of the JIRT model undertake some of the roles included under the definition of advocacy provided in Report 2 – This role is independent of police and child protection authorities, provided by NSW Health, but not independent in the same sense as the other jurisdictions with built-in advocacy.

While other jurisdictions had some additional components in the form of co-located support services and advocacy, the JIRT model was the only de-centralised state-wide response involving police, child protection and health agencies with a centralised tri-agency in-take process.

A more detailed comparison of jurisdictions identified the following:

- New South Wales, Victoria and Queensland all had de-centralised state-wide responses, with specialist resources distributed across the state. New South Wales operates a de-centralised response, with a centralised cross-agency intake and initial assessment. Other jurisdictions (e.g. WA, NT, SA) had a much more centralised response with specialist resources centred

around capital cities;

- Areas with a co-located JIRT response (NSW), MDC pilots (Vic), MIST pilot (WA), and the Northern Territory all had co-located integrated teams responding to severe child abuse cases. While not co-located, SCAN teams in Queensland, and non-co-located JIRT responses worked similarly as integrated teams without co-location, with agencies in most cases in close proximity with each other. We also note the use of partial-co-location in the Perth-Metro response, which did not include the assessing child protection worker, rather an interviewer from that agency;
- All jurisdictions except the Australian Capital Territory, Tasmania, and Queensland indicated that they undertook joint investigations. The degree to which the investigations were linked differed between jurisdictions. New South Wales had a specific protocol around joint decision-making and investigation, whereas other jurisdictions more described a parallel process of planning, information sharing and communication (e.g. Victoria).
- Three responses had non-government agencies involved in their process as a matter of course: MIST pilot (WA), MDC pilots (Vic), and the Wraparound response in the ACT. For MIST and the MDC pilot, non-government agencies are involved at the point of interview; for the wraparound response, non-government agencies are typically involved following the interview. All other jurisdictions had close connections with the support agencies they referred children and families to;
- The JIRT model (NSW), MDC pilots (Vic), Perth-Metro, Northern Territory and MIST pilot (WA) all had onsite interviewing suites as part of their centre based approach. From non-centre based approaches, the Victorian Standard Response, SCAN teams (Qld) and ACT responses had specialist suites, but also had provision to conduct interviews elsewhere. Regional/Remote WA had provision to interview in any safe environment for children, primarily as they did not have access to specialist suites. In South Australia, the interview site depended on the age of the child, and similar to Tasmania some regional/remote areas did not have access to specialist suites;
- New South Wales was unique in having a tri-agency intake process, though Western Australia (Police, Child Protection, & Health) and South Australia (Police, Child Protection, & Health [in some situations]) both had a joint agency discussion process to intake for a joint response. SCAN teams (Qld) had a different process for intake compared to other jurisdictions and were much more restrictive in the cases included. The MDC pilots (Vic) had a service within the response for cases that don't initially met the threshold for intake;
- All jurisdictions had processes for information exchange, but there were differences in the agencies involved in the exchange, and in the formality of the process. New South Wales had a comprehensive and prescriptive process in the local planning response, most other jurisdictions were much more informal;
- Information sharing legislation differed between jurisdictions: New South Wales, South Australia, and Tasmania all had comprehensive schemes, while Queensland and Western Australia had more restrictive schemes. New South Wales had the widest legislated scheme for information exchange in Australia. Tasmania, Australian Capital Territory, and Victoria were all limited to information exchange between professionals and the statutory child protection authority;
- In all responses except for Western Australia and South Australia, the investigating officer from a specialist police unit was responsible for interviewing children. A number of

jurisdictions had provision for child protection workers to conduct interviews, but in practice almost all interviews were conducted by police. In Western Australia, interviewing is undertaken by a joint police and child protection interviewing team; although there is currently a trial underway restricting forensic interviewing to the police members of this joint interview team. In South Australia, depending on the age and ability of the child to communicate, interviews may be conducted by the Child Protection Service (a unit within SA Health), by the Victim Management Unit (a unit within the Special Crimes Investigation Branch), or by the investigating detective from the Special Crimes Investigation Branch (SAPOL);

- Almost all jurisdictions had provision for child protection authorities to observe interviews in which they did not directly participate in;
- All responses had some connection to support and therapeutic services, primarily the peak sexual assault not-for-profit or government funded sexual assault service in the state/territory. MDC pilots (Vic), Australian Capital Territory and MIST pilot (WA) were the only responses to have independent support people (i.e. non-government agencies) directly involved in their response. New South Wales, Perth-Metro, and South Australia all had support workers from government agencies. Few responses had in-house capacity to provide support and therapeutic services (MIST pilot [WA], MDC (Vic), South Australia), most jurisdictions provided a referral to external support services they had strong relationships with, although only the MDC pilots (Vic), MIST pilot (WA), New South Wales, and the Australia Capital Territory directly included support agencies in their responses;
- Only four responses directly involved advocacy services (MDC pilot, Perth-Metro, MIST pilot, ACT). The MDC pilots and MIST pilot had the most comprehensive advocacy services, with end to end support for children and families. The ACT response focused more on supporting children and families through the criminal justice system. The response at Perth-Metro was much more short term, and focused on supporting families during the child forensic interview;
- All jurisdictions had close links to the agencies that conducted forensic medical examinations in their state/territory with New South Wales, Western Australia, South Australia, Australian Capital Territory, Victoria, and Queensland all directly including health agencies in case discussion to ensure a smooth referral;
- All jurisdictions had provision for special witness protections, primarily the use of recorded interviews as the child's evidence in chief. All jurisdictions had provision for children to pre-record their cross-examinations. New South Wales has recently introduced pre-recorded cross-examinations as part of a pilot;
- New South Wales and South Australia both have witness intermediary schemes. The scheme began in some locations in New South Wales in 2016, and has operated state-wide in South Australia since 2015. Western Australia also has this scheme, but a number of reports have indicated that scheme is rarely used (Australian Law Reform Commission, 2010; Ketley, 2015);
- New South Wales, Queensland, Victoria, the Australian Capital Territory, the Northern Territory, South Australia, and MIST pilot (WA) all had comprehensive cross-agency protocols and guidelines around the operation of their responses;
- The Northern Territory has mandatory reporting for all people in the Territory. New South Wales, South Australia, Tasmania, ACT have mandatory reporting for a wide range of

professionals that deal with children; South Australian legislation also included volunteers. Mandatory Reporting in Western Australia, Victoria, and Queensland includes a much more restrictive list of professionals;

- Mandatory Reporting in Western Australia only extends to child sexual abuse. In South Australia and Tasmania Mandatory Reporting includes all kinds of abuse and neglect, while Victoria and the Australian Capital Territory only includes physical and sexual abuse. Queensland and New South Wales have Mandatory Reporting triggered by a concern about the potential for risk of significant harm to children. In New South Wales the legislation also specifies a duty to report where a child's basic needs are not met including physical, psychological, education, medical needs, exposure to domestic violence, and parental non-compliance with a pre-natal report. Some jurisdictions also extend mandatory reporting to concerns about future harm (NSW, Vic, Qld, & NT)
- Two jurisdictions had reportable conduct schemes; however the ACT has only recently introduced this. In New South Wales the scheme has been in place since 1999. Victoria is in the process of introducing a scheme.

1.4 Conclusion

Compared to Australian and comparable international jurisdictions, the JIRT model represents a comprehensive, consistent and coherent state-wide strategy for structuring the cross-agency response to severe child abuse. New South Wales also has information sharing and criminal evidence legislation supportive of the cross-agency response. The comparison identified the JIRT model differs in some ways from other Australian and international models. Some of the comprehensive Australian and international models included the co-location of support services, presence of independent advocates, embedding support service providers into the response from the point of interview, and potentially providing a mandated cross-agency response for cases that don't meet the threshold for intervention at the point of intake.

2. INTRODUCTION

The New South Wales Ombudsman's Office was engaged in June 2016 to conduct an independent review of the state-wide Joint Investigation Response Team (JIRT) program, following a previous independent review in 2002, a review conducted by JIRT partner agencies in 2006, and a high-level review conducted by the New South Wales Ombudsman's Office in 2012 as part of the Office's audit of the *NSW Interagency Plan to Tackle Child Sexual Abuse in Aboriginal Communities.* The Australian Centre for Child Protection was commissioned in October 2016 by the New South Wales Ombudsman's Office on behalf of the New South Wales JIRT agencies (NSW Police, Family and Community Services NSW, NSW Health) to provide research support for the 2016 review (Report 2). Separately, The Australian Centre for Child Protection was commissioned to conduct a paper comparing multi-agency responses to abuse across Australian and international jurisdictions (Report 1):

- Report 1: A comparison of the features of JIRT alongside the features of multi-disciplinary child abuse responses operating in Australian and comparable international jurisdictions.
- Report 2: A synthesis of research information that will suggest the most important components of different multi-disciplinary responses, with a focus on models of child advocacy.

This is Report 1, which aims to compare multi-disciplinary child abuse responses in Australian states and territories, and select international jurisdictions on components in place to support effective cross-agency responses.

2.1 Background to Cross-Agency Responses

Responding to allegations of child abuse and neglect typically requires the involvement of workers of diverse disciplines from different agencies. Statutory agencies need to conduct their investigations into whether criminal conduct has occurred, and whether the child is safe in their present setting. Forensic medical evaluation may be required, and ideally services to improve the home life of the child and to address any harm done to the child should be put in place. While all workers operate with the best interests of children in mind, how this is interpreted will likely differ based on their discipline and agency. These differences in interpretation and a lack of communication between agencies and workers can result in a poor response; causing confusion and distress for children and their families. Poor communication and coordination between agencies can also have other critical consequences where child-related risks are not properly identified or managed.

In order to better manage the response to these cases, many jurisdictions have implemented frameworks and processes aimed at improving collaboration and coordination across agencies. These frameworks can differ in the degree of integration from broad agreements between agencies acknowledging the need to share information, all the way to fully integrated co-located teams in specialised facilities.

In providing a comparison to the features of the JIRT against other national and international responses, this report will separate the information into three main sections.

Summary of Australian Cross-Agency Models

This section contains a brief narrative discussion of the prominent collaborative models that exist in Australian jurisdictions, specifically drawing on examples of practice that present a framework for collaborative working between police, child protection and other agencies. Examples of cross-agency and inter-agency models in Australian jurisdictions included the Multi-Disciplinary Centres (Victoria), the Multiagency Investigation and Support Team (Western Australia), Child Abuse Squad/ChildFIRST (Western Australia), Child Abuse Taskforce (Northern Territory), the Queensland State-Wide response, the South Australian State-Wide response, and Wraparound as part of the Sexual Assault Reform Program (Australian Capital Territory). These are briefly compared to the JIRT model.

Summary of Comparable International Models

Included in this section is a brief narrative discussion of prominent international collaborative models. These include Child Advocacy Centres in the United States and Canada, Multi-Agency Safeguarding Hubs (United Kingdom), Joint Child Abuse Investigation Teams (Scotland), Barnahus (Sweden, Denmark, Finland, Greenland, & Iceland), and Puawaitahi (New Zealand). These are briefly compared to the JIRT model.

Comparison of Cross-Agency Responses to Abuse in Australian Jurisdictions

This section will compare each Australian jurisdiction on a series of characteristics descriptive of the degree of integration of the response, and some characteristics that are theoretically or empirically related to effective cross-agency responses. These reviews of responses in Australian jurisdictions include:

- General Characteristics: The type of response and the agencies involved;
- Centre Characteristics: Degree to which the response is centre based, which agencies are on-site;
- Intake Characteristics: How allegations of child abuse are assessed in the jurisdiction and how are matters triaged to a cross-agency response;
- Information Sharing & Case Planning: What arrangements are in place for information sharing and collaboration between agencies, and what does existing legislation permit;
- Interviewing: The process for interviewing and the degree to which a cross-agency response is applied to interviewing;
- Support and Advocacy: Whether responses include support and advocacy alongside the interview and assessment, and whether advocacy continues through the process;
- Integration of Therapeutic Services: Degree to which therapeutic care is integrated into the planning response;
- Governance: Mechanisms in place to support cross-agency work;
- Background Legislation: Characteristics of the jurisdiction that may affect the volume and types of cases that enter into a cross-agency response, such as mandatory reporting, reportable conduct schemes, and intermediary schemes.

2.2 Rationale for Critical Components

This report compared jurisdictions on a mix of characteristics, some suggesting the degree to which the response is integrated, others that have been drawn from a literature review of components of effective multi-disciplinary responses. While this report is focused on cross-agency teams and

centres, there is a point to be made that all the agencies and workers included in cross-agency responses need to work together, even in the absence of some kind of plan or protocol for cross-agency work. To this effect, the researchers have suggested that cross-agency arrangements occur on a spectrum of integration:

(a) Informal Collaboration – Information sharing and collaboration between organisations involved in the response is informal and relies on individual workers to build trust and rapport with each other. This may be especially the case in small jurisdictions where workers from different agencies may be known to each other through regular contact. For some responses, while the core agencies may have more formal arrangements for their collaboration, more informal arrangements may be in place with agencies outside that tertiary response, particularly agencies providing therapeutic services;

(b) Inter-Agency Responses – Agreements across agencies to a protocol or process for information sharing and response planning, but agencies still work and operate individually. There is some element of cross-agency work and coordination, but the policy framework is still built around individual agency action and decision making;

(c) Multi-Disciplinary Teams/Centres (or Cross-Agency Responses) – Agreements across agencies to function as an integrated cross-agency team, which can operate virtually (e.g. by phone), in a shared professional space, or victim focused space. The protocol sets out a framework for cross-agency decision-making drawing on the knowledge and expertise of different disciplines to plan and implement an effective response.

This report will focus on multi-disciplinary teams/centres, while recognising that often there is a fine line between inter-agency practice, and integrated team based approaches. Moreover, there is often a difference between the stated models and how models operate in practice, particularly for state-wide approaches that may vary from place to place (particularly between urban, regional and remote areas). We also recognise that it is difficult, merely from looking at policy and practice guidelines, to distinguish the extent to which a team is integrated, beyond observing that cross-agency assessment and intake processes occur. This report has focused on identifying structural elements of collaboration in policy frameworks, as opposed to examining the degree of cooperation and collaboration that actually takes place within jurisdictions (e.g. Graça & Passos, 2012).

Generally there is evidence to support the idea that multi-disciplinary teams can result in improvements on some outcomes (Elmquist, Shorey, Febres, & Zapor, 2015; Herbert & Bromfield, 2016b, 2017a). However, there is a lack of evidence comparing different types of cross-agency responses, and components of cross-agency responses. What this means is that while it may seem that this report is arguing that the most comprehensive model is most likely the best, there is to date a lack of research evidence comparing different types of cross-agency models and whether having particular elements, may enhance or detract from effectiveness. The authors take the view that a planned strategy to improve outcomes in a response is more likely to be effective than an unplanned strategy, therefore the focus is on the extent to which important elements of the cross-agency response are planned. Report 2 (of this series) to the NSW Ombudsman briefly summarises a review of the components of multi-disciplinary team responses that have been found to be effective in improving outcomes. A brief summary on these components is included below.

Review of Components of Effective Multi-Disciplinary Responses

Table 3 presents a summary of factors explored in the components review for their role in effective MDT responses.

MDTs involve bringing together workers from different disciplines and agencies to discuss, plan, and carry out a response to cases of child abuse, acknowledging the multi-dimensional impact of abuse and the needs of children and families affected by abuse. Typically, depending on the purpose of the MDT, members of an MDT include: police, child protection statutory authorities, supportive and therapeutic staff, and medical staff. Some jurisdictions also commonly include domestic violence and substance abuse services, and juvenile justice (Herbert et al., Under Review). Bringing together the disciplines and agencies involved in the response to abuse to participate in case review, joint-interviewing, or other types of information sharing are inherent to MDT models (Newman & Dannenfelser, 2005; Newman, Dannenfelser, & Pendleton, 2005).

For most MDT models, collaboration between workers across agencies extends beyond involvement in case review meetings; the co-location of workers is assumed to build connection and professional relationships between team members, while also making it easier to undertake case consultation/ review and other formal parts of the program (Green, Rockhill, & Burrus, 2008; Newman & Dannenfelser, 2005). Beyond potentially enhancing the collaboration of workers from different agencies, co-location may help to integrate different parts of the response resulting in a true team based approach associated with higher levels of collaboration (Tye & Precey, 1999). It must also be acknowledged that co-location is not a panacea for enhancing collaboration, indeed working closely with other agencies/disciplines can be a source of stress for workers (e.g. Wright, Powell, & Ridge, 2006), but can be a facilitator where the right conditions exist (e.g. good quality inter-agency governance; Newman & Dannenfelser, 2005; Newman et al., 2005).

Providing more services on-site potentially supports effective collaborative teams through simplifying the referral process to needed services and functions (Edinburgh, Saewyc, & Levitt, 2008; Humphreys, 1995), and may facilitate more contact between workers involved in a particular case (Newman & Dannenfelser, 2005) even if they are not involved in the MDT case review process. Broadly, ensuring that vulnerable families receive needed services is an important part of providing services on site, reducing some of the barriers to successful referrals for services (Burns et al., 2004). Many multi-disciplinary teams include support service providers as part of the response, using the initial contact between children and caregivers with the centre/team to build rapport in order to more effectively refer to services (Kemp, Marcenko, Hoagwood, & Vesneski, 2009), and to work with families to address some of the barriers to accessing services they may have (Owens et al., 2002).

The agency that non-statutory workers belong to may also affect the functioning of MDTs. Primarily this concerns whether interviewing is undertaken by a worker independent of statutory agencies (i.e. police & child protection authorities), and whether an independent support worker such as an advocate is present in the response. Providing supportive and therapeutic services within the organisational structure of the MDT may also allow for easier monitoring of cases, and oversight of practice quality (Powell & Wright, 2012; Wherry, Huey, & Medford, 2015), which may be difficult and be a source of conflict with external service providers. This also includes government agencies that are partnered in a cross-agency response; again clinical governance and oversight of service quality is simpler when services are provided by a partner agency as opposed to an external agency.

Efforts to develop the cross-agency team may take the form of joint training and professional

development (Darlington & Feeney, 2008; Haas, Bauer-Leffler, & Turley, 2011; Lalayants, 2013; Stanley, Miller, Foster, & Thomson, 2011; Szilassy, Carpenter, Patsios, & Hackett, 2013), or through informal opportunities for workers to develop personal/professional relationships (Smith, 2011).

Case reviews are a key structure for collaboration within MDTs, with key decisions on what kind of response is needed, and planning in order to better coordinate the response occurring at these meetings (Jones, Cross, Walsh, & Simone, 2005). More frequent case review meetings present additional opportunities to build trust and rapport between workers (Jackson, 2012), along with discussing and reviewing actions on cases; how frequently these occur may affect the degree of inter-agency collaboration that is possible.

Table 3. Characteristics of Multi-Disciplinary Responses

Characteristic	Theorised Contribution to Cross-Agency Collaboration	Existing Research
Involvement of Workers/Agencies in Multi-Disciplinary Team Case Review Meeting/Discussions: (a) Law enforcement; child protection statutory authorities; medical; mental health; victim advocacy; and (b) Additional workers/agencies (e.g. prosecutors, juvenile court; rape crisis counsellors; domestic violence counsellors; other).	Involvement in case review is the core process in place to facilitate communication and collaboration across workers and agencies. Case review provides a forum to share information and plan the approach to the case.	Newman & Dannenfelser, 2005; Newman, Dannenfelser, & Pendleton, 2005.
Co-Location of Workers/Agencies at the Multi-Disciplinary Team: (a) Law enforcement; child protection statutory authorities; medical; mental health; victim advocacy; and (b) Additional workers/agencies (e.g. prosecutors, juvenile court; rape crisis counsellors; domestic violence counsellors; other).	Co-location potentially builds connection between team members, and simplifies the process of collaborating on cases.	Green, Rockhill, & Burrus, 2008; Newman & Dannenfelser, 2005; Tye & Precey, 1999.
Services Provided On-Site at the Multi-Disciplinary Team: (a) Forensic Interviewing; (b) Victim Advocacy; (c) Mental Health Services; (d) Medical Services/Medical Examinations; (e) Rape Crisis Services; (f) Domestic Violence Services; (f) Other Services.	Providing more services on-site potentially improves the connection between the statutory and service response to cases, and simplifies the process of referral and follow-up on cases.	Edinburgh, Saewyc, & Levitt, 2008; Humphreys, 1995; Newman & Dannenfelser, 2005.
Non-Statutory Workers Employed by the Multi-Disciplinary Team: (a) Forensic Interviewer; (b) Victim Advocate; (c) Mental Health Services; (d) Medical Services/Medical Examinations; (e) Rape Crisis Services; (f) Domestic Violence Services; (g) Other.	Having more non-statutory workers employed by the Multi-Disciplinary Team may allow for easier follow-up on whether services are provided, and more control over the quality of services. Clinical governance may be simpler where the services are provided as part of an arrangement across the responding team, as opposed to provision by a separate agency.	Powell & Wright, 2012.
Joint Training and Professional Development for Multi-Agency Work	Increases knowledge and understanding of processes, and helps to build rapport and trust between workers across agencies.	Bertram, 2008; Darlington & Feeney, 2008; Haas, Bauer-Leffler, Turley, 2011; Lalayants, 2013; Newman, Dannenfelser, & Pendleton, 2005; Stanley, Miller, Foster, & Thomson, 2011; Szilassy, Carpenter, Patsios, & Hackett, 2013.

Frequency of Case Review	More frequent case review provides increased opportunities to discuss and collaborate on cases, and to build trust and rapport within the team.	Jackson, 2012.
Protocol or Interagency Agreement	A written and agreed protocol of practice helps to provide clarity around roles and responsibilities and reduce conflict between agencies.	Bertram, 2008; Darlington & Feeney, 2008; Ells, 2000; Newman et al., 2005.
State Legislation Supporting Collaboration & Information Exchange	State legislation may legitimise collaboration between workers, and enable information sharing between statutory and non-statutory agencies.	Ruggieri, 2011.
Cross-Agency Steering Group with Senior Representatives from Partner Agencies	Provides legitimacy for cross-agency work in partner agencies, and a forum for addressing any conflict or problems with the agreed process.	Barton & Welbourne, 2005; Lalayants, 2013.
Presence & Frequency of Forums to Address Inter-Agency Conflict	More frequent forums to address conflict enable any difficulties to be resolved more quickly.	Ells, 2000.
Cross-Agency Case Tracking Systems	A shared data system may allow for quicker and more convenient information sharing about cases, and allow for better cross-agency oversight of cases.	Bertram, 2008; Gragg, Cronin, and Schultz, 2006; Howell et al., 2004.
Joint Performance Measurement and Evaluation of Practice	Identifies the purpose of the collaboration, and measures effectiveness across agencies in order to focus the team on cross-agency goals.	Bertram, 2008; Ells, 2000; Fargason et al., 1994.

The governance of the model may affect the quality of the response where the process or roles are unclear and where there is a lack of agency leadership or proper representation in the oversight of the model (Lalayants, 2013). A protocol or formal inter-agency agreement is an important foundation for an MDT response to clarify the process and outline roles and responsibilities (Ells, 2000; Newman et al., 2005). Some jurisdictions even have processes for an MDT response written into state legislation, particularly addressing issues related to information exchange across government and non-government agencies (e.g. Herbert & Bromfield, 2016a). Continuous discussion and review of the arrangements by a cross-agency steering group provides an opportunity to examine how the collaboration is functioning from each organisation's perspective, and make any necessary changes to arrangements in order to improve collaboration (Barton & Welbourne, 2005; Lalayants, 2013). The existence of processes in order to address any inter-organisational conflicts, and the regularity of forums to address conflicts also potentially improve collaboration through acknowledging and resolving problems (Ells, 2000). Arrangements to undertake collaborative approaches to abuse such as MDTs require forums for agencies to discuss and review arrangements and resolve any difficulties with the process.

Case tracking systems potentially enhance the functioning of MDTs through the ability to exchange information and particulars about a case through a centralised database, and to keep track of the response to the case across the different agencies involved (Gragg, Cronin, & Schultz, 2006; Howell, Kelly, Palmer, & Mangum, 2004). Related to this is the use of joint performance measurement, or some kind of evaluative data system to provide objective information about the performance of the response, which may also enhance collaborative efforts through identifying, measuring and providing feedback on desired outcomes across agencies (Lalayants, 2013). Engaging in joint performance measurement and evaluation, frames the performance of MDTs across agencies rather than individually attributing performance (Bertram, 2008; Ells, 2000; Fargason, Barnes, Schneider, & Galloway, 1994). Evaluation that draws on the knowledge and experiences of workers and provides them with actionable feedback on their practice is more likely to be influential (Herbert, 2014), and less likely to be perceived as intrusive and disruptive to practice (Herbert, 2015).

Other Characteristics Compared

Beyond the components identified in the review above, a number of other characteristics have been included in the report for comparison across jurisdictions. These have been included as they provide context to the comparison of the attributes of state/territory responses:

Intake characteristics: This section will provide detail on how child abuse matters come to the attention of police and child protection authorities, and the pre-conditions for cases being allocated for a cross-agency response.

Information Sharing & Case Planning: This section outlines the processes in place for agencies to share information and plan a cross-agency response. This includes background characteristics around the legislative characteristics of the state/territory allowing particular workers to share information in the case of concerns about child abuse and neglect.

Interviewing Process: This section outlines the key characteristics of the interviewing process for each state/territory. This includes which worker conducts the interview, where interviews occur, whether other agencies are permitted to observe or participate in the interview, and what type of training and management processes exist for interviewing.

Support and Advocacy Services: Some responses include support persons at the point of interview, and/or advocates who will provide an ongoing service to children and families over their course of involvement with the cross-agency response. The advocacy role is broad, but involves providing support, information, and options to children and families. In particular, advocates often work to address barriers (e.g. negative attitudes about mental health care, transport, housing, a caregiver not believing a child's allegations) to children and families being able to engage with needed services (Parkerville Children and Youth Care Inc., 2013).

Referral to Therapeutic Services: Beyond the question of what services are provided on site, the report also examines the degree of integration of therapeutic services into the interview and investigation response. This includes the manner by which referrals are made to social, psychological and medical services. This includes the child witness protections that exist in each jurisdiction for matters that go to court.

Legislative Context: These include a number of considerations related to legislation in the jurisdiction that may feed cases into the statutory child protection system/police response. This includes the degree and extent of mandatory reporting in that jurisdiction, and other relevant legislative characteristics.

2.3 Review Process

This report took a two-step approach to comparing the characteristics of each jurisdiction's response: (1) A review of publicly available documents, and (2) contact with agencies to check the accuracy of response summaries.

The first stage of the review involved searching for documentation on the response to child sexual abuse within each jurisdiction from within the past 5 years. Mostly this included reports of inquiries, published protocols, guidelines or handbooks on the approach, evaluation or research reports, fact sheets and information for victims from government agencies. A recent publication has been drawn on heavily in order to report on legislative provisions for mandatory reporting (Mathews, Bromfield, Walsh, & Vimpani, 2016). For each jurisdiction, the information was condensed into a template summarising the main characteristics of the response into the categories identified in Section 2.2.

The second stage involved contacting agencies involved in the response for their review of the summaries of their jurisdiction's response. Professional networks were supplemented with a list of contacts from policing agencies from all Australian jurisdictions, which was provided to the authors by the New South Wales Police. Relevant contacts continued to be identified using a snowballing strategy whereby agencies approached were asked if they could identify relevant contacts from other agencies within their jurisdiction. Each agency was asked to provide comment on the accuracy of jurisdictional summaries. The updated information was included in the tables of this report (Section 5).

3. AUSTRALIAN CROSS-AGENCY RESPONSES

This section aims to briefly summarise some of the cross-agency/inter-agency responses that exist across Australian jurisdictions, some of which are pilot programs. In relation to the spectrum discussed earlier, these responses are all examples of multi-disciplinary teams/centres, or of inter-agency responses. Some elements of the responses can be more informal, particularly the connection to therapeutic services, and not included as part of the cross-agency agreements.

These responses include team/centre based approaches with integrated and co-located child protection, police, and other agencies – to arrangements for remote teams, where agencies share information and collaborate but work separately. The degree to which supportive services, beyond those mandated by child protection authorities, are included in the response also varied.

3.1 Cross-Agency Teams/Centres

These responses are examples of cross-agency teams or centres, where cross-agency working has been set as routine practice by agreements and protocols. While the depth of the integration across agencies differs, some responses did not include integration of support and therapeutic workers, all of these responses operate at least with the principles of shared decision-making and actions on cases.

Joint Investigation Response Team (JIRT) Program – New South Wales

The Joint Investigation Response Team (JIRT) program is a state-wide centre based response, including specialist police (Child Abuse Squad; CAS), child protection (Family and Community Services), and health agencies (NSW Health). Around half of the areas providing a JIRT response (all Sydney metropolitan and major regional centres) are fully co-located with all three agencies based in a shared building and workspace. All co-located and non-co-located sites include access to specialist interview suites with observation rooms; although some interviews occur at school, Community Services Centres, in the home, in hospitals or other community facilities. Interviewing suites used in New South Wales are designed to reduce potential distractions to the child, and to be a safe and comfortable space for children.

Cases for the JIRTs come through a shared central reporting system (Family & Community Services Helpline); cases are then assessed and triaged by all three agencies at the JIRT Referral Unit (JRU). Referrals are then sent out to the local planning response, which includes a seven stage process:

1. *Accepted Referrals*: Matters are transferred from the JRU to the respective JIRT team, which involves transferring referrals through the JIRT Tracking System and across each agency's databases and notifications systems;
2. *Pre-Meeting Briefing on Contact (for high risk matters)*: The three agencies should consult prior to any contact with the child, young person and/or non-offending carer/s, except where a police response is required urgently and/or outside of business hours);
3. *Information Gathering, Recording and Sharing*: Each agency reviews their agency's information holdings on the matter and may share with the other agencies at the Briefing Meeting information relevant to the safety, welfare and wellbeing of a child, young person or class of children or young persons pursuant to the Children & Young Persons (Care & Protection) Act 1998;
4. *Briefing Meeting*: Each agency shares relevant information to inform the investigative response regarding the safety, welfare and wellbeing of the child or young persons, which includes developing a Safety Welfare and Wellbeing Summary (SWWS);
5. *Interview Planning*: Police should develop an Interview Plan prior to interviewing the child or young person. The NSWPF is responsible for conducting electronically recorded police

interviews with victims and witnesses. This is essential for police to properly discharge their functions under the JIRT MoU, and ensure the integrity of any related criminal investigations or prosecutions; however (this) should in no way detract from the equally important, albeit separate functions, that FACS and Health perform in relation to assessing issues of safety, risk, health and wellbeing. FACS and Health are able to electronically monitor (or review) interviews and are able to ask further questions at the conclusion of the interview to clarify any care, protection or clinical issues not already canvassed by police however this does not need to be electronically recorded;

6. *Debriefing Meeting*: Following the field response, the agencies to discuss and share information on the outcome of their response, and plan ongoing actions; and
7. *Case Meetings:* Allows for agencies operating under the JIRT program still involved in the with the child, young person or family, to share relevant information that may assist to ensure that future action is appropriate and continues to address the child or young person's needs, including a review of the SWWS.

Workers from NSW Health provide referrals to forensic medical services, as well as to counselling and therapeutic services and other NSW Health services in the community. These workers also provide a supportive role for victims and their families when they attend the JIRT for interviewing, and advice about the mental health and wellbeing of the client to Police and FACS in order to promote a trauma informed process where victims are engaged and willing to participate in the investigation.

Multi-Disciplinary Centres – Victoria

The Multi-Disciplinary Centres (MDC pilots) are a centre-based response inclusive of a specialist policing team (Sexual Offences and Child Abuse Investigation Teams), child protection statutory workers, a not-for-profit support agency (Centres Against Sexual Assault), and a specialist unit that undertakes forensic medical examinations in Victoria (Victorian Institute of Forensic Medicine). At the time of writing, the centres were operating as pilot sites in six areas (Barwon, Dandenong, Melbourne Metro, Frankston, Tamar Valley, La Trobe Valley). At these centres all agencies are co-located except the specialist forensic medical unit.

The MDC response links the support and therapeutic requirements of children and their families, primarily through co-location. Each agency works in their own area, but there is an understanding that each is available for consultations and discussions as needed. Police and child protection investigators undertake joint interviews and investigations on-site, with Centres Against Sexual Assault workers available to provide acute support and counselling during interviews.

The MDC pilots deal with cases that have come in through police or child protection referral, but also cases without a referral or a disclosure. These cases are managed by Centres Against Sexual Assault workers, until they can be referred to statutory agencies where a child/young person and their family wants to formally report abuse. The MDC pilots include a counsellor/advocate role who works to engage the child and family with in-house services.

Multiagency Investigation & Support Team - Western Australia

The Multiagency Investigation & Support Team (MIST) pilot is similar to the MDC pilots discussed above, although currently only based at one site in the south-east suburbs of Perth. The response involves a centre-based response including a specialist police unit (Child Abuse Squad), interviewers from both child protection and police agencies that are used interchangeably, a statutory child protection worker, along with staff from a not for profit support agency (Herbert & Bromfield, 2016a, 2017c).

The MIST pilot aims to link together the police and child protection response to cases, while also building supportive and therapeutic services in the response through co-location in a therapeutic service centre. The statutory agencies work together in an integrated space, while also engaging in regular strategy meetings to exchange information and plan their cross-agency response with the Child Protection Unit at Princess Margaret Hospital (which conducts forensic medical examinations), and senior staff within the statutory agencies. Police and child protection agencies conduct joint interviews on site. Much of the investigation occurs separately, although co-location enables rapid updates about the status of the case.

Built into the response is the Child and Family Advocacy role. The advocate greets the family at the point of interview, and follows their case until the point at which the family feels that they no longer need the advocate's help. The advocate will work to engage the family in on-site services, but also any other services and supports they may need. Separate from the strategy meetings, a multi-disciplinary team meeting also occurs weekly, providing updates and group consultation on cases and how best to respond to the needs of children and families.

State-Wide Response - South Australia

The response between agencies in South Australia is outlined in the Inter-Agency Code of Practice, primarily this provides a framework for case planning and information exchange between agencies and the specialist units within agencies. The process and investigating groups involved will depend on the nature of the offence and of the characteristics of the victim. These agencies/groups can include the police (Special Crime Investigation Branch, Local Service Area investigators and the Family Violence Investigation Groups within those LSAs), child protection (Department for Child Protection), and the Child Protection Service (Flinders Medical Centre & Adelaide Women and Children's Hospital[2]). The response occurs through structured strategy discussions which are used to exchange intelligence about a case, and plan the response across agencies; Department for Child Protection are responsible for convening intra-familial strategy discussions, while SAPOL convene extra-familial discussions.

The Child Protection Service (CPS) provides a specialist response for cases involving children under seven, with the CPS conducting psychosocial forensic assessments from Flinders Medical, and Adelaide Women and Children's Hospital. These assessments will also be conducted with older children with complex communication needs on request from either the Department for Child Protection or SAPOL, and Aboriginal children in rural/remote communities up to the age of 12. Assessment includes the appropriateness of interviewing children, which can also be conducted by the CPS worker which is observed by members of the Special Crime Investigation Branch (SAPOL) and Department for Child Protection. Both CPS sites will provide referrals to supportive and therapeutic services, however Adelaide Women and Children's Hospital has services integrated into their unit. The CPS will usually undertake a caregiver interview prior to interviewing a child to better understand the context of the family and the allegation, and then conduct a child interview and parenting assessment with representatives from SAPOL and Department for Child Protection present.

For children 7-12 years old identified as having communication difficulties, interviews are undertaken by specialist police from the Victim Management Section within the Special Crime Investigation Branch. Otherwise children in this age group will be interviewed by the investigator (as

[2] Note: The SA government have committed to establishing an additional Child Protection Service unit at Lyell McEwin Hospital.

long as the officer has completed the interview training). The Child Protection Service, Special Crimes Investigation Branch, and the Victim Management Section of SAPOL all operate from purpose built child interviewing facilities. Older children and young people will generally be interviewed by the investigating officer.

The investigating group from police will differ depending on the area and case characteristics. Local detectives will be response for investigations in rural areas, but can consult with police from the Special Crime Investigation Branch or Family Violence Investigation Section. The Special Crime Investigation Branch are a specialist service for sexually related crimes and serious offences against the person; this group will investigate tier 2 cases (primarily at risk of significant harm), while the Local Service Areas will respond to tier 1 cases (immediate danger).

Department for Child Protection will have ongoing case management responsibility, coordinating service delivery and ensuing the level of care is monitored, unless CPS, the Child & Adolescent Mental Health Service, or a non-government agency assumes responsibility.

Child Abuse Taskforce – Northern Territory

The Child Abuse Taskforce is a co-located response including a territory specialist policing unit (Sex Crimes Unit), federal police, and child protection agencies. There are two centres responding to matters across the Northern Territory in Darwin and Alice Springs. The taskforce deals specifically with serious and complex matters requiring joint investigation (i.e. intra-familial & child abuse), with referrals received from the Central Intake Team (Territory Families).

The Child Abuse Taskforce management team meet daily to conduct case management discussions and to assess cases referred to the taskforce by the Central Intake Team. Matters accepted by the Child Abuse Taskforce can be streamed into a joint investigation, or a police only investigation within the taskforce. Child interviews are conducted either in co-located interview suites, or off-site in a safe and non-distracting environment by the investigating officer.

While the support services are not directly part of the response, children and families are referred to specialist crisis services funded under the Victims of Crime Assistance Act.

Part of the role of the taskforce is community engagement, developing a sustained presence in Aboriginal communities to build confidence in reporting child abuse and neglect.

3.2 Inter-Agency Responses

The responses included in this section are inter-agency responses, as opposed to team/centre based responses. This distinction reflects the degree to which the arrangement is built around an integrated agency response, as opposed to a process for agencies to work separately, but participate in case discussion and planning. As discussed in Section 2.2 it is difficult to identify the degree to which agencies are integrated and work as a team in practice and measuring this is outside the scope of this report. For the purposes of this report, this classification is based on whether the policy framework for the response requires ongoing and continuous collaboration, supported either by co-location, or some other system of coordination and ongoing information sharing.

State-Wide Queensland Response

The State-Wide Queensland response involves inter-agency information sharing and communication at two levels. SCAN teams deal specifically with matters that are notifications by Child Safety Services, or Child Safety have responsibility for ongoing intervention, and that require coordination across agencies. The response primarily consists of SCAN team meetings, which are used to discuss

the case, share information, and allow the team to plan their interventions. For matters that don't reach the threshold of a notification and receive a Child Concern Report, an Information Coordination Meeting (ICM) can be arranged to share information and discuss the case which may result in the matter being sent back through the Child Safety intake if there is an ongoing concern.

Suspected Child Abuse & Neglect (SCAN) teams differ from the responses described above in terms of not being co-located, and not being primarily designed around police investigation and interviewing of children in suspected/alleged criminal abuse cases. The SCAN response is aimed at sharing and coordination in complex child protection cases, rather than a process for joint investigations; agencies undertake their assessment and investigation independently. The SCAN team response is just one part of the cross-agency response in Queensland; policies existing for cross agency investigations between Child Protection & Investigation Units (Queensland Police Service), and Child Safety Services outside of the SCAN team framework.

SCAN teams involve specialist police (Child Protection & Investigation Units, & Child Safety & Sexual Crime Group), child protection (Child Safety Services), health and education agencies in their state-wide response; across Queensland 30 SCAN teams operate from 21 team coordination points. The Queensland Aboriginal and Torres Strait Islander Child Protection Peak can also be included in the response when an Aboriginal or Torres Strait Islander child is discussed.

In the SCAN response, interviews are conducted by officers from the Child Protection and Investigation Units (Queensland Police Service), which are normally observed by a representative from Child Safety Services. Interviews occur in places as free of interruption and distractions as possible for the child, which include specialist interview suites in most major police stations. Outside of the SCAN system, Child Protection and Investigation units may work collaboratively with Child Safety Services through more informal arrangements.

Referrals to supportive services are managed by the Police Referrals System, this system creates a prompt for an external supportive service to directly contact children and families about services. Queensland Health will also identify and refer to appropriate services as part of their participation in the SCAN response.

Child Abuse Squad/ChildFIRST - Western Australia

The standard response in Western Australia (as distinct from the MIST pilot) is a joint response involving a specialist police unit and child protection agencies co-located, with specialist interviewing facilities and staff. While the on-site police interviewers and child protection interviewers are integrated, child protection staff responsible for investigating cases are not on site, and investigation occurs quite separate from interviewing. Children and families are referred to off-site support services including those at the Child Protection Unit at Princess Margaret Hospital, and not-for profit providers. This response operates for the Perth metropolitan area, although sometimes this unit will conduct a regional response, particularly for complex cases with multiple victims. As we have noted throughout, the WA Police has recently moved to an approach that involved moving police interviewers from the joint interviewing unit to the same floor as their detectives, and restricting interviewing to just police interviewers. Child protection interviewers were restricted to observing these interviews.

Information exchange and case coordination relies on strategy meetings between police, child protection agencies and the Child Protection Unit at Princess Margaret Hospital. These occur weekly, but can also be convened rapidly when required. Primarily these meetings involve sharing

information about the circumstances of a particular family or child, deciding which actions will be taken, and what order actions will occur in.

Previously, referrals to support services were tasked to the interviewers who would provide a list of sexual assault support services. If involved in the case, district Child Protection and Family Support (the statutory child protection authority in WA) workers and sometimes also the investigating officer from Child Abuse Squad make referrals to supportive and therapeutic services. Acute forensic medical examinations, where required, occur at the Child Protection Unit at Princess Margaret Hospital. The Child Protection Unit also offers a free comprehensive child sexual abuse counselling service at a child friendly office near the hospital. For cases going through the court system, the Child Witness Service will also arrange referrals to counselling services in addition to their court preparation and support role. Recently CPFS has introduced an advocate to the common area of the interview unit to provide support to families attending for an interview.

Wraparound – Australian Capital Territory

The wraparound response is part of the Sexual Assault Reform Program in the ACT, and involves improving linkages between the agencies responding to sexual assault, inclusive of both adult and child sexual offences. The reform process includes a mobile counselling service for adult and child victims who disclose abuse, and the wraparound process of information exchange between agencies. The wraparound response provides a process for information sharing and collaboration between agencies, as well as helping to build connection between the agencies involved in supporting victims. This response is primarily aimed at improving inter-agency practice in terms of support, rather than enhancing collaboration around interviewing and investigation.

The monthly wraparound meetings involve a comprehensive list of agencies including specialist police (Sexual Assault and Child Abuse Team & Federal Police), child protection (Care and Protection Services), health/medical services (Children at Risk Health Unit & Forensic and Medical Sexual Assault Care), supportive and therapeutic services (Canberra Rape Crisis Centre; Service Assisting Male Survivors of Sexual Assault), and prosecutors (Office of the Director of Public Prosecutions). The wraparound response is voluntary, and requires specific consent from victim/survivors.

3.3 Summary of Australian Jurisdictions

Broadly, Australia has a variety of cross-agency and inter-agency responses in place to respond to severe child abuse. The JIRT model in New South Wales is particularly noteworthy as a state-wide localised response with a centralised tri-agency intake assessment through the JIRT Referral Unit, and joint information sharing, planning and responses at the local planning level. The pilot Multi-Disciplinary Centre model in Victoria includes a comprehensive forensic response inclusive of supportive and therapeutic services within centres. These centres also include a response for suspected child victims, working to provide them with information about their options and to put services in place. The MIST pilot in Western Australia also provides a similar centre based response, with advocacy and support services on-site. The standard WA response, the Queensland State-Wide response, and wraparound in the ACT have elements of MDT responses that are built around processes of information sharing and response planning between statutory and government agencies. Overall, these service models differ in the degree to which agencies undertake joint investigation and assessment, the degree to which support agencies are involved in the information exchange, planning, and interviewing process.

4. CROSS-AGENCY RESPONSES IN COMPARABLE INTERNATIONAL JURISTICTIONS

This section will briefly provide an overview of a number of cross-agency responses in comparable international jurisdictions, and provide a comparison of these responses to the JIRTs. As examples all of these models fit the criteria of a Multi-Disciplinary team/ centre based response with routine cross-agency working set by cross-agency agreements and protocols.

These models were identified by JIRT agencies as being of interest in the context of their current review by the NSW Ombudsman's Office. These summaries lack much of the detail of the Australian jurisdictions as the focus in this section is on summarising models. These models also differ in terms of scope and purpose, but are similar in terms of employing a multi-disciplinary and multi-agency response to address child abuse. It should also be noted that many multi-disciplinary team approaches have considerable variation within models (e.g. differences in partner agency co-location between Child Advocacy Centres; Herbert, Walsh, & Bromfield, Under Review).

4.1 Multi-Agency Safeguarding Hub (MASH) – United Kingdom

Compared to some of the other approaches the MASH are more broadly aimed at preventing harm to children, using the multi-disciplinary team approach to address child protection issues across different levels (the response also includes vulnerable adults e.g. adults with disabilities & the elderly). While some of the CACs will also work with a broad set of cases of suspected abuse, CACs and much of the other models discussed above are oriented towards the forensic response to child abuse, and primarily child sexual abuse. MASH provide a response where children are showing early signs of abuse and neglect, and children with complex multiple needs (i.e. cases classified as level 2 or 3, where level 1 is the lowest risk).

The MASH model was developed as a single point of entry to the assessment of child abuse across agencies, providing a framework for agencies to share information and develop comprehensive plans for investigations and responses to abuse. This approach developed out of criticism of existing responses from the Munro report (Munro, 2011), that statutory child protection agencies were involved in the lives of many children and families that needed support, but not intrusive statutory intervention. MASH provides care and support and oversight of families and attempts to prevent them from escalating the risk of harm to children. While assessment processes vary between hubs, generally the response is separated into the following levels:

1. Referral to universal services;
2. Early help for coordination of service provision and/or advice between family and professionals;
3. Statutory assessment; and
4. Child protection investigation.

The degree of follow-up will differ from case-to-case depending on the types of referrals required in order to maintain safety for the child.

Like the CACs, there is considerable diversity in how these hubs operate, but they are all oriented towards providing an improved response to safeguarding children through facilitating information exchange between agencies. Generally, hubs require or encourage co-location between the core partners (child protection, police, health & education), but can involve a broad variety of agencies in information sharing and response planning.

4.2 Joint Child Abuse Investigation Teams – Scotland

Joint Child Abuse Investigation Teams present as quite similar to MASH (albeit working with cases at a higher level of risk), with a focus on response planning and information sharing across a wide range of agencies (The Scottish Government, 2011, 2014). An initial referral decision is made by police and social workers as to whether a case requires further investigation; if there is a significant risk of harm to a child, a case conference with all people in contact with the child is arranged. Information is gathered from relevant agencies via the child protection register (a confidential list for children at risk within a local area, authorised people can check the list to see if a child is a known risk). The initial contact (the 'Lead Professional') gathers further information from any other relevant agencies. The case conference aims to determine the nature of the risk and plan for safety and protection.

A pre-interview briefing is held to consider all aspects of the investigation and prepare a plan for the interview. Following the interview a debriefing with all agencies aims to fully explore all of the information gained from the interview. If a child is at risk, they are added to the child protection register and a child protection plan is developed. Multi-disciplinary case conferences occur at regular intervals until the child is deemed safe or taken into care.

4.3 Child (Children's) Advocacy Centres (CAC) – United States

Child Advocacy Centres (CACs) are the most prominent type of MDT response internationally, with over 800 centres across the United States (National Children's Alliance, 2016). Many of the other models discussed below are adapted from the CACs in the United States including the CACs in Canada (Department of Justice Canada, 2013; Dubov & Goodman, 2017), Europe (Rasmusson, 2011), and Australia (Herbert & Bromfield, 2016a, 2017c). These centres all describe a comprehensive one-stop-shop approach, with the criminal justice, child protection, mental health and medical response all coordinated from the one site (Cross, Jones, Walsh, Simone, & Kolko, 2007). It should be noted that as discussed in Section 4.2 of Report 2, CACs vary considerably and include anything from a boardroom and interview space, and trained personnel to conduct child interviews, to large campuses with co-located statutory agencies, and in-house support and therapeutic services and advocacy. In turn, much of the research on CACs has focused on large, well-resourced campus type models, and findings may not be transferable/applicable to other types of CAC models.

Accreditation as a CAC is based on 10 standards (National Children's Alliance, 2011):

- *Multidisciplinary team*: Cases are managed by teams from across different disciplines and agencies that have responsibility for child sexual abuse (e.g. police, child protection, health, district attorney);
- *Forensic interviews*: The use of trained and experienced interviewers with evidence based interview protocols. Members of the multidisciplinary team with investigative responsibility observe interviews through a one-way mirror, allowing for the interviewer to receive feedback and ensure all the information required by each agency is collected;
- *Victim support and advocacy*: The victim advocate serves as the primary contact point for the victim and their family. As well as being the person that greets them when they arrive at the centre, they also represent their interests to the multidisciplinary team;
- *Child focused setting*: CACs are purpose built facilities that aim to reduce any unnecessary stress, discomfort or intimidation for children. Centres aim to replicate features of the home environment, with playrooms, toys;
- *Mental health services*: Mental health services oriented towards trauma are available on-site

or by direct referral;

- *Medical Examinations*: Examinations are available on site or by direct referral;
- *Case review*: Regular case review meetings involving members of the multidisciplinary team are scheduled;
- *Case tracking*: Cases are managed through the centre to ensure appropriate referrals and the progress of cases;
- *Cultural competency and diversity*: Cultural appropriateness is a consideration of all parts of the process;
- *Organisational capacity*: Organisations have the resources to manage the ongoing training and professional development of staff.

CACs vary considerably in their structure, consistent with the emphasis on the adaptability of the approach to different socio-legal contexts (Walsh, Jones, & Cross, 2003), in particular recent research has identified that relatively few CACs match the fully co-located flagship centres (Herbert, Walsh, Bromfield, Under review). The National Children's Alliance implemented a new set of standards for CACs in 2017 (National Children's Alliance, 2017). Previously, CACs have been accredited without adhering to all the standards, but several criteria have been made essential for accreditation in the new set of standards.

4.4 Child Advocacy Centres - Canada

The Canadian CACs are relatively new compared to centres in the United States, with the first established in 1997; although many have developed from antecedent victim support models. In 2015, a report to the Canadian Department of Justice identified fourteen active CACs across Canada, with eight in development and three at the stage of a feasibility study (Proactive Information Services, 2015). The Canadian CACs follow similar principles to the CACs in the United States, but with a few key differences reflecting the different context they operate within. Many more of the Canadian CACs are government led, with federal funding to support the development of new CACs and the development of evaluation resources for the broader body of practice. In particular the Canadian Department of Justice is undertaking a long term multi-site study of CACs, and a study of how areas with no CACs fulfil the role of the advocate (McDonald, Scrim, & Rooney, 2016).

While the National Children's Alliance do not currently accredit CACs outside of the United States, the Canadian centres have been established with an aim for centres to be in line with the similar standards as the United States. A recent internal report examined the degree to which a subset of facilities fit the NCA standards, and much like the CACs in the United States found that CACs varied in terms of the degree of co-location and onsite services (Proactive Information Services, 2015). Different from the United States, the investigating officers undertake most of the interviews onsite at the CAC, and very few Canadian CACs do not yet have on-site medical and therapeutic services.

4.5 Barnahus (Children's Houses) – Sweden, Denmark, Finland, Greenland, & Iceland

Children's Houses or Barnahus developed from the American CAC model, modified to fit the social welfare tradition of the Nordic countries that adopted this approach (Guobrandsson, 2014). Nordic countries have an inquisitorial civil law system, which allows the participation of the judiciary in the investigative process. This is very different from common law jurisdictions such as Australia where such an approach would not be possible.

While joint interviewing is a key part of the CAC model, particularly the use of independent, specially trained interviewers working from an evidence based protocol (Cross et al., 2007), Children's Houses involve an interview under the supervision of a magistrate, that is observed by each of the agencies involved in responding to the case (Guobrandsson, 2014). This interview is considered equivalent to court testimony and cross-examination for any future court proceedings, meaning the child does not need to testify again (Rasmusson, 2011). The interviewer from the Barnahus takes the child's statement under the direction of the judge, with police, child protection, prosecutors, defence attorneys and the advocate in a separate room. Interviewers can be a psychologist, social worker or a criminologist. Medical examinations and therapeutic supports tend to be in-house.

Local child protection services are responsible for handling cases, and can request the services of the Barnahus. Children and their families by referral can receive comprehensive services under one roof and free of charge. As mentioned above, this approach is possible because of the inquisitorial civil system in these countries.

4.6 Puawaitahi (Auckland, New Zealand)

Puawaitahi (Blossoming from Within) is a comprehensive 'one-stop shop' service in New Zealand for investigating and responding to the alleged abuse of children, like the flagship CAC models (i.e. National Child Advocacy Centre, Huntsville Alabama), and is closely aligned to the Child Advocacy Centre standards (Stevenson, Seymour, & Kelly, 2016). It operates as a single service centre based in Auckland, near Starship Children's Hospital, with around 60 staff on-site. The response is primarily investigative, but was also established to help victims of abuse access services. Like MASH, the response aims to be a single entry point to all different types of specialised child assessment/investigation services for children, youth, and family, health services, police response, mental health/therapeutic services, and prosecution.

- The following services are offered at Puawaitahi:
    - Detailed diagnostic assessment/ therapeutic needs assessment by the local Department of Child, Youth, and Family Services with intervention measures to ensure a child's safety where required;
    - Assessment of the health needs of a child with follow up treatment by the staff of Te Puaruruhau Starship Children's Hospital where required;
    - Assessment of the mental health of a child, limited crisis support, and referral back to appropriate community services is provided;
    - Investigation and possible prosecution conducted by the Auckland City District Police Child Protection Team; and
    - Formal evidential video interviews conducted by police and child, youth, and family interviewers on site in the joint evidential video unit. Authorities can use the recorded interviews in their court case thereby only requiring them to have to recount the details of their victimisation once.

The centre aims to provide a coordinated case management response across the different circumstances of cases, improve communication and cooperation, provide linkages to community providers of therapeutic services, and reduce inefficiencies, duplications and omissions in service provision for abused and neglected children and young people.

4.7 Summary of International Cross-Agency Responses

This section reviewed a variety of MDT models from international jurisdictions to better understand cross-agency practices in comparable jurisdictions to New South Wales.

In terms of a comprehensive response, the JIRT model is comparable to the international body of practice of MDT responses. The JIRT model has a well-established intake processes, with centralised and consistent state-wide intake through the JRU. While the JIRT response has many commonalities with models like MASH and Puawaitahi, these responses had a different and more expansive purpose than the JIRT. While some matters are not accepted for the JIRT response and are referred to a local CSC or local police response; MASH in particular respond to a broad spectrum of cases with an MDT response, aiming to reduce harm to children across a spectrum of risk and to reduce the necessity for statutory child protection involvement in most cases (Munro, 2011). These comprehensive MDT responses have attempted to establish systems to respond to all kinds of cases, and to put in place services and support for children and young people that may not be ready to disclose abuse, and may require some time to develop the trust and rapport to be able to disclose in a forensic interview. These models also provide services for children and young people who may decide not to officially report their abuse, or whose complaint is not proceeding through the criminal justice system.

Many of the models differ in terms of who from the MDT undertakes interviews with children. Predominately in CACs the approach is to have a trained forensic interviewer employed by the CAC (Herbert et al., Under Review); an arrangement not used in any jurisdiction in Australia. The Nordic countries were unique in terms of providing a response that includes a magistrate as an interviewer in the Barnahus model with the interview concluding all involvement of the child in the criminal justice process.

The JIRT model also compares favourably internationally in terms of the co-location of key agencies, particularly police and child protection statutory authorities. They compare less favourably in terms of co-location and integration with the supportive and therapeutic end of cases. Despite the long history of the CACs, relatively few of them have statutory agencies based on site in integrated teams, and are primarily based around providing information sharing and case planning between statutory workers and workers providing advocacy and community based therapeutic services. The Barnahus, Puawaitahi, and a small number of centralised full-service CACs have full co-location and integration of the investigation and supportive responses.

5. COMPARISON OF CHARACTERISTICS OF CROSS-AGENCY RESPONSES TO SEVERE CHILD ABUSE IN AUSTRALIAN JURISTICTIONS

This section of the report will present a comparison of the response of all jurisdictions against the JIRT model in New South Wales. As described in the rationale section (Section 2.2), state/territory responses will be compared on the following:

- General Characteristics:
- Centre Characteristics:
- Intake Characteristics:
- Information Sharing & Case Planning:
- Interviewing:
- Support and Advocacy Services:
- Integration of Therapeutic Services:
- Governance:
- Background Legislation.

5.1 Distinct Responses in Australian Jurisdictions

One of the findings of this national comparison is that there was frequently not one approach operating within each jurisdiction; different approaches for metropolitan versus regional or remote areas were common and there were several pilot approaches being trialled. Where different models or approaches were identified within a jurisdiction these have been separated into distinct responses for the purpose of this comparison (see Table 4). For example, Western Australia has been separated into three responses: Perth-Metro, Regional/Remote, and the MIST pilot; the response differs in each of these models and there are different rules and processes governing the response. For some jurisdictions, there will be minor differences in the response; these will be discussed in terms of a single response. For example, in South Australia a different process for interviewing exists depending on the age and language competency of children, however the cross-agency communication and investigation process is the same.

Table 4. Distinct responses within State/Territory Jurisdictions

New South Wales	**Co-Located Joint Investigation Response Teams (JIRT)** **Non-Co-Located JIRTs** While the JIRTs have the same overarching policy framework, the JIRTs differ in the degree of co-location and integrated work spaces. Where JIRTs are not co-located the same cross-agency response operates, but each agency has their own office space in close proximity to each other
Victoria	**Victoria Standard Response** **Multi-Disciplinary Centres (MDC Pilots)** While the agreement between Victoria Police and the Department of Health and Human Services applies state-wide there are some separate procedures associated with an MDC pilot response. In addition to the co-location of agencies, and having support services embedded in the response, MDC pilots respond to a much broader range of cases than those within the Sexual Offences and Child abuse Investigation Teams (SOCIT) charter (i.e. dealing with victims that may or may not make an official report to police)

Queensland	**Qld State-Wide Response** Queensland has a number of state-wide inter-agency processes, including the Suspected Child Abuse & Neglect teams. While the characteristics of SCAN sites may vary, the team manual applies state-wide to the 30 SCAN teams across Queensland
Western Australia	**Perth-Metro Response[1]** **Multiagency Investigation & Support Team (MIST pilot)** **Regional/Remote Response** Due to an ongoing pilot, Western Australia has three distinct responses. The Child Abuse Squad/ChildFIRST joint team operates from a centralised response in Perth city for the Perth metro area. This includes specialist child abuse police officers, specialist child interviewing, and a system of strategy meetings for information sharing between agencies. The MIST pilot differs from usual practice in the co-location of the investigating officers, interviewers, child protection workers, and support responses out into a high demand community in Perth. This response includes earlier involvement of the investigating officer and the child protection worker in the response planning. The regional/remote response differs as cases are interviewed and responded to by police (who have completed the required interview training) from that district rather than the specialised team response that occurs in Perth
South Australia	**SA State-Wide Response** There are some differences in the response for children of different ages and communication capacities, and in terms of investigations being undertaken by local detectives in regional areas. However, as the response is more or less state-wide, and centralised around key assets in Adelaide (e.g. Child Protection Service), this has been treated as a single response
Tasmania[1]	**TAS State-Wide Response** Similar to South Australia, Tasmania operates as a state-wide system with arrangements for inter-agency planning and information sharing, but with some centralised assets (e.g. Support/counselling, forensic medical examinations)
Australian Capital Territory[1]	**ACT Territory-Wide Response** The ACT has a single process for a response; however, it requires victims/survivors to opt-in for some elements to occur (i.e. wraparound information sharing between agencies)
Northern Territory	**NT Territory-Wide Response** Similar to SA and Tasmania, the NT has a territory-wide response, but centralised around key assets, namely the two co-located offices with staff from NT Police, Australian Federal Police, and Territory Families

[1] Note: The WA Police are undertaking an additional pilot within their Perth-Metro Response involving removing police interviewers from the joint interviewing pool and having them work from the investigations floor with Child Abuse Squad Detectives. The pilot also makes it possible for Child Abuse Squad detectives to observe specialist child interviews. Department of Child Protection and family Support interviewers are able to observe interviews in this pilot, but not conduct them. We also note this approach has subsequently been adopted across all Child Abuse Squad cases.

5.2 General Characteristics

Table 5 provides a comparison of the general characteristics of each of the distinct responses identified in Australia. The centralisation of resources may be related to the population, and

population distribution in states/territories. Broadly these differ in terms of the degree to which the response is built around de-centralised resources; New South Wales, Victoria, and Queensland all have the specialist resources for responding to child abuse distributed across the state. By comparison Western Australia, South Australia, Tasmania, and the Northern Territory operate responses that are centred around assets and resources in capital cities. The context is different for the ACT as the response involves a relatively small geographic area compared to other jurisdictions. This distribution potentially reflects the scale at which jurisdictions operate, with the most populous states able to sustain capacity to undertake their response in larger regional cities and towns. Jurisdictions also differed in the degree to which they had a centre or 'one-stop-shop' type approach.

Only one jurisdiction (Tasmania) did not have specialist child abuse or sexual assault police, although for some regional/remote cases non-specialist police will undertake the investigation in Western Australia and South Australia. Jurisdictions differed in the degree to which police specialised in child abuse or sexual abuse offences more broadly (i.e. offences involving adult victims). New South Wales, Queensland, and Western Australia had specialist policing units specifically for child abuse offences; other states had units or groups within specialist sex crime or family violence units focusing on child abuse.

All jurisdictions had some protocol or process in place for police and child protection agencies to collaborate on cases and share information, although jurisdictions varied in terms of the extent to which the response involved an integrated cross-agency team, and what other agencies were involved in the response. Differences also existed in the scope and stage at which the cross-agency collaboration occurred. While it is difficult to assess the degree to which teams consult and cooperate with each other based on the material at hand, the jurisdictional responses did differ in the degree to which agencies were co-located. The JIRT model in New South Wales (more than half have at least two agencies co-located), the MDC pilots in Victoria, MIST pilot (WA), and the Child Abuse Taskforce in the Northern Territory all included co-located workers. When a Suspected Child Abuse and Neglect (SCAN) team response occurs (Queensland State-Wide response) agencies undertake their inter-agency case discussion around the ongoing safety of the child, with individual agencies undertaking their investigative and assessment work separately rather than as a cross-agency team. While child protection and specialist police are co-located in the Perth-Metro response, this did not include the child protection workers who have responsibility for investigating concerns about children; WA ChildFIRST teams (Department of Child Protection and Family Support) included child forensic interviewers rather than case workers. Many of the co-located centres involved separate sections or floors for different agencies, at least in part due to operational reasons, which may impact the degree to which these teams are actually integrated.

For most of the responses the key agencies involved were police, child protection, and health; Tasmania only include police and child protection as part of their response, although both have close contact with the hospitals and services they refer to for forensic medical examinations and counselling services. The Child Abuse Taskforce (NT) include health services in its response as needed. The MDC pilots (Vic), MIST pilot (WA), and the Wraparound response in the ACT all had non-government agencies integrated into their responses as service providers (e.g. sexual assault counselling & casework services). All jurisdictions clearly had close connections to non-government support agencies due to the volume of referrals. Only the SCAN teams in Queensland included

education authorities routinely in their information sharing process, and the ACT was unique in including prosecutors in their wraparound response.

The models differed in terms of the types of agencies that could be included in the response; this was more or less a factor of the information sharing legislation that existed in the jurisdiction (see Section 5.5). The JIRT response can include a variety of other workers including Aboriginal staff consultants from NSW Police, Family and Community Services, or NSW Health, doctors, counsellors, or other workers from JIRT agencies. Likewise, in some situations, the response in South Australia can include a wide variety of professionals from the agencies involved in the response, and from other agencies, including Aboriginal or Culturally and Linguistically Diverse consultants, schools and day care staff. Most other jurisdictions were much more restrictive in terms of the other agencies that could be included in the response.

Most jurisdictions reported the use of joint investigations, except Queensland, Tasmania, and the ACT, however the nature of these joint investigations varied. New South Wales had the most comprehensive cross-agency protocol for how local JIRT sites should undertake their response (including NSW Health), with collaboration between agencies over the course of the case. South Australia had a similar protocol, although not with the same level of detail as the local level response for the JIRTs. While less prescriptive, Victoria had similar descriptions of collaboration between child protection and police in response planning, information sharing, interviewing and investigation (although in SA for under seven-year olds this also involves the Child Protection Unit). In Western Australia, the joint response primarily included participating in a strategy meeting to plan the response and interviewing by a joint police/child protection specialist child interviewing team; child protection investigations occur quite separately and coordination following the strategy meeting is limited. The MIST pilot within this jurisdiction in part aims to improve the connection between police and child protection investigations by co-locating CAS detectives and a district child protection worker.

The responses also differed in terms of the degree to which they extended across states/territories. New South Wales, Victoria, and Queensland were distinct as comprehensive cross-agency responses that extended state-wide. In Victoria, while the two responses are similar, particularly from the policing perspective with Sexual Offences and Child abuse Investigation Teams (SOCIT) working in across the state; the MDC pilots provide a co-located 'one-stop-shop' response at only six relatively high-volume sites. This was similar in New South Wales, in areas where JIRT agencies were not co-located the separate offices of agencies were always in close proximity. Being that considerable support resources and infrastructure goes into supporting a shared facility, it may be difficult to effectively scale the response to smaller, lower volume, and more geographically spread districts. Some of the smaller jurisdictions provided state-wide responses (e.g. SA, WA, NT), but with resources (e.g. co-located interview facilities, medical examination sites) centred on capital cities.

Table 5. General Characteristics of State/Territory Responses to Investigations of Severe Child Abuse

State	Specialist Police Team	Response Type	Centre Based Approach[1]	Agencies Involved in Response as a Matter of Course	Additional Agencies Involved in some Situations	Joint Investigations	State/Territory-Wide Response
New South Wales (Co-Located JIRT)	**Yes** Child Abuse Squad	Multi-Disciplinary Team	**Yes**[2] Agencies co-located with Shared Work Spaces	Police Child Protection Health	Aboriginal Staff Consultants, Medical Practitioners, Counsellors and other staff from JIRT agencies Witness Intermediaries for cases with victims under the age of sixteen or between 16-18 with communication difficulties within pilot catchment area (Downing Centre, Sydney; Newcastle)	**Yes** Detailed cross-agency protocol for joint investigation of harm/offences (JIRT Local Planning and Response Procedures)	**Yes** 22 JIRTs across NSW – 11 are fully co-located NSW Police also have an additional newly established site (Far South Coast)
New South Wales (Non-Co-Located)	As above	Multi-Disciplinary Team	**No** Although all agency offices are nearby	As above	As above	As above	**Yes** 22 JIRTs across NSW – 11 are partly-co-located (i.e. FACS & NSW Health), or are non-co-located
Victoria Standard Response	**Yes** Sexual Offences and Child Abuse Investigation Teams	Multi-Disciplinary Team	**No** Although all agency offices are nearby	Police Child Protection Health NGO Support Service Provider	Consideration for other agencies as needed, although planning and discussion occurs individually and by phone or email rather than in person (e.g. schools and child care)	**Yes** Protocol outlines process for investigation planning, communication between investigators from each agency, and procedures for a joint interview (Protecting Children – Protocol)	**Yes** Covers all areas not included in MDC Pilots
Victoria (MDC Pilots)	As above	Multi-Disciplinary Team	**Yes** Agencies co-located in the same building, with separate work areas	Police Child Protection Health NGO Support Service Provider	Consideration for other agencies as needed to discuss in person as a group	As above	**No** Limited to 6 centres currently
Queensland	**Yes** Child Protection & Investigation Units Child Safety & Sexual Crime Group	Inter-Agency Response	**No** Although all agency offices are nearby	Police Child Protection Health Education	Recognised entity when an Aboriginal child is discussed. Additional stakeholders (e.g. NGOs) can be invited to participate	**No** Agencies undertake their own investigations, and use cross-agency forums for information sharing, planning and coordination	**Yes** 21 SCAN team coordination points across the state, with 30 operational SCAN teams

Western Australia (Perth-Metro-CAS/ ChildFIRST)	**Yes**[3] Child Abuse Squad & Sex Assault Squad District Detectives	Inter-agency Response	**Partial** CPFS Case workers and the Child Protection Unit (WA Health) are off-site – CPFS interviewers are co-located	Police Child Protection Health	Education (For cases that occurred in the school environment) Witness Intermediaries	**Partial** Initial joint coordination and intake for cases relevant across agencies - Agencies then undertake their own investigations with some coordination between agencies	**No** Regional/remote response is separate (See below)
Western Australia (MIST Pilot)	As above	Multi-Disciplinary Team	**Yes** Agencies co-located with Shared Work Spaces	Police Child Protection Health NGO Support Provider	As above	**Yes** Joint investigations involve information sharing, response planning through strategy meetings, observation of interviews, and informal updates between co-located workers	**No** Response limited to Armadale/ Cannington Districts
Western Australia (Regional/ Remote)	**No** Most cases are investigated by district detectives and district CPFS	Inter-agency Response	**No** Although all agency offices are nearby	Police Child Protection Health	N/A	**Partial** Initial joint coordination and intake for cases relevant across agencies - Agencies then undertake their own investigations with some coordination between agencies	**No** Separate response from Metro Perth
South Australia	**Yes** Special Crimes Investigation Branch Family Violence Investigation Section Local Service Area Criminal Investigation Branch District Detectives for Regional/Remote Cases	Multi-Disciplinary Team	**No** Although all agency offices are nearby	Police Child Protection Health	Aboriginal or CALD Consultants or Members of Community depending on child's ethnic and cultural identity; DFC Special Investigation Unit for Child Under Guardianship or in Custody; Guardian for Children and Young People in the case of serious sexual abuse allegation; Also Schools, kindergarten, Family Day Care, Mental Health Services, DECD Investigations Unit. Communication partners for children under 14 or people with a disability	**Yes** Joint investigations involve information sharing, response planning, planning of interviews and assessments, and ongoing case management (Inter-Agency Code of Practice)	**Yes** CPS interviewing and services limited to two sites in Adelaide metropolitan area In regional/remote areas investigations are undertaken by district detectives rather than the SCIB

Tasmania	**No** Criminal Investigation Branch	Inter-agency Response	**No**	Police Child Protection	Education Department – Where a child is interviewed at school Counsellor from a sexual assault support service or a medical professional who has examined/treated a child	**No** Agencies work independently but share information informally	**Yes** Information sharing applies state-wide
Australian Capital Territory	**Yes** Sexual Assault and Child Abuse Team	Inter-agency Response	**No** Although all agency offices are nearby	Police (Territory & Federal) Child Protection Health Public Prosecutions NGO Support Services	Other agencies as needed in accordance with the ACT Crimes Act	**No** Agencies work independently but share information to try support victims through the criminal justice system (Wraparound Support Meetings - Terms of Reference)	**Yes**
Northern Territory	**Yes** Sex Crimes Unit	Multi-Disciplinary Team	**Yes** Agencies co-located in the same building, with separate work areas	Police (Territory & Federal)[5] Child Protection	Sexual Assault Referral Centre (Department of Health) as needed	**Yes** Team specifically deals with complex cases that require joint investigation	**Yes** Mobile child protection team provides regional/remote responses

[1] Cross-agency team operating out of a single centre, which also has on-site facilities for interviews with children.
[2] Note: 11 of 22 JIRTs are fully co-located.
[3] Regional/Remote responses are conducted by the local detective team rather than a specialist squad.
[4] Child Protection and Police are co-located in the metro response, but this does not include the statutory child protection workers who have responsibility for the case. Child Protection workers only undertake interviews of children in this model.
[5] The Australian Federal Police are only co-located in Darwin.

5.3 Centre Characteristics

Of the responses that involve a centre or 'one-stop-shop' type approach all involved the co-location of police and child protection workers. The JIRT model was unique in having workers from the state health agency co-located (in most centres) or available to attend interviews, providing a support role and facilitating referrals to NSW Health services (i.e. medical and counselling services). The MDC pilots (Vic) and MIST pilot (WA) are distinct for their co-location of the response with a non-government support agency. The Child Abuse Taskforce (NT) and the Perth-Metro response both involve the co-location of police and child protection; however, in Western Australia this does not include the child protection workers responsible for responding to the case. The Perth-Metro response involves a joint police-child protection interviewing team, co-located with Child Abuse Squad investigators. The Child Abuse Taskforce (NT) by comparison includes police investigators along with Territory Families workers responsible for the child protection assessment and response.

Table 6. Centre Characteristics of State/Territory Responses to Investigations of Severe Child Abuse

State	Centre Based Approach	Agencies Co-Located	Specialised Interview Facility On-Site
New South Wales (Co-Located JIRTs)	**Yes**	NSW Police[1] Family & Community Services NSW Health	**Yes** All co-located JIRTs have interview suites.
New South Wales (Non-Co-located)	**No** Although all agency offices are nearby	**Partially-Co-Located** Family & Community Services NSW Health **Non-Co-Located** N/A	Non-co-located JIRT sites use interview suites at regional Child Abuse Squad interviewing suites or other settings using hand-held recording.
Victoria Standard Response	**No** Although all agency offices are nearby	N/A	**Yes** Interviews may occur in the family home or other locations, as necessary. Most Sexual Offences and Child Abuse Investigations Team offices have interview suites for children.
Victoria (MDC Pilots)	**Yes**	Sexual Offences and Child Abuse Investigation Teams Child Protection (Department of Health & Human Services) Centres for Sexual Assault (Counsellor/Advocates)	**Yes** Onsite specialist child interviewing facilities
Queensland	**No** Although all agency offices are nearby	N/A	Queensland Police have facilities at each of their main stations to conduct interviews with children. These interviews can also occur in a non-threatening place free of interruption
Western Australia (Perth-Metro-CAS/ ChildFIRST)	**Yes**	WA Police (Detectives & Interviewers) Department of Child Protection & Family Support (Interviewers)	**Yes** Interview unit based in Perth city
Western Australia (MIST Pilot)	**Yes**	WA Police (Detectives & Interviewers) Department of Child Protection & Family Support (Interviewers & Case Worker) Parkerville Children and Youth Care Inc. (Child and Family Advocates & Therapists)	**Yes** Interview suites based in Armadale

Western Australia (Regional/Remote)	**No** Although all agency offices are nearby	N/A	There are no regional facilities for interviewing children. Interviews occur in a safe setting and are recorded by a handheld camera.
South Australia	**No** Although all agency offices are nearby	N/A	Interviews occur at CPS for under seven year olds; for 7-14 year olds interviewing normally occurs in victim rooms at SCIB; If children are identified as having cognitive or communication difficulties interviews will occur at the Victim Management Section (SAPOL). For regional/remote cases interviews occur in a safe, non-distracting environment
Tasmania	No	N/A	Interviews occur at regional police interview suites, or other settings such as schools or Child Safety Services offices
Australian Capital Territory	No Although all agency offices are nearby	N/A	Interviews occur at a specialised suite at the Sexual Assault and Child Abuse Team
Northern Territory	Yes	Territory Police Australian Federal Police (Darwin site only) Territory Families	**Yes** Interviews conducted on site in Darwin or Alice Springs, at the Sexual Assault Resource Centre (SARC), or interviews can be conducted off-site in a safe place recorded by a handheld camera

[1] Note: 11 of 22 JIRTs are fully co-located.

The JIRT model (NSW), MDC pilots (Vic), Perth-Metro (WA), Child Abuse Taskforce (NT), and MIST pilot (WA) all had on-site interview suites. All of the co-located JIRT sites had onsite interviewing facilities; the non-co-located JIRTs used interview suites at the local Child Abuse Squad or other community facilities. In the MDC pilots (Vic), MIST pilot (WA) and Perth-Metro almost all of their forensic interviewing occurred in their specialist suites. As the Child Abuse Taskforce (NT) responds to cases across the Northern Territory, interviews can occur in a safe place with a minimum of distractions, in addition to the interview suites at the taskforce building.

For responses that are not centre based, jurisdictions varied in their requirement for interviews to occur in specialised suites. The Victorian Standard Response, Queensland State-Wide response, and the ACT response all have specialist interviewing suites, although the specialist police in the standard Victorian response had provision for interviews to occur in other settings, reflecting that not all teams had access to interviewing facilities in their area. The Queensland State-Wide response, the Victorian Standard Response, and the Regional/Remote-WA response both had provision to conduct interviews in any safe setting. Arrangements for interviews differed based on the child's age in South Australia; children under fourteen, or older children with difficulty communicating were all interviewed in specialist facilities (either the Child Protection Service, interview rooms at Special Crimes Investigation Branch, or the Victim Management Unit). In regional/remote settings, interviews can occur with children aged over seven in safe non-distracting environments.

5.4 Intake Characteristics

Only New South Wales had a consolidated cross-agency intake process in the form of the Family and Community Services Helpline (NSW). Matters meeting the JIRT criteria are referred by the helpline to the JRU for tri-agency assessment – accepted matters meeting the JIRT criteria are referred to a local JIRT for a response. Most jurisdictions had a process for a discussion or review process across agencies as to whether the matter should be accepted for a cross-agency response. In Queensland,

the SCAN response applies to cases where Child Safety Services have made a notification – where there is an allegation of harm and a reasonable suspicion the child is in need of protection - and have determined that coordination of a multi-agency response is required. The Child Abuse Taskforce (NT) have daily cross-agency discussions of cases received by Territory Families as to whether a matter should be accepted for a joint or police only investigation. For Perth-Metro, Regional-Remote-WA and MIST pilot responses, each agency will undertake their intake process and then bring the relevant information to a strategy meeting to decide if the case will receive a joint, police only, or CPFS only response. For all other jurisdictions agencies will pass relevant referrals on to each other and agencies will make individual decisions about whether to accept a matter for investigation.

The MDC pilots (Vic) are distinct in providing a structured response to cases that don't meet the threshold for investigation by the Sexual Offences and Child abuse Investigation Teams (i.e. suspected victims of abuse), providing services and support which may result in a disclosure and a report to statutory agencies. Depending on who children speak to first in disclosing their abuse, a similar response, occurs at the MIST pilot (WA), in the ACT, and for some children in the South Australian response (Child Protection Service at Adelaide Women and Children's Hospital). Other jurisdictions may have an informal policy of referral to supports and follow up in order to encourage disclosure. All jurisdictions have specialised sexual assault services that will likely be providing some version of this support towards disclosure, albeit at a remove from the forensic response.

Table 7. Intake Characteristics of State/Territory Responses to Investigations of Child Abuse

State	Criteria for Intake to Cross-Agency Response	Intake/Assessment Process
New South Wales (Co-Located JIRTs)	Alleged child sexual abuse, extreme neglect (e.g. malnutrition/dehydration), and severe alleged physical abuse (e.g. extensive soft tissue injuries, head injuries, fractures, burns)	All reports Received Through FACS Helpline – Assessed by the Central JIRT Referral Unit for Acceptance to the JIRT Response
New South Wales (Non-Co-located)	As above	As above
Victoria (Standard Response)	Rapes of children (suspect known), rapes of adults strangers/ known persons) and indecent acts (including sexual penetrations) upon children, elderly and disabled persons that involves high level of violence or unusual modus operandi; Rape/attempt/assault with intent to rape by a stranger; All allegations of child abuse where the offending occurs in intra-familial environment (family violence); Joint investigations with Child Protection and other stakeholders in respect to child abuse	Police receive reports either directly by phone or in person through district police stations or via referral agencies including Department of Human Services. If the report is received through a district police station a referral is made to DHS child protection service or the sexual assault team. Matters can also be referred to SOCIT by CASA and other non-government agencies. SOCIT deal specifically with incidents of sexual abuse of children under 17
Victoria (MDC Pilots)	Children who have experienced or at risk of sexual abuse (Note: MDC pilots also respond to adult sexual assault) – Matter must fit the SOCIT criteria to be investigated in-house by police (see below)	Above
Queensland	For a SCAN team response, the process requires the matter to be assessed by Child Safety Services as a notification, and/or Child Safety is responsible for ongoing intervention, and coordination of multi-agency action is required to assess and respond to protection needs An MDT response can also occur for Child Concern Reports, with Information Coordination Meetings – Which can go back through the Child Safety Intake if a concern is identified	Child Safety Regional Intake Services assess all reports to Child Safety (significant harm or risk of significant harm, and parent not willing and able to protect). They determine whether the matter is a Child Concern Report or a Notification. Matters that are a notification may be referred to SCAN where coordination of multi-agency actions is required For reports to police, CPIU officers will undertake intake and assessment, and may make a report to Child Safety, request a joint investigation with Child Safety, or collaborate with officers from other agencies during the course of a criminal investigation
Western Australia (Perth-Metro-	Child Abuse Squad Charter Offences: Sexual abuse (Familial offender; Extra-Familial Offender Child under	Reports received by Police, CPFS (via Mandatory Report & Non-Mandatory Report), and Hospital

CAS/ ChildFIRST)	13; Child in Care of CEO; Offender in position of authority over child; Serious Injury Planning Meetings) Physical Abuse (Familial abuse resulting in a serious injury; Child in Care of CEO; Offender in position of authority over child; Serious Injury Planning Meetings) Neglect (Criminal Neglect for Child Under 13)	System – Child Abuse matters then Referred to Child Abuse Squad/ ChildFIRST (Formerly Child Assessment and Interview Team) Intake
Western Australia (MIST Pilot)	Child Abuse Squad Charter (Above) and child lives within Armadale/Cannington catchment area	"
Western Australia (Regional/Remote)	All Child abuse Matters	Reports received by Police, CPFS (via Mandatory Report & Non-Mandatory Report), and Hospital System – Child Abuse matters then referred to district detectives and district CPFS in the region
South Australia	Interagency code of practice applies to all types of abuse and neglect; Department for Child Protection will refer to SAPOL for sexual abuse, serious neglect or physical abuse The police group responsible for investigation will vary based on the nature of the concern – For sexual offences Tier 1 (immediate danger) are investigated by Local Service Areas), Tier 2 (primarily at risk of significant harm) are investigated by the specialist Special Crime Investigation Branch Other serious offences against the person (e.g. serious harm or criminal neglect offences) are investigated by the Special Crime Investigation branch – the Family Violence Investigation Section within Local Service Areas investigate all other sexual, physical, and criminal neglect for children under 16 (intra-familial offences), under seven years, and between seven and sixteen as part of a Department for Child Protection special investigation	Matters are received through the Child Abuse Report Line – If further action is needed, the relevant Department for Child Protection office will be notified, and the supervisor then refers the matter to the appropriate authorities
Tasmania	Cases accepted by the CIB can prompt the use of information sharing arrangements between Police and Child Safety Services	Agencies have their own intake and make referrals to each other
Australian Capital Territory	Sexual offences (both adult and child offences) in the ACT in which families were offered and consented to Wraparound	Reports received by either ACT Police or referred to ACT Police via Care and Protection Services
Northern Territory	Complex matters (i.e. matters likely to involve concurrent child protection and police investigation)	Reports received by NT Police or Territory Families; All matters are lodged with the Child Abuse Hotline/Central Intake Service. Matters from Territory Families are reviewed by investigators from both agencies (Territory families & NT Police) to determine if police investigation is required

The criteria for intake to a cross-agency team differed across responses. In most cases the response was directed towards child abuse cases involving a known offender, and where child protection authorities were likely to be involved in parallel investigations. For some jurisdictions, the threshold for the cross-agency response was primarily the threshold for the involvement of the specialist child protection/sexual assault police team, with child protection authorities involved in a much wider range of cases. The SCAN teams (part of the Qld State-Wide response) were unique in terms of accepting cases after the point of notification or intervention by Child Safety Services, with this agency determining whether a multi-agency response was required. The Child Abuse Taskforce (NT) also specifically targets complex cases (i.e. intra-familial & criminal) for a taskforce response.

Most jurisdictions provided their specialist joint agency response for all kinds of child abuse and neglect, mostly on the more severe end of offences (NSW, Vic, WA, SA, NT, Tas). Queensland provided their SCAN team response where there were ongoing concerns about the safety of children, although they did have inter-agency arrangements for other types of cases (i.e. Information

Coordination Meetings). The ACT wraparound response was specifically for sexual offences, but included both adult and child victims.

As discussed above, responses co-located with support services (i.e. MDC pilots [Vic], MIST pilot [WA], Child Protection Service at Adelaide Women & Children's Hospital) will also include cases that do not fit the formal criteria for the response (i.e. disclosure or allegation of abuse at a sufficient threshold for the specialist response), often as part of a deliberate strategy around supporting children and young people to disclose. Services with non-co-located support services may also have a similar strategy, but with an informal understanding between statutory agencies and support services.

5.5 Information Sharing & Case Planning

Every jurisdiction had a process in place for the sharing and exchange of information across agencies, although there were differences in the agencies included in this. There were also differences in the formality around information sharing processes, and the legislation in place to allow information exchange from different types of agencies.

The JIRT model (NSW) has a comprehensive process for information exchange and case discussion in their local area response protocol; this includes planning initial contact with children and families, collecting and exchanging information available about the family, planning the interview, and coordinating the response following the interview. The process is supported by wide information sharing provisions in New South Wales in place since 2009, allowing information to be exchanged between prescribed bodies for the safety, welfare and wellbeing of a child or class of children. South Australia had a similarly detailed procedure around the discussion and review of cases over the course of the police, child protection, and SA Health (where applicable) response.

By comparison, most other jurisdictions had much more informal processes of information exchange and case discussion. Queensland, Northern Territory, the ACT and Western Australia (all models) had similar processes of conducting strategy meetings to plan the response for each agency, with individual follow-up between workers undertaken informally. These meetings occur regularly in WA (weekly), Northern Territory (daily), and the ACT (monthly), but can also be scheduled as needed. The Victorian models and the Tasmanian model relied on informal consultation between workers to coordinate their response, rather than arranging regular cross-agency meetings.

Free information exchange is important for the effective operation of MDT responses, both in enabling agencies within the response and the support service providers they work with to discuss cases freely, but also to identify risks and concerns from a broader range of agencies that may have information about that family. Jurisdictions also differed in terms of the information sharing provisions permitted with the state/territory, although it was notable that effective provisions for information sharing existed in some jurisdictions, but were not always utilised to the fullest extent possible. New South Wales, South Australia, and the Northern Territory each had comprehensive schemes allowing for the exchange of information between agencies when the information relates to the safety and wellbeing of children. Information sharing was more restrictive in Queensland and Western Australia where government and non-government agencies are permitted to exchange information about children; in Western Australia this was introduced relatively recently (the legislation was enacted in 2015). In Tasmania and the ACT, information exchange is restricted to organisations (Tas) and professionals (ACT) that deal with children, allowing them only to exchange information with the statutory child protection authority in their jurisdiction. In Victoria, the

provisions are even more restrictive, allowing only the provision of information from professionals to child protection statutory authorities.

Table 8. Information Sharing and Case Planning Arrangements of State/Territory Responses to Investigations of Severe Child Abuse

State	Case Review Meetings/ Discussions	Legislation Support Practice and Information Sharing	Cross-Agency Training for Collaboration
New South Wales (Co-Located JIRTs)	Cross Agency Meeting Occurs to accept the matter to the JIRT Response Local JIRT Response includes: Pre-Meeting Briefing, Briefing Meeting, Interview Planning, De-briefing Meeting, and Case Meetings.	**Child and Young Persons (Care and Protection) Act 1998** **Children and Young Persons (Care and Protection) Regulation (NSW) 2000** Information allowed to be shared between 'Prescribed Bodies'[1] where it promotes the safety, welfare or wellbeing of children or young people	**Yes** Cross-Agency Induction (10 Days Online Modules - 10 Days Face to Face) JIRT Foundation Skills Course (3 Month Course - 2 Week Face to Face Workshop)
New South Wales (Non-Co-Located)	As above	As above	As above
Victoria (Standard Response)	Case planning and review between agencies occurs as needed	**Children, Youth and Families Act (VIC) 2005** Information allowed to be provided to Child Protection/ChildFIRST for some professionals that work with children when they have a significant concern	**No** Although Police do run training for other agencies, and there are a number of partnership forums
Victoria (MDC Pilots)	As above	As above	**Yes** Induction training – Several sessions to ensure agencies understand their roles and responsibilities State-Wide MDC Forums
Queensland	SCAN Team Meetings (Occur Monthly, but can be scheduled as needed) – Planning and coordination for the protection needs of children Information Coordination Meetings (Occur as needed) – For cross-agency review of Child Concern Reports Informal collaboration with Child Safety Services as needed for CPUI officers responding to matters not accepted by the SCAN team	**Child Protection Act (QLD) 1999** Information allowed to be exchanged between government and non-government service providers including members of the SCAN team to meet the protection and care needs of children	**No** Although quarterly SCAN team meetings provide an opportunity to discuss the functioning of a SCAN team and review issues and emerging trends
Western Australia (Perth-Metro-CAS/ ChildFIRST)	Joint Intake and Information Sharing Process Weekly Strategy Meeting (which can also be scheduled as needed)	**Children and Community Services Act (WA) 2004 – Children and Community Services Legislation Amendment and Repeal Bill (WA) 2014** Information allowed to be exchanged between Government agencies and Non-Government agencies, if it is relevant to the wellbeing of a child or children	**No** Although cross-agency work included as part of interviewing training Agencies providing training for working across agencies individually
Western Australia (MIST pilot)	As above	As above	As above
Western Australia (Regional/Remote)	Reports are initially processed as above, then sent to the relevant district for a response Regional police and CPFS hold their own strategy meetings as needed	As above	As above
South Australia	Strategy Discussions held as needed with Department for Child Protection,	**Children's Protection Act (SA) 1993**	**Yes** Interagency Practice in

	SAPOL, health professionals and other agencies as needed. The investigating officer and Senior Practitioner from DCP will be involved Department for Child Protection generally has the lead role in strategy discussions for intra-familial abuse and other matters where it will be involved in the response - SAPOL generally having lead in other matters	**Government of South Australia (2004) Keeping Them Safe. The South Australian Government's Child Protection Reform Program, Government of SA** Information Sharing Guidelines apply to a wide range of government and non-government agencies – People doing paid or volunteer work who provide services partly or wholly to children and young people and their families.	Child Protection Course (8 days face to face – 6 with workers from both agencies present)
Tasmania	Meetings occur as needed for information exchange	**Children, Young Persons and their Families Act (TAS) 1997** **Children, Young Persons and their Families Amendment Act (TAS) 2009** Information exchange centres on Child Safety Services to receive and give information from staff from any organisation involved in delivering services to children and their families if there are concerns about the safety, welfare or wellbeing of a child	**No** Though interview training is cross-agency
Australian Capital Territory	Monthly 'Wraparound' meetings between all agencies involved in the response	**Children and Young People Act (ACT) 2008** Information exchange centres on Care and Protection Services to receive and give information to a variety of professionals where it is in the best interests of children – Victims/Survivors must consent to the exchange of information for the 'wraparound' process	**Yes** ACT Police deliver an induction training package to other agencies that covers wraparound procedures
Northern Territory	Daily Cross agency Meeting between Territory Families and NT Police for intake of Territory Families matters for police investigation Daily strategy meetings between Taskforce members	**Care and Protection of Children Act (NT) 2007** Information exchange permitted between 'authorised information sharers' (carers, police, school principals, teachers, workers and managers of NGOs, case managers in the youth justice system, medical professionals, public servants and lawyers) as long as the information relates to the safety or wellbeing of the child or children	Unknown

[1] Prescribed bodies include all organisations that wholly or partly provide services to children (including all kinds of educational, health, and child service providers).

[2] Note: Despite the legislative change, written consent to exchange information between government and non-government agencies is still the norm.

New South Wales had the most comprehensive training and professional development for cross-agency work, with an induction and foundation skills course run across professional and agency groups. While a few jurisdictions ran some cross-agency training, mostly agencies provide training and professional development on working with other agencies within their own professional groups.

5.6 Interviewing

Across the country almost all interviewing of children was done by the investigating officer from the specialist child abuse/sexual assault unit. The exception to this was in Western Australia (Perth-Metro & MIST pilot) where a pool of trained child interviewers from both police and child protection agencies conducted interviews. As previously noted, the WA Police are currently running a trial where their police interviewers have been relocated to the Child Abuse Squad Investigations floor.

The trial is intended to improve the connection between interviewing and investigations in child abuse operations. In South Australia, age and communication capacity determined who interviewed children; children under seven were interviewed at a specialist unit at Flinders Medical Centre or Adelaide Women's and Children's Hospital by staff from the health-based Child Protection Service. Older children with complex communication needs and Aboriginal children in rural/remote communities up to the age of 12 could also receive an assessment by the Child Protection Service, which included an assessment of whether the service should undertake a forensic interview. Children older than seven were usually interviewed by the investigating officer from the Special Crimes Investigation Branch (who has received the appropriate training and accreditation as a child interviewer). Where children over seven are identified as having difficulty communicating, interviews were conducted by specialist interviewing staff at the Victim Management Unit within the Special Crimes Investigation Branch (SAPOL).

Table 9. Interviewing Arrangements of State/Territory Responses to Investigations of Severe Child Abuse

State	Forensic Interviewing	Provision for Joint Agency Interviewing (i.e. Joint Interview Planning and Observation of Interviews)	Interview Model & Training
New South Wales (Co-Located JIRTs)	Interviewing conducted by Investigating Officer from Child Abuse Squad	Police, FACS, and NSW Health participate in Joint Interview Planning as Part of the Local Planning Response FACS and NSW Health Agencies able to observe interviews and provide feedback about any care and protection or clinical issues that may have arisen via an earpiece, where not present in the interview room, or during a break in the interview, unless there are valid reasons for a break not to occur in a particular case	CAS Interview Guidelines – Five Days as Part of the CAS JIRT Induction
New South Wales (Non-Co-Located)	As above	As above	As above
Victoria (Standard Response)	Interviewing typically undertaken by the investigating officer from SOCIT, although there is provision for a Child Protection worker to conduct the interview	Both agencies should be present for an interview, Child Protection primarily to observe	Whole Story Framework Specialist Investigative Interviewing Course (Deakin University; Four Months Online Learning)
Victoria (MDC Pilots)	As above	Both agencies should be present for an interview, Child Protection primarily to observe CASA Counsellors/Advocates do not usually attend the interview, but are available to provide support if a child becomes distressed	As above
Queensland	Investigating officer from Child Safety & Sexual Crime Group or Child Protection Investigation Unit	Where a joint interview occurs (police & child protection) Child Safety Services workers can participate in interview planning, and to an extent in the interview A corroborating officer from the Child Safety & Sexual Crime group, and a representative from Child Safety Services (if child is in need of protecting) are recommended to be present	Interviewing Children and Recording Evidence (ICARE) Pre-course activities – 40 hours face to face training – Follow up assessments

Western Australia (Perth-Metro-CAS/ ChildFIRST)	Interviewing conducted by pool of trained interviewers from WA Police & Child Protection[1]	Interview planning occurs between the Police and CPFS interviewers An interviewer from the other agency (police or CPFS) observes the interview and is able to provide feedback during a scheduled break	Combination of NICHD and Stepwise Protocol Eight Week Joint Training (Webinars, Peer Assessment, Monitored Place, Regular Assessment) including police and child protection
Western Australia (MIST Pilot)	As above	Interview planning occurs between the interviewers (police and CPFS), the investigating officer, and the in-house child protection worker. The other interviewer (police or CPFS), investigating officer, and child protection worker are able to observe the interview and provide feedback during a scheduled break	As above
Western Australia (Regional/Remote)	Interview conducted by trained officer within the district (which can be the investigating officer)	Interview planning occurs informally between the interviewer and the investigating officer (if the interviewer is not the investigating officer) Interviewing will usually involve a second officer as witness, and can involve district CPFS observing the interview	As above
South Australia	(Under 7 year olds) – Psychosocial forensic assessment conducted by worker from the CPS at Flinders Medical or Adelaide Women and Children's Hospital – CPS will also conduct assessments with older children with complex communication needs on request, and Aboriginal children in rural/remote communities up to the age of 12 – Assessment includes the appropriateness of interviewing children, which can also be conducted by the CPS worker on behalf of SAPOL[2] (7 -14 year olds) – Interviews conducted by police who are prescribed interviewers. If children are identified as having cognitive or communication difficulties interviews will occur at the Victim Management Section (SAPOL) (Children over 7 in a country area) – Police who are prescribed interviewers (Children over 14) – Interview in the form of a written statement verified by declaration (conducted by investigating officer)	(Under 7 year olds) – Investigating Officer and Worker from the Department for Child Protection are able to observe the interview (7-14 year olds) – Investigating officer should observe the interview conducted by police officer who is a prescribed interviewer. The Recording of the interview can be made available to other agencies with permission from the Investigating Officer (Children over 14) – No	Whole Story Framework Joint interview training Specialist Investigative Interviewing Course (Deakin University; Four Months Online Learning)
Tasmania	Interviews conducted by investigating officer from CIB	Interview planning occurs between CIB and Child Safety Services. Child Safety Services are able to observe the interview, as well as other professionals when appropriate	Narrative Account Model Police/Child Safety Services training: Interviewing Vulnerable Witnesses

Australian Capital Territory	Interview conducted by investigating officer from Sexual Assault and Child Abuse Team	Investigators conduct their own interview planning however they often seek information and input from CYPS where appropriate. In some instances, CYPS are able to view interviews in real time from an external monitoring room	3 Day Interviewing Vulnerable Witnesses Program Based on the Whole Story Framework and similar to the Cognitive Interviewing Technique
Northern Territory	Interview conducted by the investigating officer from the Child Abuse Taskforce	Child Protection observation of interviews can occur for interviews held at Darwin and Alice Springs centres.	Child Forensic Interview Program Unknown

[1] WA Police are currently running a pilot to better integrate their interviewing and investigation. Police specialist interviewers still conduct the interview, but the investigating officer observes, along with a Child Protection interviewer.
[2] Note: The SA government have committed to establishing an additional Child Protection Service unit at Lyell McEwin Hospital.

Almost all jurisdictions had provision for or a recommendation for child protection authorities to be involved in interview planning and to be present for a child interview to minimise the need for additional interviews and disclosures. New South Wales was unique in including NSW Health to provide specialist knowledge and input into response planning; although in South Australia for children under seven the Child Protection Service (SA Health) is involved in conducting interviews. Most jurisdictions outlined the role of child protection authorities in their protocols as observers of the interview, this was different in WA (Perth-Metro & MIST pilot) as child protection were included in the interview pool, either conducting or providing feedback on interviews.

While two jurisdictions identified using the Whole Story Framework (Tidmarsh, Powell, & Darwinkel, 2012), and received training in this approach in an online course from Deakin University, most jurisdictions used their own guidelines and approaches rather than a formal identified model.

5.7 Support and Advocacy Services

The models differed as to the degree to which supportive services and advocacy were included as part of the response, primarily the models that did have these services were centre-based co-located responses. In this context, advocates are defined as holistic and independent workers with a role to listen to and act for children and families affected by abuse. A detailed definition of advocacy is provided in *Components of Effective Cross-Agency Responses to Abuse – A Report for the NSW Ombudsman's Office* (Herbert & Bromfield, 2017b, pp. 25-26).

Five responses had some kind of professional on-site support service available (JIRT model, MDC pilots, Perth-Metro, MIST, & the ACT). In South Australia, the interviewer from the health-based Child Protection Service (who interviews children under seven) also serves as a support person as a part of providing interviewing and assessment independent from police and child protection agencies. Support during and directly following the interview is provided by Health Clinicians in both New South Wales responses (co-located JIRTs & non-co-located JIRTs), and by a worker from the Department of Child Protection and Family Support based in the interview unit in the Perth-Metro response. The rest of the responses involved support services from the non-government sector built into the response.

Table 10. Support and Advocacy Services of State/Territory Responses to Investigations of Severe Child Abuse

State	On-Site Supports When Attending Interview	On-Site Advocacy Services	Scope of Advocacy Support
New South Wales (Co-Located JIRTs)	**Yes** Health Clinician (NSW Health) can provide support as needed	**Partial** Health Clinicians undertake some advocacy support, but for a limited timespan	Health Clinician provides support during the interview, and supported referral to other services – Clinicians tend to be health focused and there is limited ongoing case review and support post-interview
New South Wales (Non-Co-Located)	**Yes** Health Clinician (NSW Health) can provide support as needed	**As above**	N/A
Victoria (Standard Response)	**No** Although Police are required to contact CASA within 2 hours; urgent counselling can be provided if needed at the closest CASA, and in some situations CASA do attend the police station	**Partial** Off-site advocates are contacted for a response - Children and families can be referred for advocacy services off-site	Counsellor/Advocates provide services as long as needed
Victoria (MDC Pilots)	**Yes** CASA Counsellors/Advocates are available to provide support if a child or family member becomes distressed	**Yes**	Counsellor/Advocates provide support during the interview and beyond Counsellor/Advocates provide services as long as needed Counsellor/Advocates may also be involved in providing support prior to reporting abuse to police/child protection
Queensland	**No** Although the child is able to have a support person with them	**No**	N/A
Western Australia (Perth-Metro-CAS/ ChildFIRST)	**Yes** Onsite Department of Child Protection & Family Support advocacy/support worker	**Yes**	Department of Child Protection & Family Support advocate/support worker primarily provides support and suggested referrals during interviews at Child Abuse Squad/ChildFIRST with limited ongoing case review and support post-interview
Western Australia (MIST Pilot)	**Yes** Onsite NGO Child and Family Advocate & Crisis Mental Health Service	**Yes**	Counsellor/Advocates provide support during the interview and beyond - Child and Family Advocate will greet the family at the point of interview to build initial rapport Child and Family Advocate provides services as long as needed by the child and/or family
Western Australia (Regional/Remote)	**No**	**No**	N/A
South Australia	**No** Although where they conduct interviews the Child Protection Service also plays a supportive role. As does the Victim Management Section interviewer, and the interviewing detective where they conduct the interview	**No**	N/A
Tasmania	**Yes** Support Person can be provided where needed	**No**	N/A

Australian Capital Territory	**Yes** Although Sexual Assault Reform Program includes mobile counselling and support service for interviews Members of the Canberra Rape Crisis Centre sit in on the majority of interviews	**Partial** The Canberra Rape Crisis Centre can be called in to provide advocacy and referral to support services	Canberra Rape Crisis Centre is included in the Wraparound response – These workers can accompany children to their interview with police and are called as part of the mobile counselling and support service Advocacy is included in the service, primarily related to the criminal justice process
Northern Territory	**No**	**No**	N/A

Only three responses had on-site advocacy services as part of the response (Perth-Metro, MIST pilot, & MDC pilot). The ACT response included a mobile service where support workers from the Canberra Rape Crisis Centre attend where children are reporting abuse to the police. Centres Against Sexual Assault are closely linked to the SOCIT in Victoria, and provide a similar advocacy support role by referral where they are not co-located with police. For other jurisdictions, many of them had close ties with equivalent services in their jurisdiction, but support and advocacy providers were not embedded into the forensic response to the same degree as in the ACT and the Victorian Standard Response.

For jurisdictions that directly included advocacy in the response, almost all operated on the premise of remaining engaged with children and families as long as required (MIST pilot, MDC pilot, ACT). For the MIST pilot and MDC pilot, this was primarily about supporting the holistic recovery of children and families, and helping them deal with other agencies; advocacy in the context of the ACT seemed to be more related to supporting children and families through their interaction with the criminal justice system. While titled as an advocate, the worker operating within the Perth-Metro response primarily provides support services to family members when they attend the Child Abuse Squad/ChildFIRST facility for an interview, rather than having an ongoing role in assisting with identifying and coordinating support services.

5.8 Integration of Therapeutic Services

The jurisdictions differed in the degree to which support services were embedded in the response in order to ensure that children and families receive needed services, recognising that many of these families will have significant barriers to accessing services (Burns et al., 2004). While undoubtedly providing referrals to services will be the role of most child protection statutory authorities as a condition of complying with child protection orders, this section focuses on the degree to which support services are embedded in the response. This includes whether support services are part of discussions about the response to cases, and whether referrals to services are suggested (i.e. families are given the details of appropriate service providers), or are facilitated (i.e. the worker in contact with the family will make arrangements with the service and follow up to help address any barriers for the family in engaging with the service).

Table 11. Supportive and Therapeutic Services of State/Territory Responses to Investigations of Severe Child Abuse

State	Provision for Mental Health Services for Children[1]	Provision for Mental Health Services for Non-Abusive Caregivers	Mental Health Services for Child and Young People with Harmful Sexual Behaviour	Forensic Medical Examinations & Medical Treatment	Services/Supports for Cases Not Substantiated
New South Wales (Co-Located JIRTs)	Facilitated referral[1] to NSW Health Services	Facilitated referral to NSW Health Services	Facilitated referral to the New Street Adolescent Service (NSW Health) for children and young people who have sexually abused (10-17 years) – Available in Sydney Metro, Central Coast, Hunter/New England (Tamworth & Newcastle), Western New South Wales (Dubbo), and Illawarra/Shoalhaven (Wollongong) Facilitated referral to the Kaleidoscope Sexualised Behaviour program (Children under 10) – Available at all Sexual Assault Services (NSW Health)	Facilitated referral to medical and/or arrangement of forensic examinations by the Health Clinician	Facilitated referrals are made regardless of Police and FACS substantiation
New South Wales (Non-Co-Located)	As above	As above	As above	As above	As above
Victoria (Standard Response)	Facilitated referral to external services, including Centres Against Sexual Assault (CASA).	Facilitated referral to external services, including CASA.	Facilitated referral to CASA for Therapeutic Treatment services for children and young people up to 18 with problem sexual behaviours, or sexually abusive behaviours Children and Young People can be compelled to complete the service as part of a Therapeutic Treatment Order, which can be obtained by the Department of Human services (Child Protection)	Facilitated Referral to the Victorian Institute of Forensic Medicine (VIFM) and Victorian Forensic Paediatric Medical Service (VFPMS)	SOCIT and Child Protection workers will provide referrals (primarily to non-co-located CASA)
Victoria (MDC Pilots)	In-house mental health, support, and advocacy services.	In-house mental health, support, and advocacy services.	In-house Therapeutic Treatment services for children and young people up to 18 with problem sexual behaviours, or sexually abusive behaviours	Facilitated Referral to the Victorian Institute of Forensic Medicine (VIFM) and Victorian Forensic Paediatric Medical Service (VFPMS)	CASA will provide services regardless of substantiation
Queensland	Facilitated referral through the Police Referrals System Queensland Health to identify and refer to appropriate support services for children and young people. Child Safety Services, Education, Recognised Entities, and NGOs can also make these referrals	Facilitated referral through the Police Referrals System Child Safety Services, Education, Recognised Entities, and NGOs can also make these referrals	Facilitated referral to the 'Turning Corners' program provided by Bravehearts for 12-18 year olds who have or are at risk of engaging in harmful sexual behaviour – Available in Gold Coast, Cairns, Spring Hill, Springwood, Strathpine	Facilitated referral to undertake medical examinations at a nearby facility by Queensland Health SCAN team members	Police Referrals System and Queensland Health will make referrals regardless of substantiation

Western Australia (Perth-Metro-CAS/ ChildFIRST)	Suggested referral to WA Health and NGO Services (including CPFS Funded Child Sexual Abuse Therapeutic Services)	Suggested referral to WA Health and NGO Services (including CPFS Funded Child Sexual Abuse Therapeutic Services)	Suggested referral to the Child Protection Unit Princess Margaret Hospital or Child Sexual Abuse Therapeutic Services (Joondalup, Merriwa, Mirrabooka, Midland, Victoria Park, Gosnells, Rockingham)	Facilitated referral to Child Protection Unit at Princess Margaret Hospital through Strategy Meeting	Suggested referral regardless of substantiation – Service providers will differ in terms of eligibility requirements for services.
Western Australia (MIST pilot)	In-house referral to services and facilitated referral to external services (as above).	In-house referral to services and facilitated referral to external services (as above).	In-house therapy provided to children and young people who have engaged in harmful sexual behaviour	Facilitated referral to Child Protection Unit at Princess Margaret Hospital through Strategy Meeting	Support service response provided regardless of substantiation
Western Australia (Remote/Regional)	Suggested referral to WA Health and NGO Services (including CPFS Funded Child Sexual Abuse Therapeutic Services)	Suggested referral to WA Health and NGO Services (including CPFS Funded Child Sexual Abuse Therapeutic Services)	Suggested referral to Child Sexual Abuse Therapeutic Services (Albany, Katanning, Manjimup, Mandurah, Northam, Kalgoorlie, Geraldton)	Limited Regional/ Remote capacity for forensic medical examinations - Facilitated referral to Child Protection Unit at Princess Margaret Hospital	Suggested referral regardless of substantiation – Service providers will differ in terms of eligibility requirements for services.
South Australia	Facilitated referral by CPS – Other agencies should routinely refer to CPS to coordinate service. In-house services at Adelaide Women and Children's Hospital Department for Child Protection have responsibility for ongoing case management except where CPS or the Child & Adolescent Mental Health Service assumes leadership on the case Suggested referral by SAPOL; In some cases a victim contact officer will make facilitated referrals	CPS also provide facilitated referrals and services to the families of children affected by abuse Department for Child Protection provide facilitated referrals for family members.	Child Protection Service at Women & Children's Hospital provides the Sexualised Behaviour Therapy Service for children and young people under 12 who display problematic sexualised behaviour	Facilitated referral to Medical treatment and forensic medical examinations at the CPS through strategy meetings In some circumstances in country areas local medical practitioners can undertake a forensic medical assessment, but this needs to be decided at the strategy meeting.	CPS will still refer children and families to services based on need.
Tasmania	Children and non-abusive caregivers referred to supportive and therapeutic services by their Child Safety Officer. Suggested referral to the Sexual Assault Support Service or Laurell House depending on area	Suggested referral to the Sexual Assault Support Service or Laurell House depending on area	Suggested referral to Sexual Assault Support Service or Laurell House depending on area – Both provide support for caregivers with children and young people with problem sexual behaviour	Facilitated referral to North West General Hospital in Burnie, the Launceston General Hospital, and the Royal Hobart Hospital. The centres in all three hospitals provide treatment, forensic testing, and counselling or access to counselling.	Support service response (Sexual Assault Support Service & Laurell House) provided regardless of substantiation

Australian Capital Territory	Victim Liaison Officers (Police) review all sexual assault investigations to ensure a wraparound referral was discussed with the victim/guardian Facilitated Referral to Canberra Rape Crisis Centre & Victim Support ACT through mobile counselling and support. Victim Support ACT includes a network of community service providers	Victim Liaison Officers (Police) review all sexual assault investigations to ensure a wraparound referral was discussed with the victim/guardian Facilitated Referral to Canberra Rape Crisis Centre & Victim Support ACT through mobile counselling and support. Victim Support ACT includes a network of community service providers	Unknown	Facilitated referral for medical and forensic medical examinations at the Forensic and Medical Sexual Assault Clinic (Canberra Hospital) and the Canberra Rape Crisis Centre	Canberra Rape Crisis Centre provides services regardless of substantiation. Victim Support ACT provide some services without substantiation, criteria for services vary amongst their network of providers
Northern Territory	Suggested Referral to Sexual Assault Referral Centres (NT Health) & NGO Providers (Anglicare funded to provide short term support/counselling by the Victims of Crime Assistance Act)	Suggested Referral to Sexual Assault Referral Centres (NT Health) & NGO Providers	Unknown	Facilitated Referral to the Sexual Health and Blood Borne Virus Unit (NT Health)	Suggested referral regardless of substantiation – Sexual Assault Referral Centre (NT Health) accept referrals regardless of substantiation, criteria for services vary amongst service providers

[1] This table distinguishes between a facilitated referral, and a suggested referral. In a facilitated referral the referrer will contact the service and assist with making the arrangements for the service. A suggested referral is simply suggesting an appropriate service for the child, young person, and their family.

Few responses had capacity for referral to in-house support and therapeutic services for children and families; both MIST pilot (WA) and the MDC pilots (Vic) provide a specialist support and therapeutic service co-located with the tertiary child protection response. Children seen by the Child Protection Service (SA) at the Adelaide Women and Children's Hospital can also receive a referral to in-house services. Some jurisdictions provide a facilitated referral to off-site services; in New South Wales this involves a NSW Health worker coordinating and arranging for therapeutic and other health services, in Queensland the Police Referrals System involves lodging a service request to external support service providers, who then make contact with the child and/or family. Workers from Queensland Health will also assist in providing referral to supportive and therapeutic services. The ACT Wraparound response involves service providers in their case discussions, meaning that support services are closely connected with the planning around the response, informally this is also the case in Tasmania. For many of the other responses, cases with ongoing involvement from child protection statutory authorities are likely to be referred to services, potentially as part of an order or plan.

All jurisdictions had close ties with authorities that conduct forensic medical examinations, although no sites in Australia had this service co-located with the statutory response. While not a co-located response, children seen at the Child Protection Service in South Australia can receive forensic medical examinations at the same site where they are interviewed, and in the case of Adelaide Women and Children's Hospital receive supportive and therapeutic services. In New South Wales, the Health Clinician arranges for forensic medical examinations to occur at the closest facility. Similarly, in Queensland, Western Australia (MIST pilot & Perth-Metro), South Australia, Victoria, and the ACT health agencies are closely involved in the response, participating in case planning and information exchange, allowing for easy access to forensic medical examinations. Regional/Remote WA, Tasmania, and the Northern Territory agencies will make referrals as needed through informal connection to their state health services. In some responses children may be required to travel long distances to attend a specialist forensic medical examination facility. For Regional/Remote WA the only facility that conducted forensic medical examinations is in Perth, although in some situations a qualified paediatrician may conduct an examination in the regions, often with advice over the phone from the Child Protection Unit at Princess Margaret Hospital.

For all jurisdictions there were no specific limitations on providing referrals for cases without a disclosure or cases that had not been substantiated, although most referred to external providers of services which may have different criteria for accepting referrals for counselling, support or other therapeutic services.

Table 12. Child Witness Protections of State/Territory Responses to Investigations of Severe Child Abuse

State	Child Witness Protections
New South Wales	Witness Assistance Service provides support, court preparation, and information about the criminal justice process Child Sexual Offence Evidence Pilot (Newcastle and Downing Centre [Sydney District] Courts only) – Pre-Recorded Cross-Examination & Witness Intermediaries (Independent worker who facilitates communication between children and the court – as this is not a role providing support to children and families this is quite different to the work of a child and family advocate) Pre-recorded interview as evidence in chief (for victims under 16) Cross-Examination by Closed Circuit Television or Remote Witness Video Facilities Support Persons & Closed Court

Victoria	Witness Assistance Service and the Child Witness Service provide support, court preparation, and referral to counselling services. Special hearing where child can provide all their evidence – including cross-examination (for victims under 18) If not granted this special witness status, children may be able to use some of the following provisions: Giving evidence from another location by closed-circuit television (CCTV) Using screens in the courtroom to ensure that the accused person is not visible Allowing a support person to be present when giving evidence Closing the courtroom to the general public
Queensland	PACT provide the Child Witness Support Program – Court preparations, can accompany the child while they give evidence, and liaise to arrange support services. Pre-recorded interview as evidence in chief – including cross-examination (for victims under 18 & special witnesses) Cross-Examination by Closed Circuit Television or Remote Witness Video Facilities (ordinarily, the child is not to be called as a witness for cross-examination) Support Persons Closed Court
Western Australia	Child Witness Service provides support, court preparation, referral to counselling, and information about the criminal justice process. Pre-recorded interview as evidence in chief, and pre-recording of cross-examination (for victims under 18) Cross-Examination by Closed Circuit Television or Remote Witness Video Facilities Support Persons Closed Court Court facilities in regional/remote areas vary, although all have CCTV facilities including pre-recording. Workers from Victim Support Services (Department of the Attorney General) provide support where the Child Witness Service do not have workers based within the court
South Australia	Department of Public Prosecutions provide Witness Assistance Service Officers to attend all proofing sessions with children. These workers provide information, counselling and/or a support person for court proceedings. Children under 14 can be heard at a pre-trial special hearing – The taking of evidence for the hearing can occur by CCTV, in another more informal setting, the child can be accompanied by a support person, and can be convened for examination, cross-examination, re-examinations.
Tasmania	Victim Support Services provide information, referral to counselling and/or a support person for court proceedings Recording of the whole of a child's evidence (including cross-examination and re-examination for victims under 18) Audio visual linking for giving testimony rather than having to be present in court A support person near to the child or special witness Exclusion of persons from the courtroom, specified in a court order
Australian Capital Territory	Sexual Assault Victim Liaison Officer provides information about the progress of the investigation and any criminal proceedings Pre-recorded interview as evidence in chief, and Pre-recording of cross-examination (for victims under 18) Cross-Examination by Closed Circuit Television or Remote Witness Video Facilities Support Persons
Northern Territory	Witness Assistance Service provides support, court preparation, and referral to counselling services. Child Forensic Interview used as evidence in chief, and provision for pre-recording of cross-examination (for victims under 18) Use of recorded special hearings for child witness examinations; separate from the court room and defendant; and/or CCTV evidence Support person can be present while the child is giving evidence

The jurisdictions were similar in terms of the state child witness provisions with a range of special conditions, which for the most part were made at the discretion of the court. All jurisdictions allowed for a recorded interview as the child's evidence in chief, and almost all allowed for the pre-recording of a cross-examination of children, although the conditions for this differed in terms of the

age of the child and in some cases children could still be called for additional cross-examination. Pre-recording of the cross-examination has only recently been introduced in New South Wales as part of the Child Sexual Evidence Pilot in Newcastle and the Downing Centre in Sydney, in other areas the cross examination still occurs by CCTV. All jurisdictions provided witness support services, with slight differences in terms of their roles (i.e. whether they provide support or merely advice). New South Wales and South Australia each have a scheme for intermediaries, independent professionals who assess and advise on the capacity of the child to communicate with the court and other professionals. Western Australia has a similar scheme, however recent reports have noted that it is rarely used (Australian Law Reform Commission, 2010; Ketley, 2015). Tasmania is currently considering the introduction of intermediaries (Tasmania Law Reform Institute, 2016).

5.9 Governance

Jurisdictions differed in the degree to which their response was prescribed and documented in a cross-agency protocol. The JIRTs have comprehensive documentation and policy detailing the response and the roles and responsibilities for agencies (See Table 13), including additional components of the response such as the Enhanced Services to Aboriginal Children and Young People procedures. Queensland, NT, Victoria, ACT, South Australia, and the MIST pilot response in WA each had detailed protocols outlining the operation of their cross-agency schemes. For the other responses in Western Australia, agencies each had their own documented processes to follow, for example police participate in strategy meetings, however these are a CPFS owned process rather than a joint agency process. Tasmania does not have specific policy or protocols for their cross-agency response, but the response operates through informal information sharing between agencies under a broad memorandum of understanding.

All jurisdictions had processes in place for review and discussion of conflicts and difficulties across agencies. Some jurisdictions held these as regular review sessions (NSW, Queensland, MIST pilot [WA], ACT, Northern Territory), while other jurisdictions identified processes for addressing problems either at the case or policy level (Victoria, SA, Tasmania).

Five responses had cross-agency data systems for monitoring the delivery of the case response, and monitoring outcomes from the response. New South Wales, Queensland, Western Australia and the ACT each had shared cross-agency data systems. More informally, the NT recorded case outcomes on a shared spreadsheet.

Table 13. Governance Structures of State/Territory Responses to Investigations of Severe Child Abuse

State	Written Cross-Agency Protocol	Cross Agency Review of Practice/ Cross Agency Steering Group	Cross-Agency Performance Measurement/ Case Tracking Database
New South Wales (Co-Located JIRTs)	JIRT MOU[1] JIRT Criteria JRU Process Guidelines JIRT Local Planning and Response Procedures	JIRT State-Wide Management Group (Every two months) – NSW Police, FACS, NSW Health Local Management Group (Every two months) – NSW Police, FACS, NSW Health	**Yes** JIRT Track includes details of activities and decisions of JIRT staff, details of the current report, if the case is open to FACS, any FACS history, relevant police information, past or present disclosures of harm to NSW health staff, details of referrals to appropriate medical and/or support services
New South Wales (Non-Co-Located)	As above	As above	**As above**
Victoria (Standard Response)	Protocol between Department of Human Services – Child Protection and Victoria Police	Level 1 – District/Regional Level Level 2 – Child Protection or Children Youth and Families Manager & Victoria Police Local Area Commander Policy/State-Wide Significance - Child Protection and Family Services Branch, and/or the Officer in Charge of the Sexual Offences and Child Abuse Investigation Team (SOCIT) Project Team	**No**
Victoria (MDC Pilots)	"	"	**"**
Queensland	Information Coordination Meetings (ICM) and the Suspected Child Abuse and Neglect (SCAN) Team System Manual[2]	*Partnership in Action: A shared vision for the SCAN Team System* (2008) outlines the agreement and commitment made by each agency to a refocused model (current model) of SCAN team service delivery. The governance for the SCAN team system was previously provided by the Child Safety Directors Network (CSDN), which is no longer operational. The broader governance structures within DCCSDS are currently being revised	**Yes** Integrated Client Management System The QLD SCAN system has been reviewed a number of times, including: *2001 external review*- resulting in 22 recommendations; *2004 CMC report Protecting Children: An Inquiry into the Abuse of Children in Foster Care*- the SCAN team system was enshrined in legislation in response to this enquiry; *2005 multiagency review of the SCAN Pilot System*; *2007-2008 SCAN System Review by the Child Safety Directors Network*- resulted in the 'refocused SCAN system model' (the current model); *Queensland Child Protection Commission of Inquiry (QCPCOI)*
Western Australia (Perth-Metro-CAS/ ChildFIRST)	Separate agency policies supported by MOUs	Unknown	**Yes** Sexual Assault Management and Referral Tracking System
Western Australia (MIST Pilot)	Standard Operating Procedure Manual	MIST Review Meetings (Quarterly) MIST Oversight Meetings (Occasional)	"
Western Australia (Regional/Remote)	Separate agency policies supported by MOUs	Unknown	**No**

South Australia	Interagency Code of Practice: Investigation of Suspected Child Abuse or Neglect (July 2016 document)	Dispute resolution process outlines individual workers taking the initiative to resolve issues; it can then be elevated to supervisors/managers; to the Senior officers group, Care and Protection; or to the Council for the Care of Children	**No**
Tasmania	Memorandum of Understanding between Police and Child Safety	Child Protection Manager and Detective Inspector (CIB) for the area to resolve any disputes around the MOU No cross-agency steering group	**No**
Australian Capital Territory	Memorandum of Understanding between Wraparound Agencies & Wraparound Charter Memorandum of Understanding between Sexual Assault & Child Abuse Team and the Canberra Rape Crisis Centre	Wraparound Reference Group (As needed) Sexual Assault Reform Program Reference Group (Quarterly)	**Yes** Cross-Agency Wraparound Database
Northern Territory	Protocol between Department of Health and Community Services and Northern Territory Police – Guidelines and Procedures for a Co-ordinated Response to Child Maltreatment in the Northern Territory Memorandum of Understanding between NT Police and Territory Families Memorandum of Understanding between Department of Health, Department of Education and training, and NT Police	Interdepartmental Child Protection Policy and Planning Working Group (Unknown) Child Abuse Taskforce Senior Management Meeting (Fortnightly) Area Child Protection Policy and Planning Working Group (Unknown)	**Yes** Cross-agency outcomes currently recorded in Excel spreadsheet

[1] Note: The JIRT MOU is under review and may be revised as a part of the current review of the JIRT by the NSW Ombudsman's Office.
[2]Note: Policy and practices in Queensland are currently under review and may be subject to change.

5.10 Legislative Context

Finally, jurisdictions were compared on several legislative characteristics that potentially feed into the reporting and response to severe child abuse. Mandatory reporting feeds into state responses through compelling professionals to report suspicions of abuse, even when a matter is not substantiated the report remains as a record which may influence the decision-making around subsequent cases. The breadth and scope of mandatory reporting varied across jurisdictions. For some jurisdictions, mandatory reporting has operated for a long period of time (NSW, Queensland, South Australia, Tasmania, & Northern Territory). Legislation enabling information sharing has been covered in Section 5.5.

Similarly, reportable conduct schemes include records of misconduct that may be important to subsequent decision-making, but also potentially identify additional victims for complaints of institutional abuse. Several jurisdictions also had (the NSW scheme has been operating since 1999 and the ACT late 2016) or were in the process of introducing child related employment "reportable conduct schemes" (Victoria's scheme is due to be introduced in 2017). This involves external oversight of the handling of allegations of reportable conduct of employees/volunteers by public authorities, and other designated agencies.

There are two key dimensions across which mandatory reporting differs and which impact the breadth of the reporting obligations in each jurisdiction: abuse types and groups to which the laws apply. The Northern Territory was unique in applying mandatory reporting to all people in the territory. New South Wales, South Australia, Tasmania, and the ACT all place a mandatory reporting duty on broad groups of professionals that work wholly or partly with children with some minor differences in legislation (e.g. in NSW paid professionals who deliver health care, welfare, education, children's services, residential services, or law enforcement, wholly or partly, to children); South Australia is unique for extending this duty to volunteers. Western Australia, Queensland, and Victoria apply reporting to a much more select group of professionals. Western Australia has mandatory reporting only for sexual abuse, while most other jurisdictions also include physical abuse, emotional abuse, and neglect (SA, Tas) or just physical and sexual abuse (Vic & ACT). Queensland, Northern Territory and New South Wales have broader provisions for mandatory reporting of any kind of significant harm to children. New South Wales legislation also include mandatory reporting duties in a number of scenarios where children's physical, psychological, medical, educational needs are not met, where children experience harm from exposure to domestic violence, and parental non-compliance with a pre-natal report. New South Wales, Victoria, Queensland, and the Northern Territory have mandatory reporting for suspected future abuse/harm, while reporting in Western Australia, South Australia, Tasmania, and the ACT only includes suspected past or ongoing abuse.

Table 14. Characteristics of State/Territories that Impact the Identification of Severe Child Abuse (Mathews et al., 2016)

State	Mandatory Reporting	Other Relevant Legislation
New South Wales	Established 1977 Inclusive of professionals in paid employment who wholly or partly provide health care, welfare, education, children's services, residential services, or law enforcement to children (including managers of services) Has reasonable grounds to suspect that a child is at risk of significant harm and those grounds arise during or from the person's work (All types of harm) Past, Present, and Future Harm	Reportable Conduct Scheme
Victoria	Established 1993 Teachers, Police, Nurses, Doctors, Midwives, Principals Belief on Reasonable Grounds that harm from sexual abuse or physical injury has or is likely to occur Past, Present, and Future Harm	Reportable Conduct Scheme (To be introduced in 2017)
Queensland	Established 1980 Teachers, Nurses, & Doctors Becomes aware or reasonably suspects Significant detrimental effect on physical, psychological or emotional wellbeing (All types of harm) Past, Present, and Future Harm	
Western Australia	Established 2009 Teachers, police, nurses, doctors, midwives, school principals Belief on reasonable grounds that sexual abuse has occurred or is ongoing Past and Present Abuse Only	
South Australia	Established 1969 All professionals and volunteers that partly or wholly work with children Suspects on Reasonable Grounds that Sexual, Physical, Emotional Abuse & Neglect has occurred or is ongoing Past and Present Abuse Only	
Tasmania	Established 1975 Comprehensive across professionals that provide services to children Believes or suspects on reasonable grounds abuse or neglect has occurred Past and Present Abuse Only	Reportable Conduct Scheme
Australian Capital Territory	Established 1997 Inclusive of a broad range of professionals that work with children Belief on reasonable grounds that sexual abuse or non-accidental physical injury has occurred Past and Present Abuse Only	Reportable Conduct Scheme (recently enacted)
Northern Territory	Established 1984 Every person in the NT Belief on reasonable grounds that a child has been or is likely to be a victim of sexual abuse or harm or exploitation Past, Present, and Future Abuse	

Reportable conduct was included, as allegations of misconduct and monitoring of persons may trigger systemic responses that could aid in identification of additional child victims (e.g. within an institutional context). Only New South Wales and the ACT had a reportable conduct scheme, a process where information about adults exhibiting concerning behaviours around children in a professional or volunteer context can be lodged with an independent body external to their employer or volunteer organisation. The ACT's scheme, which was based on the New South Wales scheme (ACT Government, 2016), has only recently been introduced. Victoria is due to introduce an equivalent scheme in 2017. Many jurisdictions will have components of a reportable conduct scheme; for example, in Western Australia the Department of Child Protection and Family Support has an Abuse in Care Unit (covers children in care of the CEO), Internal Integrity Unit (covers Child Protection employees), and a children's advocate.

5.11 Section Summary

This section outlines some of the differences between cross-agency responses to severe child abuse in Australian jurisdictions, separated out into twelve distinct responses. These responses differed in the degree of co-location and integration of agencies, of the connection between the investigation and support/treatment response, and the degree to which the response is de-centralised.

- New South Wales, Victoria and Queensland all had de-centralised state-wide responses, with specialist resources distributed across the state. New South Wales operates a de-centralised response, with a centralised intake and initial assessment to improve consistency in decision-making (New South Wales Ombudsman, 2012). Other jurisdictions had a much more centralised response with specialist resources centred around capital cities;
- Co-located JIRTs (NSW), MDC pilots (Vic), Perth-Metro, MIST pilot (WA), and the Northern Territory all had co-located integrated teams responding to severe child abuse cases. While not co-located, SCAN teams in Queensland, the Standard Victoria response, and non-co-located JIRT sites worked similarly as integrated teams without co-location;
- All jurisdictions except the ACT, Tasmania, and Queensland indicated that they undertook joint investigations. The degree to which the investigations were linked differed between jurisdictions. New South Wales and South Australia had a specific protocol around joint decision-making and investigation, whereas other jurisdictions more described a parallel process of planning, information sharing and communication (e.g. Victoria & WA).
- Three responses had non-government agencies involved in their process as a matter of course: MIST pilot (WA), MDC pilots (Vic), and the Wraparound response in the ACT. For MIST and the MDC pilot, non-government agencies are involved at the point of interview; for the wraparound response, non-government agencies are typically involved following the interview. All other jurisdictions had close connections with the support agencies they referred children and families to;
- The JIRT model (NSW), MDC pilots (Vic), Perth-Metro, Northern Territory and MIST pilot (WA) all had onsite interviewing suites as part of their centre based approach. From non-centre based approaches, the Victorian Standard Response, Queensland State-Wide response and ACT responses had specialist suites, but also had provision to conduct interviews elsewhere. Regional/Remote WA had provision to interview in any safe environment for children, primarily as they did not have access to specialist suites. In South Australia the interview site depended on the age of the child;

- New South Wales was unique in having a tri-agency intake process, though Western Australia (Police, Child Protection, & Health) and the NT (Police & Child Protection) both had a joint agency case planning processes. The Queensland State-Wide had a different process for intake compared to other jurisdictions and were much more restrictive in the cases included to go to their specialist SCAN team response. The MDC pilots (Vic) had a service within the response for cases that don't initially met the threshold for intake;
- All jurisdictions had processes for information exchange, but there were differences in the agencies involved in the exchange, and in the formality of the process. New South Wales had a comprehensive and prescriptive process in the local planning response, South Australia had a similar level of detail in their Interagency Code of Practice, most other jurisdictions were much more informal in terms of their case discussion and degree of follow-up on cases;
- Information sharing legislation differed between jurisdictions: New South Wales, South Australia, and Tasmania all had comprehensive schemes, while Queensland and Western Australia had more restrictive schemes. New South Wales had the widest legislated scheme in Australia. Tasmania, ACT, and Victoria were all limited to information exchange between professionals and the statutory child protection authority;
- In all responses except for Western Australia and South Australia, the investigating officer was responsible for interviewing children. A number of jurisdictions had provision for child protection workers to conduct interviews, but in practice almost all interviews were conducted by police. In Western Australia, interviewing is undertaken by a joint police and child protection interviewing team. In South Australia, depending on the age and ability of the child to communicate, interviews may be conducted by the Child Protection Service (a unit within SA Health) or by the Victim Management Unit (a specialist interviewing teams within the Special Crimes Investigation Branch);
- Almost all jurisdictions had provision for child protection authorities to observe interviews in which they did not directly participate;
- All responses had some connection to support and therapeutic services, primarily the peak sexual assault not-for-profit or government funded sexual assault service in the state/territory. MDC pilots (Vic), ACT and MIST pilot (WA) were the only responses to have independent support people (i.e. non-government agencies) directly involved in their response. New South Wales, Perth-Metro, and South Australia all had support workers from government agencies. Few responses had in-house capacity to provide support and therapeutic services (MIST pilot [WA], MDC (Vic), South Australia), most jurisdictions provided a referral to support services they had strong relationships with, although only the MDC pilots (Vic), MIST pilot (WA), JIRTs, and the ACT directly included support agencies in their responses;
- Only four responses directly involved advocacy services (MDC pilot, Perth-Metro, MIST pilot, ACT) providing independent and holistic support and advocacy to children and their non-abusive family members. The MDC pilot and MIST pilot had the most comprehensive advocacy services, with end to end support for children and families from the point of interview until families wish to end the service. These advocates served as a contact point for families, as well as helping to address barriers to engaging with services. The ACT response was also end to end, but focused more closely on supporting children and families

through the criminal justice system. The response at Perth-Metro was much more short term, and focused on supporting families during the child forensic interview;

- All jurisdictions had close links to the agencies that conducted forensic medical examinations in their state/territory with New South Wales, Western Australia, South Australia, ACT, Victoria, and Queensland all directly including health agencies in their responses to ensure a smooth referral;
- All jurisdictions had provision for special witness protections, primarily the use of recorded interviews as the child's evidence in chief, but also the pre-recording of the cross-examination of a child witness. New South Wales has recently introduced pre-recorded cross-examinations as part of a pilot;
- New South Wales and South Australia both have witness intermediary schemes. The scheme began in New South Wales at two sites in 2016, and has operated state-wide in South Australia since 2015. Western Australia also has this scheme, but a past report by the Australian Law Reform Commission (2010) noted that the scheme was rarely used;
- New South Wales, Queensland, Victoria, the ACT, the Northern Territory, South Australia, and MIST pilot (WA) all had comprehensive cross-agency protocols and guidelines around the operation of their responses;
- The Northern Territory has mandatory reporting for all people in the NT. New South Wales, South Australia, Tasmania, ACT have mandatory reporting for a wide range of professionals that deal with children; South Australian legislation also included volunteers. Mandatory Reporting in Western Australia, Victoria, and Queensland includes a much more restrictive list of professionals;
- Mandatory Reporting in Western Australia only extends to child sexual abuse. In South Australia and Tasmania Mandatory Reporting includes all kinds of abuse and neglect, while Victoria and the ACT only includes physical and sexual abuse. Queensland and New South Wales have Mandatory Reporting triggered by a concern about the potential for risk of significant harm to children. In New South Wales the legislation also specifies a duty to report where a child's basic needs are not met including physical, psychological, education, medical needs, exposure to domestic violence, and parental non-compliance with a pre-natal report. Some jurisdictions also extend mandatory reporting to concerns about future harm (NSW, Vic, Qld, & NT);
- Two jurisdictions had reportable conduct schemes, however the ACT has only recently introduced this. In New South Wales the scheme has been in place since 1999. Victoria is in the process of introducing a scheme.

6. DISCUSSION/CONCLUSION

This report examined the characteristics of cross-agency responses to severe child abuse in Australian and select international jurisdictions in order to compare them against the response provided by the Joint Investigation Response Team in New South Wales.

It needs to be noted that while responses are presented as a comparison, this is not suggestive of their degree of effectiveness in improving particular outcomes. There is currently limited research identifying the effective characteristics of cross-agency responses, as opposed to research examining the effectiveness of multi-disciplinary responses generally (Herbert & Bromfield, 2017a). This report aimed to compare jurisdictions on how comprehensively they have planned out their cross-agency response. While noting the limitations of the report in attributing effectiveness, the researchers note that regardless of whether a plan or protocol is in place, different agencies must communicate and collaborate in order to effectively respond to concerns; that in most cases this seems more likely to occur with a planned response.

It also should be noted that this report specifically focuses on policy frameworks, which can vary considerably in how they are implemented in practice. A particular challenge for this report was reporting on and comparing the degree of characteristics such as the integration of teams, or the distinction between facilitated and suggested referrals to supportive services. Each of these are critical issues in the present review, however it is difficult to make conclusions about the extent of either of these and other characteristics without examining practices. This report has primarily relied on policy features that are suggestive of characteristics (i.e. a cross-agency intake process suggests the agencies are operating as a team, involving support services providers in information sharing and case planning).

With the above in mind, the JIRTs compare very favourably among Australian jurisdictions, partly owing to a history of cross-agency discussion and reform in the response (See Report 2 for a summary). The JIRTs also compare favourably to most international models in providing a locally focused response with a consistent intake process through the JRU. This is particularly impressive considering the JIRTs constitute a state-wide response delivered in a de-centralised way, rather than a single centre focused response like the large CACs (e.g. Dallas CAC), and Puawaitahi (New Zealand).

The JIRTs provide a clear framework for cross-agency work, embedding discussion, information exchange and case planning as a consistent state-wide process. The agencies involved in the response, while not always co-located, are clearly required to work as an integrated team towards cross-agency goals. Queensland similarly has a state-wide approach (SCAN teams) and clear processes for information sharing and case planning across agencies, but with a much more restricted scope, and much more informal processes for developing a response. Victoria similarly has SOCITs distributed around the state, some co-located with CASA in MDC pilots, however their arrangements around collaboration were much less prescriptive and standardised state-wide than New South Wales. In addition, the New South Wales JIRT sites are also well supported by strong information sharing provisions which enables cross-agency practice.

A number of jurisdictions had co-located support and therapeutic services (MDC pilots [Vic], MIST pilot [WA], & South Australia) for children and families. While responses differed as to the degree to which support agencies were involved in the response (see below), this represents a deliberate strategy to provide acute services during a highly distressing time (i.e. child interview), but also to improve successful referrals to supportive services. Co-location with support and therapeutic

services is assumed to result in opportunities for children and families to build familiarity and rapport with the support service. While there is an alternative argument to not provide these services in the same location where often distressing forensic interviews have occurred, qualitative studies of these approaches have not found this to be problematic to date (Herbert & Bromfield, 2016a; Powell & Cauchi, 2013; Powell & Wright, 2012). Indeed, much of the full service international models operate on the premise of being a 'one-stop-shop' for the interview, investigative and support response (i.e. Full Service CACs, Puawaitahi, Barnahus). Embedding these support services into the response may be particularly important for jurisdictions where services are scarce – limiting the value of a support coordinator type role. Embedding services also provides an opportunity for responses to influence the quality and modality of the services provided to referred children and families.

A number of jurisdictions involved support agencies in their information sharing and planning responses, bringing these agencies in from the start of their responses. While the JIRTs involve the Health Clinicians, who coordinate NSW Health services for children and families, this is different to other jurisdictions who build in an end-to-end contact person for children and families. While MIST pilot (WA) and the MDC pilots (Vic) were unusual in Australia for providing this end to end advocacy response, this is much more common among international responses including CACs, Barnahus, and Puawaitahi. The ACT also involved support agencies in their wraparound cross-agency planning response. While the roles of some of those support agencies are fulfilled by the Health Clinicians in the JIRT response, there may be additional benefits of support services being involved with children and families over the longer term.

Examining other responses also identified that a number of Australian and international jurisdictions have provision for engaging in a cross-agency response for matters that may not meet the threshold for specialist policing responses (i.e. no disclosure). MASH in particular provide a comprehensive cross-agency response for cases that don't meet the level for child protection investigation. In Australia this occurs as part of the MDC response (Vic), phrased as the 'options talk' provided by the non-government support service provider, and also in Queensland for matters that receive a Care Concern Notice, but are not (at least initially) accepted for a SCAN team response. This may also occur informally in other responses with support services closely involved. Currently matters not accepted by the JIRT are sent to the local Community Services Centre (Family and Community Services), NSW Police Force Local Area Commands and NSW Health Services for a local response.

Most of the JIRT sites are at least partly co-located, certainly to a greater extent than any other Australian jurisdiction. The degree of co-location of statutory services is unusual even compared to the predominant model in the United States (See Report 2 Section 4.2 for a summary of CAC characteristics). While at least theoretically co-location enhances the degree to which a cross-agency team can be built, in some contexts the value of this may be outweighed by costs and the logistical difficulties of operating in a co-located space. Co-location may be a desirable component of a response, but its feasibility may depend on the scale of the cases responded to from the centre.

As described above, the JIRT model compares favourably against Australian and comparable international jurisdictions on characteristics that theoretically are related to an effective multi-disciplinary response. Some of these differences included the co-location of support services, presence of independent advocates, embedding support service providers into the response from

the point of interview, and providing a mandated cross-agency response for cases that may not meet the threshold for the response at the time of intake.

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