

The JIRT Partnership - 20 years on

A special report to Parliament under
section 31 of the *Ombudsman Act 1974*.

5 October 2018

NSW Ombudsman
Level 24, 580 George Street
Sydney NSW 2000

Phone: 02 9286 1000

Toll free (outside Sydney Metro Area): **1800 451 524**

National Relay Service: 133 677

Website: www.ombo.nsw.gov.au

Email: nswombo@ombo.nsw.gov.au

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5 October 2018

ABN 76 325 886 267

Level 24, 580 George Street, Sydney NSW 2000

T 02 9286 1000 | F 02 9283 2911

Tollfree 1800 451 524

www.ombo.nsw.gov.au



5 October 2018

The Hon John Ajaka MLC
President
Legislative Council
Parliament House
SYDNEY NSW 2000

The Hon Shelley E Hancock MP
Speaker
Legislative Assembly
Parliament House
SYDNEY NSW 2000

Dear Mr President and Madam Speaker

Pursuant to section 31 of the *Ombudsman Act 1974* I am providing you with a report titled *The JIRT Partnership - 20 years on*.

I draw your attention to the provisions of s 31AA of the *Ombudsman Act 1974* in relation to the tabling of this report and request that you make the report public forthwith.

Yours sincerely

A handwritten signature in black ink, appearing to read "Michael Barnes". The signature is fluid and cursive, with a long, sweeping tail.

Michael Barnes
Ombudsman

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Our inquiry into the operation of the JIRT Program

The Joint Investigation Response Team (JIRT) is a tri-agency program in NSW – delivered by the Department of Family and Community Services (FACS), the NSW Police Force and NSW Health. JIRT provides a comprehensive and coordinated safety, criminal justice and health response to children and young people alleged to have suffered sexual abuse, serious physical abuse or extreme neglect. The program has existed in one form or another for more than 20 years.

In July 2016 – mindful that the JIRT program's operations had not been comprehensively reviewed for over ten years, and in light of the Royal Commission's ongoing consideration of issues related to the operation of the JIRT program and components of similar models for national application – the JIRT partner agencies requested that our office conduct an independent review of the JIRT program.

The original review timeframe was to be 12 months. However, in order to ensure that key structural issues identified from the review could be considered by the Royal Commission ahead of its final report on criminal justice, we agreed to reduce the timeframe for preparing our draft report to six months. We initiated an inquiry into the operation of the JIRT program under section 11(1)(e) of the *Community Services (Complaints, Reviews and Monitoring) Act 1993* (CS-CRAMA) on 16 September 2016.

We provided the agencies with our draft report the following May, and after incorporating their feedback, we released our final report to the agencies in August 2017. The agencies considered our recommendations in the context of the related recommendations made by the Royal Commission in its August Criminal Justice report, and its subsequent final report in December 2017.

Our report contained 67 recommendations aimed at improving joint agency practice and consolidating and enhancing the performance of the individual agencies. It also highlighted the key achievements of each agency. A copy of the full report is attached.

It is now a year since we provided the agencies with our report. In light of the considerable public interest in the operation of the JIRT program, we decided to make the report public, along with the progress made by the agencies in responding to the recommendations. To this end, we asked the agencies to provide a formal response to the recommendations and a progress update. A copy of each agency's response is also attached.

I am pleased to report that the agencies have indicated their support for the vast majority of our recommendations and practice suggestions, and have welcomed the opportunity to reassess their agency's performance and the nature of the program going forward. Despite differing views on certain issues, it is clear from the agencies' responses that they remain collectively committed to maintaining the essential components of the program, and to children receiving a seamless, tri-agency response, which promotes their safety, health and wellbeing.

Key results to-date

The attached agency responses illustrate that significant progress has been made in responding to our recommendations. Outlined below are some of the key results achieved over the past 12 months.

- **Strengthening governance** – Shortly after receiving our report, the agencies met to consider our recommendations, and immediately acted to strengthen the program's governance structure, by establishing direct oversight by the heads of each agency via twice yearly meetings, supported by regular meetings of the newly established agency deputies group. In addition, we have been advised that regular and timely engagement is taking place at the operational level when points of contention arise on individual cases.
- **Reframing the agreement** – The agencies have negotiated a newly framed agreement to guide the partnership. The agreement will be supported by updated interagency and individual agency policies and procedures, which will include a comprehensive performance monitoring framework for the program.
- **Enhancing the capacity of the JIRT Referral Unit** – We highlighted that the increased demand on the JIRT Referral Unit (JRU) without an injection of additional resourcing and a realignment of the operating model will inevitably impact adversely on the quality of its decision-making. We recommended that the agencies should source enhanced funding for the JRU to establish a second interagency decision-making team and extend its

operating hours from the current Monday to Friday, 9am to 5pm arrangement, to better meet current demand. The agencies have worked together to pursue budget enhancements to increase the capacity of the JRU by extending its business hours on weekdays, and to weekends, and providing the necessary staffing. A trial of a 'second decision-making table' at the JRU for use during peak periods is underway.

- **Better systems to track FACS JIRT performance** – We recommended that FACS and Health strengthen their internal measures for tracking their JIRT performance, along similar lines to the Police. In accordance with our recommendations, FACS has prioritised enhancing its reporting and executive oversight by building all FACS JIRT (and interagency functions) into its new ChildStory database; settling corporate performance measures and building JIRT reporting capacity into its organisational business review process; initiating a bi-annual business review process with Executive Director and Director oversight; and engaging the Office of the Senior Practitioner to assess the quality of casework practice.
- **Improving Health's JIRT governance** – Health too has focused strongly on strengthening internal governance arrangements, and has built into its new Sexual Assault database and JIRT Health databases, the additional data fields we recommended, including better data relating to physical abuse and neglect. In addition, work is underway to examine how Health can better capture its indirect and direct client activities to enhance reporting against the delivery of Health services. To strengthen compliance, a new performance improvement measure relating to key JIRT program commitments has been added to service agreements between the Secretary and each district and the Sydney Children's Hospitals Network.
- **Increased staffing and improved after-hour responses** – Our inquiry found that the disparity between Police resources and those of FACS and Health was making it harder for FACS and Health JIRT staff to 'keep up' with their police counterparts. The impact of resourcing constraints was particularly acute when there was a need for staff to provide an urgent or after-hours joint response. In the latter part of our inquiry both Health and FACS received additional funding. This allowed FACS to increase its JIRT resourcing by 52% over the next two years. FACS has advised that it has recruited ten new caseworkers with progress underway to recruit a further 30. To address concerns about its after-hours capacity, FACS has identified and designated JIRT staff for after-hours work on JIRT matters; and is expediting advice to the JRU and JIRT after-hours service.

The Government's \$10 million funding initiative to improve health service responses to victims of violence, abuse and neglect will include a focus on JIRT clients, and will, among other areas, be directed towards improving the Health's capacity to provide more integrated 24 hour responses to victims. To-date, funding has been distributed in accordance with an internal needs-based cost allocation model. Detailed violence, abuse and neglect (VAN) service profiles have been developed for each health district and relevant specialty health network, and a new state-wide VAN service redesign framework is being finalised, and will be used to support local service redesign implementation over the next 18 months.

- **Therapeutic services for young people who engage in harmful sexual behaviour** – In response to concerns about the need to expand the supports available for young people who engage in sexually harmful behaviour, Health has allocated an additional \$1.6 million annually to establish two additional New Street services in regional NSW.
- **Improved training** – The newly developed interagency training module has been rolled out and has received positive feedback from frontline staff. A key feature is the simulated child protection exercise conducted at the same facility which also provides emergency management, counter terrorism and other training to the NSW Police Force and other operational arms of government. In addition, Police have established a dedicated training portfolio within the Child Abuse and Sex Crimes Squad's Strategic Coordination Unit to lead the development of a comprehensive training program for police.
- **Strengthening the police area command response to child abuse** – Police have responded to our recommendations about strengthening the quality of the responses by local police area commands to child abuse by commencing the Child Abuse Referral trial, which involves commands taking on a greater number of matters which meet set criteria, but on the basis that they also collaborate closely with the Child Abuse and Sex Crimes Squad when its specialist skills are required, for example, when conducting child victim interviews.
- **Co-location arrangements** – At the outset of our inquiry, FACS and Health made clear that the accommodation of JIRT staff was one of a number of contentious issues requiring resolution. We recommended that the JIRT partner agencies should, as far as possible, co-locate their staff in the same

building, ideally on the same floor, or at least within close proximity to each other with Child Abuse and Sex Crimes Squad officers having their own dedicated work area. The agencies have progressed planning of property arrangements for the next five to ten years, which includes keeping agencies within close proximity to each other and sharing space for working with clients. Interagency negotiations continue and planning is underway to establish new and fit for purpose jointly located sites at Liverpool, Blacktown, Newcastle and Gosford (as well as, in due course, Tamworth and Wollongong).

Future direction of the JIRT program

It is positive that the FACS Secretary has committed to addressing the broader recommendations in our report which relate to the intersection of the JIRT program with the child protection system. In this regard, it is significant that the Police Commissioner has noted his keen interest in:

‘.....working with FACS, Health and other government agencies such as Education, to explore the potential for them to adopt an increased intelligence-driven focus on responding to children most at risk....’

I am aware that a significant proportion of the children who become victims of the types of offences investigated by [Child Abuse Units], have previously been the subject of (at times multiple) child at risk reports of a non-criminal nature.....

More than a decade ago, the NSWPF achieved considerable success in targeting organised and major crime suspects by adopting an intelligence-driven approach to profiling key individuals and their activities. It is my view that a similar approach could be adopted to proactively identifying and responding to children at current and/or future risk of serious abuse.....Doing so would not only lead to improved care, protection, clinical and educational outcomes, for some of the most vulnerable persons in our community, but also allow for finite NSW Government resources to be used both more effectively and where they are most needed.’

The Police Commissioner’s comments align with the recommendation of Justice Wood in his 2009 final report on the Special Commission of Inquiry into Child Protection Service, that government agencies identify their ‘high-end’ users and provide these families with an integrated case management response. Since then, this office has been advocating for the adoption of an intelligence-driven child protection system. In our submissions to the Wood Inquiry and subsequent public reports, we stressed that an efficient child protection system must be able to identify those children who are most in need in order to direct an appropriate level of resources to this group.

Although FACS has made some progress in recent years in lifting the proportion of children who are reported at risk of significant harm (ROSH) who are receiving a face-to-face response, the response rate in 2017 was still only 32%.¹

Against the background of unmet ROSH demand, our ongoing monitoring of the implementation of the Government’s response to the Tune review of out-of-home care – a reform agenda known as *Their Futures Matter* – will include a focus on whether the reforms are delivering a robust system for systematically collecting and analysing critical holdings of lead government agencies and NGOs to facilitate the identification of those most vulnerable, along with ensuring that services are being provided to these individuals and positive outcomes are being achieved.

In closing, we would once again like to take this opportunity to commend the frontline agency staff and leaders of the JIRT program for their continued commitment to providing a quality response to some of the most vulnerable children in this state.

¹ FACS Caseworker Dashboard, December 2017 quarter, <http://www.community.nsw.gov.au>

Annexure 1 - Agency responses



Michael Barnes
 NSW Ombudsman
 Level 24
 580 George Street
 SYDNEY NSW 2000

Attention: Julianna Demetrius, Assistant Ombudsman, Strategic Projects

Ref EAP18/7385

Dear Mr Barnes

Statement of progress: JIRT report

The Department of Family and Community Services (FACS) welcomes the opportunity to comment on the recommendations of the *NSW Ombudsman's inquiry into the operation of the JIRT Program, August 2017* report and the improvements made to date.

The recommendations are intended to improve individual and interagency practice to achieve positive safety, justice and health recovery outcomes while mitigating the risk of system generated trauma to vulnerable children, young people and their protective family members. This requires a highly sophisticated tri-agency workforce which is responsible for transferring the unique statutory, corporate and professional characteristics of each sector to a child focussed context.

The inquiry process and ensuing report has provided FACS with the opportunity to note what it does well, review challenging areas and embark on a systematic program of improvement. With the exception of aspects of the recommendations relating to *Person Causing Harm* determinations, the FACS-focused recommendations are supported.

To date, FACS has prioritised:

- Growing and supporting the FACS JIRT workforce with:
 - recruitment of 10 new caseworkers completed in 2018;
 - progress underway to recruit to 30 new caseworker positions by June 2019; and
 - funding for a worker mental health and wellbeing strategy secured and implementation underway.
- Enhancing FACS JIRT performance, reporting and executive oversight by:
 - incorporating all FACS JIRT (and interagency) functions into ChildStory;
 - settling corporate performance measures and building capacity for JIRT reporting via FACS business review process;
 - initiating a bi-annual business review process with Director and Executive Director oversight; and
 - engaging the Office of the Senior Practitioner to conduct periodic reviews of casework practice.
- Improvements to the FACS JIRT after-hours service by:
 - providing JIRT training to Helpline, After Hours Crisis Response Team and district on-call staff state wide so FACS JIRT can be a clear participant in After Hours responses;
 - quarantining JIRT staff who are available for after-hours work for JIRT matters; and
 - expediting advice to the JRU and JIRT units of after hours responses.

As these initiatives are refined and reinforced, FACS will prioritise the recommendations that relate to the intersection between JIRT and the broader statutory child protection system. FACS generally accepts the intent of the interagency recommendations with the exception of trialling a *Child and Family Advocate* role and allowing more flexibility to the requirements of the *Local Planning and Response Procedures*. While the advocate concept is worthy of further consideration, FACS maintains that it would be appropriate to review this concept once the recommendations intended to improve tri-agency performance are fully implemented.

The *Local Planning and Response Procedures* - which comprise critical information exchange, joint planning of each agency's role in the field response and responsibilities beyond the Police lead forensic child interview - are fundamental to the tri-agency response to allegations of criminal child abuse in New South Wales. Despite individual differences in other areas, the agencies are unanimous in their ongoing commitment to this essential component of the program.

To date, FACS has prioritised the interagency recommendations relating to improvements to governance, particularly negotiating a new Memorandum of Understanding (MoU), performance monitoring and reporting (and the requisite IT infrastructure) and incrementally expanding the operations of the JIRT Referral Unit.

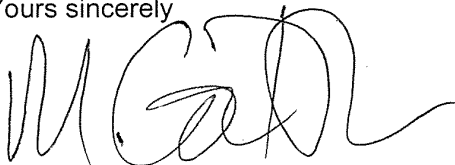
Upon receipt of the report, agency heads met to consider the recommendations and immediately made substantial improvements to the governance structure by re-instating direct oversight by agency heads with support from the newly established agency deputies group. There has been substantial work on a new MoU with all parties committed to making sure the agreement reflects joint responsibility for wrapping statutory, corporate and professional requirements around children and young people.

In order to streamline practice and enhance performance monitoring and reporting, FACS incorporated the joint components of the program into ChildStory. As at 26 June, FACS successfully transitioned five hundred tri-agency staff from a standalone small web database to ChildStory. This means that for the first time since the program's inception in 1997, tri-agency case-management and reporting requirements are accommodated by an agency's corporate database.

Alongside the above, FACS has lead work to enhance the JIRT Referral Unit's (JRU) operations. The JRU is the gateway to the program and is described in the Ombudsman's report as "...one of the most effective examples of genuinely integrated interagency practice in this State." Enhancement of the JRU will involve extending business hours on weekdays and to weekends with the commensurate increase in staffing. FACS will consider internal funds to support a staged implementation of its component of the JRU enhancement.

The 67 recommendations and numerous practice tips contained in the *NSW Ombudsman's Inquiry into the operation of the JIRT Program* has generated considerable debate on the nature of the program going forward, and opportunities for agencies to individually and collectively ensure that children and young people in NSW receive a seamless, child focussed tri-agency intervention when they most need it.

Yours sincerely



Michael Coutts-Trotter
Secretary



Health

Mr Michael Barnes
NSW Ombudsman
Level 24, 580 George Street
SYDNEY NSW 2000

H18/65858

Dear Mr Barnes *Michael*

NSW Health acknowledges your considered and consultative approach in undertaking your inquiry and preparing your Report, *The JIRT Partnership – 20 years on*, NSW Ombudsman inquiry into the operation of the JIRT Program (August 2017).

NSW Health endorses the key recommendation that partner agencies should continue to jointly deliver and strengthen the JIRT program. We agree our continued collaboration with the NSW Police Force and NSW Department of Family and Community Services (FACS) is vital to protecting children and young people, promoting their health and wellbeing, minimising further trauma and holding perpetrators to account.

NSW Health has participated in significant interagency work to develop a new Memorandum of Understanding for the JIRT program, aligned with the recommendations in the JIRT Inquiry Report. Our three partner agencies are close to reaching agreement on the final form and content of this important governing document for the JIRT partnership going forward.

NSW Health welcomes your acknowledgment of this agency's positive contribution in the JIRT program, the enhancements to our JIRT Health workforce and NSW Health's stronger participation since your previous review in 2012. NSW Health supports the findings and recommendations which are directed at NSW Health, particularly those in Chapter 12.

The Report is consistent with other reform drivers such as the Royal Commission into Institutional Responses to Child Sexual Abuse, Their Futures Matter and the NSW Domestic and Family Violence Blueprint for Reform. It is an opportune time to increase our efforts to improve our performance in JIRT and strengthen the health services we provide to victims of violence, abuse and neglect including children and families in contact with JIRT.

I enclose a short statement providing further details of our response and progress against both the NSW Health recommendations and those aimed at improving interagency practice.

NSW Health acknowledges the hard work and commitment of our frontline staff in delivering services for the most vulnerable children and families in NSW. We are committed to ongoing improvement and collaboration and will continue to work with our JIRT partner agencies for the benefit of our vulnerable JIRT clients and the broader community.

Yours sincerely

Elizabeth Koff
Secretary, NSW Health

17/8/18

NSW Ministry of Health
ABN 92 697 899 630
73 Miller St North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Tel. (02) 9391 9000 Fax. (02) 9391 9101
Website. www.health.nsw.gov.au

NSW Health Statement (August 2018) in Response to the JIRT Inquiry Report

Findings and Recommendations Directed at NSW Health

Since the Report was finalised, NSW Health has given priority to:

Implementing the Government's \$10 million funding initiative to improve Health service responses to victims of Violence Abuse and Neglect (VAN), including JIRT Clients

- This initiative responds to many issues raised in Chapter 12 including the capacity of health services to provide 24 hour integrated psychosocial medical forensic services to victims of VAN, and strengthening internal governance of our JIRT Health response.
- To date, funding has been distributed for additional clinical capacity and detailed VAN service profiles have been prepared for each Local Health District/Specialty Health Network; a state-wide VAN Service Redesign Framework is now being finalised which will guide local service redesign initiatives in 2018/19.

Improving responses to children with harmful sexual behaviours

- NSW Health has allocated an additional \$1.6 million per annum to establish two additional New Street Services in the Murrumbidgee and Northern NSW Local Health Districts (LHDs) during 2018/19. This will improve service accessibility, particularly for JIRT sibling abuse cases.
- NSW Health is Executive Sponsor of cross government work to improve service responses and outcomes for children and young people with problematic and harmful sexual behaviours. The Government has supported in principle the development of a public health framework to support these reforms.

Supporting the JIRT Health Workforce

- The NSW Health Education Centre Against Violence (ECAV) continues to provide the JIRT Health Clinical Supervision program, with funding extended for the next two years.
- ECAV is now convening biannual VAN Clinical Forums which include JIRT Health staff.

Performance monitoring, data collection and analysis

- The new NSW Health Sexual Assault Services and JIRT Health database (which commenced in July 2017), has incorporated the additional data elements recommended by the Ombudsman and was extended in January to include physical abuse and neglect.
- An internal JIRT Health Local Planning and Response Procedure project is analysing JIRT Health's direct and indirect client activities and has identified key priorities. Final analysis will inform the proposed JIRT Health policy and improved JIRT Health reporting.
- A new performance improvement measure has been added to the 2018/19 Service Agreements between the Secretary and LHDs/SHNs specifying "JIRT Health attendances - clients referred to Violence, Abuse and Neglect health services who attend the service within 6 weeks (%)".

Strengthening Health's response to Physical Abuse and Neglect

- Child Protection Counselling Services policy and procedures are on track for release and implementation in early November 2018.
- The Child Abuse and Sexual Assault Clinical Advice line technology is being built and the supporting policy work is close to finalisation, with the phone line planned to commence in the second half of 2018.
- New training to support health staff in identifying physical abuse and neglect includes NSW Health's new HETI online Child Protection Module, launched by the Minister for Health in March 2018, and new child protection resources for Emergency Departments.

Other New Policies and Procedures

- New Street Service policy and procedures are in final draft and on target for release and implementation in September 2018.
- Sexual Assault policy and procedures are being expanded to merge with the Sexual Assault Nurse Examiner policy and new content to guide Health interventions with children under 10 years of age with problematic sexual behaviours. These are on track for release and implementation early 2019.
- Finalising a new JIRT Health policy and procedures document is a priority in 2018/19.

Recommendations aimed at Improving Interagency Practice

Strengthening JIRT Governance and Addressing Operational Issues

Partner agencies have prioritised governance and operational recommendations as follows:

- The Commissioner/Secretaries meet twice a year, with regular meetings also taking place between Deputy Secretaries/Assistant Commissioner and the Executive Directors/Commander;
- Partner agencies have progressed planning of JIRT property arrangements for the next 5-10 years, which include keeping agencies in 'close proximity' to each other and shared space for working with clients;
- New JIRT interagency training, incorporating the JIRT Simulated Exercise at the NSW Police Force Hydra Unit, is reinforcing good interagency practice;
- Partner agencies continue to run JIRT Aboriginal community engagement sessions state-wide with positive participant feedback;
- the Local Planning Response procedure continues to guide coordinated service delivery.

NSW Health, FACS and Police are close to finalising new partnership arrangements. NSW Health agrees that the MOU should continue to be supported by existing interagency JIRT policy and procedural documents and partner agencies' internal policies and guidelines. Updating the interagency documents will be a priority once the MOU is finalised.

Enhancing capacity and quality of the JIRT Referral Unit (JRU)

NSW Health has supported FACS' led work on proposals to enhance the JRU's capacity.

The recent transfer of the JIRTs interagency case tracking system to ChildStory aims to achieve efficiencies in the JRU referral process, consistent with Report recommendations.

NSW Health has provided the partner agencies with final clinical advice on strangulation to inform Helpline and JRU decision-making. Once the JIRT MOU is agreed, NSW Health suggests the partnership should prioritise the other related recommendations for improving the quality of JRU decision-making, including in relation to strangulation reports.

Establishing a Child and Family Advocate Role within the JIRT Program

NSW Health endorses in principle the recommendations for establishing a Child and Family Advocate role within the JIRT program. Once the new JIRT MOU is agreed and other recommendations to strengthen the existing JIRT model are embedded, NSW Health is willing to lead development of a joint business case to pilot this initiative.

Child Sexual Offence Evidence Reforms

NSW Health has been represented on the Child Sexual Offence Evidence Pilot Implementation and Monitoring Group and contributed input for the pilot outcomes evaluation about how this program intercepts with JIRT. The Ministry of Health is supportive of measures to increase the representation of Aboriginal witness intermediaries on the panel of eligible persons for this role.

SENSITIVE: LAW ENFORCEMENT**NSW Police Force****OFFICE OF THE COMMISSIONER**
D/2018/711385

Mr Michael Barnes
Ombudsman
Level 24, 580 George Street
SYDNEY NSW 2000

Dear Mr Barnes,

Response to Ombudsman's report on inquiry into the JIRT program

I write in response to your correspondence dated 14 June 2018, about the intended tabling of the above report before the NSW Parliament, and your office's request for a progress statement.

NSW Police Force recommendations

I confirm that the majority of the NSWPF focused recommendations have my in principle support. The Child Abuse & Sex Crimes Squad (CA&SCS) remains actively engaged in determining how and to what extent these can be implemented. To date significant progress has been made regarding:

- The planned creation of a dedicated training portfolio within its Strategic Coordination Unit; and
- The recently commenced Child Abuse Referral (CAR) Trial (about which I understand both the Deputy Ombudsman, Mr Steve Kinmond, and Assistant Ombudsman, Ms Julianna Demetrious, have recently been briefed).

Interagency recommendations

In relation to the interagency recommendations, the NSWPF continues to consider and work towards implementing those that, in addition to having my in principle support:

- Relate to relevant points of intersection with other involved agencies;
- Strengthen the police criminal justice response; and
- Are consistent with the findings of the Royal Commission into Institutional Responses to Child Sexual Abuse, as well as ODPP and Judicial feedback.

In terms of significant milestones, the NSWPF has to this point been a party to:

- A budgetary submission to increase staffing, and the hours and days of operation, at the Joint Referral Unit (JRU);

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Locked Bag 5102 Parramatta NSW 2124 Tel 02 8263 6999 En 45599 Fax 02 8263 6581 En 45561
TTY 02 9211 3778 for the hearing and speech impaired Web www.police.nsw.gov.au 1800 476 633 130



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- The trial of a 'second decision-making table' at the JRU for use during peak periods (and the planned creation of a permanent fit for purpose capability at the new site due to commence operations at Liverpool in early 2019);
- The continued progress of plans to establish new fit for purpose Child Abuse Unit (CAU) sites, adjacent to those occupied by FaCS/Health staff, at Liverpool, Blacktown, Gosford and Newcastle (as well as, in due course, Tamworth and Wollongong);
- The development of improved inter-agency training, including a simulated exercise at the NSWPF facility which currently provides counter terrorism, emergency management and other training to various operational arms of government; and
- Regular targeted engagements between senior NSWPF and other agency representatives when and as points of difference or misunderstanding arise, without the need for additional and unnecessary layers of administration or review.

Where the need for a revised MoU is concerned, it is proposed that a higher-level statement of intent instead be developed to positively re-set and re-name NSW joint child protection arrangements. It is envisaged that this will in turn be supported by the broad range of existing operational policies and procedures that already exist within each organisation and apply to relevant points of intersection between the agencies. A draft version the statement of intent will shortly be presented to the Secretaries of FaCS and Health for their consideration.

Future direction

Moving forward, the NSWPF is particularly interested in working with FaCS, Health and other government agencies such as Education, to explore the potential for them to adopt an increased intelligence-driven focus on responding to children most at risk, both before and after they become the victim of a criminal offence (being the primary precursor for a matter being referred to the JRU).

I am aware that a significant proportion of the children who become victim of the types of offences investigated by CAUs, have previously been the subject of (at times multiple) child at risk reports of a non-criminal nature. Each of these in my view presented an ideal opportunity for other government agencies to redirect the child concerned away from the serious criminal harm to which they were subsequently exposed.

More than a decade ago, the NSWPF started to achieve considerable success targeting organised and other major crime via the intelligence-driven profiling of key individuals and their activities. It is my view that a similar approach could be adopted to proactively identifying and responding to children at current and/or future risk of serious abuse before police involvement is required. Doing so would not only lead to improved care, protection, clinical and educational outcomes for some of the most vulnerable persons in our community, but also allow for finite NSW Government resources to be used both more effectively and where they are most needed.

Similarly, while for a variety of reasons not all matters referred to a CAU will result in a criminal prosecution being commenced or proceeding, I do not believe that this should prevent other agencies from continuing to provide an intelligence driven, elevated, protracted and

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targeted response once that determination is made. In this sense, each accepted JRU referral should also prompt, once the initial response of each agency is concluded and the NSWPF no longer actively involved, equivalent specialist staff within FaCS and Health to further closely scrutinise the totality of the information they hold (that is, look beyond just the referral itself), to ensure any broader child protection risks, including to other children, can be identified, monitored and proactively addressed. In my view, such an approach would lead to a more holistic response to those children most at risk of harm, by the resources within each agency best placed to do so; in turn allowing each to intervene much earlier, and in that way, deliver better outcomes for victims, non-offending family members and the community alike.

Concluding remarks

In closing, I wish to express my gratitude for the diligent and professional manner in which your office and staff approached the inquiry. I was also particularly pleased to note the positive recognition provided within the report to the increased law enforcement focus, and various other improved practices, adopted by the NSWPF following the formation of what is now the Child Abuse & Sex Crimes Squad (CA&SCS) in 2012. As you would be aware, such reforms have seen an almost 100% increase in the number of persons arrested and charged with child abuse offences between 2012 and 2016, a significant anecdotal increase in conviction rates, a correspondingly significant reduction in opportunities for further offending and, in my view, a safer NSW overall.

Should you require any further information, please have your delegate contact Assistant Commissioner Lanyon who is best placed to immediately respond.

Yours sincerely,





M J Fuller APM
Commissioner of Police

24 AUG 2018

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Annexure 2 – Our 2017 report into the operation of the JIRT program



NSW Ombudsman
Level 24, 580 George Street
Sydney NSW 2000

General enquiries: 02 9286 1000
Toll free (outside Sydney Metro Area, NSW only): 1800 451 524
National Relay Service: 133 677

Email nswombo@ombo.nsw.gov.au

www.ombo.nsw.gov.au