ACT Children & Young People
Death Review Committee

Annual Report 2018

ACT Children and Young People Death Review Committee

Who are we?

The ACT Children and Young People Death Review Committee (the Committee) is established under the *Children and Young People Act 2008* (ACT) to work towards reducing the number of deaths of ACT children and young people. The Committee reports to the Minister for Children, Youth and Families.

The legislation sets out the requirement for Committee members to have experience and expertise in a number of different areas, including paediatrics, education, epidemiology, social work, child safety products and working with Aboriginal and Torres Strait Islander children and young people.

What do we do?

The Committee aims to find out what can be learnt from a child's or young person's death to help prevent similar deaths from happening in the future.

To assist with this aim, we keep a register of all the deaths of ACT children and young people who die before they turn 18 and use the information on the register to learn more about why children and young people die in the ACT.

We can make recommendations about changes to legislation, policies, practices and services to both government and non-government organisations.

The Committee does not investigate or determine the cause of death of a particular child or young person. We do not place blame or seek to identify underperformance.

What do we do with the information on the register?

The Committee provides its annual report to the Minister for Children, Youth and Families and the ACT Legislative Assembly on the deaths of children and young people in the ACT.

We also issue reports and fact sheets on different topics to help raise awareness or to spread prevention messages in the community.

The Committee is keen to receive advice and feedback from interested ACT residents

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Foreword

The ACT Children and Young People Death Review Committee (the Committee) is pleased to present its seventh report to the Legislative Assembly. It is presented in line with the requirements of Part 19A.4 of the *Children and Young People Act 2008* (ACT) (the Act).

The Committee's report focuses on the deaths of children and young people as required by the Act, as well as two population groups: neonates and vulnerable children. As in previous reports, the detailed analysis of the data is based on the aggregation of five years of data (2014–18), thus ensuring individual privacy.

The Committee continues its work to review the circumstances and causes of child deaths in the ACT. In 2018, the Committee presented the *Changing the Narrative for Vulnerable Children: Strengthening ACT Systems* report to the Minister. This report considered the risk factors evident in the lives of 11 children prior to their death. One of the challenges the Committee continues to grapple with is ensuring that the reviews of children's deaths are timely; under current legislation the Committee is unable to review open coronial cases. The Committee is committed to recommending systemic changes to protect children and young people. The recommendations it makes are based on the knowledge gained from these reviews. The expertise of the Committee members and ongoing consultation with key stakeholders help the Committee stay abreast of current system changes and inform the contribution the Committee makes to the safety and wellbeing of children and young people in the ACT.

In this report the Committee has, for the first time, reviewed progress on the recommendations made since its establishment. The Committee has made a total of 46 recommendations to government as well as expressed views in submissions to both national and local inquires. The Committee sought input from government in response to these recommendations, and we have been pleased with the actions taken. However, the Committee continues to be concerned that children remain vulnerable to a preventable death. Some areas of concern are how information is shared between different agencies, the regulation of back yard pools and consistent safe sleeping guidance to families in the ACT. The Committee has previously raised concern about youth suicide rates and this remains the case, as shown by the number of children and young people who have completed suicide reported in this year's data.

Children die from many different causes. The reviews of all deaths of children who have died in the ACT, both during the 2018 calendar year and cumulatively since the Committee's work began, continue to point to opportunities to change and improve systems. Although challenging at times, the Committee continues to explore and use as many ways as possible to influence change that achieves good outcomes for children. The Committee hopes that this report will assist the efforts of those who work to keep our children safe from harm.

Finally, I would like to thank the Secretariat and members of the Committee, who have done a terrific job in preparing this report and in drawing out the key messages from the data. The Committee's members continue to commit considerable time and expertise to the careful examination of the circumstances and causes of child deaths in the ACT.

I would like to extend our sincere condolences to the families, friends and communities who knew and loved the children and young people whose deaths are reported here.

Ms Margaret Carmody PSM
Chair, ACT Children and Young People Death Review Committee

ACT Children & Young People Death Review Committee

Letter of transmission

Minister for Children, Youth and Families
ACT Legislative Assembly
London Circuit
CANBERRA ACT 2601

Dear Minister

As chair of the ACT Children and Young People Death Review Committee, I am pleased to present you with the *Children and Young People Death Review Committee 2018 Annual Report*.

This report fulfils the Committee's statutory obligations under s. 727S of the *Children and Young People Act 2008* (ACT).

I hereby present the report for tabling in the Legislative Assembly and request that you make the report public forthwith.

Yours sincerely

M Carmody

Ms Margaret Carmody, PSM
Chair
30 April 2019

The ACT Children and Young People Death Review Committee is established under the *Children and Young People ACT 2008*

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Executive summary

The ACT Children and Young People Death Review Committee is established under the *Children and Young People Act 2008* (ACT) to work towards reducing the number of deaths of children and young people in the Australian Capital Territory. The Committee reports to the Minister for Children, Youth and Families.

In accordance with s. 727S of the Act, this report provides information on the deaths of 170 children and young people up to the age of 18 years who were included on the Committee's Child and Young Person Deaths Register between January 2014 and December 2018. Of the 170 deaths across the latest five-year period, 14 are awaiting the findings of the Coroner and are therefore not able to be included in this report. The remaining 156 deaths on the register include 33 deaths of children and young people who did not normally reside in the ACT.

Chapter 1 provides an introduction to the Children and Young People Death Review Committee. It lays out the legislative requirements of this report and the limitations of the data. It also explains how to use this report.

Chapter 2 provides an overview of all deaths of children and young people residing in or visiting the ACT. It provides an overview of all registered deaths between January 2014 and December 2018, with particular reference to the current reporting period: 1 January 2018 to 31 December 2018.

Chapter 3 examines the deaths in the previous five years of children and young people residing in the ACT. Excluding those children and young people who normally resided interstate or elsewhere, the chapter provides demographic and individual characteristic analysis.

Chapter 4 is the first of two chapters investigating a specific population group. This chapter focuses on neonates and infants.

Chapter 5 focuses on vulnerable children and young people. For the purposes of this report, vulnerability is determined by engagement with either Child and Youth Protection Services or ACT Policing.

Chapter 6 details the recommendations made by the Committee since its establishment and the progress of these towards implementation. Appendix E provides copies of advice provided by the Minister and relevant directorates in relation to recommendations.

Chapter 7 describes the Committee's activities across 2018 and its continuing work for the next calendar year.

The appendixes provide further information for reading, understanding and interpreting the findings in this report.

Chapter 1 Introduction to the Children and Young People Death Review Committee

This chapter describes the **role of the ACT Children and Young People Death Review Committee** and important information for reading this report.

ACT Children and Young People Death Review Committee

The ACT Children and Young People Death Review Committee is an independent committee established under the *Children and Young People Act 2008* (ACT) (the Act) to review information about the deaths of children and young people in the ACT, identify emerging patterns and undertake research aimed at preventing or reducing the deaths of children.

The Committee has an important role: to analyse information about all deaths of children and young people under the age of 18 years in the ACT, with the intention of preventing or reducing the number of those deaths. This report is the main vehicle to share the findings of that analysis. The Committee wishes to share these findings and maintain a dialogue with the ACT community, whose greater awareness of these issues may facilitate the reduction of preventable deaths in the future.

From these analyses, the Committee recommends changes to legislation, policies, practices and services that will help to reduce the number of future deaths of children or young people in the ACT.

Information about previous annual reports and additional reports on identified issues of concern can all be found on the Committee's website: www.childdeathcommittee.act.gov.au

Who we are

Since 2012, the Committee has been responsible for reporting to the ACT Legislative Assembly on all deaths of children and young people under the age of 18 years in the ACT. Membership is prescribed by the Act and requires members to have qualifications, experience or expertise in one or more of the following:

- psychology
- paediatrics
- epidemiology
- child forensic medicine
- public health administration
- education
- engineering and child safety products or systems
- working with Aboriginal and Torres Strait Islander children and young people
- social work
- investigations
- mental health
- child protection or
  -has other qualifications, experience or expertise, or membership of an organisation, relevant to exercising the functions of a committee member or
  -is a police officer with experience in working with children and young people and families.

The Director-General, Community Services Directorate (CSD) and the Commissioner for Children and Young People are ex-officio appointments. Committee members are appointed by the Minister for Children, Youth and Families, and the Committee must have between eight and ten members in addition to the Chair. The Deputy Chair may undertake some of the roles of the Chair in their absence, including chairing of meetings.

Committee members 2018

Chair
Ms Margaret Carmody PSM
Social policy and strategic human service delivery

Deputy Chair
Mr Eric Chalmers BA MBA CF
Engineering and child safety products or systems

Committee members
Dr Judith Bragg
Paediatrics

Ms Barbara Causon
Working with Aboriginal and Torres Strait Islander children and young people

Dr Amanda Dyson
Paediatrics and Neonatology

Ms Louise Freebairn
Epidemiology

Emeritus Professor Morag McArthur
Social Work & Child Protection

Dr Sue Packer AM
Paediatrics

Dr Catherine Sansum
Child forensic medicine

Ms Rebecca Hughes (Feb 2019 – current)
Education

Ms Tracy Stewart (Jan – Sep 2017)
Education

Station Sergeant Dennis Gellatly
ACT Policing – Officer in Charge Judicial Operations
Police officer with experience in working with children and young people and families

Directors-General
Ms Rebecca Cross PSM (from December 2018)

Ms Bernadette Mitcherson (April – November 2018)

Mr Michael De'Ath (Nov 2016 – March 2018)

Children and Young People Commissioner
Ms Jodie Griffiths-Cook

Our functions

The Committee has the following functions:

a) to keep a register of deaths of children and young people under Part 19A.3 of the Act
b) to identify patterns and trends in relation to the deaths of children and young people
c) to undertake research that aims to help prevent or reduce the likelihood of the death of children and young people
d) to identify areas requiring further research, by the Committee or another entity, that arise from the identified patterns and trends in relation to the deaths of children and young people
e) to make recommendations about legislation, policies, practices and services for implementation by the territory and non-government bodies to help prevent or reduce the likelihood of the death of children and young people
f) to monitor the implementation of the Committee's recommendations
g) to report to the Minister under Part 19A.4 of the Act
h) to perform any other function given to the Committee under this chapter.

Annual report

This annual report covers the period 1 January 2018 to 31 December 2018. It presents the data on the deaths of all children and young people who died in the ACT as well as children and young people who usually reside in the ACT but who died elsewhere.

Chapter 19A, Part 19A.4, s. 727S of the Act requires the Committee to report on the following information about the deaths of children and young people included on its register:

- total number of deaths
- age
- sex
- whether, within three years before his or her death, the child or young person, or a sibling of the child or young person, 'was the subject of a report the director-general decided, under s. 360(5), was a child protection report' and
- any identified patterns or trends, both generally and also in relation to the child protection reports under s. 360(5) of the Act.

The Committee respects the child, young person and their family's right to privacy. As per s. 727S(3) of the Act, the Committee must not disclose the identity of a child or young person who has died or allow the identity of a child or young person to be established.

As with previous years, the Committee has reported the incidence of death over the five-year period. This is largely as a result of the small number of deaths that occur in the jurisdiction each year. Conducting and reporting on analyses over a five-year period brings a level of stability to the data, allowing for generalisations to the broader population. It also minimises the risk of possible identification of any individual. Although greater rigour may be generated through the analysis of aggregate data, there are limitations noted and discussed across the report and, as such, caution must be exercised when interpreting results.

This year, the annual report also presents a chapter reviewing the progress on the recommendations made since its establishment. The Committee has made a total of 46 recommendations to government as well as expressed views in submissions to both national and local inquires. Chapter 6 provides comment regarding the progress of these recommendations.

The annual report presents the Committee's activities during 2018 and outlines the continuing work for 2019. As identified in the next section, the growing population of children and young people will be a major determining force for the demand and supply of resources, including access to services for children and

young people in the ACT. The implications and challenges associated with this are discussed in the final chapter of the report.

Using this report

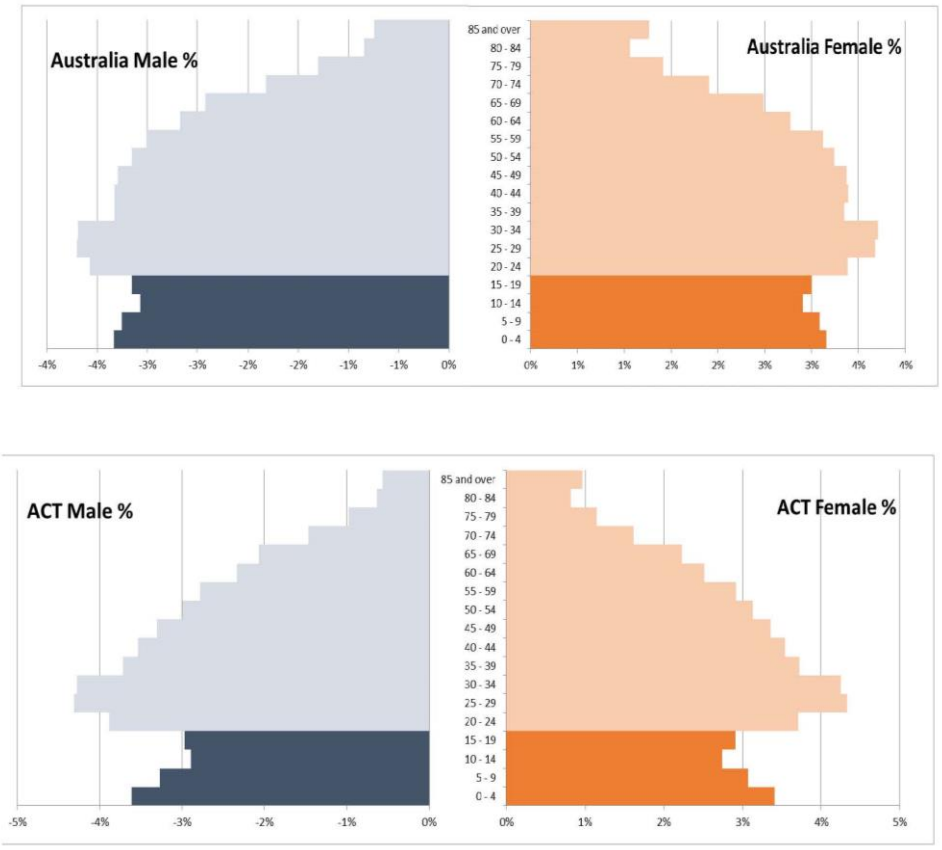
This annual report is a legislated requirement of the Committee and can be used as a catalyst or foundation for further investigations. To increase transparency and to enable greater use and reporting on the findings of this report, it is important to clarify the methods used.

Age standardisation

The ACT's population continues to increase, having the third-strongest growth in estimated resident population of all jurisdictions in the three months to 30 June 2018 (ACT Treasury, 2018). The ACT population is currently projected to reach around 450,000 people by 2022. This increase is also seen in children and young people under 19 years of age. Canberra remains 'younger' than the national average and the number of children and young people is projected to increase by 11% between 2017 and 2022. This age group accounts for around 25% of the total ACT population (ACT Treasury, 2018).

Figure 1.1 shows the differences between the age structures of both the ACT and Australia based on the Australian Bureau of Statistics (ABS) quarterly population estimates data (ABS, 2019). The focus of this report is those children and young people under the age of 18 years. This group is highlighted in the bolder colours.

Figure 1.1 Population ratios comparing male and female total population between Australia and the ACT, 2018



(Data source: ABS. Stat Beta)

The Australian figure shows a consistent rate through the early years of life for both males and females, with a slight drop around 10–14 years for both sexes. The ACT figure presents a sharper taper, indicating a greater change in the population during those years. If the age structures were the same, we would expect to see a relatively similar shape across the base of both pyramids. There is some variability, however, which implies the age structures between the ACT and Australia differ and therefore comparisons between populations would be better served through standardisation.

Coronial counts

In previous reports, numbers of deaths being heard by the Coroner have been reported in different ways. This is largely due to the confidentiality concerns arising from the small number of cases and determinations on cause of death. The legislation clearly stipulates that the Committee must not report on the causes of death of those cases that are being heard in the Coroner's Court at the time of publishing. However, this stipulation does not exclude the reporting of total numbers of deaths, including those currently being heard by the Coroner. As such, in the early chapters of this report, where total numbers are reported, these will include open coronial cases. The number of these will be indicated in brackets next to the total figure. These cases are excluded from subsequent analyses referring to cause of death or population in focus chapters.

International Classification of Diseases

Since the inception of the Children and Young People Death Register, reporting on main cause of death or leading cause of death has centred largely on indicative causes with reference made to the International Classification of Diseases (ICD). The Committee has transitioned to reporting on the ICD framework, in line with World Health Organization standards (WHO, 2016). This report will continue the format adopted in the previous report and include both the indicative causes of death and the ICD.

Reporting fewer than five cases

Given the small number of incidents in the ACT of deaths of a child or young person and the broad range of causes of those deaths, often there will be only one or two individuals who have died in a category. The same can be true when reporting on other factors, such as vulnerability, where the focus is on a small sub-sample of the cohort. The ACT is a small community and individuals may be identified through the reporting of these low numbers. Therefore, where they number fewer than five incidents, the symbol • will be used to indicate that deaths have occurred but not how many. In some instances, further data have been suppressed to prevent calculation of figures and subsequent identification of individuals. These numbers will remain included in total figures and aggregated counts over five years.

Data quality

The Committee continues to work to improve data quality to better and more accurately identify the contributing factors to deaths reported. Anecdotal information reported by members would indicate that official causes of death do not always reflect the full story. Clearly, those cases that have been subject to a coronial inquiry provide excellent information to the Committee. It is only once timely, complete and more reliable information is available that improvements to systems and processes can be identified to prevent or reduce deaths.

Data sources

Unless otherwise stated, all figures reported in this document are sourced from the ACT Children and Young People Deaths Register. The information in this register is compiled from information sourced from ACT Births,

Deaths and Marriages, ACT Coroner's Court, Ombudsman Western Australia, South Australia Child Death and Serious Injury Review Committee, Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity, NSW Ombudsman, Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity, Northern Territory Office of the Coroner, Queensland Child Death Review Team, and the National Coronial Information System. The Committee also has provisions to exchange data with Child Youth Protection Services, ACT Policing and the Family Court and Federal Circuit Court of Australia. It is important to note that data comparisons with previous annual reports must take into account that coronial findings will have been released, thus enabling causes of death to be reported.

Chapter 2 All deaths of children and young people residing in or visiting the Australian Capital Territory

This chapter provides an overview of **all registered deaths** of children and young people that occurred in the ACT or involved ACT residents in the reporting period, with reference to the current reporting period: 1 January 2018 to 31 December 2018. Subsequent chapters in this report will focus on ACT residents only; however, this chapter takes a broad overview of all deaths that have occurred in the ACT, including children and young people who typically lived interstate or elsewhere.

Overview

This section will look at the overall incidence of mortality among children and young people in the ACT. Table 2.1 provides a summary of all deaths on the ACT Children and Young People Death Register for the five-year period January 2014 to 31 December 2018.

Table 2.1: Deaths of children and young people in the ACT, January 2014 – December 2018

Deaths	Number [a]	Per cent
All deaths in the ACT	**170**	**100.0**
Total ACT resident deaths	137	80.6
Interstate resident deaths	33	19.4
ACT residents who died elsewhere	14	8.2
Open coronial cases	14	8.2

[a] Figures do not sum, coronial cases appear in more than one category

In total, 170 children and young people died between 1 January 2014 and 31 December 2018. Of these, 137 were children and young people who normally resided in the ACT; 33 usually resided interstate. Of the 137 ACT residents who died, 14 of these deaths occurred elsewhere. There were also 14 cases before the ACT Coroner as at 31 January 2019.

ACT residents and non-residents

The Committee collects information relating to the deaths of all children and young people who die, and normally reside, in the ACT. This means that information on the register relating to ACT residents who died outside of the ACT is often provided by similar committees in those jurisdictions. Information is shared between committees to ensure that each jurisdiction has accurate records (Table 2.2).

Table 2.2: Annual deaths of children and young people in the ACT, including ACT residents who died elsewhere, January 2014 – December 2018

Year	All deaths [a]	ACT residents		From elsewhere	
Jan-Dec	Number	Number	Per cent	Number	Per cent
	170	**137**	**80.6**	**33**	**19.4**
2014	30	22	73.3	8	26.6
2015	37	29	78.3	8	21.6
2016	32 (•)	27	84.3	5	15.6
2017	31 (5)	23	74.2	8	25.8
2018	40 (8)	36	90.0	•	•
Average	**34**	**27.4**		**6.6**	

[a] Figures provided in brackets are cases currently before a Coroner and are included in the total figure. These cases will not be included in subsequent analyses.

In regard to all deaths (Table 2.2), the figures supplied in brackets are currently the subject of a coronial inquest. These cases are not included in chapters relating to cause of death or population focus, as it is not in the remit of the Committee to report on those cases that are subject to ongoing investigations.

Table 2.2 shows the year-on-year deaths of children and young people, of which the average is 34. This is a slight increase from last year's report where the average was 31.8. For ACT residents, the number of children and young people who die each year has also increased from last year, with the mean moving from 24.6 in 2017 to 27.4 in 2018. The crude mortality rates of ACT residents aged 0–17 years are provided in Chapter 3.

Distribution across characteristics

The following discussion focuses on the key demographic and individual characteristics of the children and young people who died. Examination of these variables allows comparisons between groups and identification of trends within the total population, to better inform and advocate for system, service or programmatic change. Examined here are sex, age, and Aboriginal and Torres Strait Islander status.

Table 2.3 shows the total deaths of children and young people (not including open coronial cases) in the ACT over a five-year period (1 January 2014 to 31 December 2018), broken down by key demographic characteristics.

Table 2.3: Key demographic characteristics of all deaths of children and young people in the ACT, January 2014 – December 2018

Characteristics	January 2014 – December 2018 Deaths [a]	
	Number	Per cent
Total		
Persons 0–17 years of age	156	100.0
Sex		
Female	70	45.0
Male	86	55.0
Age		
Less than 28 days	89	57.1
28-365 days	17	10.9
1–4 years	14	9.0
5–9 years	6	3.8
10–14 years	12	7.7
15–17 years	18	11.5
Aboriginal and Torres Strait Islander status		
Aboriginal and/or Torres Strait Islander	•	•
Neither Aboriginal nor Torres Strait Islander	144	92.3
Unknown	8	5.1

[a] Figures do not include open coronial cases

Table 2.4 shows the total deaths of children and young people in 2018, broken down by key demographic characteristics. Due to small numbers, the age brackets in this table have been aggregated to show deaths of children aged 0–4 years and 5–17 years.

Table 2.4: Key demographic and individual characteristics of all deaths of children and young people in the ACT, January 2018 – December 2018

Characteristics	January– December 2018 Deaths [a]	
	Number	Per cent
Total		
Persons 0–17 years of age	32	100.0
Sex		
Female	17	53.1
Male	15	46.9
Age		
0-4 years	25	78.1
5-17 years	7	21.9
Aboriginal and Torres Strait Islander status		
Aboriginal and/or Torres Strait Islander	0	0
Neither Aboriginal nor Torres Strait Islander	31	96.9
Unknown	•	•

[a] Figures do not include open coronial cases

Sex

There are fluctuations in the 12-month data that are not necessarily observed in the five-year data. An example of this is the difference between male and female deaths. In the 12-month sample, there was a higher incidence of female deaths (53.1%), but over the five-year period there is a slightly higher incidence of male deaths (55.0%).

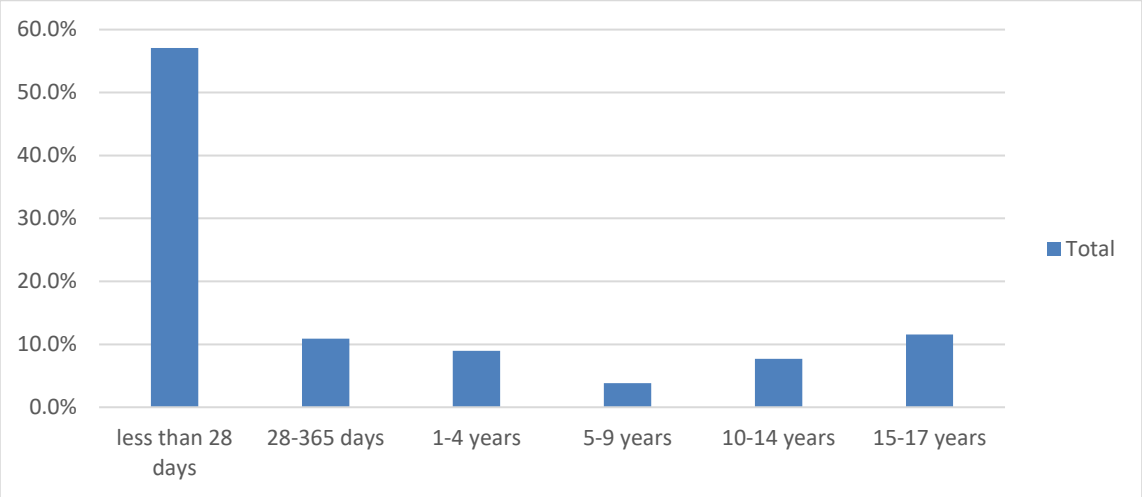
Age

Age is a consistent predictor of mortality risk. As expected, Table 2.3 shows a higher number of deaths occurring in the early years followed by a reduction through primary years with an increase again as the young person reaches adolescence and late teens. In the 12-month period, deaths which occurred within the first year of life accounted for 65% of all deaths (n=21), which is similar to the five-year aggregate period, where deaths in the first year were 68% (n=106) of all deaths.

Deaths of children and young people aged 10 years and over in the 12-month period accounted for 21.9% (n=7) of deaths. The five-year aggregate is slightly lower, accounting for 19.2% of deaths (n=30).

Figure 2.1 shows that by far the greatest mortality risk is for infants aged less than 28 days. Many of the causes of death for these children are related to extreme prematurity and birth defects.

Figure 2.1: Distribution of deaths by age in the five years, January 2014 – December 2018



Cause of death

Tables 2.5 and 2.6 present the causes of all deaths for the five-year period January 2014 to December 2018. As noted previously, the cause of death provided includes both indicative causes and those categories outlined in the International Classification of Diseases (ICD-10).

Half of the deaths over the five-year period occurred due to medical causes (50%). The ICD-10 grouping in Table 2.6 provides some indication of the types of medical disorders experienced by children and young people.

Over half of deaths caused by medical causes occurred in children aged under 28 days (52%). Eighty-seven deaths occurred for children under 28 days as a result of extreme prematurity (51.7%) and medical causes (46.1%) including congenital malformations, deformations and chromosomal abnormalities. This finding is consistent for deaths in 2018, where all 19 deaths of children under 28 days of age had medical causes (63.2% (n=12)) or extreme prematurity (36.8% (n=7)) as the indicative cause of death.

The most frequent indicative cause of death for children and young people aged 28 days to14 years (63.3% (n=31)) was also attributed to medical causes. The second-most frequent cause of death for this age group was unintentional injury or accident—this includes transport accidents and drowning (10.2% (n=5)).

Suicide is the leading cause of death for young people aged 15–17 years. Table 2.6 shows that deaths by the ICD-10 groupings 'external causes of morbidity and mortality' is the second-highest cause of death, with the majority of deaths being attributed to suicide. Suicide is a concern, with intentional self-harm resulting in, on average, two deaths a year in the ACT. Due to the very small number of deaths, caution should be taken in determining the rate of suicide among young people; however, the hospitalisation rate for self-harm among young people aged between 10 and 19 years has increased over recent years (ACT Health, 2018), highlighting the importance of investigating risk factors and strategies to support young people at risk of self-harm and prevent suicide deaths. The Committee will be undertaking work in 2019 to investigate this further.

Table 2.5: Indicative cause of death in the five years, January 2014 to December 2018

Indicative cause of death	Number	Per cent
Total	**156**	**100.00**
Medical causes	78	50.0
Extreme prematurity	52	33.3
Suicide	10	6.4
Unintentional injury/accident (including transport and drowning)	9	5.8
Unascertained	•	•
SIDS and or SUDI	•	•
Data not provided	•	•

Table 2.6: ICD-10 grouping cause of death in the five years, January 2014 to December 2018

ICD-10 grouping	Number	Per cent
Total	**156**	**100.00**
Certain conditions originating in the perinatal period	84	53.8
External causes of morbidity and mortality	14	9.0
Congenital malformations, deformations and chromosomal abnormalities	11	7.1
Neoplasms	9	5.8
Symptoms, signs and abnormal clinical and laboratory finds, not elsewhere classified	7	4.5
Specific medical disorders[a]	30	19.2
Data not provided	•	•

[a] Medical disorders include the following ICD-10 chapters: Diseases of the nervous system; Diseases of the circulatory system; Injury, poisoning and certain other consequences of external causes; Diseases of the respiratory system; Endocrine, nutritional and metabolic disease; Diseases of the musculoskeletal system and connective tissue; Mental and Behavioural Disorders; Diseases of the Digestive System; Certain infectious and parasitic diseases, and Diseases of the blood and blood forming organs.

Chapter 3 Deaths of ACT resident children and young people: five-year review

This chapter provides an overview of the **registered deaths of children and young people that occurred in the ACT or involved ACT residents in the last five years** (that is, excluding interstate residents who were included in Chapter 2). It will examine the incidence and causes, as well as other demographic and individual characteristics, of those deaths of ACT residents under the age of 18 years that occurred between 2014 and 2018.

Overview

In the five years between January 2014 and December 2018, a total of 137 children and young people who are usually resident in the ACT died. Of these cases, there are currently 11 before the Coroner which are outside the scope of this chapter. Table 3.1 provides a summary of deaths of ACT residents who died in the five-year period 2014-2018.

Table 3.1: Breakdown of cases included in analysis, January 2014 – December 2018

Deaths	Number	Per cent
All ACT resident deaths [a]	**137**	**100**
ACT residents who died in the ACT [b]	123	89.8
ACT residents who died elsewhere [b]	14	10.3
Cases before the Coroner	11	8.0

[a] Figures do not sum; interstate deaths are excluded and coronial cases appear in more than one category.
[b] Included in further analyses

In total, 123 ACT residents under the age of 18 years died in the ACT and 14 ACT residents died elsewhere. The following discussion relates to the **126 children and young people** normally resident in the ACT who died in the last five years and excludes deaths of interstate residents and cases before the Coroner.

As noted in Chapter 1, this report includes some comparisons with the broader Australian population of children and young people. In the following tables, the crude mortality rate (CMR[1]) will be used to compare specific populations between years for the ACT.

Table 3.2: Crude mortality rates (per 10 000) of ACT residents aged 0–17 years, January 2014 – December 2018

Year	Population	Deaths	ACT CMR
	0–17 years	Number	Per 10 000
2014	85 910	30	3.49
2015	87 650	37	4.22
2016	89 390	32	3.57
2017	91 569	31	3.38
2018	93 681	40	4.26

CMR = crude mortality rate

[1] The crude mortality rate is the number of deaths occurring among the population of a given geographical area during a given time. Rates are calculated using child death data contained in the register and both ABS (2019) estimated and projected statistics of the ACT population. These rates are calculated per 10 000 children and young people by dividing the total number of deaths by the total population in each age group.

Table 3.2 shows the crude mortality rate for the ACT across years. The mortality rate for children and young people is relatively stable, ranging between 3.38 and 4.26 deaths per 10 000 children and young people aged 0–17 years in the ACT, while noting the 2018 mortality rate is the highest in the 5-year period. Caution should be exercised when comparing rates from low numbers. Variability between years has not been sufficient to judge a change in the rate of mortality, given the population size.

Distribution across characteristics

The following discussion focuses on the key demographic and individual characteristics of the ACT resident population. Examination of these variables allows comparisons between groups and identification of trends within the total population, to better inform and advocate for system, service or programmatic change. Examined here are sex, age and cause of death of ACT residents in the five years between January 2014 and December 2018.

Table 3.3: Key demographic characteristics of deaths of children and young people usually residing in the ACT, January 2014 – December 2018

Characteristic	Deaths	
	Number	Per cent
Total		
Persons 0–17 years of age	126	100.0
Sex		
Female	61	48.4
Male	65	51.6
Age		
< 28 days	67	53.2
28-365 days	15	11.9
1–4 years	13	10.3
5–9 years	6	4.8
10–14 years	11	8.7
15–17 years	14	11.1

In the five years covered by this report, a relatively equal distribution was observed between the deaths of ACT males (n=65) and females (n=61).

Age

Figure 3.2: ACT resident deaths by age, 2014 to 2018

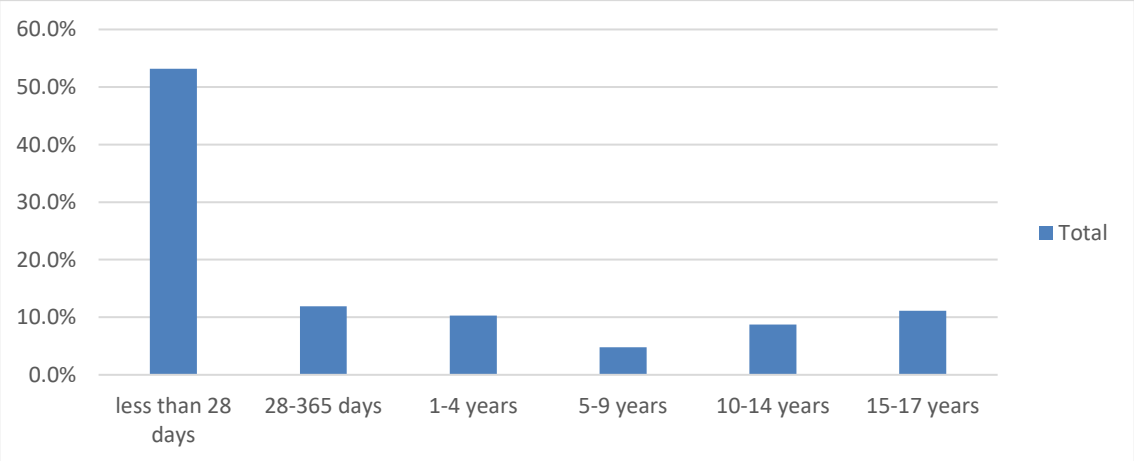


Figure 3.2 shows the distribution of deaths by age for the five-year period. A similar pattern to that shown in Chapter 2 has been repeated, whereby the proportion of deaths that occur in between 5 and 14 years of age is lower than the other age cohorts. In the five years between January 2014 and December 2018, this age bracket accounts for just under 10% of all deaths, with no deaths occurring in the 5–9-year age bracket in two of the five years.

Cause of death

Table 3.5 presents the causes of death, both indicative and by ICD-10 grouping, for ACT residents in the period January 2014 to December 2018. Medical causes are the leading causes of death (n=65), with Certain conditions originating in the perinatal period accounting for the majority of those deaths (n=21). Chromosomal or congenital anomalies (n=11) and neoplasms (n=9), round out the leading causes of death of ACT children and young people under the age of 18 years, as they have done in previous years. Extreme prematurity accounts for 40 deaths.

Deaths where no specific cause of death is determined most frequently occur for children under the age of five years.

Table 3.5: Indicative and ICD-10 grouping cause of death in the five years, January 2014 to December 2018 for children and young people usually residing in the ACT

Cause of death	Number
Total	126
Medical causes	**65**
Certain conditions originating in the perinatal period	21
Congenital malformations, deformations and chromosomal abnormalities	11
Neoplasms	9
Specific medical disorders [a]	24
Extreme prematurity	**40**
Certain conditions originating in the perinatal period	40
Suicide	**10**
External causes of morbidity and mortality	8
Injury, poisoning and certain other consequences of external causes	•
Unintentional injury/accident (including drowning and transport accidents)	•
External causes of morbidity and mortality	•
Injury, poisoning and certain other consequences of external causes	•
Unascertained	•
Symptoms, signs and abnormal clinical and laboratory finds, not elsewhere classified	•
SIDS & SUDI	•
Symptoms, signs not elsewhere classified	•
No data	•
No data	•

[a] Medical disorders include the following ICD-10 chapters: Symptoms, signs not elsewhere classified; Diseases of the nervous system; Diseases of the circulatory system; Injury, poisoning and certain other consequences of external causes; Diseases of the respiratory system; Endocrine, nutritional and metabolic disease; Diseases of the musculoskeletal system and connective tissue; Mental and Behavioural Disorders; Diseases of the Digestive System; Certain infectious and parasitic diseases, and Diseases of the blood and blood forming organs.

For children who died aged younger than 28 days, extreme prematurity (n=35) and medical causes (n=30) were the leading indicative causes of deaths. Similarly, for children aged 28 days to14 years, medical causes were the leading indicative cause of death (66%). For children who died aged between 10 and 14 years, after medical causes (63.6%), suicide and unintentional accidents and injury, including drowning (18.2%) and transport accidents (18.2%), were the two most frequent cause of death. As in Chapter 2, suicide is the leading cause of death for young people aged 15–17 years (n=8). Deaths by suicide will be the subject of a review undertaken by the Committee later in 2019.

Chapter 4 Population focus: neonates and infants

This chapter will examine the incidence and causes, as well as other demographic and individual characteristics, of those **neonatal deaths under 28 days and infant deaths 28–365 days** that occurred in the ACT, with particular reference to the last five years.

Overview

This section will look at the broader incidence of mortality among neonates and infants in the ACT.

Table 41. provides a summary of the deaths of children under one year included in the following analysis. In total, 109 children under the age of one year died. Eighty ACT resident children died within the ACT and five children died elsewhere. Twenty-four interstate residents died in the ACT. There were fewer than five cases before the Coroner.

Table 4.1: Breakdown of cases included in analysis, January 2014 – December 2018

Deaths	Number	Per cent
Total [a]	**109**	**100.0**
ACT residents who died in the ACT [b]	80	73.4
ACT residents who died elsewhere [b]	5	4.6
Interstate residents who died in the ACT	24	22.1
Cases before the Coroner	•	•

[a] These figures do not sum due to coronial cases appearing in categories.
[b] Included in further analyses

Removing those children who usually reside elsewhere (n=24), children who died interstate (n=5) and coronial cases, the following analysis relates to the **77** children who were resident and died in the ACT over the five-year period January 2014 to December 2018. In 2018, 17 children died under the age of one year. The Committee is working more closely with the ACT Perinatal Mortality Committee on ICD 10 coding for cause of death in the perinatal period. While these analyses examine the numbers of deaths within this cohort, more detailed analyses are available through the reports of the ACT Perinatal Mortality Committee. These can be found on the ACT Health website: www.stats.health.act.gov.au.

The most recent data (2016) indicate that the infant mortality rate (deaths of children aged less than one year), for the ACT was 3.1 per 1,000 live births. This rate is consistent with that of the Australian rate (3.1 per 1,000 live births) (ACT Government, 2018).

Distribution across characteristics

The following discussion focuses on the key demographic and individual characteristics of the population in question. Examination of these variables allows comparisons between groups and identification of trends within the total population, to better inform and advocate for system, service or programmatic change. Examined here are sex and cause of death.

Table 4.2 details neonatal deaths under 28 days and deaths of infants (28–365 days). Neonatal deaths account for the majority of deaths in children under one year in both the five-year period (January 2014 – December 2018) and in 2018 (83.1% and 94.1%, respectively).

Sex

In the five years to December 2018, 77 children died in the first year of life with a relatively even split between males and females, slightly skewed toward a higher incidence of male deaths. The distribution between male

and female deaths in the 12-month period between 1 January 2018 and 31 December 2018 is more skewed toward female deaths, but this is likely due to year-on-year fluctuations.

Table 4.2: Key demographic and individual characteristics of the deaths of children and young people in the ACT under the age of one year, January - December 2018 and January 2014 – December 2018

Characteristic	1 January 2018 – 31 December 2018 Deaths		January 2014 – December 2018 Deaths	
	Number	Per cent	Number	Per cent
Total	**17**	**100.0**	**77**	**100.0**
Neonatal deaths under 28 days	16	94.1	64	83.1
Infant deaths 28-365 days	•	•	13	16.2
Sex				
Female	12	70..6	37	48.1
Male	5	29.4	40	51.9

Cause of death

Table 4.3 presents the main causes of death of ACT children under the age of one year between January 2014 and December 2018. As highlighted in Chapter 3, this cohort accounts for a large proportion of all deaths. Of ACT resident deaths in the five-year period to December 2018, children under the age of one year account for 68.75% of all ACT deaths.

Table 4.3: Indicative and ICD-10 cause of death of children less than one year of age in the five years, January 2014 – December 2018

Cause of death	Number		
	< 28 days	28–365 days	Total
Medical causes and Extreme prematurity	**62**	**11**	**73**
Certain conditions originating in the perinatal period	51	8	59
Congenital malformations, deformations and chromosomal abnormalities	•	•	10
Specific medical disorders[a]	•	•	•
SIDS & SUDI and Unascertained	•	•	•
Symptoms, signs and abnormal clinical and laboratory finds, not elsewhere classified	•	•	•
Total	**64**	**13**	**77**

[a] Specific medical disorders include the following ICD-10 chapters; Symptoms, signs and abnormal clinical and laboratory finds, not elsewhere classified; Endocrine, nutritional and metabolic disease; Diseases of the musculoskeletal system and connective tissue; Diseases of the Digestive System

The ICD-10 is the tool adopted by the international community to analyse the health of population groups in terms of the incidence and prevalence of morbidity and mortality (WHO, 2011). As a classification system, it provides a common framework to report on rates of morbidity and mortality, making it an invaluable tool for jurisdictions to determine health and population policy. The ICD-10 also serves as an international benchmark, allowing the World Health Organization to develop national and international mortality and morbidity statistics.

The ICD-10 defines the category of 'certain conditions originating in the perinatal period' as deaths whose cause originates in that period, even though death may occur later. These can include, but are not limited to, complications during labour and delivery, infections specific to the perinatal period, blood disorders and concerns, other internal disorders (such as endocrine or respiratory disorders for example) and temperature regulation (WHO, 2010).

In keeping with patterns from the broader population, 'certain conditions originating in the perinatal period' (n=59) is the major cause of death for both neonates and infants, followed by 'chromosomal or congenital anomalies' (n=10). There were fewer than five cases of deaths caused by sudden unexpected death in infancy (SUDI), Sudden Infant Death Syndrome (SIDS) or where the cause of death was unascertained. There were also fewer than five cases of deaths caused by specific medical disorders.

Chapter 5 Population focus: vulnerable children and young people

This chapter provides an overview of the registered deaths of children and young people that occurred in the ACT or that involved ACT residents in the **last five years and who had experienced factors of vulnerability** (defined below). It will examine the incidence and causes, as well as other demographic and individual characteristics, of those deaths of ACT residents under the age of 18 years that occurred in the five years between January 2014 and December 2018.

Table 5.1: ACT children and young people who have died and were known to CYPS or ACT Policing, January 2014 – December 2018[a]

Total	Known to CYPS	Known to ACT Policing
126	**16**	**39**

[a] Figures include ACT residents only and do not include open coronial cases

Overview

This section will look at the overall incidence of mortality among children and young people in the ACT who were experiencing particular vulnerability risk factors at the time of death. While the Committee acknowledges that all children and young people are vulnerable and in need of safe environments in which to grow and be nurtured, in this and previous reports the involvement of Children and Youth Protection Services (CYPS) and/or ACT Policing (the police) were the two proxy indicators of increased vulnerability.

There are several reasons why the Committee focuses on child protective services and the justice system in particular. First, it is a requirement of the legislation. But more importantly, these are the systems that are often involved when difficulties arise in a child's life and therefore are indicators of vulnerability.

Table 5.1 outlines the number of children and young people or their families who were known to CYPS or ACT Policing. In the five years between January 2014 and December 2018, 126 residents of the ACT under the age of 18 years died in the ACT or elsewhere. Overall, 16 children and young people and/or their families were

Known to CYPS	When a report is initially made to CYPS, it is known as a 'child concern report', which is a record of information regarding the child or young person made by either a voluntary or mandatory reporter. CYPS then conducts an initial assessment of the issues raised in the child concern report and, if this assessment allows the Director-General to form a reasonable belief that a child or young person is in need of protection, a 'child protection report' is recorded in accordance with s. 360(5) of the Act. It is under this same legislation that the Committee is required to provide this report to the minister each financial year about the deaths of children and young people with particular demographic and individual characteristics and trends relating to such (s. 727S).
Police involved	Not all deaths of children and young people require the involvement of police. Where a child or young person clearly dies as a result of medical causes in a setting where professionals are able to make a determination of death, such as a hospital, police are not necessarily informed or called. Police often become involved in a death where people aware of the death call emergency services, where the Coroner makes a determination that further inquiries are required or where the individual or persons associated with the individual have current or previous histories with police.

known to CYPS and 39 were known to police. It is important to note that these broad figures do not account for the extent to which the child or their family was involved with these systems; this will be discussed later.

Distribution across characteristics

Table 5.2 shows the number of children and young people under the age of 18 years who normally reside in the ACT and who died in the five years between January 2014 and December 2018. It also shows the number of those children and young people who were known to either—or both—CYPS and ACT Policing, by age.

Table 5.2: Number of deaths by system engagement and age for the five years between January 2014 and December 2018

System engagement	0-4 years	5-17 years	Total
Total	95	31	126
Not known to CYPS	**87**	**23**	**110**
Police involved	16	11	27
Known to CYPS	**8**	**8**	**16**
Police involved	6	6	12

Table 5.3 shows the number of children and young people who were known to CYPS or ACT Policing broken down by the level of knowledge of the child or young person and their sibling by the relevant agency.

Across the board, females experienced higher representation than males in regard to deaths of children known to the protection and justice systems. The only exception to this pattern in this period is the police involvement in death incidents only, which is higher for males (n=14) than females (n=10). This is consistent with the pattern reported in previous reports.

Table 5.3: ACT children and young people who have died by child protection reports and police involvement and by sex between January 2014 and December 2018

	Child &Youth Protection Services		ACT Policing		
	Known to CYPS	Children with Siblings known to CYPS	Current or previous police involvement [a]	Death incident only	Not known to Police
Deaths					
Persons 0–17 years of age	16	12	15	24	87
Sex					
Female	11	8	10	10	41
Male	5	•	5	14	46

[a] Current or previous criminal history related to family member including grandparents, parents or child or young person.

Children known to CYPS may have experienced a range of risk factors within their life, including domestic and family violence, parental substance misuse, mental illness and involvement with the criminal justice system. As shown in Table 5.4, five of the children had child protection reports recorded and eight children had child concern reports recorded. A small number of children (fewer than five) received both types of reports. In addition, a small number of children (fewer than five) had prenatal reports recorded. Fewer than five children who had died had not received any reports; however, it was recorded that their siblings had received either child protection and/or child concern reports within three years of the child dying.

Table 5.4: Number of ACT notification reports of children who have died by age in the five years between January 2014 and December 2018

Child notification	Total [a]	Per cent
Child concern report	8	6.3

Child notification	Total [a]	Per cent
Child protection report	5	4.0
Not known to CYPS	110	87.3

[a] Numbers do not total as not all children known to CYPS received reports and fewer than five children received both child protection and concern reports

The higher number of child concern reports were received within the first year of life and in the 15–17-year age bracket. The higher number of child protection reports are found in 10–17-year age bracket. It is interesting to note, however, that the pattern highlighted in previous chapters (where there were fewer deaths of those aged between five and ten years of age) seems to be replicated here, with fewer reports made on children in the same age bracket.

Chapter 6 Recommendations

Introduction

Monitoring the implementation of recommendations is a legislated function of the Committee under s. 727B of the *Children and Young People Act 2008* (ACT).

The Committee has undertaken two special reports since establishment. The *Retrospective Report*, released in January 2017, looked at progress in the ACT between 2004 and 2013 to reflect on patterns and trends in the deaths of children and young people. The review used a social determinants of health approach to analysing data. The report highlighted areas for future work by the Committee and made a recommendation that the ACT Government improve information sharing between services.

In August 2018, the Committee released its *Changing the Narrative for Vulnerable Children: Strengthening ACT Systems Report (Changing the Narrative Report)*. This report reviewed the deaths of 11 children from birth to three years who had died in the ACT prior to 2014 and who had been the subject of a closed coronial inquiry. The review aimed to identify risk factors present in the lives of families prior to the death of a child and the interventions that had been used to attempt to address risk factors. It highlighted improvements to policy, programs or practice that may prevent the future deaths of children. In doing so, the Committee made 19 recommendations.

In addition to these reports, the Committee has provided submissions to a range of other inquiries at both the ACT and national level.

In 2018, the Committee undertook a project to commence formal reporting on the implementation of recommendations through its annual report. Since then, the Committee contributed to the following ACT and national government inquiries:

- The 2011 issues paper consulting on the introduction of regulation for swimming pools.
- The 2016 Review into the System Level Responses to Family Violence in the ACT (the Glanfield Inquiry).
- The 2016 issues paper by the Justice and Community Safety Directorate *Information Sharing to Improve the Response to Family Violence in the ACT*.
- The 2016 inquiry by the ACT Standing Committee on Health, Ageing, Community and Social Services into youth suicide and self-harm in the ACT.
- The National Children's Commissioner 2014 inquiry into intentional self-harm and suicidal behaviour in children.
- The Australian Competition and Consumer Commission's (ACCC) 2018 consultation on a draft regulation impact statement for the introduction of a quad bike safety standard under the Australian Consumer Law.

Furthermore, the Committee has from time to time raised issues of safety directly with the relevant directorate drawing on inquiries in other states and territories.

The following section provides a thematic overview of the recommendations made by the Committee since establishment, a summary of the responses provided by relevant ACT government directorates and our comments on progress. Original correspondence from the directorates is provided in Appendix E. As this is the first annual report to review progress against recommendations, a significant amount of work has been undertaken by directorates to provide information to the Committee. The Committee thanks staff involved for their comprehensive responses.

Indications of change

The purpose of monitoring recommendations is to determine how the ACT has progressed and whether changes have been made that could potentially improve outcomes for children and young people. A number of recommendations provided to government have been accepted, while others are currently 'accepted in principle'. This could represent any of the following:

- The government agrees with the intent of the recommendation but not the form. In these instances, a different approach will be used to address the intent of the recommendation.
- The government may progress the recommendation in the future, depending on the outcomes of other recommendations or outcomes of pilots or trials.
- The government disagrees with part of the recommendation.
- More input on the recommendation will be required at the implementation phase of that recommendation.

Based upon the information provided by the government and relevant directorates, each of the recommendations has been assigned a progress marker as follows:

Completed	**Completed**	The recommendation has been implemented or the Committee is satisfied that the intent of the recommendation has been met and will no longer seek progress reports on the issue.
Ongoing	**Requires ongoing monitoring**	Actions have or will be implemented that are intended to meet the intent of the recommendation but there is no current evidence to assess the impact of the action.
Not Achieved	**Not achieved**	The recommendation has not been accepted or implemented.

The Committee's recommendations

Safe sleeping

Ongoing

Co-sleeping and bed sharing continue to present children with a risk of sudden unexpected death in infancy (SUDI), Sudden Infant Death Syndrome (SIDS) and fatal sleep accidents. The risks are increased where parents smoke or are under the influence of alcohol or other substances that cause sedation (Red Nose, 2017).

The Committee made the following recommendations about safe sleeping in the *Changing the Narrative Report*:

1. Safe sleeping guidelines be consistent across directorates and delivered consistently across the continuum of services by ensuring:
    I. cross-directorate agreement is established about safe sleeping guidelines.
    II. professionals and service providers have access to evidence-based training and resources concerning safe sleeping guidelines.
2. Safe infant sleeping promotion, co-sleeping and bed-sharing messages be provided to all caregivers prior to and after the birth of the child by health and social welfare professionals. Vulnerable families should be provided with the necessary support to obtain appropriate bedding for the child prior to leaving hospital.

Progress on recommendations

In February 2019, the ACT Government advised that they agreed in principle to have consistent safe sleeping guidelines across directorates which are delivered consistently across the continuum of services. The ACT Government also agreed that safe sleeping messages and support to obtain appropriate bedding be provided to vulnerable families prior to the child leaving hospital. Current activity supporting these recommendations is provided in Appendix E.

The directorates have also provided information about other possible reforms being considered, including strengthening education and access to resources for all parents and caregivers and providing specific resources such as Pepi-Pods[2] to targeted family groups.

Our comments

The Committee welcomes the current activity across the directorates regarding the provision of safe sleeping messages. However, we consider that proactive support and information is necessary across the entire ACT community in order to prevent deaths of children in unsafe sleeping environments.

We will continue to actively monitor and report on the strategies and available resources relating to the safe sleeping of infants and the related messages to families.

[2] Pepi-Pods are purpose-designed sleeping tubs. They are not to be confused with cardboard baby boxes such as the Finnish-style baby boxes. Currently there is no evidence that these types of cardboard boxes meet safety standard regulations or that they reduce the number of deaths of babies. More rigorous research is needed to better understand how families use the cardboard baby box and its safety implications (Blair P, Pease A, Bates F, et al., 2018).

The Committee's recommendations

Safety in and around the home

The home is the most common place for childhood injury to occur (Kidsafe, 2016). Children under the age of five are most at risk of unintentional injuries occurring in the home (Kidsafe, 2016) and many of these injuries are preventable.

In Australia, drowning is the leading cause death resulting from unintentional injury in children aged 1–3 years (WHO, 2018).

According to the ACCC, around 20 children present to hospital emergency departments in Australia each week following ingestion of a button battery (ACCC, 2018).

The Committee made a number of recommendations relating to the safety of children in and around the home, including reducing the risks associated with swimming pools, button battery ingestion, blind cords and quad bikes.

The Committee made recommendations to the ACT Government's 2011 issues paper on swimming pool regulation. The Committee noted that deaths from drowning would likely decrease if all pools were required to comply with fencing regulations and supported changes to regulation that would reduce the risk to children and young people in the ACT. As such, the Committee supported the following recommendations:

1. A system of registration of pools in the ACT to improve fencing compliance.
2. Pool compliance and safety inspections at the change of ownership or tenancy.
3. Regular CPR training for home owners with pools and display of signage in pool areas.
4. Fencing requirements being imposed on all swimming pools in the ACT, regardless of when they were constructed.

Swimming pool regulation

Ongoing

Button batteries

Ongoing

Blind cords

Completed

Quad bike safety

Ongoing

Regarding the final point, the Committee noted that these changes may not be practical and it may be appropriate to require fencing of older pools on a case-by-case basis, taking into account a number of factors, including extent of potential access to the pool by children.

Following a Queensland coronial inquest into the death of a young child as a result of button battery ingestion, the Committee wrote to ACT Health in November 2015 recommending it develop a protocol for managing the treatment of button battery ingestion.

The Committee wrote to Housing ACT in May 2014 about blind cord safety in public housing properties. This followed the deaths of two young children in NSW from blind cord injuries. The Committee recommended that Housing ACT perform inspections of blind cords as part of its housing inspection process and consider the introduction of safety devices on corded internal window coverings in public housing properties.

In response to the ACCC's consultation in 2018 on quad bike safety standards, the Committee supported the need to regulate the access to and use of quad bikes by children and young people. The Committee supported the recommendations made by both the Queensland Family and Children Commission (QFCC) and the Victorian Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM). The QFCC supported the following recommendations:

1. A ban on children under 16 from operating or riding adult-sized quad bikes.

2. A requirement for quad bikes to have an Operator Protection Device to protect in the event of rollover.
3. Minimum performance requirements for static stability, mechanical suspension and dynamic handling.
4. Labelling requirements consistent with the United States, including warnings about the risk of rollover and mechanisms to mitigate the risk of rollover. Labelling on age recommendations for usage and the need for adult supervision.
5. A safety-star rating system in relation to static stability, dynamic handling and rollover crashworthiness (QFCC, 2018).

The Victorian CCOPMM recommended that legislation be introduced which is similar to legislation in Massachusetts, United States, called Sean's Law (Victorian CCOPMM, 2018). CCOPMM supported the imposition of age restrictions to prohibit children under 16 years from operating adult quad bikes, passenger restrictions, speed limits and an obligation to wear protective equipment and receive training or a licence for the operation of a quad bike.

Progress on recommendations

Swimming pool regulation

The Committee met with a representative of Environment, Planning and Sustainable Development (EPSD) in November 2018 to discuss the recommendation regarding swimming pool regulation. EPSD provided the Committee with information regarding the ACT Government's announcement in March 2018 of its intention to ensure that every backyard swimming and spa pool in the ACT meets safety standards relating to pool barriers. This is in addition to regulations that require new swimming pools to have a certified safety barrier. The ACT Government has consulted with industry and plans to consult with the community on the details of the scheme.

Our comments

Given that young children are at greatest risk of drowning in backyard pools, the Committee remains concerned that young lives are still put at risk through the lack of reform to backyard swimming pool legislation. In 2016, recommendations were made by the Coroner that the ACT Government amend legislation to require that all existing home swimming pools, irrespective of when they were constructed or installed, be required to comply with the latest version of the Building Code and continue to comply with the latest standards as they change over time. The Coroner also noted that a register of all home swimming pools and a compliance certificate regime were worthy of consideration.[3]

Given the importance of this issue, the Committee will continue to monitor and report on the progress of the recommendations made and will await the outcome of the EPSD consultation with industry and the community.

Button batteries

In December 2018, Canberra Health Services (CHS) advised the Committee that they are currently drafting guidelines regarding the ingestion of button batteries. These will include management guidelines and a referral pathway for staff to ensure that the patient is seen by the appropriate clinicians and that potential complications are anticipated.

[3] 2016 Inquest into the death of River Arama Parry. [2016] ACTCD 2. Retrieved from: https://www.courts.act.gov.au/__data/assets/pdf_file/0005/1002947/Parry-redacted.pdf

Our comments

The Committee welcomes the advice regarding the development of these guidelines. We will continue to monitor and report on the progress of these guidelines.

Blind cords

In February 2019, the ACT Community Services Directorate (CSD) advised the Committee that at the time of the recommendation, Housing ACT did not generally install window furnishings. However, it noted that there was a program where, upon becoming vacant, three-bedroom properties were fitted with pelmets and rod and ring fixtures. This program concluded in the 2016–17 financial year.

The ACCC introduced a mandatory standard for the installation of internal blinds, curtains and corded internal window coverings supplied after 30 December 2010. Housing ACT now allocate properties with blinds and / or window furnishings and follow the necessary safety requirements that all cords are attached securely to the wall to comply with the Australian Consumer Product Safety Standard. When a property becomes vacant the blinds/cords would be checked as part of the overall final inspection of the property.

Our comments

The Committee welcomes the advice provided regarding the installation of blinds and/or window furnishings which follows the necessary safety requirements and complies with the Australian Consumer Product Safety Standard. The Committee considers that the directorate has met the intent of this recommendation and will not continue to seek progress reports.

Quad bikes

Quad bikes were one of the ACCC's product safety priorities for 2018. The ACCC is continuing work towards the development of a safety standard and at the time of writing have indicated that their investigation is almost complete. The ACCC anticipate that the final recommendations will be provided to the Australian Government in the coming weeks.

Our comments

Our colleagues in other jurisdictions continue to highlight the dangers of quad bikes for children, including where protective devices were used. The Committee looks forward to seeing the final recommendations that result from the ACCC investigation and will progress future work based upon their agreement of these recommendations.

The Committee's recommendations

Youth suicide

Ongoing

According to 2017 ABS data, suicide was the leading cause of death among young people aged 5–17 years in Australia. In 2017, suicide and intentional self-harm accounted for over one-third of all deaths in Australia among young people aged 15–24 years (ABS, 2018a). It is also the leading cause of death among Aboriginal and Torres Strait Islander children and young people, accounting for 40% of all deaths of Indigenous children (ABS, 2018a).

The Committee has made submissions to two reviews into youth suicide. In response to the National Children's Commissioner's 2014 inquiry *Intentional Self-Harm and Suicidal Behaviour in Children*, recommending the need:

1. For accuracy in the reporting of suicide and intentional self-harm including better training for medical students to ensure understanding about the importance of accurate death certificates; more detailed information in completing death certificates; removing stigma for doctors.

2. To identify barriers to support, including stigma attached to suicide and self-harm; changes to the level of therapeutic support when a young person turns 18 possibly leading to disengagement from services; need for input from young people to better understand barriers.
3. For more work in relation to data collection in the area of intentional self-harm and suicidal behaviour in children. The need for more data sources to fully understand intentional self-harm and suicide in children with the aim of identifying potential points of intervention and postvention.

In response to the ACT Standing Committee on Health, Ageing, Community and Social Services 2016 inquiry into youth suicide and self-harm in the ACT, the Committee recommended that the ACT do the following:

1. Build community knowledge of warning signs and skills to communicate with and support young people at risk.
2. Inform, educate and empower family and friends to recognise when help is needed and how to help.
3. Consider the *Care After a Suicide Attempt report*, commissioned by the NHMRC Centre of Research Excellence in Suicide Prevention, Black Dog Institute, University of New South Wales, University of Melbourne, Lifeline and the Australian National University.

The ACT Standing Committee on Health, Ageing, Community and Social Services made three recommendations to the ACT Government in June 2016. These included reporting progress with the development of a national database and a funding agreement between the ACT Government and Australian Government. They also recommended that the government review approaches to early intervention, education and access to services following the funding arrangements being finalised. The first two recommendations were agreed by the ACT Government, with the final recommendation noted.

ACT progress on recommendations

In December 2018, ACT Health advised of their commitment to improve youth-focused mental health services with the availability of a comprehensive suite of services, the expansion of current services and improvement of hospital-based and outreach services for young people.

The ACT Government has committed to a trial of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework over the next three years. The program includes a range of strategies, including the promotion of help-seeking, mental health and resilience in schools. Improved capability in reporting data is also a component of the program.

The School Youth Health Nurse program commenced in 2009 and is currently employed in seven high schools. This needs-based program provides psychosocial assessments, early intervention, referral, health promotion and education for young people.

A non-clinical suicide prevention service has also been funded since 2016 and provides follow up for young people for up to three months after they have attempted suicide.

ACT Health also notes in their response that increasing access to mental health services for young people, including evidence-based and validated online resources, may be considered for the future.

Our comments

The Committee notes the advice from ACT Health regarding the range of programs provided that aim to reduce and prevent deaths by suicide in the ACT. The Committee is most interested in the implementation of Lifespan. As with any pilot program, it is critical to ensure that systems are in place to measure and evaluate the effectiveness of the program. The Committee will continue to monitor the implementation and the outcomes of these strategies for young people.

The Committee's recommendations

Recording and sharing of information

Ongoing

The recording and sharing of information are key components of service delivery, particularly where multiple service systems are involved with a family. Complete and accurate information is critical to good decision-making practice.

In 2016, the Committee made multiple recommendations to the Glanfield Inquiry. In relation to information sharing, it recommended the following:

1. Information sharing allows for the assessment of risks when families move between jurisdictions.
2. Service providers share information including health referrals, decisions and recommendations. This includes access by doctors to health notes during pre-court assessment period.

Following the Glanfield Inquiry, the Justice and Community Safety Directorate released the issues paper *Information Sharing to Improve the Response to Family Violence in the ACT*. In its submission on the issues paper, the Committee highlighted the importance of:

1. improved information sharing to enable better decision making, produce better outcomes for individuals and reduce avoidable deaths of children and young people
2. improved integration of information-sharing practices into community services rather than reliance on legislative requirements
3. more use of informal systems for sharing of information and moving away from a negative or penalty framework as a first port of call
4. greater funding to agencies to improve education around rights and responsibilities to improve information sharing
5. the role of the Family Safety Hub in discerning patterns, trends and risks that can inform system improvements, identify systematic issues and assist with better service provision.

The need for improvements to the systems and culture for sharing information in the interests of protecting vulnerable children was also the primary finding in the Committee's 2017 *Retrospective Report*.

In the Committee's *Changing the Narrative Report*, it also made the following recommendations for additional changes to strengthen the systems for recording and sharing information:

1. For information-sharing arrangements to operate effectively, they must be supported by organisational and professional cultures with strong governance and practice leadership that observe and understand the guiding legislation. The ACT jurisdiction should consider providing training to relevant organisations concerning appropriate information sharing.
2. CSD should review quality assurance systems to ensure client documents are complete, information is recorded fully and accurately and assessments are documented in a manner that records the justification of decisions made by professionals in regard to the safety of the child.
3. The ACT continues to encourage the Commonwealth and other state jurisdictions to make nationally consistent legislation and administrative arrangements, including the development of a national database, to enable the sharing of information related to the safety and wellbeing of children.

Progress on recommendations

In February 2019, the ACT Government responded to the recommendations made in the *Changing the Narrative Report*. The ACT Government has agreed in principle to Recommendation 1 listed above, regarding training to relevant organisations concerning appropriate information sharing. The ACT Government has agreed with Recommendations 2 and 3.

The ACT Government has also noted the work which followed the Glanfield Inquiry and the major reform underway with both the Human Services Cluster and the ACT Government's Early Support by Design project. These reforms aim to improve the lives of children and young people, and many initiatives have been developed and implemented by CSD that meet the intent of the Committee recommendations.

Our comments

The Committee notes that a range of actions have been supported by the ACT Government to improve the recording, analysis and sharing of information, particularly in relation to children and young people engaged with CYPS and those affected by family violence. The Committee welcomes these changes across the directorates that aim to improve the safety and wellbeing of children. The Committee also notes the future activities identified in being developed across the directorates that are yet to be implemented.

The Committee is also of the view that information sharing for families that are not engaged in CYPS is also vital if preventative and early support is to be provided. The Committee encourages the implementation of future actions noted in the attached responses, to increase information-sharing opportunities for the provision of early support for all families experiencing vulnerabilities and before families come to the attention of CYPS, not just those who meet the threshold for CYPS intervention. The Committee will continue to monitor and report on the outcomes of initiatives that have been recently implemented as well as the progress of identified opportunities including:

- a single digital health record for all ACT residents
- the sharing of information between schools and CHS and the legislative changes that are needed to support this
- training across government and relevant organisations concerning appropriate information sharing, in particular where it is in the interests of the child.

The Committee's recommendations

Child-focused practice

Ongoing

Families with complex needs may be working with multiple service providers. Services may focus primarily on addressing problems experienced by parents, without considering the child's experience of the problem or how it impacts the parents' capacity to meet their child's needs.

In response to the Glanfield Inquiry and the *Issues Paper on Information Sharing to Improve the Response to Family Violence in the ACT*, the Committee made the following recommendations about child-focused practice:

1. The need for comprehensive medico-psychosocial assessment for families with multiple and complex needs, with services prioritised to each child's assessed needs and then whether the child's needs are being adequately met.
2. Moving the focus for support by designated agencies to the best interests of the child and, in particular, on decision making to ensure the child's safety.
3. Focussing on cumulative risk, rather than episodic risk, so that the family or child's needs can be addressed holistically rather than in an ad-hoc piecemeal way, where the scale of the problem only becomes apparent after an 'event'.

In the *Changing the Narrative Report*, the Committee raised concerns about services focusing on the needs of parents over their children and made the following recommendations:

1. Building organisational and workplace cultures within the ACT that embrace a range of practices and attitudes that aim to keep the 'child in mind'. Further work is required to develop and support all

professionals and adult services, such as Corrective Services and ACT Housing, to be aware of and to act with the best interests of the child as a primary consideration.

2. Supporting organisations and professionals working with young children to recognise that all children, including very young children, have rights as set out in the *United Nations Convention on the Rights of the Child* (United Nations, 1989). Professionals need to be supported to build capacity, skills and knowledge to work, think and act in a way that supports the implementation of children's rights.

Progress on recommendations

The ACT Government has agreed with the Committee's recommendations related to improving child-focused practice, advising they are committed to the ongoing support of efforts to embed best practice and the promotion of a human rights culture in policy implementation. Training and professional development opportunities are currently provided concerning the *Children and Young People Act 2008* (ACT) and the *Human Rights Act 2004* (ACT). The government also advised the Committee that as part of the ACT response to the recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse, the ACT is committed to implementing child-safe practices across all organisations that provide services to children and young people.

Relevant directorates have individually advised the Committee of the range of activities being undertaken within directorates to support child-focused practice. A key focus of this is to ensure that appropriate support mechanisms and structures are in place that aim to 'keep children and young people in mind'. Legislative changes, practice frameworks, clinical guidelines, case review processes and access to child-focussed programs are noted across human services. More information is provided in the responses in Appendix E.

Our comments

The Committee welcomes the work across the directorates that aims to recognise and support the needs of children and young people separate to the concerns of adults. The Committee will continue to monitor the progress of the activities outlined by the directorates, particularly in relation to the implementation of child-safe practices.

The Committee's recommendations

Addressing the risk factors in children's lives

Ongoing

Cumulative risk refers to the co-occurrence of multiple risk factors in a child's life that may indicate an increased probability of poor outcomes. Most child maltreatment occurs in families where cumulative risk is present (Patwardhan et al., 2017). Risk factors are interrelated and intersect at multiple levels, including the characteristics of the child, parent or caregiver and family, as well as the broader socio-economic and community characteristics (Scott et al., 2016). The presence of three or more risk factors has been shown to significantly increase the chances of child abuse and neglect occurring (Lamela & Figueiredo, 2015).

A particular finding of the Committee's *Changing the Narrative Report* was the identification of cumulative risk for those children who had died. The Committee made the following recommendations to enhance the capacity for risk factors to be addressed:

1. Review current practice models for prenatal reports to:
    a. Ensure that early intervention strategies across ACT Health and CSD are maximised before the birth of the child, including access to GPs and prenatal health checks – non-attendance should be followed up.

   b. Enhance engagement of culturally appropriate services for Aboriginal and Torres Strait Islander and culturally and linguistically diverse families.
2. Review current practice to identify and respond to cases of cumulative harm, including:
   a. A review of current legislation to test whether it is sufficient in protecting children where risks do not meet current thresholds for support but where cumulative harm is identified.
   b. The provision of enhanced training and mandatory refresher courses for workers to ensure that they are aware of the full extent of their powers under legislation. Training programs should be evaluated to assess their effectiveness.
3. Establish a mechanism to identify and review children who have been reported to CYPS where four reports or more have been made **and** where the following co-existing risk factors have been identified – domestic and family violence, substance misuse, unstable housing and limited parental service engagement.

Progress on recommendations

In its response to the *Changing the Narrative Report*, the ACT Government has agreed in principle to Recommendations 1 and 2 and agreed to Recommendation 3 made by the Committee.

The ACT Government has provided the Committee with a comprehensive list of strategies, available across CHS and CYPS, which focus on prenatal and early intervention support, the provision of culturally appropriate services and the identification and response to cumulative risk. Many of these strategies have been implemented since the deaths of the children reviewed in the *Changing the Narrative Report*.

Future actions are also noted regarding the development and implementation of a number of other strategies and processes, including a Prenatal Support Working Group, a new CYPS client management system and a cumulative harm guide, which is in the final stages of completion. In addition to these opportunities for reform, CHS has also indicated its intent to strengthen governance and collaboration within CHS and in partnership with CYPS.

The establishment of the *Our Booris, Our Way* Aboriginal and Torres Strait Islander Steering Committee aims to review all Aboriginal and Torres Strait Islander children and young people currently engaging with the child protection system. This review is working towards developing a greater understanding of the experiences of Aboriginal and Torres Strait Islander families and to considering systemic issues such as greater engagement and inclusion in decision making, to support culturally appropriate service delivery.

The ACT Government response also highlights that there are a number of other options that may be explored in the future, including the development of new services and the leveraging of existing services as part of the government's *Early Support by Design* project. A detailed explanation of the services and strategies that are currently provided is in Appendix E.

Our comments

As noted in the *Changing the Narrative Report*, the Committee acknowledges the considerable work that has been undertaken across the directorates, in particular CYPS, in responding to vulnerable children and young people and in identifying and addressing cumulative risk. It is critical that processes that continue to discriminate against Aboriginal and Torres Strait Islander families are identified and stopped and that changes to policies and practices ensure families are supported to keep their children nurtured and safe. The Committee notes with interest the recommendations already made by the *Our Booris, Our Way* steering group and will continue to monitor the progress of this and other government initiatives and the resulting outcomes for children and young people.

The Committee's recommendations

Supports for families under pressure

Ongoing

Families need access to timely and appropriate support services to avert crisis. Parental stress has been established as a risk factor for adverse child outcomes (Crum & Moreland, 2017). High levels of stress are associated with the presence of multiple risk factors for a family and can impact on a parent's capacity to meet the needs of their child (Maguire-Jack & Negash, 2016). Research has shown that early intervention services are more cost-effective than responding to crises and dealing with the impacts of abuse and neglect (Department of Social Services, 2018).

The Committee made the following recommendations to the Glanfield Inquiry relating to the need for support services to do the following:

1. Be proactive in engaging parents to benefit from services and ensuring that the child or young person is at the centre of decision making.
2. Assist families to avert crisis. Voluntary family support services should be provided by someone other than CYPS to avoid duality of roles as responsible for statutory intervention and voluntary work with families, noting inherent relationship tensions and power imbalances. Clear and trusted access point is needed for families at points of crisis.
3. Provide continuity of relationships and direction for family through a case planner, as well as to facilitate communication between service providers. This also applies in the health setting.

In the *Changing the Narrative Report*, the Committee recommended the following:

1. CYPS caseworkers making referrals for vulnerable families should provide follow-up support to families while they wait for services to commence.
2. Services across the ACT increase the awareness of professionals to recognise and respond to stress in families and to better understand the impact that stress has on children when other risk factors are evident.

Progress on recommendations

The ACT Government has agreed in principle to the recommendations concerning the provision of enhanced supports for families under pressure. Each of the directorates has provided substantial information regarding the current provision of support to families and the mechanisms and strategies in place to support this work (see Appendix E). These include structural changes such as legislative changes and economic investment into new approaches to working. Service delivery and initiatives, including intensive family support programs provided to the most vulnerable families, increasing opportunities for social inclusion and community participation, screening and assessment opportunities, warm referrals and activities that aim to provide consistency and seamless service delivery, are also noted. The ACT Government reports that a number of recommendations about improving support for families were made by the Royal Commission into Institutional Responses to Child Sexual Abuse and reaffirms its commitment to work towards the full implementation of these.

Our comments

The Committee is aware of the considerable work occurring across the directorates to provide enhanced supports for vulnerable families. The Committee acknowledges the ACT Government's commitment to assisting vulnerable children, young people and their families, by providing voluntary early support and prevention services, with the aim to intervene early in the life of a problem and avert crisis-driven responses, including reports to statutory services. As we have previously reported, there is frequently considerable reliance by ACT non-government services on CYPS to provide support to vulnerable families, although many of these families do not meet the threshold for CYPS engagement. The Committee notes that mandatory

reporting and child protection education for individuals working with families may improve the identification of episodic concerns experienced by vulnerable families, but that challenges remain with ensuring that the right support is provided at the right time by the right service. The Committee highlights the need for mandatory reporting training that equips potential reporters with the skills and information about what else to do when they have concerns about children. Given the importance of this issue, the Committee will continue to monitor progress with these strategies.

The Committee's recommendations

Parenting capacity

Ongoing

Young children are particularly vulnerable and reliant on their parents to meet their needs. We know that children's brains develop rapidly from birth to age two and that, as their brains grow, children need the stimulation they receive from interactions with parents or carers to thrive. Without this interaction, children may experience poorer health and learning outcomes. There is an association between strong bonds of attachment between parent and child and more positive outcomes for the child (Wynter et al., 2016).

In the *Changing the Narrative Report*, the Committee highlighted the need for an evidence-based, consistent approach to be undertaken across Health and CSD in the assessment of families, in order to enhance professional judgment and decision making about a parent's capacity to meet the needs of their child, rather than simply to keep them safe from harm. This type of assessment would also provide clear information for parents and workers to understand what their children need to thrive. The Committee recommended that the ACT jurisdiction consider:

1. The introduction of standardised empirically validated assessment tools for use in the prenatal and postnatal periods, in order to identify vulnerable families requiring further support. This should include necessary training for practitioners.
2. The establishment of a high-quality parenting capacity assessment service and support for parents with children where four reports have been received which identify risk factors, including domestic and family violence, substance misuse, unstable housing and limited parental service engagement. These should include any prenatal reports about a child by CYPS.
3. The need for information and reports from parents to be tested through accessing information from other services, particularly in regard to reports of parental drug and alcohol use or instances of domestic violence.

Progress on recommendations

The ACT Government has agreed in principle to the Committee's recommendations related to enhancing parenting capacity and the use of culturally appropriate, standardised, empirically validated assessment tools. The government reports that both CYPS and CHS have access to tools and resources that relate to understanding family functioning and perinatal depression, however, these are not designed for use with Aboriginal and Torres Strait Islander people. This work is on the forward plan for the operational policy team. CYPS advise that the newly recruited Aboriginal and Torres Strait Islander operational policy officer will be tasked with reviewing what exists across Australia and advise on what is appropriate to implement in the ACT. This work will occur in the context of embedding the Aboriginal and Torres Strait Islander Child Placement Principles in policy and procedure (a recommendation from the Our Booris Our Way Review).

CYPS reports that risk assessments are undertaken based on the presenting risks and harms, regardless of the frequency of reports. The Child at Risk Health Unit is available to provide expert assessment and advice in complex child protection matters. CHS also provides programs to support vulnerable families from pre-birth until the child is 12 months old.

With regard to testing information provided by parents, the ACT Government reports that the new CYPS client management system, soon to be implemented, will allow for improved information sharing and data matching between agencies and mandatory reporters. There are also a number of working groups that have been recently established by the Office of the Chief Digital Officer to review and refine data linkage and information sharing. The government response recognises that training opportunities between CHS and CYPS could be strengthened and that information from the CYPS case analysis team needs to be utilised in order to consider gaps and opportunities to enhance service delivery.

Our comments

The Committee's *Changing the Narrative Report* identified instances where families had received multiple child concern reports that did not meet the 'threshold' for CYPS intervention and support. Despite families sometimes experiencing considerable challenges, rather than receiving the support they needed to nurture and keep their children safe, they remained unsupported and alone. The Committee will continue to actively monitor and report on progress in developing and implementing the recommendations to ensure that parents are supported to navigate the challenges they experience in difficult times.

The Committee's recommendations

Gendered service responses

Ongoing

The gender of parents may have an impact on how services engage with them and the approach taken to intervene (Frederico et al., 2014). Services aimed at vulnerable families may focus on mother–child interactions. While this is an important protective factor, it may be at the expense of addressing issues that fathers or other carers may have, as well as alienating them from support services. In the *Changing the Narrative Report*, the Committee noted the absence of assessments relating to fathers in child protection matters and the focus on mothers as the 'protective parent'. The Committee recommended the following changes to address this:

1. The presumption of the mother as the 'protective parent' as observed in records and applied by workers needs to be critically reviewed. The participation of both parents/caregivers in assessments and interventions should be required where it is evident that both parents/caregivers are involved in the care of the child.
2. Professional development opportunities such as supervision and in-service staff training should be provided in organisations working with vulnerable families, to ensure that workers utilise current knowledge of the impact of gender in assessment and interventions and incorporate gender-sensitive strategies into routine practice, particularly in relation to client experiences of trauma, domestic violence and service utilisation.

Progress on recommendations

The ACT Government has advised the Committee of professional development opportunities and supervision provided to staff across CHS and CSD to encourage discussion and awareness of gender-sensitive issues. Alongside this, the Government has also advised that targeted training regarding family and domestic violence, working with fathers, family partnership and trauma-informed care is provided to CYPS and CHS staff.

Our comments

The Committee welcomes the work across the directorates which aims to raise the importance of gender-related matters in family support and health services. The Committee will continue to monitor the progress of strategies addressing gendered service responses.

Recognising and responding to intergenerational trauma

Ongoing

The Committee's recommendations

In Australia, childhood trauma is a significant public health concern, with costs to both the individual and society (Magruder et al., 2017). Trauma experienced in childhood can have long-term impacts, potentially affecting brain development and relationships in adulthood, including parenting capacity (DeGregorio, 2013).

In the *Changing the Narrative Report*, the Committee identified the impact on vulnerable families of intergenerational trauma related to child maltreatment and the need for service systems to recognise the impact this can have on parenting capacity and the willingness of parents to engage in services. The Committee recommended that the ACT jurisdiction does the following:

1. Offers vulnerable families with an intergenerational history of abuse, trauma-informed targeted parenting support prior to and following birth of their child in a non-stigmatising maternal health service.
2. Identifies innovative and evidence informed approaches to working with individuals who have experienced intergenerational trauma due to child maltreatment particularly in relation to children who are identified as experiencing cumulative harm, young parents who were engaged in statutory child protection services and/or corrective services, and male and female perpetrators of family violence.

Progress on recommendations

The ACT Government has advised the Committee that they agree in principle to supporting parents who have experienced intergenerational trauma. The ACT Government advised of a number of CHS programs, including the Parenting Counselling Service and the Pregnancy and Parenting Enhancement Program, which provide parenting support to vulnerable families. Alongside these programs, the IMPACT[4] program is currently undergoing a review to incorporate a more child-focused, trauma-informed service. The Child at Risk Health Unit provides specialist therapeutic interventions, counselling and support to children and young people who experience abuse or neglect.

CSD advised the Committee of the work being undertaken with the case analysis team to incorporate a level of reporting to capture the co-existing risk factors of domestic and family violence, substance misuse, unstable housing and limited parental service engagement. The case assessment process will support enhanced discussion with teams as part of reflective casework practice.

[4] The Integrated Multi-agencies for Parents and Children Together (IMPACT) program is a coordination service for pregnant women, their partners and their young children (less than two years of age) who are clients of Mental Health ACT and/or are receiving opioid replacement therapy.

The ACT Government noted that further action will include the establishment of a prenatal support working group to develop and support implementation of formally agreed assessment and referral pathways between Health, CSD and NGOs. Furthermore, the government has advised that options may be explored to develop new services and leverage existing services to support at-risk families as part of the government's Early Support by Design and Family Safety Hub projects. Both projects will develop service innovation and enhancement through co-design and including service users in the design and delivery.

Our comments

The Committee notes the programs currently available to children, young people and families who have experienced intergenerational trauma and the Government's plans for improved support in this regard. The need for access to long-term and sustained support is critical for those who have experienced intergenerational trauma. The Committee will continue to monitor and report on support for children, and their families, affected by trauma.

Staff training and decision making

Ongoing

The Committee's recommendations

CYPS plays a critical role in ensuring the safety of children and young people at risk. This challenging role is undertaken in a continually changing service delivery context, with an increasing trend in the number of child concern reports being received. In this context, training for staff and development of the capacity to make reasonable and accountable decisions is essential.

In our submission to the Glanfield Inquiry, the Committee made the following recommendations to improve the training of CYPS staff and their capacity to make sound decisions:

1. Supervision of staff to assist in critical reflection of casework decisions/practice and professional development.
2. Improve interpretation of drug screen results through training for staff and practice directions to assess the impact of the drug use on the capacity to provide safety and care.
3. Need for good data to support judgements made including weighting decisions when considering the capacity of the parents as opposed to the vulnerabilities of the child.
4. Decision making in relation to the restoration of children to their parents must be supported with evidence-based decision making. Need for clarification around when restoration is no longer considered in the best interests of the child.
5. Need for improvements to the way CYPS make judgements about the veracity of reports and comprehensiveness of reports, including need for comprehensive assessment of cumulative harm, particularly for older children where imminent risk may not be present.

Progress on recommendations

CSD has advised the Committee of a range of strategies that have been implemented since the Glanfield Inquiry. These strategies and supporting mechanisms include the following:

- Enhanced training and professional development opportunities for CYPS staff.
- The establishment of the Principal and Senior Practitioner roles to provide case practice expertise and leadership.
- The Carer Assessment and Linking Panel (CALP), which was established to provide appropriate and timely consideration and advice on determining the suitability of carers for all placements, including kinship, foster, enduring parental responsibility and adoption is currently under review. A decision has been taken that this no longer meets the needs of CYPS. It is anticipated that CYPS will move to a new

panel process by mid-year and the two functions, that is, carer assessment (and approval) and the matching children to carers process (linking), will be separated.

- The establishment of a Restoration Panel in 2018, to increase the number of children on interim or short-term orders successfully restored to their birth parents. Uniting, ACT Together and CYPS all participate on this panel and CYPS chair this committee. Due to this being a new process there is no current data on the outcomes as yet. Once the panel has been implemented fully, CYPS will work to understand the impact that the panel is having on practice and decision making.
- During 2017–18, the development of a Family Group Conferencing model, by CYPS, for Aboriginal and Torres Strait Islander families at risk of ongoing involvement with the child protection service. The aim of Family Group Conferencing is to provide families with the opportunity to develop effective family plans that will keep their children safe. Where children are not able to stay safely at home, the team works with and supports the families to identify the most appropriate kinship options to ensure the children remain connected to family and community.
- The building of the Child and Youth Record Information System (CYRIS). Once implemented, it will allow for faster and improved navigation to important case information to enable assessment of risk, improve reporting dashboards for staff so they can understand important risk trends in client information, such as flags for cumulative harm, and persons believed responsible for harm involved in one matter being linked to another matter.
- A supervision framework for CYPS that encourages staff discussion on complex and sensitive issues on a case by case basis.

Our comments

It is evident that since the Glanfield Inquiry, substantial changes have been introduced in CYPS which aim to enhance and support workers' professional development and capacity for decision making. The Committee notes the importance of supervision in providing a framework for child protection practitioners to foster the kind of critical reflection that will improve practitioners' analytical skills and stimulate critical thinking. This will ensure practice is informed by knowledge and evidence rather than opinion and supposition. The Committee commends the actions of CSD to introduce such changes and will continue to actively monitor and report on the progress of these changes.

The Committee's recommendations

Reporting on deaths

Ongoing

Australia uses the ICD-10 to code data on the causes of death. The World Health Organization maintains the ICD-10 as a diagnostic classification standard for clinical and research purposes for use by member states. It is intended to provide consistency in the reporting of causes of death and enable the comparison of information on deaths over time and between countries.

While the child death review committees in the other states and territories use the ICD-10 codes to report on deaths, many also reclassify data using their own definitional guidelines. This is due to the ICD-10 not providing enough specificity in grouping deaths, as well as the different legal meanings given to terminology across different states. For example, suicide or abuse may be defined in different ways. Deaths are either certified by a medical practitioner or a coroner through the issue of a death certificate. Generally, deaths from natural causes are certified by a medical practitioner, while deaths from unspecified or external causes are referred to the coroner. The time taken to complete a coroner's investigation and the way in which deaths are certified by a coroner can impact on the coding of causes of death (ABS, 2018b). Deaths from external causes are subject to a revision process, to allow for the coroner to make a determination on a particular case (ABS, 2018b).

In May 2018, the Committee wrote to the National Children's Commissioner regarding its report to the United Nations Committee on the Rights of the Child. The Committee sought to highlight issues associated with the:

- inaccuracy of death certificates
- limitations of ICD-10 classifications
- need for a national framework to ensure consistency in the reporting of data on child deaths.

Progress on recommendations

The issue of data collection in relation to child deaths was raised by the Australian Human Rights Commission in its submission to the Committee on the Rights of the Child (AHRC, 2018). The Commission highlighted a lack of national information across a range of health and wellbeing domains, including self-harm deaths and hospitalisations; violence against children; outcomes for children in, or who have left, out-of-home care; children with disability, including foetal alcohol spectrum disorder; school expulsions and suspensions; and substance use. Disaggregation of data was also highlighted as a priority, to enable analysis of how health impacts of children and young people vary across different ages and developmental stages.

The Commission noted that it has previously supported the establishment of a national database for child deaths. It also noted the lack of consistency in the approach of child death review processes across Australia.

The Commission recommended that the Australian Government, in conjunction with the National Data Commissioner, develop a national children's data framework to address the data collection issues highlighted.

Our comments

The Committee supports the Australian Human Rights Commission's recommendation on improving data collection on the health and wellbeing of children and young people. Accurate and timely data for mortality by age, sex, and cause, both nationally and across states and territories, are essential for the design, implementation, monitoring and assessment of health programs and policies. Yet, precise diagnostic classification of child mortality is difficult because of the limitations of the death certification process and the inevitable heterogeneity of disease processes (Fraser et al., 2014). In order for the cause of death to be recorded on a death certificate, a doctor or coroner must ascertain the underlying cause. A small number of studies are now indicating that the reporting of deaths, usually through the use of doctor certificates, do not always capture adequate data about the death and may underestimate the occurrence of key issues such as child maltreatment or other preventable causes of death. The Committee will continue to work with state and territory counterparts towards improving the accuracy of death certificate completion as well working towards the establishment of a national database to collect information on the deaths of children and young people.

Conclusion

The Committee acknowledges the range of initiatives by the ACT Government and across directorates that seek to enhance the supports for families and improve the outcomes for children. The Committee welcomes the changes that have been made at the policy and practice level and to organisational and cross-directorate processes to improve systems supporting families. An ongoing role for the Committee will be to monitor the extent to which these changes have resulted in improved practices and better outcomes for children and young people.

Chapter 7 Children and Young People Death Review Committee activities

This chapter provides an overview of the activities of the Children and Young People Death Review Committee throughout 2018.

Committee matters 2018

The Committee's administrative, financial and human resource management are overseen by the Community Services Directorate. The Committee is supported by one Senior Research and Review Officer (SRRO).

In 2018, the Committee met quarterly and engaged in a broad range of activities, including providing a submission into quad bike safety, engaging with relevant Directorates concerning the monitoring and review of recommendations and the tabling of two reports in the ACT Legislative Assembly: the *2018 Annual Report* and the *Changing the Narrative Report*.

The Committee continues to forge strong links within ACT Government and non-government organisations through meeting with key organisations and inviting key stakeholders to present at Committee meetings over the year. Presenters in 2018 included members from the Early Support by Design project, led by the Community Services Directorate, the Community Services Directorate Open Access Information Scheme and the Co-ordinator General of the Family Safety Hub.

The Committee considers it important for members of the community and for relevant government and non-government organisations to learn more about its work. The communications sub-committee continues to consider the most effective ways of communicating key messages to the community. Media coverage related to recommendations made by the Committee in the past year are in Appendix A.

This year (2018) also saw the Committee develop a paper comparing the child death review committees in operation across Australia and New Zealand. The paper highlights some of their distinct characteristics and provides an overview of Child Death Review Committee processes in the Australian context. Feedback has been sought on the paper from jurisdictions and the paper will be available in mid 2019.

The Committee continued to work across the following areas:

- The timely and accurate collection of information about the circumstances and causes of death for children and young people in the ACT.
- Contributing through its Annual Report, to government and community, knowledge, understanding of the causes and circumstances of children and young people's deaths.
- Actively promoting the Committee's work with relevant ACT agencies and individuals to offer informed views aimed at preventing or reducing deaths.
- Maintaining links with interstate and national bodies undertaking similar work.

Continuing work

The ACT context

Planning for a growing population has led to considerable residential development occurring in the ACT, particularly in areas located close to the city centre, town and group centres and along key transit corridors. The Committee is particularly interested in the changes that are occurring for families, such as the increase in

the number of parents raising children in high-rise and medium-density accommodation. With the rise of apartment living for families (ABS, 2016), the Committee emphasises the need for developers and city planners to design for more child-friendly living environments. Each year, around 50 children fall from windows or balconies in Australia, with research in Sydney showing an increase in children presenting at The Children's Hospital at Westmead with serious injuries due to falling from apartment windows and balconies (Children's Hospital at Westmead, 2011). While many suffer serious injuries or worse—these falls can also be fatal. Windows that open from the floor up (enabling children to crawl out), unsafe balconies, traffic at the front door and car parks are all dangers for children. Over the next year, the Committee will continue to increase public awareness about these and other issues that affect the health and safety of children and young people in the ACT.

Domestic and family violence

Domestic and family violence claims the lives of more than 100 people in Australia every year and causes enduring damage to individuals and society. The first and only ACT Family Violence Death Review was published in May 2016. It summarised key issues and themes from an analysis of 14 deaths which occurred in a family violence context in the ACT between 1 June 2000 and 30 June 2012.

At the end of 2018, the ACT Government indicated that they were committed to introducing a family violence death review scheme (FVDR) for the ACT. All jurisdictions, except Tasmania and the ACT, have an FVDR function. The aim of an FVDR scheme would be to analyse information relating to specific family violence deaths and make recommendations for system-wide improvements to services, to help prevent similar deaths occurring in the future.

There is a strong intersection between a number of the functions and processes currently undertaken by the Committee and those to be undertaken by the proposed FVDR scheme. The Committee has welcomed the opportunity to provide a submission into the development of the FVDR in the ACT and we look forward to working with our ACT colleagues in 2019 in the further development of a family and domestic violence death review process.

Monitoring of recommendations

This is the first year that the Committee has included a chapter on monitoring recommendations. Given the small size and compact nature of the ACT, the Committee is in a unique position to review and monitor both trends and the impact of the systems on small groups of families as well as individual cases. This and the involvement of the Committee members in the various parts of the system allow us to identify and advocate for areas for improvement in the territory's support for children and young people. The Committee will continue to monitor recommendations during 2019.

Review into youth suicide

Youth suicide is an increasingly prevalent concern for modern society. Despite the research pinpointing the risk factors leading to suicide, more young people are taking their lives each year. In both developed and developing nations, suicide is among the leading causes of death for young people. Inextricably linked to mental health, suicide and self-harm remain a critical challenge for services and programs supporting young people. In 2019, the Committee will undertake a group review of the deaths of young people in the ACT caused by suicide.

Data quality

The Committee will continue to work with our colleagues across jurisdictions to enhance the quality of data held on the Children and Young People Death Register.

Retrospective review

In the latter part of 2019, the Committee will commence a second retrospective review to look at the progress we have made as a community over a period of 10 years. Reflecting on changes that occurred over time is a way for us to better understand trends. The review will again use a social determinants of health approach to analyse the data on the deaths of children and young people and how our community, systems and supports have worked to influence trends over time. The Committee's first retrospective review is available from the Committee's website: www.childdeathcommittee.act.gov.au

Disclosure of information

Under s. 727P of the Act, the Committee may exchange information with an entity that exercises a function under a law of state that corresponds or substantially corresponds to a function of the Committee. In 2018 the Committee provided information to entities in Queensland and NSW:

- Queensland provides high-level data from all state and territory child death review committees to provide a basic national data set. In August 2018, we provided information to the Queensland Family and Child Commission on the number of deaths of children in ACT by age, sex, Aboriginal status and broad cause of death. This was reported in the *Annual Report: Deaths of Children and Young People, Queensland, 2016–2017*.
- The NSW child death register includes children who normally live in NSW, but whose death occurred the ACT. In August 2018 we provided the NSW Child Death Review team with information about the deaths of NSW resident children who died in the ACT. In June 2018 the ACT signed an information exchange agreement with the NSW Child Death Review Team under s. 34D(3) of the *Community Services (Complaints, Reviews and Monitoring) Act 1993* (NSW).

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Appendix A Media releases

1. Stay safe this Christmas – December 2018

Stay safe this Christmas is the message that the ACT Children and Young People Death Review Committee are sending out again this festive season.

Ms Margaret Carmody, Chair of the Committee has said that "Christmas and the holiday season is an exciting time for children, but parents need to remain vigilant about safety."

"Simple things can keep children safe, for example watching them carefully in the kitchen, preventing access to alcohol and drugs, choosing child safe decorations and being careful with candles".

"Toys are also an important part of Christmas, and can come in many shapes, forms and materials". Ms Carmody highlights that "To prevent choking, suffocation, or death it is important for parents and caregivers to choose age appropriate toys for children".

Buying toys from reputable businesses can also assist in keeping children safe. "Manufacturers, importers, wholesalers or retailers of certain toys must comply with applicable mandatory safety standards" reports Mr Chalmers, CEO Kidsafe ACT. "Yet sometimes we find that not all products given to children comply with these safety standards. Parents and care givers must be aware of what their children are up to as small toy parts, liquid from glow sticks, batteries and even equipment used around young children can seriously hurt children".

The Committee particularly wants to warn parents about button batteries. Every week, around 20 children wind up in emergency departments across Australia following to the ingestion of button batteries and sadly, children have died from these injuries. Children under the age of five are most at risk.

In children's toys, battery compartments must be secure under regulation but in other everyday household items, like kitchen scales and torches, button batteries are easily accessible. Keep button batteries and devices that contain them out of reach of children. It is also important to dispose of used batteries immediately. "The Committee is working in partnership with Kidsafe to get the message out to the community – button batteries can be a risk to your child."

If you think there's a possibility your child might have swallowed a battery – do not allow them to eat or drink or induce vomiting. Call Poisons Information on 13 11 26, go straight to a hospital Emergency Department and ask for an urgent x-ray.

Parents can access further safety information through Kidsafe's website: www.kidsafeact.com.au. Ms Carmody and Mr Chalmers are available for further comment on the contact details below.

2. Changing the Narrative – doing better for children under 3 – August 2018

The Committee has released a report, Changing the narrative for vulnerable children: Strengthening ACT systems. Key findings from the report highlight the critical need for Government and related support services to recognise and improve the supports for children under 3 years where cumulative risks have been identified.

Chair of the Committee, Ms Margaret Carmody, said "The report is important. It provides us with a greater understanding of the risk factors that were apparent in the lives of 11 children under the age of 3 who have died in the ACT in recent years. The challenges that the children experienced prior to their death were considerable and this report identifies what government and the community can do to reduce the vulnerability of children and prevent the likelihood of deaths in the future".

"By looking at the deaths of children and understanding the environments in which they lived, we can identify opportunities to decrease the risks children experience and reduce the number of deaths in the future.

"We know that children and young people are dying less frequently from avoidable causes of death. However, these children remained invisible to the systems that were there to support them, in particular where there were issues of family violence, parental drug and alcohol use, housing instability and low income.

"The Committee also raises concerns that the relative risk of death for Aboriginal and Torres Strait Islander and culturally and linguistically diverse children remains higher that of nonindigenous children. More effective strategies are needed to better support these most vulnerable children".

The Committee acknowledges that recent reform has been implemented in the ACT that will have improved support systems for children and their families. The Committee will continue to report on trends, to improve the quality of data, and recommend improvements to systems and processes to help prevent future avoidable deaths. The Committee's next report will provide data for the 2017 period.

Mr Eric Chalmers and Dr Judith Bragg is available for further comment on the contact details below.

3. Review of deaths of ACT children and young people identifies ongoing patterns – April 2018

The ACT Children and Young People Death Review Committee's sixth annual report was tabled in the ACT Legislative Assembly on Wednesday by the Minister for Disability, Children and Youth, Rachel Stephen-Smith. Committee Chair, Ms Margaret Carmody said "the report is based on examinations of deaths of children and young people aged up to 18, over five years including 2017".

"The Committee's role is to help reduce preventable deaths of children and young people in the ACT by reviewing all deaths of children and young people that occur in the ACT, as well as those deaths of ACT children and young people that occur outside of the ACT.

"Committee members bring experience in diverse areas including paediatrics, education, social work, child safety products and working with Aboriginal and Torres Strait Islander children and young people."

The 2017 Annual Report examines the deaths of 159 children and young people in the ACT in the five-year period between January 2013 and December 2017. The majority of deaths were attributed to medical causes and extreme prematurity. The report highlights that younger children are the most vulnerable. Seventy per cent of the total number of deaths were children under one year of age.

"Of the 159 deaths, 36 were of children and young people who did not normally reside in the ACT, 11 per cent were young people aged 15-17 years and 3.8 per cent were Aboriginal or Torres Strait Islander children or young people."

Ms Carmody said that "the whole community has a role to play to support children and young people, and I would encourage the ACT community to consider how they will make children and young people a priority." The death of every child or young person is a tragedy and the Committee will continue to work at reducing the number of preventable deaths in the ACT. The Committee highlights the importance of accessing antenatal care, safe sleeping, locking pool gates, and keeping choking hazards such as small batteries out of reach of young children. The Committee will continue to identify areas that can be improved to avoid preventable deaths" Ms Carmody said

The annual report is on the Committee's website at www.childdeathcommittee.act.gov.au.

4. Canberra Kids and Hot Cars Warning – January 2018

With the warm weather well and truly upon us, the ACT Children and Young People Death Review Committee and Kidsafe ACT today issued a warning to Canberrans about the dangers of leaving children in cars on hot days. "It is timely to remind parents and caregivers to not leave children in cars over summer, as parked cars can reach dangerously high temperatures," Eric Chalmers, Kidsafe ACT Chief Executive said today. "The temperature inside a parked car can be more than 30°C hotter than outside the car. That means that on a 30°C Canberra summer day, the temperature inside the car can reach over 60°C, and the temperature rises quickly" Tragically in the past children have died from being left alone in cars and recent media reports highlight that parents and caregivers are still ignoring warnings about the risks of serious heat related injuries or death to children who are left unattended in cars during hot weather. All too often, the child is forgotten whilst the driver is under great stress. Always check for your children in the back when you get out of the car.

"Our message is clear: never leave children alone in cars, always take children with you." Ms Margaret Carmody, Chair of the ACT Children and Young people Death Review Committee said. "Children can quickly suffer dehydration and serious brain injury. In hot conditions children may suffer organ failure and die from heat exhaustion and dehydration if left alone in a hot car." "Younger children are particularly vulnerable. Parents believe that it is easier to leave their child in the car while they pop to the supermarket or into the service station. However, young children quickly dehydrate and are at risk of suffering serious heat distress. Leaving the window down a few centimetres has little effect and only causes a slight decrease in temperature." Ms Carmody said "When travelling with children in hot weather, parents and care givers should ensure that children are provided with plenty of fluids and that windows be shielded to protect children from the sun. Children should never be left unattended in a car." The Committee advises "that if you see a child left alone in car in the hot summer weather, call Triple Zero (000) immediately and Emergency services will provide advice on the action to take. If the car is unlocked, bystanders should open the doors and shield the windows from the sun until emergency services arrive."

Link to website: www.childdeathcommittee.act.gov.au and http://www.kidsafeact.com.au/

Appendix B Population tables

Quarterly population estimates (ERP), by state/territory, sex and age: ACT (ABS. Stat, 2018).

	Jun-2014			Jun-2015			Jun-2016			Jun-2017			Jun-2018		
Age	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females
0–4	**26862**	**13875**	**12987**	**27384**	**14181**	**13203**	**28054**	**14556**	**13498**	**28411**	**14702**	**13709**	**28505**	**14782**	**13723**
0	5546	2883	2663	5652	2920	2732	5696	2954	2742	5600	2904	2696	5652	2939	2713
1	5452	2755	2697	5526	2877	2649	5694	2945	2749	5733	2967	2766	5620	2924	2696
2	5367	2816	2551	5518	2798	2720	5556	2913	2643	5790	2993	2797	5776	2971	2805
3	5195	2706	2489	5394	2830	2564	5603	2857	2746	5613	2930	2683	5837	3012	2825
4	5302	2715	2587	5294	2756	2538	5505	2887	2618	5675	2908	2767	5620	2936	2684
5–9	**23955**	**12422**	**11533**	**25037**	**12927**	**12110**	**25767**	**13404**	**12363**	**26810**	**13948**	**12862**	**27790**	**14430**	**13360**
5	5076	2652	2424	5365	2756	2609	5391	2819	2572	5606	2931	2675	5781	2974	2807
6	4885	2548	2337	5084	2634	2450	5432	2823	2609	5461	2850	2611	5697	2986	2711
7	4731	2458	2273	4943	2567	2376	5139	2677	2462	5492	2830	2662	5514	2865	2649
8	4810	2477	2333	4805	2484	2321	4981	2585	2396	5206	2702	2504	5549	2874	2675
9	4453	2287	2166	4840	2486	2354	4824	2500	2324	5045	2635	2410	5249	2731	2518
10–14	**21270**	**10847**	**10423**	**21583**	**11057**	**10526**	**22170**	**11384**	**10786**	**23012**	**11891**	**11121**	**23948**	**12375**	**11573**
10	4338	2248	2090	4480	2286	2194	4842	2503	2339	4883	2531	2352	5084	2653	2431
11	4289	2222	2067	4341	2249	2092	4472	2276	2196	4872	2511	2361	4944	2560	2384
12	4164	2083	2081	4301	2236	2065	4355	2250	2105	4530	2315	2215	4897	2527	2370
13	4222	2144	2078	4214	2119	2095	4295	2238	2057	4389	2275	2114	4581	2324	2257
14	4257	2150	2107	4247	2167	2080	4206	2117	2089	4338	2259	2079	4442	2311	2131
15–17	**13823**	**7019**	**6804**	**13646**	**6896**	**6750**	**13399**	**6814**	**6585**	**13336**	**6757**	**6579**	**13438**	**6914**	**6524**
15	4356	2205	2151	4309	2176	2133	4306	2208	2098	4291	2156	2135	4409	2296	2113
16	4582	2318	2264	4479	2274	2205	4384	2220	2164	4421	2260	2161	4385	2220	2165
17	4885	2496	2389	4858	2446	2412	4709	2386	2323	4624	2341	2283	4644	2398	2246
Total	**85910**	**44163**	**41747**	**87650**	**45061**	**42589**	**89390**	**46158**	**43232**	**91569**	**47298**	**44271**	**93681**	**48501**	**45180**

Quarterly Population Estimates (ERP), by State/Territory, Sex and Age: Australia (ABS. Stat, 2018).

Age	Jun-2014			Jun-2015			Jun-2016			Jun-2017			Jun-2018		
	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females
0–4	**1541431**	**791208**	**750223**	**1552567**	**797038**	**755529**	**1573626**	**807893**	**765733**	**1578994**	**811093**	**767901**	**1582216**	**812855**	**769361**
0	306333	157172	149161	308446	158281	150165	318860	164034	154826	306802	157886	148916	313569	161159	152410
1	311416	160025	151391	308292	158130	150162	312044	160005	152039	321129	165223	155906	308080	158447	149633
2	309581	159012	150569	313848	161280	152568	311507	159736	151771	315373	161762	153611	323844	166579	157265
3	305045	156510	148535	312136	160379	151757	316679	162613	154066	315183	161549	153634	318404	163404	155000
4	309056	158489	150567	309845	158968	150877	314536	161505	153031	320507	164673	155834	318319	163266	155053
5–9	**1496800**	**768999**	**727801**	**1536262**	**788647**	**747615**	**1567281**	**804219**	**763062**	**1586851**	**814019**	**772832**	**1604410**	**823368**	**781042**
5	306292	157298	148994	313171	160578	152593	314636	161432	153204	318322	163475	154847	323859	166319	157540
6	306084	157033	149051	309529	158970	150559	316919	162362	154557	317926	163075	154851	321117	164842	156275
7	302759	155646	147113	309540	158801	150739	312612	160540	152072	319654	163743	155911	320261	164305	155956
8	296138	152080	144058	306360	157422	148938	313041	160537	152504	315298	161885	153413	321743	164864	156879
9	285527	146942	138585	297662	152876	144786	310073	159348	150725	315651	161841	153810	317430	163038	154392
10–14	**1401491**	**718938**	**682553**	**1410688**	**724624**	**686064**	**1431690**	**735448**	**696242**	**1473263**	**757231**	**716032**	**1515623**	**779124**	**736499**
10	281351	144888	136463	286621	147431	139190	299311	153699	145612	312546	160619	151927	317717	162889	154828
11	278077	142464	135613	282621	145602	137019	287662	148006	139656	301572	154859	146713	314379	161566	152813
12	277370	142156	135214	279297	143147	136150	283993	146382	137611	290029	149268	140761	303451	155835	147616
13	281814	144729	137085	278682	142825	135857	280529	143766	136763	286183	147532	138651	291983	150310	141673
14	282879	144701	138178	283467	145619	137848	280195	143595	136600	282933	144953	137980	288093	148524	139569
15–17	**858480**	**439822**	**418658**	**861342**	**441200**	**420142**	**866346**	**444110**	**422236**	**868020**	**444755**	**423265**	**866416**	**444302**	**422114**
15	283578	145455	138123	285508	146014	139494	286211	147017	139194	283296	145231	138065	285407	146228	139179
16	285122	146302	138820	286762	147119	139643	289244	147904	141340	290389	149167	141222	286382	146851	139531
17	289780	148065	141715	289072	148067	141005	290891	149189	141702	294335	150357	143978	294627	151223	143404
Total	**5298202**	**2718967**	**2579235**	**5360859**	**2751509**	**2609350**	**5438943**	**2791670**	**2647273**	**5507128**	**2827098**	**2680030**	**5568665**	**2859649**	**2709016**

Estimated and projected Aboriginal and Torres Strait Islander population, Series B[a], Single year of age, Australian Capital Territory and Australia

Age	ACT					Australia				
	2014	**2015**	**2016**	**2017**	**2018**	**2014**	**2015**	**2016**	**2017**	**2018**
0	166	172	178	185	195	17,654	18,161	18,671	19,172	19,662
1	160	169	175	181	189	17,149	17,635	18,142	18,652	19,153
2	154	159	169	175	180	16,676	17,143	17,629	18,136	18,646
3	159	152	158	168	174	16,176	16,670	17,137	17,623	18,130
4	145	155	148	154	164	16,714	16,172	16,666	17,133	17,619
5	135	141	150	144	149	16,773	16,710	16,168	16,662	17,129
6	116	131	136	145	139	16,543	16,769	16,706	16,164	16,658
7	115	114	128	132	141	16,556	16,540	16,766	16,702	16,162
8	127	114	114	127	131	16,735	16,554	16,538	16,764	16,700
9	118	128	115	116	127	16,131	16,733	16,552	16,536	16,762
10	141	120	129	117	117	15,505	16,129	16,731	16,550	16,534
11	127	141	120	130	119	15,516	15,503	16,127	16,729	16,548
12	121	126	141	120	131	15,620	15,514	15,501	16,125	16,727
13	115	118	123	136	118	15,874	15,617	15,510	15,497	16,121
14	134	112	115	120	132	15,599	15,870	15,613	15,506	15,493
15	115	132	111	114	118	15,525	15,593	15,864	15,607	15,500
16	138	117	134	114	117	15,584	15,517	15,586	15,857	15,601
17	138	146	126	142	123	15,576	15,576	15,509	15,578	15,849

Appendix C Methodology

Date-of-death reporting for the register

For the purpose of this report, the Committee has determined it will recognise the actual date of death of each child or young person in the ACT, rather than the registered date of death. This will provide an actual number of child and young person deaths for the reported five-year period and allow for a more accurate reflection of what was occurring at the time of the child or young person's death; namely, the circumstances, risk factors, relevant agencies' policies and practices, and the political environment at that time. The time between the actual date of death and the registered date of death may be significant and, in that time, there may have been changes in the aforementioned circumstances. However, there may need to be adjustments if additional deaths of children and young people are registered at a later time.

As the Committee is using the actual date of death rather than the registered date of death, there may be discrepancies between the information in this report and the information reported by the ACT Births, Deaths and Marriages and other Australian jurisdictions.

Fewer than five total deaths

When a particular cohort of children and young people has fewer than five total deaths, the exact number of deaths will not be reported. This will ensure that the Committee complies with s. 727S(3) of the Act and does not disclose the identity of a child or young person who has died or allow the identity of a child or young person who has died to be worked out. The number of deaths will be reported as •, which means the number of children and young people who died is fewer than five but greater than zero.

When a cause of death has fewer than five deaths, this report will not provide more detailed information about this cohort. This is not only to ensure the Committee's compliance with s. 727S(3) of the Act, but to ensure the child's, young person's and family's right to privacy is maintained.

Population estimates and rates

The population estimates of ACT and Aboriginal and Torres Strait Islander children and young people are taken from the latest Australian Bureau of Statistics' (ABS) release of estimated resident populations, which provides the estimated resident population as at 30 June.

Rates are calculated using child death data contained in the register and both ABS estimated and projected statistics of the ACT population. These rates are calculated per 10 000 children and young people by dividing the total number of deaths by the total population in each age group.

Appendix D Glossary

Aboriginal and Torres Strait Islander

In the *Children and Young People Act 2008* (ACT):

Aboriginal or Torres Strait Islander person means a person who –

a) is a descendant of an Aboriginal person or Torres Strait Islander person; and
b) identifies as an Aboriginal person or Torres Strait Islander person; and
c) is accepted as an Aboriginal person or Torres Strait Islander person by an Aboriginal community or Torres Strait islander community.

Certain conditions originating in the perinatal period

Refers to deaths whose cause originates in that period, even though death may occur later. The perinatal period commences at 22 completed weeks (154 days) of gestation (the time when birth weight is normally 500 g), and ends seven completed days after birth (WHO 2011). The ACT definition differs in that the perinatal period begins from 20 weeks gestation and 400 grams in birthweight.

Child

In the *Children and Young People Act 2008* (ACT):

child means a person who is under 12 years old.

The *Children and Young People Act 2008* does not provide guidance on when an individual becomes a 'child'. In accordance with common law, a child is a person who has been born alive, which means the child must be living outside its mother's body by virtue of the functioning of its own organs and indicated by breathing, beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. The term 'a child born alive' does not include stillbirths or other foetal deaths.

Child Concern Report

Refers to a report made to Care and Protection Services in accordance with s. 359 of the *Children and Young People Act 2008* and can be made by either a voluntary or a mandated reporter. A Child Concern Report is a record of information regarding the needs of a child or young person or is about a child or young person's safety or wellbeing.

Child Protection Report/ Report under s. 360(5) of the Act

If the Director-General suspects, on reasonable grounds, that a child or young person subject to a Child Concern Report may be in need of care and protection, the Director-General must decide that the Child Concern Report is a Child Protection Report. Section 345 of the *Children and Young People Act 2008* (ACT) defines that a child or young person is in need of care and protection if the child or young person has been abused or neglected, is being abused or neglected or is at risk of abuse and neglect AND no-one with parental responsibility for the child or young person is willing and able to protect the child or young person from the abuse or neglect or risk of abuse or neglect.

Congenital anomalies

Includes deformities and chromosomal abnormalities and refers to physical and mental conditions present at birth that are either hereditary or caused by environmental factors and where there is no indication that they were acquired after birth.

Coroner

Refers to a coroner for the ACT appointed under the *Coroners Act 1997*.

Infant

Refers to the period from 28 days to one year of age.

National Coronial Information System

Refers to the initiative of the Australasian Coroners Society that is managed by the Victorian Department of Justice on behalf of the Australian Government and the states and territories. Information about every death subject to a coronial inquiry in Australia is stored in the system, providing a valuable hazard identification and death prevention tool for researchers, including state and territory death review committees (NCIS definition).

Neonatal

Refers to the period from birth to 28 days of age.

Neoplasm

An abnormal mass of tissue that results when cells divide more than they should or do not die when they should. Neoplasms may be benign (not cancer) or malignant (cancer). Also called tumours (National Cancer Institute, 2019).

Parent

Refers to a birth, step, de facto or adoptive parent of a child or young person as identified by the committee from information obtained as part of its functions.

Perinatal

Refers to the period from 20 weeks gestation to 28 days of age.

Register

Refers to the register of all deaths of children and young people in the ACT that is used by the Committee.

Review by the ACT

Refers to reviews undertaken in the ACT which may include: a coronial inquest into the manner and cause of death of a person who dies in circumstances set out in the *Coroners Act 1997;* a Clinical Health Review Committee; an internal review by the Office for Children, Youth and Family Support; or a joint ACT Health and Office for Children, Youth and Family Support review.

Sibling

Refers to all biological, half, step and adoptive siblings as identified by the Committee from information obtained as part of its functions.

SIDS

Refers to Sudden Infant Death Syndrome. Category of SUDI (see below) that has four categories: 1a, 1b, 2 and unclassified.

SIDS 1a	An infant aged over 21 days but under 9 months of age Gestational age of equal to or over 37 weeks Normal clinical history, including during pregnancy Normal growth and development No similar deaths among siblings, close relatives or other infants in the custody of the carer The scene where incident leading to the death occurred does not provide an explanation of the death Absence of potentially fatal pathological findings No evidence of unexplained trauma, abuse, neglect or unintentional injury No evidence of substantial thymic stress effect, ad Negative result in other tests (i.e. toxicology etc...)
SIDS 1b	as with SIDS 1a but: an investigation of the scene where the incident leading to the death occurred was not performed, or one of the following tests/screens was not performed: toxicology radiologic microbiologic vitreous chemistry, or metabolic screening studies.
SIDS 2	as with SIDS 1 except for at least one of the following: age outside of range similar deaths among siblings, close relatives or other children cared for by the carer not considered infanticide or recognised genetic disorder neonatal or peri-natal conditions that have resolved at the time of death mechanical asphyxia or suffocation caused by overlaying not determined with certainty abnormal growth and development not thought to have contributed to the death, and/or marked inflammatory changes/abnormalities not sufficient to be unequivocal (certain) cause of death
SIDS Unclassified	Did not meet the criteria for SIDS 1 or 2, and Alternative diagnosis or natural or unnatural conditions are equivocal (uncertain), including cases for which an autopsy was not performed.

SUDI

Refers to Sudden Unexpected Death in Infancy, which is the death of an infant aged less than 12 months that is sudden and unexpected and where the cause was not immediately apparent at the time of death.

Young people

In the *Children and Young People Act 2008* (ACT):

> *young people* means young persons over the age of 12 years who are not yet 18 years.

Appendix E Responses to recommendations

ACT Government

Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs
Minister for Disability
Minister for Children, Youth and Families
Minister for Employment and Workplace Safety
Minister for Government Services and Procurement
Minister for Urban Renewal

Member for Kurrajong

Ms Margaret Carmody
Chair
ACT Children and Young People Death Review Committee
GPO Box 158
CANBERRA CITY ACT 2601

Dear Ms ~~Carmody~~ Margaret

ACT Children and Young People Death Review Committee Report
'Changing the narrative for vulnerable children: Strengthening ACT systems'

Thank you for providing a copy of the ACT Children and Young People Death Review Report, *'Changing the narrative for vulnerable children'*. I apologise for the delay in providing a formal response to you. However, your discussions with me and the Community Services Directorate about the report's findings were useful in informing the formal response.

The report raises a number of issues that will require longer-term strategies to address, and will help inform the ACT Government's Early Support by Design. This project seeks to move the service system in the ACT from one primarily providing targeted crisis services to one that focuses on early support and primary prevention. Early Support by Design is a long-term project expected to run for at least ten years. However, work on improving services in the first 1,000 days of a child's life (including prenatal services) is a priority area.

The Office for Family Safety is also undertaking high level reforms to move the system towards earlier response and intervention to address the impact of family violence on children and young people as an underpinning principle of its work.

The Human Services Cluster, constituting the Community Services, Education, Justice and Community Safety and Health Directorates, is working to align major reform work across the ACT.
In this context, the Community Services Directorate has considered recommendations from *'Changing the narrative for vulnerable children'* against the known work and reforms either underway or planned, so as not to duplicate work and to develop joined up responses.

A number of the recommendations also identify areas of work across human services which are either currently in place or planned and may require minor adjustments to meet the intent of the recommendations. I am pleased to note that where this has been the case, much of the work has

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already been completed. For example, Child and Youth Protection Services currently provides training focused intensively on family safety to improve the capacity of caseworkers to involve both parents/caregivers, in line with the Committee's recommendations. The Government has also invested in the development of a new client management system for Child and Youth Protection Services – known as the Child and Youth Record Information System (CYRIS) – for which initial development is nearing completion. CYRIS will enable improved real time assessment of safety and risk for children and young people.

As the Report notes, the ACT Government has undertaken significant work over recent years to improve the protection of children and young people. The *A Step Up for Our Kids* Strategy is delivering a trauma informed therapeutic model of care in the child protection and out of home care system. This work is ongoing, but the ACT Government is committed to ensuring that children remain at the centre of all decisions relating to their safety and wellbeing.

Attached is a more detailed response to each of the Report's recommendations.

The ACT Government continually seeks to improve service delivery and the Committee's recommendations will help to inform this process.

Yours sincerely

Rachel Stephen-Smith MLA

12 FEB 2019

Response to Recommendations of the ACT Child and Young People Death Review Committee Report

'Changing the narrative for vulnerable children: Strengthening ACT systems'

Addressing the Risk Factors in Children's Lives	
1. That current practice models with parents following prenatal reports be reviewed to: • **Ensure that early intervention strategies across ACT Health and Community Services Directorates are maximised before the birth of the child, including access to GPs and prenatal health checks – non-attendance should be followed up.** • **Enhance engagement of culturally appropriate services for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse Families.**	**Agreed in principle** The ACT Government continually seeks to improve early intervention services through ongoing reforms to the service system: • Under the ACT Government's *A Step Up for Our Kids: Out of Home Care Strategy 2015-2020*, new services have been established to assist families with vulnerabilities that may place children at risk. • Establishing *Our Booris Our Way* Aboriginal and Torres Strait Islander Steering Committee to undertake a review of all Aboriginal Children and Young people currently engaging with the child protection system to understand their experience and consider systemic issues such as greater engagement and inclusion in decision making to support culturally appropriate service delivery. • Canberra Health Service (CHS) - Child protection education and training unit has updated the fact sheet *'Prenatal reporting, prenatal information sharing, pre-birth alerts'*. • Pregnancy Enhancement Program (PEP) midwife identifies risk factors and refers either to Parenting Enhancement Program (PEPs) or Integrated Multi-agencies for Parents and Children Together (IMPACT) program (community based). IMPACT aligns with engaging with vulnerable families linking with Alcohol and Drug and Perinatal Mental Health services. • Winnunga Nimmityiah AHCS recently commenced the implementation of the Australian Nurse Family Partnership Program (ANFPP) as well as the Connected Beginnings Program. The Programs provide enhanced opportunities with intensive support for pregnant women, their children and families and are an extension of the pre and post-natal services which have been delivered by Winnunga AHCS. The aim of the Programs are to ensure identified families are provided with appropriate wrap around supports for both clinical as well as psychosocial matters for the best possible start in life for babies. **Further action:** • Establish Prenatal Support Working Group to develop and support implementation of formally agreed assessment and referral pathways between ACT Health, CHS and Community Services Directorate (CSD) and non-government organisations (NGO's). • The ACT Government's *Early Support by Design* Project is a long term reform to establish a focus on early intervention in the commissioning of human services across government.

2. ***That ACT services review current practice to identify and respond to cases of cumulative harm. This includes:*** • ***A review of the current legislation to test whether it is sufficient in protecting children where risks do not meet current thresholds for intervention but where cumulative harm is identified.*** • ***Providing enhanced training and mandatory refresher courses for workers to ensure that they are aware of the full extent of their powers under legislation. Training programs should be evaluated to assess their effectiveness.***	**Agreed in principle** • The Glanfield Inquiry specifically considered the issue of cumulative harm and recommended improvements to service integration and practice rather than a legislative response. The restructure of the Children, Youth and Families division to incorporate the Child Development Service and the co-location of child protection staff in OneLink has responded to the call for better service integration. • As part of the Safer Families package announced in the 2016-17 Budget, Child and Youth Protection Services (CYPS) has implemented a policy and practice response to identifying cumulative harm through the establishment of a Case Analysis team. The team undertakes case analysis on identified cases of children and young people with extensive involvement with the child protection service, or those considered at high risk. It provides independent advice and quality assurance and assists CYPS to further develop consolidated histories which better identify risks to children and young people. • Glanfield also indicated that an improved client management system would allow for follow through of referrals. The new CYPS client management system, Child and Youth Record Information System (CYRIS), is expected to go live for CYPS in early 2019. The system will allow improved access to effectively manage information and will allow automated real time exchange of risk, safety and wellbeing information about children and young people. • The Government is continually assessing current practice to identify opportunities for improvements. Child protection training programs are regularly evaluated to assess currency and effectiveness. • As noted in the report, a Cumulative Harm Guide is in the final stages of completion within CSD and will be released to all CYPS staff to support improved understanding of this issue. • CHS has mandatory child protection training for all staff including contracted and volunteer staff. Training is conducted face to face and via E Learning platforms. Education is targeted to different levels depending on clinical responsibility and clinical interaction with vulnerable children / families. This includes mandatory refresher training for level 3 clinical staff every 3 years. • Child Protection Liaison Officers facilitate cross-Directorate communications between CHS and CYPS. Liaison Officers are available for support and expert advice to CHS staff. • The Child at Risk Health Unit (CARHU) provides an intake service that provides information, consultation and referrals to assist professionals including CHS staff and the public seeking health information, guidance, treatment and referral on issues relating to child abuse and neglect. • ACT Health Directorate has in consultation with CHS worked to automate Child Risk Concern Reports to an online secure system via RISKMAN portal to CYPS. This improves accountability for CYPS and the reporter. Notification are received by both parties thus strengthening governance and collaboration. **Further action:** • Options may be explored to develop new, and leverage existing services to support at risk families as part of the Government's *Early Support by Design* Project.

	• Develop and disseminate mandatory report guidance for working with children and families including specific cultural guidance on working with Aboriginal and Torres Strait Islander children and families. • CYPS will strengthen feedback processes following child concern reports regarding what action was taken or not.
3. ***That the Community Services Directorate establish a mechanism to identify and review children who have been reported to Child and Youth Protection Services where four reports or more have been made and where the following co-existing risk factors have been identified:*** • *Domestic and family violence* • *Substance misuse* • *Unstable housing* • *Limited parental service engagement*	**Agreed** • The ACT Government established a Case Analysis Team in 2016-17 which undertakes independent case analysis of individual cases where there is potential for cumulative harm to a child or young person. **Further action:** • The Case Analysis Team will incorporate the level of reporting and the four co-existing risk factors in the case assessment process to support enhanced discussion with teams as part of reflective casework practice.

Safe Sleeping	
4. ***For the ACT jurisdiction to ensure that safe-sleeping guidelines are consistent across Directorates and delivered consistently across the continuum of services by:*** • ***Ensuring cross directorate agreement is established about safe sleeping guidelines.*** • ***Professionals/providers have access to evidence based training and resources concerning safe sleeping guidelines.***	**Agreed in principle** • CYPS has information on safe sleeping available for families. • CYPS Practice guidelines allow for assistance to be given to families, in some instances, to purchase a bassinet or cot for an infant. • Women, Youth and Children Division (WYC) have safe sleep guidelines with consistent language and procedures • It is recommended that nurses and midwives view the sleep environment for all clients at the initial home visit with permission from the parent • Liaison with non-government agencies to ensure consistent information with CHS and CYPS guidance • CHS Engage with services such as Red Nose, Saving Little Lives (formerly Sids and Kids) to provide education sessions for Maternal and Child Health (MACH) staff **Further action:** • ACT Health and CSD to include discussion on identification of families (perinatal) where co-sleeping poses greater risk and look to provide free Pepi-pod bed as a safe co-sleeping environment with particular attention on parental smoking, substance abuse and parents with large body mass. • Liaison between CHS and CYPS prenatal liaison worker to conduct joint prenatal home visit to identify issues with the individual infant sleeping environment and opportunities for support and education.

	Addressing issue of safe sleep in the home before introducing a baby into the home is best practice for early intervention
5. ***Safe infant sleeping promotion, co-sleeping and bed-sharing messages need to be provided to all caregivers prior to and after the birth of the child by health and social welfare professionals. Vulnerable families should be provided with the necessary support to obtain appropriate bedding for the child prior to leaving the hospital.***	**Agreed** • Refer to response to Recommendation 4 above

Assessment of Parenting Capacity	
6. ***The ACT jurisdiction should consider the introduction of standardised empirically validated assessment tools to use in the pre and post-natal periods in order to identify vulnerable families requiring further support. This should include the necessary training for practitioners.***	**Agreed** • CYPS have tools and resources to support an understanding of family functioning and where appropriate would work with CHS practitioners involved. • CHS Implemented Perinatal Psychosocial Screening Assessment (PPSA) tool in 2014 as part of the National Perinatal Depression Initiative (NPDI). Screening is conducted antenatally and postnatally at the initial contact with a midwife or nurse. • Guidelines on Perinatal Emotional Wellbeing have been developed. E-learning is available to staff to complete on perinatal emotional wellbeing • WYC Community Health staff undertake Family Partnership training • Strengthening Hospital Response to Family Violence (SHRFV) program is being piloted in CHS antenatal services • Implemented The Period of PURPLE Crying program in CHS. Dose 1 conducted in maternity services, and dose 2 conducted in the community setting. An evaluation of the program will be completed by June 2019. **Further action:** • Strengthen training opportunities within CYPS and CHS as well as joint training where required
7. **The ACT jurisdiction should consider establishing a high-quality parenting capacity assessment service and support for parents with children where four**	**Agreed in principle** • It is not clear that setting a threshold of four reports would assist in reducing risk. Rather, CYPS undertakes risk assessment based on presenting risks and harm regardless of frequency of reports.

reports have been received about a child by Child Youth and Protection Services, including any prenatal reports	• The Child at Risk Health Unit (CARHU) provides expert assessment and advice in complex child protection matters and works closely with CYPS on a case by case basis. • Where a need for parenting support is identified, there are a range of service responses available. • As noted in response to Recommendations 1 and 11, CHS's Pregnancy Enhancement and Parenting Enhancement Program (PEP) provides parenting support for vulnerable families from pre-birth through to 12 months. • Under *A Step Up for Our Kids* the ACT Government funds Uniting Children and Families ACT to provide intensive, tailored support that aims to keep vulnerable families together by providing parents with the tools and knowledge to sustain a safe home environment for their children. • For Aboriginal and Torres Strait Islander families at risk of involvement with the child protection system, the ACT Government is currently supporting a trial of Functional Family Therapy being delivered by Gugan Gulwan Youth Aboriginal Corporation in partnership with OzChild. • Parents who require less intensive parenting support can access to a range of programs and services through the Child and Family Centres in Gungahlin, Tuggeranong and West Belconnen, and through community organisations funded under the Child, Youth and Family Support Program. **Further action:** • Utilise information from the Case Analysis team and reflective practice discussions to consider where gaps and opportunities are to enhance service delivery. • Options may be explored to develop new, and leverage existing services to support at risk families as part of the Government's *Early Support by Design* Project.
8. ***All information and reports from parents provided to services need to be tested through accessing information from other services, particularly in regard to reports of parental drug and alcohol use or instances of domestic violence.***	**Agreed in principle** • CYPS is in the process of implementing a new client management system (CYRIS), which will allow for improved information sharing and data matching between agencies and mandatory reporters. • The Government has committed to expanding the scope of the new system to include Child and Family Centres and the Child Development Service, and to build capability to integrate with key stakeholders. • The project will build connections with key government partners, commencing with ACT Policing and the Education Directorate, and will allow automated real time information exchange of risk, safety and wellbeing information about children and young people. • The system will provide Child and Youth Protection Services (CYPS) staff, and those working with families in the Child and Family Centres and Child Development Service, with improved access to effectively manage information to case manage children and young people and help keep them safe. • The Office of the Chief Digital Officer (OCDO) has also established a number of working groups to review and refine data linkage and information sharing across directorates more broadly.

	• The Office for Family Safety (OFS) is housing a team of data specialists from the OCDO to work on automating information sharing for a specific case tracking system across agencies. **Further action:** • Ongoing work with the OCDO to establish Information sharing principles and practices across the ACT

Gendered Service Response	
9. ***The presumption of the mother as the 'protective parent' as observed in records and applied by workers needs to be critically reviewed. The participation of both parents/caregivers in assessments and interventions should be required where it is evident that both parents/caregivers are involved in the care of the child.***	<u>Agreed</u> • CYPS provides intensive training for family safety. Key themes are support provided to the protective parent where family safety is identified as a significant risk, and working with the person deemed responsible, including referral to appropriate programs. • The Coordinator-General for Family Safety has undertaken comprehensive research and consultation about best practice approaches to supporting mothers when family safety is problematic. This has included the Every Man Male Perpetrator Program. • CYPS also provides specific training about engaging and working with fathers that supports a whole-of-family approach.
10. ***Professional development opportunities such as supervision and in-service staff training should be provided in organisations working with vulnerable families to ensure that workers utilise current knowledge of the impact of gender in assessment and interventions and incorporate gender sensitive strategies into routine practice, particularly in relation to client experiences of trauma, domestic violence and service utilisation.***	<u>Agreed</u> • CYPS has a supervision framework in place that encourages staff discussion on complex and sensitive issues on a case by case basis • CYPS provides face-to-face training to all staff, including provision training about engaging and working with fathers. • Community health staff have undertaken targeted trauma informed care education in 2018. • WYC-CHP staff have completed Family Partnership training and access clinical reflective practice • CHS supports access to Early Parenting Counselling service for all parents regardless of gender • All nurses/ midwives in the WYC access clinical reflective practice • OFS are developing Front Line Worker training for Family and Domestic Violence to be rolled out across ACT Government.

Recognising and Responding to Intergenerational Trauma	
11. That vulnerable families with an intergenerational history of abuse should be offered trauma informed targeted parenting support prior to and following birth of their child in a non-stigmatising maternal health service.	**Agreed in principle** • As noted above in Recommendation 3 - The Case Analysis Team will incorporate the level of reporting and the four co-existing risk factors in the case assessment process to support enhanced discussion with teams as part of reflective casework practice. • CHS Early Parenting Counselling Service (pre and post pregnancy) provide support through a trauma informed framework. • Pregnancy and Parenting Enhancement Program (PEPs) targets parenting support service for vulnerable families from prior to birth through to 12 months. • IMPACT program is currently undergoing a review of the model of care with the aim that the focus is more on the child at the centre and incorporating parenting support in the program which is trauma informed. • CARHU assists children and young people affected by abuse and neglect by providing specialist therapeutic interventions, counselling and support to assist them to heal from the traumatic consequences of these experiences. **Further action:** • Establish Prenatal Support Working Group to develop and support implementation of formally agreed assessment and referral pathways between Health, CSD and NGOs. • Options may be explored to develop new, and leverage existing services to support at risk families as part of the Government's *Early Support by Design* Project.
12. That the ACT jurisdiction identifies innovative and evidence informed approaches to working with individuals who have experienced intergenerational trauma particularly in relation to the following groups: • ***Children who are identified as experiencing cumulative harm*** • ***Young parents who were engaged in the statutory child protection services and/or corrective services***	**Agreed in principle** • Parenting Enhancement Program attends Canberra College Cares (a college program that supports young mothers) to support young parents • The Community Paediatric and Child Health Service (CPCHS) is a service for children and adolescents requiring medical assessment, treatment or review relating to suspected or established developmental delay or disability and behavioural or emotional disturbance. These children have developmental differences which may be attributed to and/or exacerbated by domestic violence, mental illness, substance abuse and other psycho-social adversities. • CARHU assists children and young people affected by abuse and neglect by providing specialist therapeutic interventions, counselling and support to assist them to heal from the traumatic consequences of these experiences.

• *Male and female perpetrators of family violence*	**Further action:** • Options may be explored to develop new, and leverage existing services to support at risk families as part of the Government's *Early Support by Design* and *Family Safety Hub* Projects. Both projects will develop service innovation and enhancement through co-design and including service users in the design and delivery.

Child Focussed Practice	
13. There is a need to build organisational and workplace cultures within the ACT that embrace a range of practices and attitudes that aim to keep the 'child in mind'. Further work is required to develop and support all professionals and adult services, such as Corrective Services and ACT Housing, to be aware of and to act with the best interests of the child as a primary consideration.	<u>Agreed</u> • Training and development opportunities for adult service provision includes components on holistically working with individuals in the context of their family and circumstances. • Adult services are made aware of the need to support the wellbeing of children and young people where this is required. • IMPACT program is currently undergoing a review of the model of care with the aim for aligning the focus on the child and parenting support for the families. • Draft CHS clinical guidelines to assist clinicians balance the concerns for adults attending psychotherapeutic assessments and treatments when infants, with their different needs, are present at the adult's appointment. • As part of the ACT response to the recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse, the ACT is committed to implementing Child Safe Practices across all organisations that provide services to children and young people.
14. Organisations and professionals working with young children need to be supported to recognise that all children, including very young children, have rights as set out in the United Nations Convention on the Rights of the Child (1989). Professionals need to be supported to build capacity, skills and knowledge to work, think and act in a way that supports the implementation of children's rights.	<u>Agreed</u> • The ACT was the first Australian jurisdiction to enact a Human Rights Act in which the rights of children are included. • The *Human Rights Act 2004* provides the statutory basis for respecting, protecting and promoting civil and political rights in the ACT. This means that every Directorate embeds the principles and rights of the *Human Rights Act 2004* in the development and implementation of all strategic and organisational policies and documents including contracts with the NGO sector. • To support ongoing efforts to embed best practice and promote a human rights culture in policy implementation, CSD ensures staff are appropriately trained in CSD policy and legislation, including the *Children and Young People Act 2008* and the *Human Rights Act 2004*.

	• CSD has invested in ensuring human rights practice is at the forefront of our operations though the development of the *CSD Strategic Plan 2018-2028*. Each of the seven outcomes under the plan map directly to the *Human Rights Act 2004* to embed dignity and fairness to all people across the Canberra community.

Enhanced Supports for Families Under Pressure	
15. Caseworkers making referrals for vulnerable families should provide follow up support to families while they wait for services to commence.	**Agreed in principle** • The Royal Commission into Institutional Responses to Child Sexual Abuse makes a number of recommendations about improving support for families through improved mandatory reporter guidance. ACT Government has supported these recommendations and will continue to work towards full implementation. • Ability to identify vulnerable families following birth is enhanced through e-referral system from maternity service in the ACT to MACH service. • Child and Family Centres (CFC) and MACH have strong relationship and the ability of 'warm referral' for families. • CARHU provides 'Concerns Interviews' to parents/carers, providing an opportunity to discuss concerns about children in their care who may have been exposed to abuse and neglect.
16. That services across the ACT increase the awareness of professionals to recognise and respond to stress in families and to better understand the impact that this has on children when other risk factors are evident	**Agreed in Principle** • CARHU provides an intake service that provides information, consultation and referrals to assist professionals including ACT Health staff and the public seeking health information, guidance, treatment and referral on issues relating to child abuse and neglect. • CPCHS service supports families of children with development and behavioural issues to understand the implications and trajectory of their child's developmental differences. **Further action:** • Options may be explored to develop new, and leverage existing services to support at risk families as part of the Government's *Early Support by Design* Project.

Recording and Sharing Information About Children and Families	
17. For information sharing arrangements to operate effectively, they must be supported by organisational and professional cultures with strong governance and practice leadership, which observe and understand the guiding legislation. The ACT jurisdiction should consider providing training to relevant organisations concerning appropriate information sharing.	**Agreed in Principle** • CYPS has developed initiatives to improve information sharing, including co location of staff from key partner agencies and entering into information sharing agreements with ACT Directorates to improve information co-ordination and usage. **Further action:** • Consideration needs to be given to the concept of the 'treating team' in health systems and legislative constraints regarding the *Health Records (Privacy and Access) Act 1997* . This would be similar to the model where CYPS are involved and a "declared care team" under legislation is activated. • As CHS increases its interface with ACT schools, consideration of information sharing in this context should also be a consideration. • ACT Government is supportive of training across government and to relevant organisations concerning appropriate information sharing. Such training should include information sharing in both child protection and domestic and family violence sectors.
18. That the Community Services Directorate review quality assurance systems to ensure client documents are complete, information is recorded fully and accurately and that assessments are documented in a manner that records the justification of decisions made by professionals in regard to the safety of the child.	**Agreed** • The CYPS Integrated Management System (IMS) is an evidence-based quality assurance system that integrates legal compliance, practice and governance to control all aspects of operational practice including document management and decision making. The IMS has a built-in system of internal audit to review the quality of case files. • The Child and Youth Protection Quality Assurance and Improvement (CYPQAI) Committee is an independent advisory body established in 2016 to support improved quality assurance practices and decision making in CYPS. The Committee provides high-level strategic influence, oversight and review of CYPS practices, responses and findings. • CYPS is developing a practice guide to bring together legislation, policy and procedures and mechanisms in place to strengthen and support practice and evidence-informed and consistent decision making. Existing mechanisms in place that support decision making and strengthen practice include: supervision, training and development, workforce planning, quality assurance audit function and case analysis.

	• The new CYPS client management system, Child and Youth Record Information System (CYRIS), is currently being built. User Acceptance Testing commenced in November 2018, and the system is expected to go live for CYPS in early 2019. This system will digitise case records and improve recording of key decisions and accountability of decision making.
19. ***That the ACT continue to encourage the Commonwealth and other state jurisdictions to make nationally consistent legislative and administrative arrangements, including the development of a national data base, to enable the sharing of information related to the safety and wellbeing of children.***	**Agreed** • ACT Government sits on a number of Commonwealth and State committees and working groups where matters such as consistent arrangements and common data sets are prioritised as part of the work program.

ACT Government | ACT Health

ACT Health Directorate

Ms Margaret Carmody, PSM
Chair
ACT Children and Young People Death Review Committee
childdeathcommittee@act.gov.au

Dear Ms Carmody

Changing the Narrative for Vulnerable Children: Strengthening ACT Systems

Thank you for your letter of 24 September 2018 seeking information about activity within the ACT Health Directorate and Canberra Health Services in response to recommendations made by the ACT Children and Young People Death Review Committee. I apologise for the delay in responding.

I am pleased to provide an update on activity to address past recommendations of the Committee, as well as noting possible future opportunities which will require further consideration. This information is at Attachment A.

As you are aware, the Community Services Directorate is coordinating a whole-of-Government response to the Committee's report 'Changing the Narrative for Vulnerable Children: Strengthening ACT Systems', to which the Health Directorate and Canberra Health Services have contributed. At Attachment B is the information provided to the Community Services Directorate for your reference.

If you have any further questions, please contact Paul Wyles, Manager of Health Policy Unit, by phone on 02 5124 9751, or by email at paul.wyles@act.gov.au.

Yours sincerely

Michael De'Ath
Director-General

18 December 2018

Attachments
A: Update on activity to address past recommendations.
B: ACT Health Directorate and Canberra Health Services contribution to whole-of-Government response.

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ACT Children and Young People Death Review Committee – Update on Activity to Address Recommendations – ACT Health Directorate and Canberra Health Services

Recommendation	Current Activity Addressing the Recommendation	Opportunities to Consider

Information sharing
Improvements to information sharing aimed at enabling:
• Government and related services to improve the systems and culture for sharing information in the interests of protecting vulnerable children.
  ○ To operate effectively there is a need for organisational and professional cultures with strong governance and practice leadership, which observe and understand the guiding legislation.
  ○ The ACT jurisdiction should consider providing training to relevant organisations concerning appropriate information sharing. This includes greater funding to improve education around rights and responsibilities.
• Service providers to use informal system for sharing of information, moving away from a penalty framework, including sharing information on health referrals, decisions and recommendations. Access by doctors to health notes during pre-court assessment period.
• Better decision making and better outcomes for individuals to reduce avoidable deaths of children and young people.
• The assessment of risks when families move between jurisdictions.
	• Child Protection Liaison Officers facilitate cross-Directorate communications between CHS and Child and Youth Protective Services. Liaison Officers are available for support and expert advice to CHS staff.
	• Information is more readily shared when CYPS are involved and a 'declared care team' is activated under the legislation.
		• Consider a single digital child health record for all Canberra Health Services.
		• As CHS increases its interface with ACT schools, information sharing will need to be considered (ie between health and education professionals).
		• Information sharing may require legislative support (ie amendment to *the Health Records (Privacy and Access) Act 1997*).
		• ACT Health Directorate and CHS support training across government and to relevant organisations concerning appropriate information sharing. Such training should include information sharing in both child protection and domestic and family violence situations.

Recommendation	Current Activity Addressing the Recommendation	Opportunities to Consider

Enhanced supports for families under pressure
 	
Enhanced supports for families under pressure that address:
 	
• The need for access to and connection with services that can assist families to avert crisis, with a clear and trusted access point for families at points of crisis.
 	
• The need for services to be proactive in engaging parents to benefit from services, such as the National Disability Insurance Scheme, and the need for children and young people to be at the centre of decision making about services.
 	
• Maximising early intervention strategies before the birth of a child, including access to GPs and prenatal health checks.
 	
  ○ Need to follow up non-attendance at appointments.
 	
  ○ The engagement of culturally appropriate services for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse families.
 	
• The need for a case planner to provide continuity of relationships and direction for family, as well as to facilitate communication between service providers. This applies in the health setting too.
 	
• The awareness of professionals to recognise and respond to stress in families and to better understand the impact that this has on children when other risk factors are evident.
 	
• The need for vulnerable families with an intergenerational history of abuse to be offered trauma-informed targeted parenting support prior
	• CHS has mandatory child protection training for all staff including contracted and volunteer staff.
	
	• As a CHS employee, it is voluntary to make a prenatal report to CYPS.
	
	• Training is conducted face to face and via E-Learning platforms.
	
	• Education is targeted to different levels depending on clinical responsibility and clinical interaction with vulnerable children / families. This includes mandatory refresher training for level 3 clinical staff every 3 years.
	
	• The child protection training programs are regularly evaluated to assess currency and effectiveness.
	
	• Child protection education and training (CHS) has updated the fact sheet *'Prenatal reporting, prenatal information sharing, pre-birth alerts'.*
	
	• Pregnancy Enhancement Program (PEP) midwife identifies risk factors and refers to either to Parenting Enhancement Program (PEPs) or Integrated Multi-agencies for Parents and Children Together (IMPACT) program (community based). IMPACT aligns with engaging with vulnerable families linking with Alcohol and Drug and Perinatal Mental Health services.
	
	• ACT Health Directorate in consultation with CHS implemented Child Concern Reports through an online secure system via RISKMAN portal to CYPS. This improves accountability for CYPS and the reporter. Notification will be received by both parties.
		• CHS is participating in the Human Services Cluster *Early Support by Design Project* as a Try, Test & Learn Site for *Improving Early Family Support*. This project will focus on supporting vulnerable families during the period from pre-birth to early childhood.
		
		• Align MACH services with the proposed Maternity Access Strategy to enhance holistic service and support for families identified as vulnerable.
		
		Strengthen governance and collaboration:
		
		• CYPS to strengthen feedback processes following child concern report regarding what action was taken or not.
		
		• Funding for CHS staff to undertake Family Partnership training.
		
		• Highly recommend relevant clinical staff attend Circle of Security (CoS) training.
		
		• Implement Strengthening Hospital Response to Family Violence (SHRFV) in Canberra Health Services.
		
		• Strengthen mandated reporting training across all Directorates in ACT Government, similar to that in Canberra Health Services.
		
		• Develop program for young people that focuses on the realities of pregnancy, birth and early parenting (eg Core of Life).

Recommendation	Current Activity Addressing the Recommendation	Opportunities to Consider
to and following birth of their child in a non-stigmatising maternal health service. ○ The ACT jurisdiction should consider the introduction of standardised empirically validated assessment tools to use in the pre and post-natal periods in order to identify vulnerable families requiring further support. This should include necessary training for practitioners.	• Child Protection Liaison Officers facilitate cross-Directorate communications between CHS and CYPS. Liaison Officers are available for support and expert advice to CHS staff. • The Child at Risk Health Unit (CARHU) provides an intake service that provides information, consultation and referrals to assist professionals including CHS staff and the public seeking health information, guidance, treatment and referral on issues relating to child abuse and neglect. • CHS Implemented Perinatal Psychosocial Screening Assessment (PPSA) tool in 2014 as part of the National Perinatal Depression Initiative (NPDI). Screening is conducted antenatally and postnatally at the initial contact with a midwife or nurse. • Guidelines on Perinatal Emotional Wellbeing have been developed. • E-learning is available to staff to complete on perinatal emotional wellbeing. • Referral pathways established for appropriate support services. • WYC community health staff undertake Family Partnership training • Implementing Purple Crying program. Dose 1 conducted in maternity services, and Dose 2 conducted in the community setting.	

Recommendation	Current Activity Addressing the Recommendation	Opportunities to Consider
Child-focussed practice Changes to services to make them more focussed on children by: • Enabling access to comprehensive medico-psychosocial assessment for families with multiple and complex needs, with services prioritised to the child's assessed needs. • Moving the focus of services to the best interests of the child, in particular the child's safety and assessing whether the child's needs are being adequately addressed. • Shifting the focus to cumulative risk, rather than episodic risk, so that the family or child's need can be addressed holistically, rather than in an ad-hoc piecemeal way, where the scale of the problem only becomes evident after an event. • Organisations and professionals working with young children need to be supported to recognise that all children, including very young children, have rights as set out in the *United Nations Convention on the Rights of the Child (1989)*. Professionals need to be supported to build capacity, skills and knowledge to work, think and act in a way that supports the implementation of children's rights.	• Advocate for child friendly areas in community health centres • CHS factsheet is available that informs and educates staff about Child-safe, Child-friendly, Child-aware practices • Child focus is embedded into everyday professional practice for MACH staff with infant mental health as a primary focus of care. • CHS Child Protection training provides information on the United Nations Convention on the Rights of the Child. • School Youth Health Nurse use the principle of Gillick competence to ensure the rights of young people are supported in their health care choices. • Draft clinical guidelines to assist clinicians to balance the concerns for adults with the needs of the child who may attend the appointment with the adult.	• Implement Child-safe, Child-friendly, Child-aware practices throughout CHS. • Strengthening health services, including school-based health support and adolescent health services, for children in out of home care.

Recommendation	Current Activity Addressing the Recommendation	Opportunities to Consider
Safe sleeping Provide families with information on safe sleeping through: • Consistent guidelines agreed across the directorates and delivered through the continuum of services. • The provision of safe infant sleeping promotion, co-sleeping and bed-sharing messages to all caregivers prior to and after the birth of the child by health and social welfare professionals. • Ensuring vulnerable families are provided with the necessary support to obtain appropriate bedding for the child prior to leaving hospital. • Evidence-based training and resources on safe sleeping for service providers and professionals working with families.	• WYC Division have safe sleep guidelines with consistent language and procedures. • It is recommended that nurses and midwives view the sleep environment for all clients at the initial home visit with permission from the parent. • Liaison with non-governance agencies for consistent information eg Queen Elizabeth II. • Engage Red Nose to provide education sessions for MACH staff.	• Provide free Pepi-pod bed as a safe co-sleeping environment for all vulnerable families with particular attention to smoking and parents with large body mass index. • Liaison between CHS and CYPS prenatal liaison worker to conduct joint prenatal home visit to identify issues with the individual infant sleeping environment and opportunities for support and education. Addressing issue of safe sleep in the home before introducing a baby into the home is best practice for early intervention. • Strengthen education to all parents and carers on child's safe sleeping needs. • Strengthen legislation to ensure cots used for display at point of sale on commercial premises promote the safe sleeping message.

Recommendation	Current Activity Addressing the Recommendation	Opportunities to Consider
Youth suicide The Committee made recommendations relating to youth suicide in a 2014 submission to the Inquiry into youth suicide and self-harm in the ACT by the Standing Committee on Health, Ageing, Community and Social Services. Enhance awareness of youth suicide through: • Building community knowledge of warning signs and skills to communicate with and support young people at risk. Inform, educate and empower family and friends to recognise when help is needed and how to help.	The ACT Government is committed to improving youth-focused mental health services in the ACT. This commitment has been demonstrated through the expansion of school-based counselling services for children and the Youth Health Nurse Program, improving hospital-based and outreach services for young people, and providing more support to community providers such as headspace and Menslink to deliver early intervention programs and services. Canberra Health Services provides a comprehensive suite of public mental health services including the Child and Adolescent Mental Health Service, as well as specialist services such as the Cottage Day Program, the Eating Disorders Program and the Early Intervention (Psychosis) Service. <u>School Youth Health Nurse (SYHN) Program</u> The SYHN program commenced in 2009. SYHN are currently employed in 7 high schools. SYHN provides a psychosocial assessment for all young people who attend for consultation, early intervention, referral, health promotion and education based on identified need. The SYHN is a point of contact for young people, their family and the school community. Canberra Health Services is recruiting additional 'roving' SYHN for every ACT Public High School. <u>LifeSpan Integrated Suicide Prevention Framework</u> The ACT Government has committed $1.545 million from 2018-19 to pilot the Black Dog Institute's LifeSpan over the next three years. LifeSpan aims to build a safety net for the community by connecting and coordinating new and existing interventions and programs and building the capacity	• Increase access to mental health services for young people including evidence based and validated online resources.

Recommendation	Current Activity Addressing the Recommendation	Opportunities to Consider
	of the community to better support people facing suicidal crisis. LifeSpan is an evidence-based approach to integrated suicide prevention. It combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community. LifeSpan's Fifth Strategy specifically targets youth suicide and the promotion of help seeking, mental health and resilience in schools, including: • Evidence-based Question Persuade Respond suicide prevention and intervention training for health professionals, teachers and parents, which is now available to ACT residents for free online; • Advanced Training in Suicide Prevention for school physiologists; • Youth Aware of Mental Health (YAM) training for students; and • Improved referral pathways between schools and health services. <u>Way Back Support Service</u> Funded by the ACT Health Directorate since 2016, this non-clinical suicide prevention service provides follow-up support people for up to three months, after they have attempted suicide. This initiative is in addition to the existing ongoing suicide prevention, intervention and management through contemporary models of care provided by Canberra Health Services.	

Recommendation	Current Activity Addressing the Recommendation	Opportunities to Consider
Button batteries In November 2015, and following the findings of a Queensland Coronial Inquest, the Committee recommended that ACT Health develop a protocol on the management of button battery ingestion.	Canberra Health Services is currently drafting Management of Ingestion of a Button Battery Guideline. This document will provide management guidelines and a referral pathway for staff to ensure that the patient is seen by the appropriate clinicians and that potential complications are anticipated.	

B

ACT Children and Young People Death Review Committee (CYPDRC)
Report 'Changing the narrative for vulnerable children: Strengthening ACT systems'
Response by ACT Health Directorate and Canberra Health Services
November 2018

ACT Health Directorate welcomes the opportunity to provide comment on the ACT Children and Young People Death Review Committee's – *Changing the Narrative for Vulnerable Children: Strengthening ACT systems.*

ACT Health Directorate (the Directorate) and Canberra Health Services (CHS) acknowledge the important work of the Committee in attempting to understand through review and research contributing factors to child deaths in the ACT and helping the community to better prevent child death in the future.

Three operational areas contributed comments to this response: Women's, Youth and Children Division; and Mental Health, Justice Health and Alcohol and Drug Services in CHS; and the Aboriginal and Torres Strait Islander Practice Centre within ACT Health Directorate.

Women's, Youth and Children Division provided specific feedback to recommendations, as their services work closely with Child Youth Protection Services (CYPS), vulnerable families and children at risk. These services include: Child at Risk Health Unit; Child Protection Liaison Officers; Child Protection Education and Training; as well as Maternal and Child Health (MACH) services provided by nurses, midwives, medical officers and allied health staff. A number of specific programs have relevance including the Pregnancy Enhancement Program (PEP) and the IMPACT program (a health program for mothers with mental health issues and engaging in opioid treatment).

Whilst not specific to the recommendations, we note additional services which provide pre and post-natal support:

- *Perinatal Mental Health Consultation Service* provides assessment, treatment, support, advice and referrals for women experiencing moderate to severe mental illness during the prenatal and perinatal phase up until 12 months after giving birth; and
- *Post and Ante Natal Depression Support and Information Incorporated (PANDSI),* funded by the Directorate, is a community organisation that provides support education, information and referral for families in Canberra experiencing perinatal depression or anxiety. Services include individual assessment, group work and referral to community supports.

Comments from the Aboriginal and Torres Strait Islander Practice Centre focus on the broad complex and systemic issues which the child protection system locally and nationally struggle with, including: recruitment and retention of Aboriginal and Torres Strait Islander staff; training of staff; consideration of the Aboriginal and Torres Strait Islander Child Rearing Practice Guidelines; the establishment of an Aboriginal child care agency in the ACT; understanding, training and supervision of staff in the impact of intergenerational trauma; and, developing a cultural capability framework for staff in the child protection areas.

The following comments are provided against recommendations as relevant to the work of the Directorate and CHS.

ACT Children and Young People Death Review Committee Report 'Changing the narrative for vulnerable children: Strengthening ACT systems'
Response by ACT Health Directorate and Canberra Health Services
November 2018

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 1 That current practice models with parents following prenatal reports be reviewed to: • Ensure that early intervention strategies across ACT Health and Community Services Directorates are maximised before the birth of the child, including access to GPs and prenatal health checks - non-attendance should be followed up.	Agree	• Child protection education and training (CHS) has updated the fact sheet *'Prenatal reporting, prenatal information sharing, pre-birth alerts'*. • As a CHS employee, it is voluntary to make a prenatal report to CYPS. • Pregnancy Enhancement Program (PEP) midwife identifies risk factors and refers to either to Parenting Enhancement Program (PEPs) or Integrated Multi-agencies for Parents and Children Together (IMPACT) program (community based). IMPACT aligns with engaging with vulnerable families linking with Alcohol and Drug and Perinatal Mental Health services.	• Support and encourage voluntary prenatal reporting by all health professionals. • Streamlining (for example, screening) in the acute Women Youth and Children (WYC) setting and PEPs in WYC community health. • Collaborating with the Family Safety Hub to progress a concept to dedicate an antenatal visit and one postnatal visit to address psychosocial issues for the families. The aim is to target vulnerability concerns in visit. • Align MACH services with the proposed Maternity Access Strategy to enhance holistic service and support for families identified as vulnerable.

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 2 That ACT services review current practice to identify and respond to cases of cumulative harm. This includes: • A review of the current legislation to test whether it is sufficient in protecting children where risks do not meet current thresholds for intervention but where cumulative harm is identified. • Providing enhanced training and mandatory refresher courses for workers to ensure that they are aware of the full extent of their powers under legislation. Training programs should be evaluated to assess their effectiveness.	Agree	• CHS has mandatory child protection training for all staff including contracted and volunteer staff. • Training is conducted face to face and via E Learning platforms • Education is targeted to different levels depending on clinical responsibility and clinical interaction with vulnerable children / families. This includes mandatory refresher training for level 3 clinical staff every 3 years • The child protection training programs are regularly evaluated to assess currency and effectiveness. • Child Protection Liaison Officers facilitate cross-Directorate communications between CHS and CYPS. Liaison Officers are available for support and expert advice to CHS staff. • The Child at Risk Health Unit (CARHU) provides an intake service that provides information, consultation and referrals to assist professionals including CHS staff and the public seeking health information, guidance, treatment and referral on issues relating to child abuse and neglect.	• ACT Health Directorate in consultation with CHS finalised and strengthened Child Risk Concern Reports to an online secure system via RISKMAN portal to CYPS. This improves accountability for CYPS and the reporter. Notification will be received by both parties. Strengthen governance and collaboration. • CYPS to strengthen feedback processes following child concern report regarding what action was taken or not.

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 4 For the ACT jurisdiction to ensure that safe-sleeping guidelines are consistent across Directorates and delivered consistently across the continuum of services by: • Ensuring cross directorate agreement is established about safe sleeping guidelines. • Professionals/providers have access to evidence-based training and resources concerning safe sleeping guidelines.	Agree	• WYC Division have safe sleep guidelines with consistent language and procedures • It is recommended that nurses and midwives view the sleep environment for all clients at the initial home visit with permission from the parent • Liaison with non-governance agencies for consistent information eg Queen Elizabeth II • Engage Red Nose, Saving Little Lives (formerly Sids and Kids) to provide education sessions for MACH staff	• Provide free Pepi-pod bed as a safe co-sleeping environment for all vulnerable families with particular attention on smoking and parents with large body mass.
Recommendation 5 Safe infant sleeping promotion, co-sleeping and bed-sharing messages need to be provided to all caregivers prior to and after the birth of the child by health and social welfare professionals. • Vulnerable families should be provided with the necessary support to obtain appropriate bedding for the child prior to leaving hospital.	Agree	• As outlined above in Recommendation 4	• Liaison between CHS and CYPS prenatal liaison worker to conduct joint prenatal home visit to identify issues with the individual infant sleeping environment and opportunities for support and education. Addressing issue of safe sleep in the home before introducing a baby into the home is best practice for early intervention • Strengthen education to all parents and carers on child's safe sleeping needs

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 6 The ACT jurisdiction should consider the introduction of standardised empirically validated assessment tools to use in the pre and post-natal periods in order to identify vulnerable families requiring further support. This should include the necessary training for practitioners.	Agree	• CHS Implemented Perinatal Psychosocial Screening Assessment (PPSA) tool in 2014 as part of the National Perinatal Depression Initiative (NPDI). Screening is conducted antenatally and postnatally at the initial contact with a midwife or nurse. • Guidelines on Perinatal Emotional Wellbeing have been developed • E-learning is available to staff to complete on perinatal emotional wellbeing • Referral pathways established for appropriate support services • WYC community health staff undertake Family Partnership training • Strengthening Hospital Response to Family Violence (SHRFV) program is being piloted in CHS antenatal and MACH services • Implemented Purple Crying program. Dose 1 conducted in maternity services, and dose 2 conducted in the community setting.	• Funding for all staff to complete Family Partnership training • Highly recommend relevant clinical staff attend Circle of Security (CoS) training • Extend Strengthening Hospital Response to Family Violence (SHRFV) to all the WYC division staff • All maternity services in the ACT to undertake Strengthening Hospital Response to Family Violence (SHRFV) training program • Strengthen Purple Crying program across all ACT maternity services (potential alignment with proposed Maternity Access Strategy).

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 10 Professional development opportunities such as supervision and in-service staff training should be provided in organisations working with vulnerable families to ensure that workers utilise current knowledge of the impact of gender in assessment and interventions and incorporate gender sensitive strategies into routine practice, particularly in relation to client experiences of trauma, domestic violence and service utilisation.	Agree	• All WYC community health staff have undertaken targeted trauma informed care education in 2018. • WYCCHP staff completed Family Partnership training • Access to Early Parenting Counselling service for all parents regardless of gender • Collaborate with Family Safety Hub and contributing to idea concepts that will be piloted in different directorates across ACT • All nurses/ midwives in the WYCCHP access clinical reflective practice • Staff have access to professional development opportunities • All WYCCHP health professionals engage in a range of clinical supervision supports. Health professionals delivering services to vulnerable families have a focus on trauma and the impact of violence on families in clinical supervision.	*Opportunities to consider* • Other relevant staff attend Circle of Security training as appropriate • Extend Strengthening Hospital Response to Family Violence (SHRFV) training program to all WYC Division staff • All maternity services in the ACT to undertake Strengthening Hospital Response to Family Violence (SHRFV) training program • Clinical reflective practice to be implemented and available for all nursing and midwifery staff to access

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 11 That vulnerable families with an intergenerational history of abuse should be offered trauma-informed targeted parenting support prior to and following birth of their child in a non-stigmatising maternal health service.	Agree	• Early Parenting Counselling Service provide service through a trauma informed framework • Parenting Enhancement Program (PEPs) targets parenting support service for vulnerable families • IMPACT program is currently under-going review of model of care to propose the focus is more on the child at the centre and incorporating parenting support in the program • CARHU assists children and young people affected by abuse and neglect by providing specialist therapeutic interventions, counselling and support to assist them to heal from the traumatic consequences of these experiences.	• Parenting Enhancement Program eligibility criteria timeframe to be expand for 3 years instead of 1 year. • IMPACT Program to expand the current eligibility for clients to stay on the program until preschool age instead of 2 years. • Strengthen the ability for families to engage in formal child care.

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 12 • That the ACT jurisdiction identifies innovative and evidence informed approaches to working with individuals who have experienced intergenerational trauma particularly in relation to the following groups: • • children who are identified as experiencing cumulative harm • • young parents who were engaged in statutory child protection services and/or corrective services • • male and female perpetrators of family violence. •	Agree	• Parenting Enhancement Program attends Canberra College Cares (a college program that supports young mothers) to support young parents • The Community Paediatric and Child Health Service (CPCHS) is a service for children and adolescents requiring medical assessment, treatment or review relating to suspected or established developmental delay or disability and behavioural or emotional disturbance. These children have developmental differences which may be attributed to and/or exacerbated by domestic violence, mental illness, substance abuse and other psycho-social adversities. • CARHU assists children and young people affected by abuse and neglect by providing specialist therapeutic interventions, counselling and support to assist them to heal from the traumatic consequences of these experiences.	

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 13 There is a need to build organisational and workplace cultures within the ACT that embrace a range of practices and attitudes that aim to keep the 'child in mind'. Further work is required to develop and support all professionals and adult services, such as Corrective Services and ACT Housing, to be aware of and to act with the best interests of the child as a primary consideration.	Agree	• IMPACT program is currently undergoing a review of the model of care with the aim for aligning the focus on the child and parenting support for the families. • Advocate for child friendly areas in community health centres • Draft clinical guidelines to assist clinicians balance the concerns for adults attending psychotherapeutic assessments and treatments when infants, with their different needs, are present at the adult's appointment • CHS factsheet is available that informs and educates staff about Child-safe, Child-friendly, Child-aware practices	• Implement Child-safe, Child-friendly, Child-aware practices within all health services
Recommendation 14 Organisations and professionals working with young children need to be supported to recognise that all children, including very young children, have rights as set out in the United Nations Convention on the Rights of the Child (1989). Professionals need to be supported to build capacity, skills and knowledge to work, think and act in a way that supports the implementation of children's rights.	Agree	• Embedded into everyday professional practice for MACH staff with infant mental health as a primary focus of care. • CHS Child Protection training provides information on the United Nations Convention on the Rights of the Child.	

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 15 Caseworkers making referrals for vulnerable families should provide follow up support to families while they wait for services to commence.	Agree	• The MACH model of care framework incorporates a MACH Plus service where additional support is offered via a home or clinic visit or access to early days group session • Identified pathways provide referrals to ongoing support services eg. PEPs • MACH escalation policy prioritises home visiting for more vulnerable client referrals • Ability to identify vulnerable families following birth is enhanced through e-referral system from maternity service in the ACT to MACH service. • Child and Family Centres and MACH have strong relationship and the ability of 'warm referral' for families. • CARHU provides 'Concerns Interviews' to parents/carers, providing an opportunity to discuss concerns about children in their care who may have been exposed to abuse and neglect.	• Enhance communication improvement with CYPS • Early intervention service currently with CSD. An opportunity exists for improved alignment to increase clinical governance and referral process.

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 16 That services across the ACT increase the awareness of professionals to recognise and respond to stress in families and to better understand the impact that this has on children when other risk factors are evident.	Agree	• Referral to Perinatal Mental Health Consultation service (PMHCS) • Education of staff at WYCCH program days • Clearer level of vulnerability of client outlined in the MACH model of care • CARHU provides an intake service that provides information, consultation and referrals to assist professionals including ACT Health staff and the public seeking health information, guidance, treatment and referral on issues relating to child abuse and neglect. • CPCHS service supports families of children with development and behavioural issues to understand the implications and trajectory of their child's developmental differences.	

Recommendation	Response	Current activity addressing the recommendation	Opportunities to consider
Recommendation 17 For information sharing arrangements to operate effectively, they must be supported by organisational and professional cultures with strong governance and practice leadership, which observe and understand the guiding legislation. The ACT jurisdiction should consider providing training to relevant organisations concerning appropriate information sharing.	Agree		• Consideration needs to be given to the concept of the 'treating team' in health systems and legislative constraints regarding the Health Record Act. • As CHS increases its interface with ACT schools, consideration of information sharing in this context should also be a consideration, ie education and health professionals. • Health's experience in information sharing is that it is much clearer when CYPS are involved and a 'declared care team' under the legislation is activated. • CHS and ACT Health Directorate agree and are supportive of training across government and to relevant organisations concerning appropriate information sharing. Such training should include information sharing in both child protection and domestic and family violence sectors.

ACT Government
Community Services

Ms Margaret Carmody PSM
Chair
ACT Children and Young People Death Review Committee
GPO Box 158
CANBERRA ACT 2601

Email: childdeathcommittee@act.gov.au

Dear Ms Carmody

Implementation of ACT Children and Young People Death Review Committee Recommendations

Thank you for your letter of 24 September 2018 to Ms Bernadette Mitcherson concerning a review of recommendations contained in past ACT Children and Young Death Review Committee (CYPDRC) reports and the implementation of these recommendations by the Community Services Directorate.

I apologise for the delay in providing a response to your request; compiling the information required significant consultation across the Directorate and across the ACT Government.

As you would appreciate, many of the recommendations included in your correspondence are from the report *Changing the Narrative for Vulnerable Children: Strengthening ACT Systems 0-3 Group Review*. I understand that Rachel Stephen-Smith, Minister for Children, Youth and Families has written separately to you providing an update of progress against the recommendations contained in that report.

Attached is a table that includes the responses provided to you by Minister Stephen-Smith, along with detailed responses against the remaining recommendations included in your correspondence of 24 September 2018.

As you will note there has been significant work undertaken across the Directorate over recent years to inform continuous improvement of service delivery and drive a culture of practice improvement to ensure better outcomes for children who are at risk from abuse and neglect.

In responding, it appeared that some recommendations may have been formed without a full understanding of the current service provisions on the ground and/or contemporary policy development in the areas of child development, child health and child wellbeing.

I would welcome the opportunity for officials from the Directorate to meet with the Committee to brief you on these matters prior to the development of recommendations of future reports.

Yours sincerely

RM Cross

Rebecca Cross
Director-General

12 February 2019

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Progress against recommendations of the ACT Children and Young People Death Review Committee

Blue text = recommendations and responses from report *Changing the Narrative for Vulnerable Children: Strengthening ACT Systems 0-3 Group Review*

Black text = recommendations from other CYPDRC reports/reviews

Information sharing and recording	

Improvements to information sharing and recording practices aimed at enabling:
• **Government and related services to improve the systems and culture for sharing information in the interests of protecting vulnerable children**
  ○ **To operate effectively there is a need for organisational and professional cultures with strong governance and practice leadership, which observe and understand the guiding legislation.**
  ○ **The ACT jurisdiction should consider providing training to relevant organisations concerning appropriate information sharing. This includes greater funding to improve education around rights and responsibilities.**
  (Recommendation 17 from 0-3 Report)**
• **Service providers to use informal system for sharing of information, moving away from a penalty framework, including sharing information on health referrals, decisions and recommendations. Access by doctors to health notes during pre-court assessment period.**
• **Better decision making and better outcomes for individuals to reduce avoidable deaths of children and young people.**
• **The assessment of risks when families move between jurisdictions.**
• **The Directorate to ensure clients' documents are complete, information is recorded fully and accurately and that assessments are documented in a manner that records the justification of decisions made by professionals in regard to the safety of the child. (**Recommendation 18 from 0-3 Report)**
• **Ongoing engagement with the Commonwealth and other states jurisdictions with regards to the making of nationally consistent legislation and administrative arrangements, including the development of a national database, to enable the sharing of information related to the safety and wellbeing of children.**
  (Recommendation 19 from 0-3 Report)**
• **The Family Safety Hub should also look to discern patterns, trends and risk that can inform system improvements, identify systematic issues and assist with better service provision.**
	• Health Passports are provided to children 14 years or under who are in care. The Health Passport is a small booklet specifically designed to allow health information to be stored in one location. The Health Passport can be easily inserted into the ACT Personal Health Record, also known as the Blue Book. The Health Passport and Blue Book are used to document all health appointments and therapies for a child.
	• My Health Records is an electronic health record. The aim of the health record is to provide all health providers and citizens with access to health records to improve health information and treatment. A health record will be created for all children in out of home care where the Director-General has full parental responsibility. This will enable a comprehensive health history to be developed for a child over time and be accessible to those providing care for the child. Carers have been advised of the position of Child and Youth Protection Services (CYPS) in relation to My Health Record, and information sessions have been held.
	• A declared care team is a team of people and/or entities established to enable (but not compel) the sharing of safety and wellbeing information between members, in relation to a child or young person who is being supported under the *Children and Young People Act 2008*. People or entities can be included as part of a declared care team for a child or young person if they are responsible for delivering or coordinating a service or care to a child or young person. Declared teams are established for an individual child or young person in many situations including emergency situations, single event situations or ongoing situations.
	• Funding was provided by ACT Government following the Glanfield Inquiry for the establishment of a Case Analysis team. The Case Analysis team's key objective is to undertake independent case analysis of individual cases at key decision making points and/or during periods of perceived heightened risk for a child or young person. A case analysis is an in-depth, point in time assessment of a child or young person's situation.
	• The Child and Youth Record Information System (CYRIS) is currently being built. User Acceptance Testing commenced in November 2018, and the system is expected to go live for CYPS in early 2019. The Government has committed to expand the scope of the development of the new system to include the Child and Family Centres and the Child Development Service, and to build capability to integrate with key stakeholders. The project will build connections with key government partners,

	commencing with ACT Policing and the Education Directorate, and will allow automated real time information exchange of risk, safety and wellbeing information about children and young people. The system will provide CYPS staff, and those working with families in the Child and Family Centres and Child Development Service, with improved access to effectively manage information to case manage children and young people and help keep them safe. • When a child or young person moves in or out of the ACT, an 'Interstate Alert' or 'Interstate Notification' is sent from their originating State/Territory to their destination State/Territory (if known). This prompts CYPS, or its interstate counterparts, to request a child protection history under Part 10 of the Interstate Child Protection Protocol. Information sharing occurs throughout these processes and procedures. • There are current projects being trialled between the ACT and NSW in respect of information sharing. These projects are aimed at creating a database accessible by either the ACT or NSW that will provide information as to whether a child or young person is known by that jurisdiction. These potential databases contain functions such as creating matches on the identification of a child or young person, and allow for an alert system to be set up so the alert-creator is notified when a child or young person becomes known to another jurisdiction, amongst other functions. The trial of this database has already proved beneficial in the early stages. • The Family Safety Hub brings together stakeholders from across government to develop new ideas for the delivery of family and domestic violence services in the ACT. Participants collaborate, share information and experiences and identify opportunities for the introduction of new systems, or the improvement of existing ones. The innovation method adopted by the Family Safety Hub puts the needs of service users at the centre of the process. The process is focussed on outcomes and the systems and cultural shifts which are needed to deliver better services. As new or improved programs are trialled they will be consistently evaluated to make sure patterns, trends, risks and opportunities are identified. The Family Safety Hub has prioritised three challenge topics, the third of which focussed on the needs of children and young people. Initial work on this challenge will begin in February 2019. • A common dataset has been developed within the Community Services Directorate (CSD) to enable better analysis of client demographics and use of services for victims of domestic and family violence. The dataset provides a guide for the collection of relevant service user data, including personal details, key characteristics, presenting needs and circumstances, service journey and service experience and outcomes. • The dataset has been constructed against and aligns with the National Data Collection and Reporting Framework, implemented under the National Plan to reduce Violence against Women and children 2010-2022 (the National Plan). All business units within CSD are at various stages of implementing the common dataset into their existing data collection processes. Once officially rolled out across the Family Safety sector, the dataset will allow for more sophisticated analysis of data, including analysis on the impact of service interventions that will help further reform future policy/service delivery. • Response to Recommendation 17 from 0-3 Report

	CYPS has developed initiatives to improve information sharing, including co-location of staff from key partner agencies and entering into information sharing agreements with ACT Directorates to improve information co-ordination and usage. Further action: ○ Consideration needs to be given to the concept of the 'treating team' in health systems and legislative constraints regarding the Health Record Act. This would be similar to the model where CYPS is involved and a "declared care team" under legislation is activated. ○ As Canberra Health Service (CHS) increases its interface with ACT schools, consideration of information sharing in this context should also be a consideration. ○ ACT Government is supportive of training across government and to relevant organisations concerning appropriate information sharing. Such training should include information sharing in both child protection and domestic and family violence sectors. • Response to Recommendation 18 from 0-3 Report The CYPS Integrated Management System (IMS) is an evidence-based quality assurance system that integrates legal compliance, practice and governance to control all aspects of operational practice including document management and decision making. The IMS has a built-in system of internal audit to review the quality of case files. The Child and Youth Protection Quality Assurance and Improvement (CYPQAI) Committee is an independent advisory body established in 2016 to support improved quality assurance practices and support improved decision making in CYPS. The Committee provides high-level strategic influence, oversight and review of CYPS practices, responses and findings. CYPS is developing a practice guide to bring together legislation, policy and procedures and mechanisms in place to strengthen and support practice and evidence-informed and consistent decision making. Existing mechanisms in place that support decision making and strengthen practice include: supervision, training and development, workforce planning, quality assurance audit function and case analysis. The new CYPS client management system, Child and Youth Record Information System (CYRIS), is currently being built. User Acceptance Testing commenced in November 2018 and the system is expected to go live for CYPS in early 2019. This system will digitise case records and improve recording of key decisions and accountability of decision making. • Response to Recommendation 19 from 0-3 Report ACT Government sits on a number of Commonwealth and State committees and working groups where matters such as consistent arrangements and common data sets are prioritised as part of the work program.

Addressing the risk factors in children's lives	

Improvements in responding to risk factors through:
• **Reviewing current practice models following prenatal reports to maximise early intervention strategies across ACT Health and Community Services Directorate before the birth of a child, including access to GPs and prenatal health checks. Need to follow up non-attendance at appointments.**
  ○ **The engagement of culturally appropriate services for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse families.**
  (Recommendation 1 from 0-3 Report)**
 	
• **Establishing a mechanism to identify and review children who have been reported to CYPS where four reports or more have been made and where the following co-existing risk factors have been identified:**
  ○ **Domestic and family violence**
  ○ **Substance misuse**
  ○ **Unstable housing**
  ○ **Limited parental service engagement.**
  (Recommendation 3 from 0-3 Report)**
 	
• **Reviewing the capacity for current practices to identify and respond to cumulative harm through:**
  ○ **Review of the legislation to test whether it is sufficient in protecting children where risks do not meet current thresholds for intervention but where cumulative harm is identified.**
  ○ **Training and mandatory refresher courses for workers raise awareness of the full extent of their powers under legislation. Training programs should be evaluated to assess their effectiveness.**
  (Recommendation 2 from 0-3 Report)**
	• Response to Recommendation 1 from 0-3 Report
	
	The ACT Government continually seeks to improve early intervention services through ongoing reforms to the service system:
	○ Under the ACT Government's *A Step Up for Our Kids: Out of Home Care Strategy 2015-2020*, new services have been established to assist families with vulnerabilities that may place children at risk.
	○ Establishing Our Booris, Our Way Aboriginal and Torres Strait Islander Steering Committee to undertake a review of all Aboriginal children and young people currently engaging with the child protection system to understand their experience and consider systemic issues, such as greater engagement and inclusion in decision making to support culturally appropriate service delivery.
	○ CHS – Child protection education and training unit has updated the fact sheet 'Prenatal reporting, prenatal information sharing, pre-birth alerts'.
	○ Pregnancy Enhancement Program (PEP) midwife identifies risk factors and refers either to PEP or Integrated Multi-agencies for Parents and Children Together (IMPACT) program (community based). IMPACT aligns with engaging with vulnerable families linking with Alcohol and Drug and Perinatal Mental Health services.
	○ Winnunga Nimmityiah AHCS recently commenced the implementation of the Australian Nurse Family Partnership Program (ANFPP) as well as the Connected Beginnings Program. The programs provide enhanced opportunities with intensive support for pregnant women, their children and families and are an extension of the pre and post-natal services which have been delivered by Winnunga AHCS. The aim of the programs is to ensure identified families are provided with appropriate wraparound supports for both clinical as well as psychosocial matters for the best possible start in life for babies.
	
	Further action:
	○ Establish Prenatal Support Working Group to develop and support implementation of formally agreed assessment and referral pathways between ACT Health, CHS and CSD and non-government organisations (NGOs).
	○ The ACT Government's Early Support by Design Project is a long-term reform to establish a focus on early intervention in the commissioning of human services across government.
	
	• Response to Recommendation 3 from 0-3 Report
	
	The ACT Government established a Case Analysis Team in 2016-17 which undertakes independent case analysis of individual cases where there is potential for cumulative harm to a child or young person.
	
	Further action:
	○ The Case Analysis Team will incorporate the level of reporting and the four co-existing risk factors in the case assessment process to support enhanced discussion with teams as part of reflective casework practice.

	• Response to Recommendation 2 from 0-3 Report The Glanfield Inquiry specifically considered the issue of cumulative harm and recommended improvements to service integration and practice rather than a legislative response. The restructure of the Children, Youth and Families division to incorporate the Child Development Service and the co-location of child protection staff in OneLink has responded to the call for service integration. As part of the Safer Families package announced in the 2016-17 Budget, Child and Youth Protection Services (CYPS) has implemented a policy and practice response to identifying cumulative harm through the establishment of a Case Analysis team. The team undertakes case analysis on identified cases of children and young people with extensive involvement with the child protection service, or those considered at high risk. It provides independent advice and quality assurance and assists CYPS to further develop consolidated histories which better identify risks to children and young people. Glanfield also indicated that an improved client management system would allow for follow through of referrals. The new CYPS client management system, Child and Youth Record Information System (CYRIS), is expected to go live for CYPS in early 2019. The system will allow improved access to effectively manage information and will allow automated real time exchange of risk, safety and wellbeing information about children and young people. The Government is continually assessing current practice to identify opportunities for improvements. Child protection training programs are regularly evaluated to assess currency and effectiveness. As noted in the report, a Cumulative Harm Guide is in the final stages of completion within CSD and will be released to all Child and Youth Protection Services (CYPS) staff to support improved understanding of this issue. CHS has mandatory child protection training for all staff including contracted and volunteer staff. Training is conducted face to face and via e-Learning platforms. Education is targeted to different levels depending on clinical responsibility and clinical interaction with vulnerable children/families. This includes mandatory refresher training for Level 3 clinical staff every three years. Child Protection Liaison Officers facilitate cross-Directorate communications between CHS and CYPS. Liaison Officers are available for support and expert advice to CHS staff. The Child at Risk Health Unit (CARHU) provides an intake service that provides information, consultation and referrals to assist professionals including CHS staff and the public seeking health information, guidance, treatment and referral on issues relating to child abuse and neglect. Further action: ○ Options may be explored to develop new services, and leverage existing services to support at risk families as part of the Government's Early Support by Design Project. ○ Develop and disseminate mandatory report guidance for working with children and families including specific cultural guidance on working with Aboriginal and Torres Strait Islander children and families.

	○ ACT Health Directorate in consultation with CHS will work to automate Child Risk Concern Reports to an online secure system via RISKMAN portal to CYPS. This improves accountability for CYPS and the reporter. Notification will be received by both parties strengthening governance and collaboration. ○ CYPS will strengthen feedback processes following child concern reports regarding what action was taken or not.
Enhanced supports for families under pressure	
Enhanced supports for families under pressure that address: • **The need for access to and connection with services that can assist families to avert crisis, with a clear and trusted access point for families at points of crisis.** ○ **Voluntary family support services should be provided by someone other than CYPS to avoid duality of roles.** • **The provision of interim follow up support from caseworkers where they make referrals for vulnerable families but are waiting for services to commence. (**Recommendation 15 from 0-3 Report)** • **The need for services to be proactive in engaging parents to benefit from services, such as the National Disability Insurance Scheme, and the need for children and young people to be at the centre of decision making about services.** • **The need for a case planner to provide continuity of relationships and direction for family, as well as to facilitate communication between service providers. This applies in the health setting too.** • **The awareness of professionals to recognise and response to stress in families and to better understand the impact that this has on children when other risk factors are evident. (**Recommendation 16 from 0-3 Report)** • **The need for innovative and evidence-informed approaches to working with individuals who have experienced intergenerational trauma, particularly in relation to:** ○ **children who are identified as experiencing cumulative harm** ○ **young parents who were engaged in statutory child protection services and/or corrective services** ○ **male and female perpetrators of family violence. (**Recommendation 12 from 0-3 Report)** • **The need for vulnerable families with an intergenerational history of abuse to be offered trauma-informed targeted parenting support prior to and following birth of their child in a non-stigmatising maternal health services. (**Recommendation 11 from 0-3 Report)**	• The ACT Government is committed to assisting vulnerable children, young people and their families by providing voluntary early support and prevention services, with the aim to intervene early in the life of a problem and avert crisis driven responses, delivered through the Child, Youth and Family Services Program (CYFSP) and the Children's Services Program (CSP). • CYFSP funds 27 community organisations to provide early intervention supports and services, delivering holistic, wraparound supports that comprise of services ranging from group programs to case management. *<u>Program Example: Intensive Intervention Service</u>* *The Intensive Intervention Service provides evidence-based intervention, contact and intensive assistance through case management and group programs by suitably qualified and experienced practitioners. The program aims to work with the most vulnerable children, young people and families in our community. As such, the service has a closed referral system, only receiving referrals from CYPS. The program uses a 'strengths-based approach' to assist in achieving sustainable attitudinal and/or behavioural change. The program operates on an outreach model with home visiting as a key component.* *<u>Program Example: Youth Engagement Services</u>* *Youth Engagement Services identifies and engages young people who are vulnerable and in need (medium to high risk) and who mainstream service providers typically find hard to engage, and connects them with services and support to address their needs and help them achieve their goals. There is a focus on outreach to young people, providing services and a range of engagement and capacity building activities, including:* ○ *one-off support;* ○ *short-term case work; and* ○ *social and community inclusion activities.* • CSP assists vulnerable children and families within our community to access short-term early childhood education and care, where the primary caregiver is unavailable. The program focuses on integrated early intervention support together with high quality early childhood education and care, and delivers an integrated response using the expertise of the Child and Family Centres and other family support providers to deliver a suite of services to the families engaged in the program. The program has successfully supported access for children from Aboriginal and Torres Strait Islander families, who traditionally have a low rate of attendance in early childhood education and care.

○ **The ACT jurisdiction should consider the introduction of standardised empirically validated assessment tools to use in the pre and post-natal periods in order to identify vulnerable families requiring further support. This should include necessary training for practitioners.**	• The CSP also delivers a parenting enhancement program. Family Foundations is an early intervention therapeutic program that promotes strong, secure and healthy relationships between children aged zero to five years and their parents/carers. The service provides direct early intervention supports to parents and carers to build on their parenting knowledge, skills and capacity, by implementing evidence and strengths-based parenting interventions, aiming to strengthen family relationships and bonds during infancy and early childhood. *<u>De-identified Case Study: Diversion from Statutory Services</u>* *Lucas is the youngest of three children. His family has had involvement with CYPS for five years. In late 2016, Emergency Action was taken by CYPS regarding allegations towards Lucas' father. At the time, Lucas' mother was acting protectively and agreed to co-operate with a statutory Safety Plan. Part of the Safety Plan was her agreement to a family assessment and for her youngest child Lucas, to be offered two days early childhood education and care per week as part of the CSP.* *The intention of the CSP is to provide short-term support as part of a wraparound service model. The allocation of this placement to Lucas provided his parent/s the space to meet the requirements of the Safety Plan, while providing Lucas the opportunity meet his social and developmental milestones. Access to the CSP provided stability and consistency of care while his mother sought to address the long-term issues of neglect, squalor, domestic violence and emotional abuse which brought the family within the scope of statutory services.* • The ACT Office for Disability, part of CSD, promotes social inclusion and community participation of people with disability through: supporting the implementation of the NDIS; progressing the objectives of the National Disability Strategy including better access to justice; and establishing programs and initiatives to provide increased opportunities for people with disability to participate in mainstream community activities. • OneLink is a free phone and outreach-based service that provides information and referral for children, young people and their families seeking support. OneLink brings together families, support services and community resources to help promote the safety and wellbeing of children, young people and families. OneLink can help people who are already or might become involved with statutory agencies like CYPS. CYPS funds two part-time community-based child protection workers. These OneLink staff co-locate with CYPS to facilitate improved referral pathways for families known to CYPS. The OneLink workers provide information about and referrals to services including child, youth and family services; tenancy support; support for people who are homeless including emergency accommodation; legal services; financial counselling; ental health services. • The Early Support by Design project is focused on systemic reform, rather than program responses, intended to make the system, as a whole, more effective. • In July 2015, Child Protection Services and Youth Justice Services integrated to establish Child and Youth Protection Services (CYPS). A key feature of the integration of child protection and youth justice is a single case management model across both functions. This model focuses on the appointment of a single case manager across both custody and community, responding to both care and protection and youth justice matters, to provide consistency and seamless service delivery to young people throughout their involvement.

	• Another key component is the establishment of a single case plan to ensure improved planning, service coordination and delivery on all professional support provided through CYPS. The single case management model is young person-centred practice in which young people are actively involved in decision making, ensuring their views and wishes are considered, alongside the impact that decisions and actions will have on them, their development, wellbeing and safety. • Gugan Gulwan Youth Aboriginal Corporation, in partnership with OzChild, are currently undertaking a twelve-month trial of Functional Family Therapy for Aboriginal and Torres Strait Islander families at risk of ongoing involvement with the child protection system. The aim of the trial is to reduce the number of Aboriginal and Torres Strait Islander children and young people entering, or remaining in out of home care, through interventions that strengthen families and communities. Response from Health: • Current activity: o CHS Implemented Perinatal Psychosocial Screening Assessment (PPSA) tool in 2014 as part of the National Perinatal Depression Initiative (NPDI). Screening is conducted antenatally and postnatally at the initial contact with a midwife or nurse. o Guidelines on Perinatal Emotional Wellbeing have been developed o E-learning is available to staff to complete on perinatal emotional wellbeing o Referral pathways established for appropriate support services o WYC community health staff undertake Family Partnership training o Strengthening Hospital Response to Family Violence (SHRFV) program is being piloted in CHS antenatal and MACH services o Implemented Purple Crying program. Dose 1 conducted in maternity services, and dose 2 conducted in the community setting. • Opportunities to consider: o Funding for all staff to complete Family Partnership training o Highly recommend relevant clinical staff attend Circle of Security (CoS) training o Extend Strengthening Hospital Response to Family Violence (SHRFV) to all the WYC division staff o All maternity services in the ACT to undertake Strengthening Hospital Response to Family Violence (SHRFV) training program o Strengthen Purple Crying program across all ACT maternity services (potential alignment with proposed Maternity Access Strategy). • Response to Recommendation 15 from 0-3 Report The Royal Commission into Institutional Responses to Child Sexual Abuse makes a number of recommendations about improving support for families through improved mandatory reporter guidance. ACT Government has supported these recommendations and will continue to work towards full implementation. Ability to identify vulnerable families following birth is enhanced through e-referral system from maternity service in the ACT to MACH service. Child and Family Centres (CFC) and MACH have strong relationship and the ability of 'warm referral' for families.

	CARHU provides 'Concerns Interviews' to parents/carers, providing an opportunity to discuss concerns about children in their care who may have been exposed to abuse and neglect. • Response to Recommendation 16 from 0-3 Report CARHU provides an intake service that provides information, consultation and referrals to assist professionals including ACT Health staff and the public seeking health information, guidance, treatment and referral on issues relating to child abuse and neglect. CPCHS service supports families of children with development and behavioural issues to understand the implications and trajectory of their child's developmental differences. Further action: ○ Options may be explored to develop new services, and leverage existing services to support at risk families as part of the Government's Early Support by Design project. • Response to Recommendation 12 from 0-3 Report Parenting Enhancement Program attends Canberra College Cares (a college program that supports young mothers) to support young parents. The Community Paediatric and Child Health Service (CPCHS) is a service for children and adolescents requiring medical assessment, treatment or review relating to suspected or established developmental delay or disability and behavioural or emotional disturbance. These children have developmental differences which may be attributed to and/or exacerbated by domestic violence, mental illness, substance abuse and other psychosocial adversities. CARHU assists children and young people affected by abuse and neglect by providing specialist therapeutic interventions, counselling and support to assist them to heal from the traumatic consequences of these experiences. Further action: ○ Options may be explored to develop new services, and leverage existing services to support at risk families as part of the Government's Early Support by Design and Family Safety Hub projects. Both projects will develop service innovation and enhancement through co-design and including service users in the design and delivery. • Response to Recommendation 11 from 0-3 Report The Case Analysis team will incorporate the level of reporting and the four co-existing risk factors in the case assessment process to support enhanced discussion with teams as part of reflective casework practice. CHS Early Parenting Counselling Service (pre and post pregnancy) provide support through a trauma informed framework.

	Parenting Enhancement Program (PEPs) targets parenting support service for vulnerable families from prior to birth through the early years. IMPACT program is currently undergoing a review of the model of care with the aim that the focus is more on the child at the centre and incorporating parenting support in the program which is trauma informed. CARHU assists children and young people affected by abuse and neglect by providing specialist therapeutic interventions, counselling and support to assist them to heal from the traumatic consequences of these experiences. Further action: ○ Establish Prenatal Support Working Group to develop and support implementation of formally agreed assessment and referral pathways between Health, CSD and NGOs. ○ Options may be explored to develop new services, and leverage existing services to support at risk families as part of the Government's Early Support by Design Project.
Child-focussed practice	
Changes to services to make them more focussed on children by: • **Enabling access to comprehensive medico-psychosocial assessment for families with multiple and complex needs, with services prioritised to the child's assessed needs.** • **Moving the focus of services to the best interests of the child, in particular the child's safety and assessing whether the child's needs are being adequately addressed.** • **Shifting the focus to cumulative risk, rather than episodic risk, so that the family or child's need can be addressed holistically, rather than in an ad-hoc piecemeal way, where the scale of the problem only becomes evident after an event.** • **Organisations and professionals working with young children need to be supported to recognise that all children, including very young children, have rights as set out in the *United Nations Convention on the Rights of the Child (1989)*. Professionals need to be supported to build capacity, skills and knowledge to work, think and act in a way that supports the implementation of children's rights. (**Recommendation 14 from 0-3 Report)** • **Building organisational and workplace cultures within the ACT that embrace a range of practices and attitudes that aim to keep the 'child in mind'. Further work is required to develop and support all professionals and adult services, such as Corrective Services, to be aware of and to act with the best interests of the child as a primary consideration. (**Recommendation 13 from 0-3 Report)**	<u>Response from Health</u> • Current activity: ○ Advocate for child friendly areas in community health centres ○ CHS factsheet is available that informs and educates staff about Child-safe, Child-friendly, Child-aware practices ○ Child focus is embedded into everyday professional practice for MACH staff with infant mental health as a primary focus of care. ○ CHS Child Protection training provides information on the United Nations Convention on the Rights of the Child. ○ School Youth Health Nurse use the principle of Gillick competence to ensure the rights of young people are supported in their health care choices. ○ Draft clinical guidelines to assist clinicians to balance the concerns for adults with the needs of the child who may attend the appointment with the adult. • Opportunities to consider: ○ Implement Child-safe, Child-friendly, Child-aware practices throughout CHS. ○ Strengthening health services, including school-based health support and adolescent health services, for children in out of home care. • In 2011, CSD provided funding to Families ACT to develop a Practice Framework for working with vulnerable children, young people and their families under the Child, Youth and Family Services Program. The Practice Framework was designed to embed a common collaborative practice approach to working with vulnerable children, young people and their families, and emphasises collaborative practice between workers and between agencies. It is used to inform a common way of working with families in a strengths-based and family-focused approach.

	• Funding was provided by ACT Government following the Glanfield Inquiry for the establishment of a Case Analysis team. The Case Analysis team undertakes case analysis of identified cases of children and young people with extensive involvement with the child protection service, or those considered at high risk. The team provides independent advice and quality assurance to caseworkers and team leaders. The team assists CYPS to further develop consolidated histories which identify historic and current risks, impact and risk of cumulative harm, identified vulnerabilities to children's safety and protective factors which mitigate the vulnerabilities. • The new Child and Youth Records Information System (CYRIS) is in development and will significantly assist staff to enter and access information in many different ways to ensure staff are able to make more informed decisions, share information more easily and improve chronologies of information and activities undertaken by staff. This functionality will also allow easier recognition of cumulative harm through improved reporting dashboards, faster and improved navigation to important case information to enable assessment of risk, such as child protection and legal history of children and young people. • Response to Recommendation 14 from 0-3 Report The ACT was the first Australian jurisdiction to enact a Human Rights Act in which the rights of children are included. The *Human Rights Act 2004* provides the statutory basis for respecting, protecting and promoting civil and political rights in the ACT. This means that every Directorate embeds the principles and rights of the *Human Rights Act 2004* in the development and implementation of all strategic and organisational policies and documents including contracts with the NGO sector. To support ongoing efforts to embed best practice and promote a human rights culture in policy implementation, CSD ensures staff are appropriately trained in CSD policy and legislation, including the *Children and Young People Act 2008* and the *Human Rights Act 2004.* CSD has invested in ensuring human rights practice is at the forefront of our operations though the development of the *CSD Strategic Plan 2018-2028*. Each of the seven outcomes under the plan map directly to the *Human Rights Act 2004* to embed dignity and fairness to all people across the Canberra community. • Response to Recommendation 13 from 0-3 Report Training and development opportunities for adult service provision includes components on holistically working with individuals in the context of their family and circumstances. Adult services are made aware of the need to support the wellbeing of children and young people where this is required. IMPACT program is currently undergoing a review of the model of care with the aim of aligning the focus on the child and parenting support for the families.

	Draft CHS clinical guidelines to assist clinicians balance the concerns for adults attending psychotherapeutic assessments and treatments when infants, with their different needs, are present at the adult's appointment. As part of the ACT response to the recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse, the ACT is committed to implementing Child Safe Practices across all organisations who provide services to children and young people.
Assessment of parenting capacity	
To enable CYPS to better assess parenting capacity: • **The ACT jurisdiction should consider the introduction of standardised empirically validated assessment tools to use in the pre and post-natal periods in order to identify vulnerable families requiring further support. This should include necessary training for practitioners. (**Recommendation 6 from 0-3 Report)** • **The ACT jurisdiction should consider establishing a high-quality parenting capacity assessment service and support for parents with children where four reports have been received about a child by CYPS, including any prenatal reports. (**Recommendation 7 from 0-3 Report)** • **All information and reports from parents provided to services need to be tested through accessing information from other services, particularly in regard to reports of parental drug and alcohol use or instances of domestic violence. (**Recommendation 8 from 0-3 Report)**	• Response to Recommendation 6 from 0-3 Report CYPS has tools and resources to support an understanding of family functioning and where appropriate would work with CHS practitioners involved. CHS implemented the Perinatal Psychosocial Screening Assessment (PPSA) tool in 2014 as part of the National Perinatal Depression Initiative (NPDI). Screening is conducted antenatally and postnatally at the initial contact with a midwife or nurse. Guidelines on Perinatal Emotional Wellbeing have been developed. E-learning is available to staff to complete on perinatal emotional wellbeing. WYC community health staff undertake Family Partnership training. Strengthening Hospital Response to Family Violence (SHRFV) program is being piloted in CHS antenatal and MACH services. Implemented the Period of PURPLE Crying program in CHS. Dose 1 conducted in maternity services, and dose 2 conducted in the community setting. Further action: ○ Strengthen training opportunities within CYPS and CHS as well as joint training where required. • Response to Recommendation 7 from 0-3 Report It is not clear that setting a threshold of four reports would assist in reduced risk. Rather, CYPS undertakes risk assess based on presenting risks and harm regardless of frequency of reports. The Child at Risk Health Unit (CARHU) provides expert assessment and advice in complex child protection matters and works closely with CYPS on a case by case basis. Where a need for parenting support is identified, there are a range of service responses available.

	CHC's Parenting Enhancement Program (PEP) provides parenting support for vulnerable families from pre-birth through the early years. Since 2015 under *A Step Up for Our Kids*, Uniting Children and Families ACT has been commissioned to provide intensive, tailored family support for vulnerable children at risk in the child protection system. The support provided by Uniting aims to keep vulnerable children together by providing parents with the tools and knowledge to sustain a safe home environment for their children. This service provides intensive support for extended periods of time with capacity to support 84 families per year (annualised). For Aboriginal and Torres Strait Islander families at risk of involvement with the child protection system, the ACT Government is currently supporting a trial of Functional Family Therapy being delivered by Gugan Gulwan Youth Aboriginal Corporation in partnership with OzChild. Parents who require less intensive parenting support can access to a range of programs and services through the Child and Family Centres in Gungahlin, Tuggeranong and West Belconnen, and through community organisations funded under the Child, Youth and Family Support Program. Further action: ○ Utilise information from the Case Analysis team and reflective practice discussions to consider where gaps and opportunities are to enhance service delivery. ○ Options may be explored to develop new, and leverage existing services to support at risk families as part of the Government's Early Support by Design project. • Response to Recommendation 8 from 0-3 Report CYPS is in the process of implementing a new client management system (CYRIS), which will allow for improved information sharing and data matching between agencies and mandatory reporters. The Government has committed to expanding the scope of the new system to include Child and Family Centres and the Child Development Service, and to build capacity to integrate with key stakeholders. The project will build connections with key government partners, commencing with ACT Policing and the Education Directorate, and will allow automated real time information exchange of risk, safety and wellbeing information about children and young people. The system will provide Child and Youth Protection Services (CYPS) staff, and those working with families in the Child and Family Centres and Child Development Service, with improved access to effectively manage information to case manage children and young people and help keep them safe. The Office of the Chief Digital Officer (OCDO) has established a number of working groups to review and refine data linkage and information sharing across directorates more broadly. The Office for Family Safety (OFS) is housing a team of data specialists from the OCDO to work on automating information sharing for a specific case tracking system across agencies.

	Further action: ○ Ongoing work with the OCDO to establish Information sharing principles and practices across the ACT.
Staff training and development of decision making capacity	
Enhanced training and development for staff working with families to ensure: • **Improved interpretation of drug screen results to assess the impact of the drug use on the capacity to provide safety and care. This could be through training or practice directions.** • **That supervision of staff assists in critical reflection of casework, decision and practice and professional development.** ○ **Professional development opportunities such as supervision and in-service staff training should be provided in organisations working with vulnerable families to ensure that workers utilise current knowledge of the impact of gender in assessment and interventions and incorporate gender sensitive strategies into routine practice, particularly in relation to client experiences of trauma, domestic violence and service utilisation. (**Recommendation 10 from 0-3 Report)** • **The use of evidence-based decision making in relation to the restoration of children to their parents. Need for clarification around when restoration is no longer considered in the best interests of the child.** • **Improvements to the way CYPS make judgements about the veracity of reports and comprehensiveness of reports, including need for comprehensive assessment of cumulative harm, particularly for older children where imminent risk may not be present.** • **The presumption of the mother as the 'protective parent' as observed in records and applied by workers is critically reviewed. The participation of bother parents/caregivers in assessments and interventions should be required where it is evident that both parents/caregivers are involved in the care of the child. (**Recommendation 9 from 0-3 Report)** • **Good data is used to support judgements about weighting decisions with regards to the capacity of the parents as opposed to the vulnerabilities of the child.**	• As part of a combined strategy between the ACT Health Directorate and CYPS, two liaison officer positions were established in 2006. The CYPS liaison officer is co-located at the Canberra Hospital one day per week, and the Health liaison officer is based in the CYPS offices two days per week. On a day-to-day basis, the work of the liaison officers is to provide education about each organisation's role and responsibility and to identify system issues in the working relationship between the two organisations, improve engagement protocols and processes and facilitate interaction between the two agencies through forums and training. One key function of the CYPS Health liaison position is to provide a consultation service to health staff when they are considering making a report to CYPS. In addition, CYPS staff are able to consult with the Health liaison officer in relation to interpretation of urinalysis or drug testing results. • It is recognised that the work done in CYPS can be complex and challenging, so an important part of our professional practice is to reflect on those challenges and improve how we respond. The CYPS Supervision Framework is part of a larger system designed specifically for CYPS staff to provide: ○ direction by linking performance objectives to organisational goals ○ guidance and support with individual objectives and a focus on personal development through individual performance agreements ○ learning and development opportunities through on the job training, eLearning and formal programs. • The CYPS Training and Workforce Development team provides specialist training and development support to CYPS staff including the development and management of training specifically for CYPS staff, including face-to-face and eLearning; and the development of other resources to support the building of knowledge and skills in child and youth protection. The team has developed, implemented and maintained a significant number of training programs since its establishment. • An e-Learning package on cumulative harm has been developed for CYPS staff. Key learnings from the training include understanding the impacts of cumulative harm; identifying the indicators of cumulative harm; being able to take appropriate action when you believe you have identified when cumulative harm is present; and knowing where to find more information and support to assist in developing your knowledge of cumulative harm. • The Principle and Senior Practitioner roles in CYPS provides expert case practice advice and leadership, supporting and developing case workers in the integration of theory and practice while demonstrating expertise through case management.

	• Decisions about the long-term placement of children are complex ones and are guided by the *Children and Young People Act 2008* (the Act). The Act requires that when decisions are made in relation to a particular child, the decision maker must regard the best interests of the child as the paramount consideration. These decisions are typically discussed in the context of declared care teams. • The role of the Carer Assessment and Linking Panel (CALP) is to provide appropriate and timely consideration and advice on determining the suitability of carers for all placements, including kinship, foster, enduring parental responsibility and adoption. The panel considers all assessments and additional information provided in relation to establishing the suitability of prospective carers, pursuant to the Act and the *Adoption Act 1993* and make a recommendation to the relevant delegate. • The Application Review Committee (ARC) reviews proposed applications for orders and reviews the practice and legal issues that form the basis of a proposed application. The aim of the ARC is to review all proposed applications for orders and ensure that they are child centred and consistent with the best interests principles, demonstrate collaboration with key partners, demonstrate good decision making, are timely, provide stability for children and young people, are robust, transparent and accountable. • In late 2018 CYPS developed a Restoration Panel to increase the number of children on interim or short-term orders successfully restored to their birth parents. The Restoration Panel facilitates effective and efficient communication, collaboration and alignment with the *Step Up for Our Kids* strategy in regard to restoration and permanency. The goal is ensuring there is effective planning for restoration and to provide the optimum conditions for parents to succeed in achieving positive change and having children restored home to a safe and nurturing environment. • During 2017-18, CYPS developed a Family Group Conferencing model for Aboriginal and Torres Strait Islander families at risk of ongoing involvement with the child protection service. The aim of Family Group Conferencing is to provide families with the opportunity to develop effective family plans that will keep their children safe. The priority is working with the family to keep children at home or planning for the successful restoration of children back to their families following some time in out of home care. Where children are not able to stay safely at home, the team works with and supports the families to identify the most appropriate kinship options to ensure the children remain connected to family and community. Family Group Conferencing ensures all members of a child's extended family are contacted and encouraged to be involved in the decision-making process about their child's situation. This process is considered in line with Aboriginal and Torres Strait Islander cultural values of family and community responsibility. • The CYPS Risk Assessment Framework is used by CYPS staff in reaching professional decisions about a child's exposure to risk. It is intended to assist staff to both identify and articulate a professional analysis of the level and consequences of risk to a child based on the probability and consequences of abuse and/or neglect, as well as the impact of cumulative harm. The Framework provides CYPS with a structured and systematic process for making decisions consistent with compliance with legal thresholds for government intervention into the family; the level of concern held by CYPS about the safety and wellbeing of children; and the scope of an intervention by CYPS to these reported concerns.

	• The Child and Youth Record Information System (CYRIS) is currently being built. The system will:
	  ○ allow for faster and improved navigation to important case information to enable assessment of risk, such as child protection and legal history of children and young people
	  ○ improve reporting dashboards for staff so they can understand important risk trends in client information, such as flags for cumulative harm, and persons believed responsible for harm involved in one matter being linked to another matter.
	
	• Response to Recommendation 10 from 0-3 Report
	
	CYPS has a supervision framework in place that encourages staff discussion on complex and sensitive issues on a case by case basis.
	
	CYPS provides face-to-face training to all staff, including provision training about engaging and working with fathers.
	
	Community health staff have undertaken targeted trauma informed care education in 2018.
	
	WYC staff have completed Family Partnership training and access clinical reflective practice.
	
	CHS supports access to Early Parenting Counselling service for all parents regardless of gender.
	
	All nurses/midwives in the WYC access clinical reflective practice.
	
	OFS are developing Front Line Worker training for Family and Domestic Violence to be rolled out across ACT Government.
	
	• Response to Recommendation 9 from 0-3 Report
	
	CYPS provides intensive training for family safety. Key themes are support provided to the protective parent where family safety is identified as a significant risk, and working with the person deemed responsible, including referral to appropriate programs.
	
	The Coordinator-General for Family Safety has undertaken comprehensive research and consultation about best practice approaches to supporting mothers when family safety is problematic. This has included the Every Man Male Perpetrator Program.
	
	CYPS also provides specific training about engaging and working with fathers that supports a whole-of-family approach.

Safe sleeping	

Provide families with information on safe sleeping through:
• **Consistent guidelines agreed across the directorates and delivered through the continuum of services.**
  ○ **Cross-directorate agreement is established about safe sleeping guidelines.**
  ○ **Professionals and providers have access to evidence-based training and resources on safe sleeping.**
  (Recommendation 4 from 0-3 Report)**
 	
• **The provision of safe infant sleeping promotion, co-sleeping and bed-sharing messages to all caregivers prior to and after the birth of the child by health and social welfare professionals.**
  ○ **Ensuring vulnerable families are provided with the necessary support to obtain appropriate bedding for the child prior to leaving hospital.**
  (Recommendation 5 from 0-3 Report)**
	• Response to Recommendation 4 from 0-3 Report
	
	CYPS has information on safe sleeping available for families.
	
	CYPS practice guidelines allow for assistance to be given to families, in some instances, to purchase a bassinet or cot for an infant.
	
	Women, Youth and Children Division have safe sleep guidelines with consistent language and procedures.
	
	It is recommended that nurses and midwives view the sleep environment for all clients at the initial home visit with permission from the parent.
	
	Liaison with non-government agencies to ensure consistent information with CHS and CYPS guidance.
	
	CHS engage with services such as Red Nose, Saving Little Lives (formerly Sids and Kids) to provide education sessions for Maternal and Child Health (MACH) staff.
	
	Further action:
	○ ACT Health and CSD to include discussion on identification of families (perinatal) where co-sleeping poses greater risk and look to provide free Pepi-pod bed as a safe co-sleeping environment with particular attention on parental smoking, substance abuse and parents with large body mass.
	○ Liaison between CHS and CYPS prenatal liaison worker to conduct joint prenatal home visit to identify issues with the individual infant sleeping environment and opportunities for support and education. Addressing issue of safe sleep in the home before introducing a baby into the home is best practice for early intervention.
	
	• Response to Recommendation 5 from 0-3 Report
	
	Refer to response above.

Blind cords	
• **The Committee wrote to the Director-General of Community Services in 2014, following the deaths of two young children in NSW as a result of blind cord injuries. The Committee recommended that ACT Housing perform inspections of blind and curtain cords for safety and compliance with standards as part of the housing inspection process. The Committee also recommended that ACT Housing introduce**	• Housing ACT did not generally install window furnishings in 2014, however there was a program where, upon becoming vacant, three-bedroom properties were fitted with pelmets and rod and ring fixtures. This program concluded in the 2016-17 financial year.

methods to increase the safety of corded internal window coverings in public housing, such as the installation of safety devices.	• Housing ACT undertook an education campaign to raise tenant awareness of the dangers associated with unsecured window covering cords. This occurred through face-to-face engagement with tenants at client service visits and information in the Spring 2014 edition of the Housing ACT newsletter, *Home Front*. • Housing ACT now allocates properties with blinds and/or window furnishings and follows the necessary safety requirements that all cords are attached securely to the wall to comply with the Australian Consumer Product Safety Standard.

ACT Government
Education

Ms Margaret Carmody, PSM
Chair
ACT Children and Young People Death Review Committee
childdeathcommittee@act.gov.au

Dear Ms Carmody

Thank you for your letter of 24 September 2018 about opportunities for collaboration on the implementation of recommendations from the *Changing the Narrative for Vulnerable Children: Strengthening ACT Systems 0-3 Group Review* and other earlier reports.

The Education Directorate recognises the importance of collaboration between our government and non-government partners to holistically support children and young people with complex needs, and their families. Attached to this letter is an overview of some of the ways that the Education Directorate is addressing the themes identified by the Children and Young People Death Review Committee's recommendations.

If you require further information about Education Directorate programs and policies that support the inclusion and wellbeing of children and young people in ACT schools, please contact Ms Bec Hughes, Executive Officer to the Director General, in the first instance on 6207 9264 or via email at rebeccaj.hughes@act.gov.au.

I look forward to hearing about the progress made through the project being undertaken by the Committee. The Education Directorate remains committed to supporting the Committee's work to prevent and reduce the deaths of children and young people in the ACT.

Yours sincerely

Natalie Howson
Director-General
27 November 2018

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Information Sharing

- ***The assessment of risks when families move between jurisdictions***
- ***Better decision making and better outcomes for individuals to reduce avoidable deaths of children and young people***
- ***Service providers to use informal systems for sharing information, moving away from a penalty framework.***

Improving Educational Outcomes Committee

A key objective of the Committee is to improve educational outcomes for children and young people in out of home care. In order to improve outcomes, it is important that information regarding the living circumstances, health and well-being of children and young people in out of home care is shared with their school, and information on their attendance, academic achievement and participation in education is shared with their carers.

The Committee endorsed the establishment of agreed processes to inform schools of changes to the circumstances of children and young people in out of home care including changes to living arrangements (placement changes) and other personal information related to student wellbeing. Policies and guidelines to support appropriate and consistent information sharing are being developed.

The Committee is also overseeing the establishment of agreed processes to facilitate development of Individual Learning Plans for children and young people in out of home care where it is appropriate to have one. An agreed process to engage with and listen to the views, wishes and experiences of children and young people in out of home care is being developed so that this information can be used to inform responses to children and young people.

Another key objective of the Committee is to understand and monitor how children and young people in the care of the Director-General are progressing in their school attendance and academic achievement. Data regarding individual students can be shared between agencies specifically for the purpose of collecting data about the educational outcomes for children and young people, however once data matching has occurred, this data is only available in a non-identifiable form.

During 2017-2018, the Committee commenced development of a data protocol to facilitate the exchange of non-identifying data by partner agencies to assist the Improving Educational Outcomes Committee to identify trends and key areas where improvements can be made. The intent of the protocol is to develop a mechanism to facilitate appropriate information and data sharing to ensure, at a population level, good supports are in place for children and young people in out-of-home care to enhance their educational outcomes.

Data and Analytics

Data linkage is being carried out in many different ways to inform policy and reform initiatives. Administrative data sets (including school attendance, absenteeism, and disability status) are merged with attitudinal data (satisfaction and school climate surveys) and academic achievement data (NAPLAN, A-E grades). Where applicable, additional data on school characteristics are used in analysis and evaluation projects to inform environmental factors which may influence student outcomes. An example of this work is the “Schools for All” evaluation which includes data on issues which students with complex needs and challenging behaviour encounter in their school careers. Furthermore, cross-directorate initiatives aim at sourcing data from other ACT government policy areas, such as health and community services, to achieve better outcomes for students. At the federal level, information from the Commonwealth is used, where applicable, to match ACT-relevant data with national information.

Enhanced supports for families under pressure

- ***Need to access and connect families to services to avert crises with a clear and trusted access point for families at the point of crisis***
- ***Need for services to be proactive in engaging parents to benefit from services, such as NDIS and the need for children and young people to be at the centre of making decisions about services.***

The ACT Government Future of Education Strategy (the FoE Strategy) commits the ACT Government to *Build strong communities for Learning*. The FoE Strategy recognises that while the core function of schools is to provide education, schools are also key community hubs providing more than access to learning. Through schools, children and their families can connect with a broader human service system that brings services and people together to meet the diverse needs of children and their families.

Schools are able to utilise existing relationships with students and families to refer them to relevant and appropriate community services. The School Psychology Service provides, through services such as OneLink, information and referral assistance to services in the ACT relating to public/social housing, health and wellbeing, education, disability, care and protection and justice.

The Education Directorate employs specialised allied health professionals such as psychologists, social workers, school youth and health workers to engage and help students and families and assist in referring them to other services when in need. Some schools also directly employ Community Development Officers.

In high school and college settings, school psychologists work closely with young people to make informed decisions regarding access to appropriate health related services. Community services often rely on the initiative of young people to access health care services. However, there can be some barriers to youth related health services, particularly when the level of acuity or severity is not met. Some services also rely heavily on pro-active parents, who if are vulnerable themselves, may not have the capacity to access appropriate services for their child.

Referrals by school health professionals can be challenging when community services are unavailable to provide support or are considered by other referral agencies as not at significant risk to receive support and assistance. Other barriers include having to be referred onto a General Practitioner prior to being received by the community service, services having long wait lists, and families who are financially vulnerable.

Continuum of Educational Support

All ACT high schools are implementing the Continuum of Educational Support (CES) model, a holistic and evidence-based framework for best practice approaches to the learning engagement of high school students, and a coherent strategy for the provision of flexible learning options and alternative education programs. The Education Support Office is supporting schools to implement the CES model that allows for flexible responses to meet the diversity of need within each school community. The Directorate has also worked collaboratively with students and key government and nongovernment stakeholders to design a new, innovative and community-based Off Campus Flexible Learning Program that provides a pathway for students with complex needs who, at a particular point in time, cannot successfully access education in a mainstream school setting.

NSET Collaboration

Each school network in the ACT is supported by a Network Student Engagement Team (NSET). NSETs are multidisciplinary teams that work with schools to address disability, learning, complex behaviour and wellbeing issues that impact on a student's engagement with learning. The purpose of each NSET is to work with schools and their staff to build their capacity to engage every student every day in meaningful and relevant learning, enabling them to fulfil their potential.

NSET is comprised of educators and allied health professionals (social workers, senior psychologists, occupational therapists and speech language pathologists) to engage, consult and work with schools and families with students who have complex needs.

This work may include students who have:

- a disability
- complex needs and challenging behaviour;
- poor attendance;
- complexity in their home lives;
- health and wellbeing issues;
- a history of trauma.

The work of NSET aims to complement other supports available to schools including: support staff in schools (e.g. school psychologists, youth support workers), community and government agencies and online and face-to face Professional Learning opportunities. The ACT Government has invested in a number of training courses to build the capability of teachers in ACT public schools to enable them to better support students, including students with disability and students who have experienced trauma.

Working with the National Disability Insurance Agency

The Education Directorate assists the families of students with disability to access the NDIS. Social workers and psychologists often support families of students with complex needs to access services such as the NDIS. Support can be through assistance with forms, recognising students who meet criteria for NDIS, understanding referral pathways and introducing the families to NDIS Providers such as FEROS Care and EACH. The Education Directorate also acts as an information and referral point, through messaging at schools and by facilitating information sessions for students and their families on specific topics like the School Leaver Employment Supports Program.

Child focussed practice

Changes to services to make them more focussed on children by

- ***Enabling access to comprehensive medico-psychosocial assessments for families with multiple and complex needs, with services prioritised to the child's assessed needs.***
- ***Moving the focus of services to the best interests of the child, in particular the child's safety and assessing whether the child's needs are being adequately addressed.***
- ***Shifting the focus to cumulative risk, rather than episodic risk, so that the family or the child's need can be addressed holistically, rather than in an ad-hoc piecemeal way, where the scale of the problem only becomes evident after the event.***

School Psychology Service

The ACT Education Directorate employs 60 full time equivalent registered psychologists who can conduct cognitive and academic assessments and mental health risk assessments. Some of these assessments can lead to a referral to other services such as the Child and Adolescent Mental Health Service, Child Development Service or private organisations. Such referrals however are highly dependent upon the child meeting the service referral criteria.

The psychology service is unable to provide comprehensive medico-psychosocial assessments. These assessments are typically conducted by Paediatrician and specialist Child and Adolescent Psychiatrists. Access to government funded Paediatricians and Child and Adolescent Psychiatrists in Canberra is limited and there are often long waiting periods and strict eligibility criteria. The same concerns exist for private Paediatricians and Child Psychiatrists. Furthermore, the costs associated with seeing a private specialist could prevent other vulnerable families accessing this service.

The School Psychology Service along with Education is invested in considering what is in the best interests of the child. School Psychologists employ behavioural interventions, clinical observations and various assessment tools to improve their understanding of a child's needs. This information can then be shared with educators and families to assist students with their overall learning and wellbeing.

Educators and school psychologists are interested in assessing whether the child's learning and wellbeing needs are being met in order to assist them with further accessing the curriculum. For instance, schools and school psychologists employ trauma informed practices to create a safe environment for children to learn. Educators can assess, tailor and develop individualised learning plans so appropriate adjustments are able to be made and students can access teaching supports at an appropriate level. School psychologists and social workers work therapeutically with many families regarding student's needs or concerns.

When schools, educators and other education employed health professionals work closely with families of students with complex needs, they can work with the families holistically and over time evaluate cumulative risk. Education is often reporting on risk and safety concerns regarding students however other providers can perceive these reports as episodic, rather than cumulative. There have been clear instances where a provider has closed their services to a vulnerable student and family as a result of knowing an education employed social worker is involved.

Safe and Supportive Schools Policy

The Australian Student Wellbeing Framework and the ACT Safe and Supportive Schools policy (SSSP) and procedures provide specific guidance to schools to develop school processes and procedures to address bullying, harassment and violence, designating specific staff to address issues of bullying, harassment and violence.

The SSSP requires all schools to adopt Social and Emotional Learning (SEL) approaches which develop social skills and resiliency in students to enable them to thrive and lead fulfilling, productive and responsible lives. They allow explicit teaching of interpersonal and emotional regulation skills that underpin successful engagement in schooling.

Evaluation of the school's safe, respectful and supportive environment is linked to the following domains in the National School Improvement Tool: School-Community Partnerships, Analysing and Discussing Data, Systematic Curriculum Delivery, Differentiated Teaching and Learning, Targeted Use of School Resources, An Expert Team and A Culture That Promotes Learning. Schools can also use the Safe Schools Audit Tool to monitor the progress of their implementation of the Australian Student Wellbeing Framework domains. These two documents form a part of the school review process which schools participate in during a five year cycle.

An important theme both in the Australian Student Wellbeing Framework and the Safe and Supportive Schools policy and procedures is involvement of the whole school community. Involving parents, students and other organisations will increase innovative strategies and procedures, as well as promote communication and ownership of processes and procedures for all school community members.

Reducing Suspensions

The ACT Government response to the *Schools for All Children and Young People: Report of the Expert Panel on Students with Complex Needs and Challenging Behaviour* (2015) identified students at the centre as the vision for ACT schools. The response recognised that student-centred schools involve: understanding and addressing individual needs, providing a physically and emotionally safe environment for students and their families, investing in high-quality relationships with students, acknowledging important linkages between wellbeing, learning and behaviour, engaging the learner, intervening early, the need for collaboration and the importance of a whole school approach. A student centred school uses a prevention and early intervention approach to address issues which may lead to suspension.

ACT Public Schools use a range of prevention and early intervention approaches when students are demonstrating behaviour which may prevent them from positively engaging with school. These approaches focus on providing positive behaviour support to teach behaviours that will assist students to learn rather than taking punitive measures.

The Education Directorate is working to ensure that schools remain a protective factor in the lives of children and young people. Policies, programs and procedures aim to support the increase of protective factors for children and young people by developing and maintaining strong connections between students, families and schools.

Developing students' social emotional skills is also an important part of promoting student wellbeing. The Australian Curriculum's Personal and Social Capabilities provide direction to schools to develop lessons which enhance these skills, and schools are required by the Safe and Supportive Schools Policy to include Social Emotional Learning (SEL) approaches in their curriculum. SEL is the process through which students acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage their emotions; understand and show empathy for others; establish and maintain positive respectful relationships; set and achieve positive goals and make responsible decisions. A review of the research literature (1) indicates that students receiving a multiyear, integrated effort in quality SEL instruction demonstrated:

- a reduction in interpersonal violence
- better academic performance
- improved attitudes and behaviours: greater motivation to learn, deeper commitment to school, increased time devoted to schoolwork, and better classroom behaviour
- fewer negative behaviours: decreased disruptive class behaviour, noncompliance, aggression, delinquent acts, and disciplinary referrals
- reduced emotional distress: fewer reports of student depression, anxiety, stress, and social withdrawal
- reduced drug and alcohol use and school dropout.

All schools have access to school psychologists to provide counselling to students. All high schools also have staff with access to pastoral care/ wellbeing coordinators (or equivalent) and youth support workers who provide other personalised supports to improve students' individual wellbeing and engagement with learning.

NSETs also provide a targeted support response, explicitly designed to address student suspensions. Under this process NSET team members work with the suspended student as well as their family and school to address underlying issues that contributed to the suspension.

ACT Government
Justice and Community Safety

Ms Margaret Carmody PSM
Chair
ACT Children and Young People Death Review Committee
GPO Box 158
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By email: childdeathcommittee@act.gov.au

Dear Ms Carmody

Justice & Community Safety Directorate input to monitoring project

Thank you for your letter dated 24 September 2018 about the ACT Children and Young People Death Review Committee's (the Committee) monitoring project (the project). I welcome this opportunity to provide the Committee with an overview of the work that the Justice & Community Safety Directorate (the Directorate) has done, and continues to do, to help prevent or reduce the likelihood of the death of children and young people in our jurisdiction and Australia-wide.

I note the Committee's outline of relevant recommendations at Appendix 1 to your letter. I understand that Appendix 1 to your letter does not provide the specific recommendations as they were made by the Committee to the specified inquiries and reviews at the time, but is a summary of the recommendations that have been made by the Committee to these inquiries and reviews. Accordingly, I do not propose to set out the Directorate's response to individual recommendations. I can, however, provide an overview of the work being done by the Directorate that addresses these areas more generally. Noting that the recommendations provided in Appendix 1 were made from 2016 onwards, this response concentrates on JACS initiatives during the same time period.

The Directorate undertakes a broad range of work in the justice system that connects with the work of the Committee. As you have noted, the link between the recommendations and the work being done by the Directorate might not be direct, but it does have an important impact on preventing or reducing the death of children and young people.

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I also note that these recommendations have a significant connection with the work being undertaken by the Community Services Directorate (CSD), and in particular the Office of the Coordinator-General for Family Safety. The Directorate works closely with the Coordinator-Generals' office to address and implement the Government Commitments in the *ACT Government Response to Family Violence* (FV Response) and there is a significant cross-directorate element to this work.

Please do not hesitate to contact me if any further information is required.

Yours sincerely

Alison Playford
Director-General
Justice and Community Safety Directorate

25/1/19

ACT Government
Justice and Community Safety

Information sharing
The Directorate engages in a range of work that aims to facilitate appropriate information sharing and improve the systems that are currently in place.

For example, in its FV Response the Government committed to legislate to authorise information sharing in family violence matters more broadly (FV Response, commitment 3.2). This work is being driven by the Legislation, Policy and Programs Branch (LPP). As it has become clear that a change in culture and practice is at least as important as improving the legislative framework, the Directorate is continuing to assess the need for legislative change while driving cultural change.

The Government also committed to remaining actively engaged in forums such as the Council of Australian Governments to improve responses to families with complex needs within the family law system (FV Response, commitment 4.4). The ACT Government has worked with the Commonwealth and states and territories to improve family safety outcomes. Importantly, the Council of Attorneys-General is undertaking work to develop an information sharing regime for sharing court orders, judgments, transcripts and other relevant documentation between the family law, family violence and child protection systems.

LPP is also leading work to meet the Government commitment to undertake a review of what decisions made by Child and Youth Protection Services (CYPS) should be subject to either internal or external merits review (FV Response, commitment 5.5). This commitment connects directly to the Committee's recommendations regarding better decision making and better outcomes for individuals to reduce avoidable deaths of children and young people. A working group, which was established between the Directorate and CSD, met regularly in 2017 and 2018 to discuss CYPS' decision making processes. The working group has prepared a draft discussion paper that addresses principles of merits review and the best interests of the child with respect to reviewing care and protection decisions.

A number of agencies connected to the Directorate such as ACT Policing, the Office of the Director of Public Prosecutions, ACT Law Courts and Tribunal, and ACT Corrective Services (ACTCS) are a part of the Family Violence Intervention Program (FVIP). Representatives are involved in weekly interagency case tracking meetings that seek to provide coordinated responses to family violence matters that come to the attention of the police and proceed to prosecution. The agencies are authorised to share information with each other at the meetings through the *Crimes (Sentencing) Act 2005* which can include sharing information about protecting vulnerable children and young people.

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Enhanced support for families under pressure

The Directorate's work in various areas recognises the importance of supporting families under pressure, and assisting to raise awareness with professionals to recognise and respond to stress in families.

In its FV response the Government committed to funding $850,000 for a justice reinvestment trial which provides enhanced and targeted service support for Aboriginal and Torres Strait Islander families involved in the criminal justice system (FV Response, commitment 1.6). The Yarrabi Bamirr Trial was officially launched at Winnunga Aboriginal Health and Community Services in April 2017. It involves using a family-centric model of service support with Aboriginal and Torres Strait Islander families to improve life outcomes and reduce or prevent contact with the criminal justice system. Yarrabi Bamirr is designed to address complex needs using a comprehensive approach that is co-designed with the client and their family.

As of June 2018, there are three Aboriginal services delivering this trial - Winnunga Nimmityjah Aboriginal Health and Community Services, Aboriginal Legal Service NSW/ACT, and Mulleun Mura (based at the Women's Legal Service). The evidence so far indicates that complex families are receiving meaningful support that is empowering them to achieve positive changes in their lives and those of their families and children.

The Government also committed to funding $1.8 million over four years for additional police officers to assist victims of domestic violence, and in particular to apply for domestic violence orders on behalf of victims and to investigate family violence related offences (FV response, commitment 2.7). By funding dedicated Family Violence Order Liaison Officers (FVOLOs) this initiative is assisting vulnerable members of the community obtain family violence orders (FVO) in order to improve their safety and the safety of their children. Between 1 July 2018 and 30 September 2018, the FVOLOs assisted 98 people through the FVO process.

This commitment also encourages information sharing, as FVOLOs receive referrals from frontline police, and following engagement with external agencies referrals are often received from those external agencies. Referrals are also received directly from victims who have been advised of the program by other agencies. This greatly assists families under pressure in a situation where multiple risk factors are present.

The Directorate has been actively engaged for a number of years in developing policy and progressing reforms in relation to the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission). A Child Abuse Royal Commission: Criminal Justice Reform Team was established in 2017-18 and progressed amendments to address recommendation of the Royal Commission in the Crimes (Legislation Amendment) Bill 2017 (No 2) (CLAB) which was passed on 20 February 2018. The CLAB included amendments which made existing offences for persistent child sexual abuse more effective, and introduced two new grooming offences criminalising non-electronic grooming of a child, as well as grooming of people other than a child (e.g. parents). Further implementation of the Royal Commission's criminal justice recommendations in 2019 will include the creation of an offence for failing to report child sexual abuse; development of an intermediaries scheme; work at a national level to consider reform of tendency and coincidence evidence rules; and consideration of reforming judicial directions in child sexual abuse matters.

As part of the Government commitment to developing a policy and practice framework that supports the implementation of the National Standards for Perpetrator Interventions (FV Response, commitment 3.6) Community Corrections in ACTCS is involved in the delivery of the Domestic Abuse Program (DAP) with the Domestic Violence Crisis Service (DVCS). The DAP is a 20-session rehabilitative group intervention program run by ACTCS for domestic violence perpetrators subject to community-based or custodial sentences who are assessed as being of medium risk of reoffending or higher. As part of this, ACTCS seeks to promote the safety and protection of victims and children by offering support provided by the DVCS and other community agencies

Child-focussed practice
The Directorate is involved in ongoing work to ensure that services are appropriately focussed on children, in both a practical and cultural sense.

In 2016 the Directorate developed the *Family Violence Act 2016* (FV Act) which amended the definition of family violence to properly recognise the impacts of this type of violence on children. The FV Act recognised the importance of protecting children by, among other things, changing the meaning of family violence to include a behaviour that causes a child to hear, witness, or otherwise be exposed to family violence. These amendments were child-focussed and aim to shift thinking around the way that children and young people experience family violence.

Another example is provided by the recent provision of a culturally appropriate sentencing process for young Aboriginal and Torres Strait Islander Canberrans in the justice system. The *Crimes Legislation Amendment Act 2018* amended the *Magistrates Court Act 1930* to establish the Children's Circle Sentencing Court, known as the Warrumbul Court. This important change, which was effective 1 September 2018, reflects the significance of tailoring the sentencing process for children and young people, and supports practice that 'keeps the child in mind'.

The ACT Children and Young People Death Review Committee is established under the *Children and Young People ACT 2008*

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