

**SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

**STRATEGIC DIRECTIONS IN  
CHILD PROTECTION:  
1998 - 2000**

**The SWSAHS Strategic Plan  
for the Protection of Children and Young People  
from Physical Abuse, Emotional Abuse and Neglect**

**JUNE 1998**



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## FOREWORD

Children who experience physical abuse, emotional abuse and neglect require support and protection from all those with whom they come in contact, to grow and develop to the best of their potential.

The SWSAHS Strategic Directions in Child Protection: 1998 - 2000 defines the Strategic Plan for the protection of children and young people from physical abuse, emotional abuse and neglect (PANOC). It has been developed in the context of significant political interest in child protection in NSW, arising largely from events in the Wood Royal Commission (1994-1997). This plan represents the commitment by SWSAHS to a coordinated and comprehensive response to the protection of children and young people, as outlined in the Interagency Guidelines for Child Protection Intervention (*NSW Child Protection Council, 1997*).

As the first Child Protection Strategic Plan for SWSAHS, it is designed to assist the Area Health Service to meet its obligations to NSW Health arising from recent state developments in child protection. It is therefore practical in orientation, focussing on the development of essential services and programs. The Plan also provides a foundation which will assist SWSAHS to adapt better to future child protection requirements. There is therefore a focus on the development of structures which will support ongoing development of child protection services.

The SWSAHS Strategic Directions in Child Protection: 1998 - 2000 will be reviewed over time to assess its impact on the achievement of a reduced incidence of child physical abuse, emotional abuse and neglect in SWS and the provision of more effective and efficient child protection services which are accessible to all children, young people and families in SWS.

The Plan is therefore intended to be a living document leading to the provision of the best possible child protection (PANOC) services for the children and young people of SWS.

Ken Brown  
Chief Executive Officer

## EXECUTIVE SUMMARY

Sexual Assault Services have been providing a comprehensive network of specialist health services, to children who experience sexual assault, across NSW for the past decade. In contrast, health services for children and young people who are at risk of, or who have experienced physical abuse, emotional abuse, and neglect (PANOC), have traditionally been delivered through generic health services. In 1994 NSW Health committed recurrent funding to Area Health Services for the enhancement of their services to children and young people who are at risk of, or experience physical abuse, emotional abuse and neglect, and their families.

This document represents South Western Sydney Area Health Service's first Strategic Plan for the Protection of Children and Young People from Physical Abuse, Emotional Abuse and Neglect (PANOC). The plan has been developed in the context of a series of state government policy and practice developments in child protection, in response to events in the Wood Royal Commission (1994 - 1997).

There are two primary goals for child protection (PANOC) services in SWSAHS:

- Goal 1: To reduce the incidence of physical abuse, emotional abuse and neglect of children and young people in South Western Sydney.
- Goal 2: To provide more effective and efficient child protection (PANOC) services which are accessible to all children, young people and families in South Western Sydney.

These goals are consistent with the following, broader goals of the SWSAHS:

- To improve the health status of the residents of South Western Sydney and ensure equity of access to comprehensive health services<sup>1</sup>, and
- To improve health and equity of access to comprehensive and high quality paediatric services for children in South Western Sydney<sup>2</sup>.

Six key planning issues were identified as essential elements of child protection (PANOC) planning for SWSAHS in the context of recent policy and procedural developments. These are represented as sub-goals of the two primary goals:

1. To further develop primary and secondary PANOC prevention services in SWSAHS.
2. To promote interagency cooperation and collaboration in Child Protection across SWSAHS.
3. To develop local policies and protocols and facilitate their implementation in all Sectors across SWSAHS.
4. To provide appropriate training for all SWSAHS staff who come into contact with children, young people and/or families.
5. To further develop tertiary PANOC prevention services across SWSAHS.
6. To evaluate PANOC services across SWSAHS.

All objectives and strategies outlined on pages 18 to 27 relate to these six sub-goals.

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<sup>1</sup> Shaping a Healthier Future in South Western Sydney: Area Strategic Plan, 1996.

<sup>2</sup> Health of Children in South Western Sydney: Strategic Plan for Improving Health, 1996.

## THE PLANNING AND POLICY CONTEXT FOR CHILD PROTECTION

### General Background

Since the late 1970s, a series of legislative and policy changes in relation to child protection, including the development of interdepartmental guidelines for responding to child abuse and neglect of children, have had a significant impact on the role and responsibilities of the NSW Health Department.

In 1977 the NSW Child Welfare (Amendment) Act made it mandatory for medical practitioners to notify the (then) Department of Youth and Community Services where they had “reasonable grounds to suspect that a child has been assaulted, ill treated or exposed”.

In 1980 the NSW Interdepartmental Committee on Child Protection was convened, with the brief to formulate Child Protection Guidelines for the (then) Department of Youth and Community Services, and the Departments of Health and Police. In May 1982 the Inter-departmental Guidelines on Child Abuse were released. Since then the Guidelines have been rewritten a number of times, and have been extended to include other government Departments.

In November 1985, in response to the recommendations of the NSW Child Sexual Assault Task Force (1985), the NSW Government established the NSW Child Protection Council to coordinate and monitor child protection programs in NSW. For the first four years the Council’s brief was to develop a program which would reduce child sexual assault and ensure optimal support for victims and their families. In addition, NSW Health developed a comprehensive network of specialist Sexual Assault Services across the state to provide counselling services for victims of child sexual assault and their non offending caregivers.

In 1987 the Children (Care & Protection) Act replaced the Child Welfare Act, 1939, and the NSW Government extended the brief of the NSW Child Protection Council to include physical abuse and neglect of children.

In 1989 the Health Department released a Ministerial Directive (Circular No: 89/98, superseded by Nos: 89/161, 93/39, and 97/135) requiring all health department workers to notify suspected cases of child abuse to the Department of Community Services. This policy was in line with the spirit of the legislative changes of 1987, the primary purpose being to increase the likelihood that child victims would be identified or come forward for help (*NSW Child Protection Council, 1995*).

In 1990 Australia became a signatory to the United Nations Convention on the Rights of the Child. In so doing Australia recognised the rights of children and young people to be cared for, valued and protected, and made a commitment to the prevention of child abuse. In 1991, as a result of the National Report on Violence: Directions for Australia (1991), the National Child Protection Council was established to develop a strategy for the prevention of child abuse and neglect in Australia - the National Prevention Strategy, which advocated the need for a more balanced focus between primary, secondary and tertiary child abuse prevention programs at all three levels of government (*National Child Protection Council, 1993*).

## Current Situation

To date health services for children who are at risk of, or who have experienced physical abuse, emotional abuse and/or neglect, have been delivered in the main through generic health services. The lack of specifically targeted services for physical abuse, emotional abuse and neglect of children has meant that necessary services have not always reached those with the greatest need (*NSW Child Protection Council, 1988*).

In 1994, in recognition of the need for specifically targeted services for physical abuse, emotional abuse and neglect of children, NSW Health committed recurrent funding to Area Health Services for the enhancement of physical abuse, emotional abuse and neglect (PANOC) services. Subsequently Area Child Protection (PANOC) Coordinator positions were established to develop appropriate service models, and to implement strategies to improve the coordination, quality and scope of services for physical, emotional abuse and neglect (*NSW Health, 1997*).

The Wood Royal Commission was established in 1994 to enquire into Police corruption and protection of paedophiles. In late 1996 the Interagency Guidelines: Child Protection (1991) were revised in response to concerns raised in the Wood Royal Commission (1994 - 1997) that children and young people were falling through the gaps between services because of poor interagency child protection practices. The Interagency Guidelines for Child Protection Intervention, 1997 (hereafter referred to as the Interagency Guidelines) replace all previous interdepartmental guidelines for child protection.

The Interagency Guidelines outline NSW Health's role and responsibilities as:

“The role of NSW Health in child protection is to identify and notify suspected child abuse and neglect and to provide treatment, crisis counselling and ongoing counselling and medical examinations. NSW Health also provides a range of other health services for children and families affected by child abuse or neglect. Preventative and educational programs for health workers and the community are provided.

The key responsibilities are to:

- \* ensure all health workers of NSW Health are aware of the indicators of child abuse and neglect, their obligations to notify suspected child abuse and neglect, and procedures for notification
- \* provide medical examinations including a developmental assessment for children where there is an allegation of physical or sexual abuse or neglect
- \* provide psycho-social/psychiatric and developmental assessment of children suspected of emotional abuse or neglect
- \* provide services for the medical treatment of children suspected of abuse and abused and neglected children
- \* provide crisis and ongoing counselling and advocacy services for children who have been sexually abused and their non-offending caregivers at Sexual Assault Services, and provide counselling for eligible offenders through the Pre-Trial Diversion of Offender's Program
- \* provide crisis and ongoing counselling for children who have been physically abused, emotionally abused or neglected and their families

- \* provide court preparation and support to child victims of abuse and their non-offending caregiver
  - \* work with other agencies within agreed arrangements, to plan and provide services in order to protect the child and support the family
  - \* provide preventative programs, including early intervention services to the community, which aim to protect children
  - \* provide training for staff in the recognition of suspected child abuse and neglect and the implementation of the Department's child protection policy and procedures
  - \* provide educational programs regarding child abuse to health care workers, other relevant agencies and the community"
- (Child Protection Council, 1997)

The Interagency Guidelines emphasise the need for interagency collaboration to ensure children and young people are protected. The guidelines promote a 'whole of government' approach to the problem of child abuse which is encapsulated in the following statement by NSW Health:

"The New South Wales Government is committed to improving the health of children and young people. Within this context, NSW Health services will work cooperatively with other agencies to ensure the provision of a comprehensive child protection system. Accordingly, all NSW Health services provision will be based on the core principle that the safety, welfare and well being of children and young people is paramount" (NSW Health 1997)

This statement has significant implications for all health services, and in particular those services whose primary client may not be the child or young person eg Drug and Alcohol services, Domestic Violence services.

Subsequent to the release of the Interagency Guidelines all government departments have been required to develop child protection policy and procedures. The NSW Health Child Protection Policy and Procedures Manual, 1997 is located within a framework of health policy initiatives for children and young people<sup>3</sup> and represents NSW Health's cooperation with the Government's recent interagency initiatives.

The Policy is aimed at protecting children and young people from child abuse and neglect. It sets directions to enable Area Health Services to deliver a comprehensive service response in relation to child abuse, and provides a framework for advancing the child protection goals set out in Caring for Health, the NSW Government's vision for Health (NSW Health, 1995)<sup>4</sup>.

**The goal of NSW Health is to protect children and young people by providing a comprehensive range of services that focus both on enhancing the health and well being of children and young people and their carers, and reducing the health impacts of abuse and neglect (NSW Health, 1997).**

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<sup>3</sup> Including the National Health Policy for Children and Young People (Commonwealth Department of Human Services and Health, 1995); Caring for Health: Caring for Children (NSW Health, 1996); Caring for Health: Caring for Young People (NSW Health, 1996).

<sup>4</sup> NSW Health child protection policy is to be read in conjunction with Circular 97/135 which deals with notification of suspected child abuse and the disclosure of information.

In addition, NSW Health is responsible for delivering a range of child protection services including health promotion, early intervention, recognition of abuse, notification to the Department of Community Services and the Police Service, and crisis and follow-up counselling and medical treatment (*NSW Health, 1997*).

The SWSAHS Strategic Plan for Child Protection (PANOC) (hereafter called the Child Protection Plan) is a product of the NSW Health funded initiative for Area Health Services to implement strategies to improve the coordination, quality and scope of services for physical abuse, emotional abuse and neglect of children. It is thus to be located in the context of the broader developments around child protection in NSW generated by events in the Wood Royal Commission.

## CHILD ABUSE IN SOUTH WESTERN SYDNEY

### Introduction

The South Western Sydney Area Health Service covers an area of 6,237 square kilometres and is comprised of seven local government areas: Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly. SWSAHS groups these local government areas into five Sectors.

### Paediatric Population

The paediatric population (< 15 years) of SWSAHS is 174,231. This represents 24.8% of the population in SWSAHS, which is considerably higher than the NSW figure of 21.4% (ABS, 1996). Campbelltown Sector has 30% of its population under the age of 15 years. (ABS, 1996).

With 12,091 births in South Western Sydney in 1996, approximately 1 in every 7 children born in NSW is born to residents of South Western Sydney (SWSAHS, 1997).

### Incidence of Child Abuse

It is difficult to ascertain the true incidence of child abuse in a community for a number of reasons. Firstly, it is widely accepted that not all children who are abused are reported to child protection authorities (Coulton, Korbin, Su & Chow, 1995; NSW Department of Community Services, 1996 (a)). Secondly, the Department of Community Services (DCS) is not always able to substantiate the allegations in a report that a child's injuries have been caused by abuse. In the absence of forensic evidence, a child may either be preverbal or too frightened to confirm this suspicion. Thirdly, of the reports which are investigated and substantiated, it is the allegation in the report which is substantiated, and this does not necessarily equate with the child having been abused. In relation to some substantiated reports, DCS may hold concerns about the level of risk of abuse for the child, but may not consider the child to have been abused.

### Reports of child abuse in SWSAHS warranting investigation by DCS

Reports warranting investigation by the Department of Community Services have risen steadily in recent years in SWSAHS, as they have in most other areas.

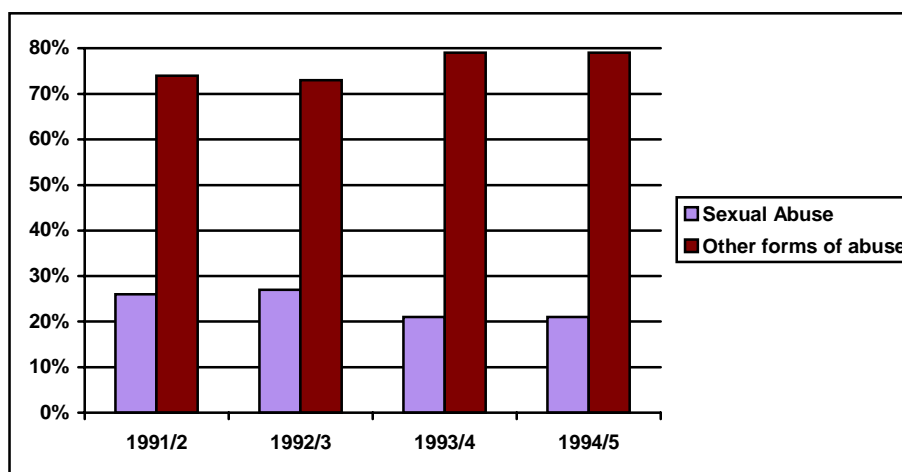
Between 1991 and 1995 SWSAHS consistently has had the largest number of reports warranting investigation of any Area Health Service in NSW (NSW Department of Community Services, 1996 (b)). In 1994/5 there were 5,174 reports warranting investigation by DCS in SWSAHS.

Although SWSAHS has the largest paediatric population of any Area Health Service in the state, when comparing report rates, SWSAHS also has the highest rate of reports (30 per 1,000 paediatric population for 1994/5) of any metropolitan based Health Service Area, together with Illawarra AHS and Central Coast AHS (NSW Department of Community Services, 1996 (b)).

In 1994/5 physical abuse, emotional abuse and neglect accounted for 79% of all reports in SWSAHS. The graph below shows that this figure has been gradually increasing since 1992/3.

GRAPH 1

**Proportion of Reports Warranting Investigation by Abuse Type  
(Child Sexual Abuse; Child Abuse other than Child Sexual Abuse)  
in SWSAHS for 1991/2 to 1994/5**



(NSW Department of Community Services, 1996 (b))

## Factors associated with increased rates of child abuse in a community

The following factors have been found to be associated with increased rates of child maltreatment in a community:

- **A high child/adult ratio** (Coulton, Korbin, Su & Chow, 1995)

The proportion of children under 15 years in SWS is 25% of the total population, 5% higher than the paediatric population of Sydney as a whole (20%) (ABS, 1994).

- **Poverty** (National Child Protection Council, 1993; NSW Department of Community Services, 1989, 1995 (a); Tomison, 1996 (b); Coulton, Korbin, Su & Chow, 1995)

On an index of socio economic disadvantage for dependent children under the age of 17 years (ABS Child Poverty Index, 1991), the LGA's of Bankstown, Campbelltown, Fairfield and Liverpool were included in the 38 most disadvantaged geographic areas (out of 180 areas in NSW). Fairfield ranked as the 10th most disadvantaged area in NSW. It should be noted that the semi-rural and less populated LGA's of Camden, Wollondilly and Wingecarribee ranked within the top 12.5% of the 180 areas, indicating relative socio economic advantage.

The median socio economic status of children resident in SWSAHS is lower than Sydney as a whole. A low socio-economic status is a risk factor for poverty.

- **Isolation as a result of cultural differences** (National Child Protection Council, 1993)

Just over one percent of the SWSAHS population are of Aboriginal or Torres Strait Islander (ATSI) descent (1.2%; 8,696). This represents 8.6% of the NSW ATSI population, and comprises the second largest ATSI population of any Area Health Service in NSW (ABS, 1996).

More than a third of SWSAHS residents (36.5%; 235,763) speak a language other than English at home. This is twice the proportion in NSW (18.1%; 1,015,862) (ABS, 1996). In particular, Fairfield, Liverpool, Bankstown and Campbelltown Sectors have large numbers of newly arrived

migrants who are less likely to have social supports. With large ATSI and NESB populations living in SWSAHS, including a high proportion of new migrants, the likelihood of families experiencing cultural isolation is increased.

- **Poor access to public transport and to health services** (*National Child Protection Council, 1993*)

For several years South Western Sydney has experienced significant expansion in terms of rapid growth in middle and low income housing development, resulting in a population with high numbers of young families and children. The provision of public transport infrastructure has not kept pace with this housing development resulting in a lack of access to effective public transport and, as a consequence, a lack of access to services, including health services. (*Commonwealth Department of Human Services and Health, 1994*)

## **Conclusion**

Given the existence of high risk community factors in SWSAHS, as well as the large number of reports warranting investigation, it would seem incumbent upon departments and other agencies involved in child protection in South Western Sydney to widen their focus to include strategies to reduce the risk of abuse from occurring, ie primary and secondary child abuse prevention strategies. Such an approach would be consistent with recent State government initiatives (*eg NSW Health, 1997*) and with the goals outlined in the SWSAHS Strategic Plan (*SWSAHS, 1996 (a)*).

## DESCRIPTION OF SERVICES AROUND CHILD PROTECTION IN SWSAHS

### Health Services

The following table identifies health services in SWSAHS which currently provide services for children and young people who experience physical abuse, emotional abuse and neglect and their families, or those which provide services to parents which directly support them in their parenting role.

Service	Bankstown	Macarthur	Fairfield	Liverpool	Wingecarribee
Accident & Emergency Department	✓	✓	✓	✓	✓
Allied Health Services	✓	✓	✓	✓	✓ (Not specific)
Child & Family Health Team	✓	✓ <sup>5</sup>	✓	✓ <sup>6</sup>	✓
Family Care Cottage	✓	✓	✓	✓	
Parents Advisory Service/Early Childhood Centre	✓	✓	✓	✓	✓
Paediatric Department	✓	✓	✓	✓	✓
Paediatric Mental Health Service	✓	✓	✓	✓	✓
Primary Health Nursing Teams	✓	✓	✓	✓	✓
Sexual Assault Service	✓	✓		✓	✓
Youth Health Team	✓	✓	✓	✓	
SWS Scarba Service <sup>7</sup>		✓ 4 suburbs		✓	

All health professionals are responsible for notifying suspected child physical abuse, emotional abuse and neglect.

**Accident and emergency departments** often detect abuse when children and young people present with injuries and illnesses, and together with **paediatric departments**, provide medical treatment for children and young people who have been abused.

**Allied Health professionals** provide a range of services to children and families, including to those families where children have been victims of child abuse. Social workers in hospitals are directly involved when child abuse is identified by other hospital personnel and provide support and referral to these children, young people and families.

<sup>5</sup> Called the Child, Adult and Family Team in Campbelltown and the Community Counselling Team in Camden.

<sup>6</sup> Called the Community Counselling Team.

<sup>7</sup> This is a third schedule hospital unit providing services across Liverpool LGA and parts of Campbelltown LGA.

**Parents Advisory Services** and **Early Childhood Centres** provide parenting advice, monitor growth and development of children, and provide support and referral for families where there are difficulties eg post-natal depression. In providing these services to the community, Parents Advisory Services and Early Childhood Centres come into contact with child victims of abuse as well as children who are at high risk of abuse.

In addition to running the Parents Advisory Services and Early Childhood Centres, **primary health nurses** conduct school screening activities, and are involved in promoting health in school communities.

**Sexual Assault Services** provide a range of services, from medical care to crisis and ongoing counselling to court support and community education, for children and young people who have been sexually assaulted and their non offending caregivers.

**Child and Family Health Teams** and **Family Care Cottages** provide assessment, therapy and support services for children and their families, in relation to a wide range of health and family issues, including to those families where children and young people have been abused, or are at increased risk of abuse.

**Youth Health Teams** provide information, referral, assessment, counselling, therapeutic and support groups, and practical support services to young people in relation to a wide range of presenting issues, including to young people who present with a history of abuse or are currently at risk of abuse.

**Paediatric Mental Health Services** provide psychiatric assessment, diagnosis and treatment for infants, children, young people (and their families) with significant behavioural and emotional problems, many of whom have been abused or are at increased risk of abuse. Paediatric Mental Health Services are tertiary referral services.

In addition, **Drug and Alcohol Services** and **Adult Mental Health Services** come into contact with people whose children may have been abused or may be at increased risk of abuse due to their parent's drug, alcohol or mental health problems. The **Gaining Ground Committee** has been convened to address the needs of children and young people living in families where a parent/caregiver is affected by mental illness. It has completed a needs assessment and is conducting pilot initiatives which include a mother and child playgroup and an adolescent peer support program.

**South Western Sydney Scarba Service** is a tertiary child abuse prevention service providing outreach counselling and casework services, and therapeutic and support groups, to children up to 12 years who have been physically abused, emotionally abused and neglected, and their families.

## Other Government Departments providing Child Protection Services in SWS

The **Department of Community Services** (DCS) has six Community Service Centres in the SWSAHS area. These are located in Bankstown, Fairfield, Liverpool, Ingleburn, Campbelltown and Bowral. The role of the Department of Community Services includes:

“receiving and assessing notifications of suspected child abuse and neglect, investigating those notifications where the wellbeing of the child is in question, ensuring the safety of children, meeting the ongoing needs of children for care and nurturing and their families’ needs for assistance and support in conjunction with other services, initiating care proceedings in the Children’s Court and arranging out-of-home care on a temporary basis to enhance family functioning or on a longer term basis where required (*NSW Child Protection Council, 1997*)”.

In addition there are two metropolitan **Joint Investigation Teams** covering SWSAHS. Liverpool Joint Investigation Team covers the local government areas of Campbelltown, Fairfield, Liverpool and part of the Camden-Wollondilly Shire. Ashfield Joint Investigation Team covers the Bankstown local government area. Joint Investigation Teams are specialist units comprising both Police and DCS staff who investigate and prosecute all criminal child abuse cases. Criminal child abuse includes all cases of child sexual assault, and cases where serious injury is caused by physical abuse and/or neglect.

The **Department of School Education**, in addition to running schools in the SWS Area, has school counsellors who provide supportive counselling for children and young people who have been sexually abused, and supportive and investigative counselling for children and young people who have been physically abused, emotionally abused and/or neglected. The Department of School Education is currently introducing a four stage child protection curriculum course for children from kindergarten through to year 12.

Other government departments, such as the **Departments of Police, Public Prosecutions, Juvenile Justice and Housing**, also have a role in child protection in South Western Sydney<sup>8</sup>.

## Non-Government Organisations in SWS

There are many non government organisations in South Western Sydney which provide a range of specialist and generalist services to children, young people and families where children and young people have been abused or neglected or are at high risk of abuse. These services include counselling, crisis support services, family support, foster care, parenting education programs, and casework services. A list of local agencies will be included in the SWSAHS Child Protection Policy and Protocol.

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<sup>8</sup> See the Interagency Guidelines for Child Protection Intervention (1997) for details about the roles of these departments.

## **CHILD PROTECTION IN SWSAHS – THE VISION**

### **Client Needs**

- All children and young people in South Western Sydney need to be safe from all forms of abuse and neglect.
- All children and young people in South Western Sydney who have been physically or emotionally abused or neglected need access to comprehensive child protection services appropriate to their individual needs, in order to ameliorate the detrimental effects of abuse, prevent the recurrence of abuse, and promote the child's optimal development and well-being.

### **The Vision**

All children in SWSAHS will have access to a range of child protection services which are of a high standard, and are provided by appropriately trained (and informed) health professionals.

Child protection services will recognise the significant role the family plays in providing the foundation for children's health and development. Child protection services will be appropriate to the needs of the children and families of SWS, taking into account the social, ethnic and economic composition of the local community, as well as the developmental and emotional needs of all children presenting for service.

Services will be offered to families and children as an entitlement. Health services staff will work in partnership with parents/caregivers, where appropriate, to assist them to enhance their children's health and well-being, especially where there are identified risk factors for child abuse present in the families' circumstances.

Child protection services in SWSAHS will reflect an appropriate balance, between primary, secondary and tertiary child abuse prevention programs, in order to help reduce the incidence of child abuse in SWSAHS, while providing appropriate intervention to ameliorate the effects of child abuse on children who have already been abused.

### **An Integrated SWSAHS Child Protection (PANOC) Service**

New area wide services will be developed to address the needs of children, young people and families where children and young people have been physically abused, emotionally abused and/or neglected. These include a 24 hour medical and social work service which initially will be based at Liverpool Hospital and a Counselling and Support Service which will provide counselling and other supports for children, young people and families where physical abuse, emotional abuse and/or neglect has been confirmed by the Department of Community Services.

The Counselling and Support Service will have the additional responsibility of coordinating all other health services required by the child or young person attending the service, and his or her family. Formal links will be developed between these new services and existing health services, including those where children may not be the primary client but where children may be affected by the health issues of people at whom these services are targeted, such as Drug and Alcohol and Adult Mental Health Services.

Child protection procedures will be developed by all SWSAHS services which come into contact with children, young people and/or their families, and referral and case management protocols will be developed between these services and the new area PANOC services. In addition, links between existing health services will be strengthened and formalised so that a comprehensive child protection service response can be provided to children, young people and families.

## **CHILD PROTECTION (PANOC) SERVICES IN SWSAHS –PURPOSE, GOALS AND PRINCIPLES**

### **Statement of Purpose**

SWSAHS will promote the optimal growth and development of all children and young people in South Western Sydney by providing child protection (PANOC) services which:

- assist children and young people to recover from the detrimental effects of abuse,
- help to prevent the recurrence of abuse for these children and young people, and which
- reduce the likelihood that any child or young person in SWS will be abused in the future.

### **Goals**

**The goals of child protection (PANOC) services in SWSAHS are to:**

- 1. Reduce the incidence of physical abuse, emotional abuse and neglect of children (PANOC) in South Western Sydney.**
- 2. Provide more effective and efficient child protection (PANOC) services which are accessible to all children, young people and families in South Western Sydney.**

These goals are consistent with the following, broader goals of the SWSAHS:

- to improve the health status of the residents of South Western Sydney and ensure equity of access to comprehensive health services (*SWSAHS, 1996(a)*), and
- to improve health and equity of access to comprehensive and high quality paediatric services for children in South Western Sydney (*SWSAHS 1996 (b)*).

### **Principles of Service**

SWSAHS's child protection (PANOC) services will:

- Be child focussed; holding the safety and welfare of the child or young person as paramount.
- Recognise the central role the family plays in providing a sound foundation for the child's health, well being and development, and provide the opportunity for families to participate appropriately in decision making for the protection of their children.
- Be provided in a manner which recognises the developmental, emotional, cultural and social needs of children and young people.
- Be accessible and appropriate to the needs of children, young people and families in SWSAHS, by taking into account the social, ethnic, cultural and economic composition of the local community.

- Seek consumer (and key stakeholder) participation in planning for service provision.
- Be provided by appropriately trained staff.
- Be of high standard, and based on the best available data about what is known to be effective.
- Be aimed at improving the health outcomes of the children and young people of SWS.
- Include an appropriate balance between primary, secondary and tertiary child abuse prevention strategies/programs.
- Actively participate in enhancing interagency relationships with other government departments and non-government organisations involved in child protection.

## **CHILD PROTECTION (PANOC) SERVICES IN SWSAHS –OBJECTIVES AND STRATEGIES**

Six key planning issues were identified as essential elements of child protection (PANOC) planning for SWSAHS. These issues were identified in the Child Protection Review (*SWSAHS, 1995*), in consultations conducted with SWSAHS staff across all six Sectors in 1997, and by NSW Health in its Child Protection Policy and Procedures, 1997 which was developed in response to interagency developments in Child Protection following the Wood Royal Commission.

The six key child protection (PANOC) planning issues are:

- Policy and protocols
- Staff training
- Interagency collaboration
- Tertiary prevention/service development
- Primary and secondary prevention/service development
- Quality assurance

These issues have been represented in the Child Protection Plan as sub-goals of the two primary goals outlined in the previous section.

### **Summary of Sub-goals and Objectives**

**Sub-goal 1: To further develop primary and secondary PANOC prevention services in SWSAHS.**

**Objectives:**

- 1.1 To reorient primary health services across SWSAHS, within 2 years, to provide an early identification and early intervention focus for children and young people who are at increased risk of physical abuse, emotional abuse and neglect.
- 1.2 To provide early intervention/prevention programs, within 3 years, to support children, young people and families where there is an increased risk of child physical abuse, emotional abuse and/or neglect.

**Sub-goal 2: To promote interagency cooperation and collaboration in Child Protection across SWSAHS.**

**Objectives:**

- 2.1 To ensure that all planning within SWSAHS reflects the interagency principles and requirements for cooperative and coordinated action outlined in the Interagency Guidelines for Child Protection Intervention, 1997 and the NSW Health Child Protection Policy and Procedures Manual, 1997.
- 2.2 To ensure that all child protection (PANOC) training and orientation provided through the Department of community Paediatrics and the Human Resources Development Unit incorporates an interagency component.
- 2.3 To ensure that all services participate in the development and maintenance of positive working relationships with key departments and agencies involved in child protection intervention and / or prevention.

- 2.4 To ensure that the safety and well-being of children and young people is the focus of procedures for all services, whether or not the child or young person is the primary client.
- 2.5 To ensure that all casework with children and young people who are at risk of abuse, or who have been abused, reflects an understanding of the health worker's role and the roles of other departments and agencies involved in child protection

**Sub-goal 3: To develop local policies and protocols and facilitate their implementation in all Sectors across SWSAHS.**

**Objectives:**

- 3.1 To provide access for all staff to a "user-friendly" PANOC Policy and Protocols, based on NSW Health Child Protection Policy and Procedures Manual.
- 3.2 To ensure that all staff are able to implement PANOC Policies and Protocols.
- 3.3 To ensure that SWSAHS meets its requirements, in relation to physical abuse, emotional abuse and neglect of children and young people, under the Interagency Guidelines for Child Protection Intervention, 1997.

**Sub-goal 4: To provide appropriate training for all SWSAHS staff who come into contact with children, young people and/or families.**

**Objectives:**

- 4.1 To ensure that all clinical staff and relevant support staff who come into contact with children, young people and families in the course of their work receive ongoing and updated training in the recognition of and response to the physical abuse, emotional abuse and neglect of children, in line with the NSW Health Policy and Procedures Manual, 1997.
- 4.2 To ensure that all specialist staff working in child protection have received training appropriate to their roles and have access to an ongoing program of in-service education in child protection related matters.
- 4.3 To ensure that all staff working with children, young people and families have a minimum level of knowledge and skills in Child Protection.
- 4.4 To ensure that trained staff are able to provide, and are supported in providing, child protection services.
- 4.5 To ensure that all staff are informed promptly of any changes in child protection policies, protocols and procedures.
- 4.6 To ensure that all new staff receive orientation in line with NSW Health Policy in relation to physical abuse, emotional abuse and neglect of children, in line with NSW Health Policy.
- 4.7 To promote the inclusion of Child Protection, including the 'whole of government' approach, in the nursing, medical and social work/welfare curricula of local tertiary education institutions.

**Sub-goal 5: To further develop tertiary PANOC prevention services across SWSAHS.**

**Objectives:**

- 5.1 To provide a timely and effective medical and social work response for child and youth victims of physical abuse, emotional abuse and neglect.
- 5.2 To provide appropriate counselling and support services for children, young people and their families where physical abuse, emotional abuse and/or neglect has been confirmed by the Department of Community Services.

**Sub-goal 6: To evaluate PANOC services across SWSAHS.**

**Objectives:**

- 6.1 To ascertain whether staff and services in SWSAHS are implementing the SWSAHS Child Protection (PANOC) Strategic Plan.
- 6.2 To ascertain whether the strategies being employed and the services being provided by SWSAHS are meeting the needs of clients, staff and other departments and agencies involved in Child Protection.

The following tables outline the objectives and strategies in relation to the goals and sub-goals of SWSAHS's child protection services.

The following abbreviations are used in the tables in the 'Responsibility' column:

ACCPS	Area Coordinator of Child Protection Services
CEO	Chief Executive Officer
DCEO	Deputy Chief Executive Officer
DCH	Director of Community Health
DCP	Director, Department of Community Paediatrics
GM	Sector General Manager
HPU	Health Promotion Unit
HRDU	Human Resources Development Unit (Previously SDU)

**GOAL 1: To reduce the incidence of child physical abuse, emotional abuse and neglect in South Western Sydney.**

**GOAL 2: To provide more effective and efficient child protection services which are accessible to all children, young people and families in South Western Sydney.**

**SUB-GOAL 1: To further develop Primary and Secondary PANOC Prevention Services in SWSAHS.**

Objective	Strategy	Responsibility	Time frame	Outcome/Indicator	Resources
1.1 To promote environments that are conducive to children's health and well-being by targeting factors that have been identified as risk factors for physical abuse, emotional abuse and neglect of children	1.1.1 Increase community awareness about physical abuse, emotional abuse and neglect of children (PANOC) and risk factors for PANOC.	DCH	3/00	One new initiative undertaken by each Sector	To be determined
	1.1.2 Support and facilitate the extension of home visiting programs in SWS.	DCP, ACCPS, GM	Ongoing	An increase in the proportion of the birth cohort of SWS accessing effective home visiting programs	Within existing resources
1.2 To reorient primary health services across SWSAHS to provide an early identification/early intervention focus for children and young people who are at increased risk for physical abuse, emotional abuse and neglect, within 2 years.	1.2.1 Develop a protocol for the implementation of an early identification and early intervention response for children and young people who are at increased risk for physical abuse, emotional abuse and neglect.	ACCPS, Division of Planning, HPU	12/98	Protocol endorsed.	Within existing resources
	1.2.2 Provide training	HRDU, GM, ACCPS	Ongoing	Training provided.	As for 4.1.1 & 4.1.2
	1.2.3 Implement early identification/early intervention protocol.	GM	Ongoing	Evaluation of protocol (6/00).	Within existing resources
	1.2.4 Provide consultation support for the implementation of the early identification/early intervention protocol.	ACCPS	Ongoing	Support provided on request.	Within existing resources

Objective	Strategy	Responsibility	Time frame	Outcome/Indicator	Resources
1.3 To provide early intervention/ secondary prevention programs to support children, young people and families where there is an increased risk of child physical abuse, emotional abuse and/ or neglect, within 3 years.	1.3.1 Identify existing early intervention/ prevention programs and service gaps, and undertake community consultation to further identify needs of ATSI and NESB populations.	ACCPS, GM	10/99	Written needs analysis	Within existing resources
	1.3.2 Develop service/program plans to meet identified gaps in each Sector, including identification of funding opportunities, with particular attention to population mix and special needs groups.	GM, Service Managers, ACCPS	1/00	Plans approved/adopted	Within existing resources
	1.3.3 Implement service/program plans.	GM	4/00	Programs operational	To be determined

**SUB-GOAL 2: To promote interagency cooperation and collaboration in Child Protection across SWSAHS.**

Objective	Strategy	Responsibility	Time frame	Outcome/Indicator	Resources
2.1 To ensure that all planning within SWSAHS reflects the interagency principles and requirements for cooperative and coordinated action outlined in the Interagency Guidelines for Child Protection Intervention, 1997 and the NSW Health Child Protection Policy and Procedures Manual, 1997.	2.1.1 Establish and maintain a regular Senior Executive interagency forum for discussion and resolution of issues, including those impacting on the provision of cooperative and coordinated PANOC services in SWSAHS.	CEO, DCEO	Ongoing	Regular attendance of SWSAHS Senior Executive staff at Senior Executive interagency forum	Within existing resources
	2.1.2 Distribute the Interagency Guidelines and the NSW Health Policy and Procedures to all services.	ACCPS, GM	Achieved	All services have documents.	Within existing resources
	2.1.3 Distribute the SWSAHS Child Protection (PANOC) Strategic Plan to all clinical services across SWSAHS.	ACCPS, GM	8/98	All services have documents.	Within existing resources
	2.1.4 Provide access to Interagency Guidelines training for all staff working with children, young people and/or families.	ACCPS, HRDU, GM	12/00	15% of SWSAHS staff attend child protection training by 1/99, 55% by 1/00, and 100% by 12/00	Additional resources required
	2.1.5 Provide child protection consultancy to Area and Sector planning structures	ACCPS	Ongoing	Evidence of incorporation of interagency principles and requirements in relevant Area and Sector service and business plans	Within existing resources

Objective	Strategy	Responsibility	Time frame	Outcome/Indicator	Resources
2.2 To ensure that all child protection (PANOC) training and orientation provided through the Department of Community Paediatrics and the Human Resources Development Unit incorporates an interagency component.	2.2.1 Include an interagency component in each level of child protection (PANOC) training and in orientation programs.	ACCPS, HRDU	Ongoing	Training material includes interagency component.	Additional resources required.
2.3 To ensure that all services participate in the development and maintenance of positive working relationships with key departments and agencies involved in child protection intervention and/or prevention.	2.3.1 Provide an interagency component in all PANOC training programs.	ACCPS, HRDU	Ongoing	Training manuals include interagency materials/exercises	As for 4.1.1 & 4.1.2
	2.3.2 Attendance of appropriate staff at relevant interagency planning and case management forums eg protection planning meetings, case review meetings and interagency networks.	GM, Service Managers	Ongoing	Evidence of attendance of appropriate staff at relevant interagency forums	Within existing resources
	2.3.3 Develop mechanisms for the resolution of interagency difficulties at a Sector/Service level	GM, Service Managers	Ongoing	Written protocols evident	Within existing resources
2.4 To ensure that the safety and well-being of children and young people is the focus of procedures for all services, whether or not the child or young person is the primary client.	2.4.1 Include the identification of the well-being of children and young people living in the family, and appropriate action to protect children and young people, in service procedures.	GM, Service Managers	12/98	Evidence of child focus in written service procedures	Within existing resources
2.5 To ensure that all clinical work with children and young people who are at risk of abuse, or who have been abused, reflects an understanding of the health worker's role and the roles of other departments and agencies involved in Child Protection.	2.5.1 Develop service protocols and procedures for all services coming into contact with children, young people and/or families which are consistent with the Interagency Guidelines, 1997.	GM, Service Managers, ACCPS	12/98	Evident in written service protocols for all relevant services	Within existing resources

**GOAL 2: To provide more effective and efficient child protection (PANOC) services which are accessible to all children, young people and families in South Western Sydney.**

**SUB-GOAL 3: To develop local policies and protocols and facilitate their implementation in all Sectors across SWSAHS.**

Objective	Strategy	Responsibility	Time frame	Outcome/Indicator	Resources
3.1 To provide access for all staff to a 'user-friendly' PANOC Policy and Protocols, based on NSW Health Child Protection Policy and Procedures Manual.	3.1.1 Develop SWSAHS PANOC Policy and Protocols	ACCPS	9/98	Document distributed to all services	Within existing resources
3.2 To ensure that all staff are able to implement PANOC policies and protocols	3.2.1 Provide education around the implementation of the SWSAHS PANOC Policy and Protocols	ACCPS	10/98	Relevant Service Managers attend in-service	Within existing resources
	3.2.2 Ensure the development of service procedures which are consistent with the SWSAHS PANOC Policy and Protocols	GM, ACCPS	12/98	All services have developed procedures which are consistent with SWSAHS PANOC Policy and Protocols	Within existing resources
3.3 To ensure that SWSAHS meets its requirements, in relation to physical abuse, emotional abuse and neglect of children and young people, under the Interagency Guidelines for Child Protection Intervention, 1997.	Strategies 3.1.1, 3.2.1 & 3.2.2 plus: 3.3.1 Provide child protection consultancy to Area and Sector planning structures	ACCPS	Ongoing	Planning reflects Child Protection (PANOC) interagency requirements	Within existing resources

**SUB-GOAL 4: To provide appropriate training for all SWSAHS staff who come into contact with children, young people and/or families.**

Objective	Strategy	Responsibility	Time frame	Outcome/Indicator	Resources
4.1 To ensure that all clinical staff and relevant support staff who come into contact with children, young people and families in the course of their work receive ongoing and updated training in the recognition of and response to the physical abuse, emotional abuse and neglect of children, in line with the NSW Health Policy and Procedures Manual, 1997.	4.1.1 Locate an identified child protection training position in the Staff Development Unit to establish protocols for SWSAHS in accord with NSW Health Training & Orientation requirements.	ACCPS, HRDU	8/98	Child Protection Training and Orientation Protocols in place	Additional resources required
	4.1.2 Implement Training & Orientation protocols across SWSAHS	GM, HRDU, ACCPS	12/00	15% staff have received Child Protection training by 1/99, 55% by 1/00, and 100% by 12/00	Additional resources required
	4.1.3 Develop an evaluation framework for determining the impact of the training program on staff skills and knowledge	HRDU, ACCPS	2/99	Written evaluation framework in use	Within existing resources
4.2 To ensure that all specialist staff working in child protection receive training appropriate to their roles and have access to an ongoing program of in-service education in child protection related matters	As for Strategies 4.1.1, 4.1.2 & 4.1.3				
4.3 To ensure that all staff working with children, young people and families have a minimum level of knowledge and skills in Child Protection.	4.3.1 Develop a protocol to ensure that all relevant staff have previously attended an approved PANOC training course or are given access to this training within 3 months of beginning employment in SWSAHS	Human Resources Manager, Sector Employee Services, ACCPS	8/98	Protocol in use	Within existing resources

Objective	Strategy	Responsibility	Time frame	Outcome/Indicator	Resources
4.4 To ensure that trained staff are able to provide, and are supported in providing, child protection services.	4.4.1 24 Hour PANOC medical and social work Service to provide clinical consultation for staff in relation to cases of physical abuse, emotional abuse and neglect with identified responsibility for clinical consultation.	Director of 24 Hour Service	8/98	Number of consultations provided	As for 5.1.2
	4.4.2 Develop and maintain sector PANOC networks.	GM, ACCPS	Ongoing	Network groups meet regularly in each Sector. Relevant staff attending meetings.	Within existing resources
	4.4.3 Provide a 'user-friendly' SWSAHS PANOC Policy and Protocols consistent with the NSW Health Child Protection Policy and Procedures Manual.	ACCPS	9/98	Policy and Protocols distributed to all Services providing services to children, young people and/or families.	Within existing resources
	4.4.4 Provide a resource package covering child development, behaviour management, and parenting skills, which is appropriate for a culturally and linguistically diverse population.	Sector Service Managers, ACCPS	3/99	Resource package distributed to all Services providing services to children and/or families.	Within existing resources
4.5 To ensure all staff are informed promptly of any changes in child protection policies, protocols and procedures.	As for Strategy 4.4.2				
4.6 To ensure that all new staff receive orientation in relation to physical abuse, emotional abuse and neglect of children, in line with NSW Health Policy.	As for Strategies 4.1.1 & 4.1.2				

Objective	Strategy	Responsibility	Time frame	Outcome/Indicator	Resources
4.7 To promote the inclusion of Child Protection in the nursing, medical and social work/welfare curricula of local tertiary education institutions, in consultation with the NSW Child Protection Council.	4.7.1 Advocate, in writing or by personal representation, for the inclusion of Child Protection in curricula.	Clinical Academics, ACCPS, Staff who are supervising students	Ongoing	Contacts with tertiary institutions include discussion concerning the inclusion of Child Protection in curricula.	Within existing resources

**SUB-GOAL 5: To further develop Tertiary PANOC Prevention Services across SWSAHS.**

<b>Objective</b>	<b>Strategy</b>	<b>Responsibility</b>	<b>Time frame</b>	<b>Outcome/Indicator</b>	<b>Resources</b>
5.1 To provide a timely and effective medical and social work response for child and youth victims of physical abuse, emotional abuse and neglect.	5.1.1 Develop a plan for the establishment of a 24 Hour PANOC medical and social work service, in line with NSW Health Level 4 Child Protection Service role delineation criteria.	ACCPS	7/98	Plan adopted.	Within existing resources
	5.1.2 Implement plan and establish 24 Hour PANOC medical and social work service.	To be determined	9/98	Service operational.	Additional resources required
5.2 To provide appropriate counselling and support services for children, young people and their families where physical abuse, emotional abuse and/or neglect has been confirmed by the Department of Community Services.	5.2.1 Develop a proposal for the establishment of a counselling and support service for children, young people and their families, to meet NSW Health responsibilities under the Interagency Guidelines for Child Protection Intervention, 1997.	ACCPS	Achieved	Proposal adopted.	Within existing resources
	5.2.2 Implement proposal (incorporating the service needs and issues for ATSI and NESB populations, eg requirements for bilingual workers and increased interpreter use).	GM, ACCPS	7/98	Service operational.	Within existing resources

**SUB-GOAL 6: To evaluate PANOC Services across SWSAHS.**

<b>Objective</b>	<b>Strategy</b>	<b>Responsibility</b>	<b>Time frame</b>	<b>Outcome/Indicator</b>	<b>Resources</b>
6.1 To ascertain whether staff and services in SWSAHS are implementing the SWSAHS Child Protection (PANOC) Strategic Plan.	6.1.1 Develop a quality assurance evaluation model and implement strategies to provide data on the implementation of the SWSAHS Child Protection Strategic Plan.	GM, Service Managers, ACCPS	6/99	Written Quality Assurance evaluation.	Within existing resources
6.2 To ascertain whether the strategies being employed and the services being provided by SWSAHS are meeting the needs of clients, staff and other departments and agencies involved in Child Protection.	6.2.1 Develop and implement an evaluation plan, which incorporates monitoring of the reach and appropriateness of strategies and services across various population groups.	Service Managers, ACCPS	12/99	Written evaluation of SWSAHS child protection services.	Within existing resources

## AN IMPLEMENTATION PLAN

### Links with Existing Service Plans in SWSAHS

There are a number of plans developed in SWSAHS at both Area and Sector levels. The Child Protection Plan is an Area plan. It is consistent with and supports the Area Strategic Plan, Shaping A Healthier Future in South Western Sydney (1996a) and the Area strategic plan for children's health, Health of Children in South Western Sydney: Strategic Plan for Improving Health (1996b).

Other Area plans which have relevance to the Child Protection Plan are:

#### ***Health Plan for Non English Speaking Background Communities in South Western Sydney 1995 - 1998***

Given that the population in South Western Sydney is a diverse mix of cultures and language groups, SWSAHS must consider the impact of any child protection initiatives on the non-English speaking background communities resident in SWS. Developments in child protection in SWSAHS will address and monitor issues of equity, access and appropriateness of services for the various population groups in SWS, and concur with the objectives outlined in the ethnic health plan.

#### ***Mental Health in South Western Sydney: Strategic Plan for Improving Health 1997 - 2001***

The mental health of adults can adversely affect the well-being of the children and young people in their care. Studies have found a 'substantial associative relationship between adult mental health problems and child abuse and neglect' (Tomison, 1996 (a), 10). Mental health practitioners, along with other health professionals, are required to notify children and young people who they suspect have been abused or neglected. In order to determine whether children, living in families where an adult has a mental health disorder, are being abused or neglected, or are at high risk of abuse or neglect, mental health practitioners must routinely enquire after the well-being of children or young people who are in the care of their clients.

The "Gaining Ground" committee has been established to address the needs of children and young people living with a caregiver who has a mental disorder.

#### ***Women's Health Plan 1996 - 1998***

It is primarily women who are the carers of children and young people. Child protection services must recognise the range of women's health issues which impact on women's ability to adequately care for and nurture their children and young people eg domestic violence.

### ***NSW Aboriginal Family Health Strategy***

In addition, Child Protection initiatives in SWSAHS must address the particular needs of the Aboriginal communities resident in SWS. An Aboriginal Family Health Worker, Child Protection, position has been funded in SWSAHS to ensure that the needs of the Aboriginal community in relation to Child Protection Services are addressed in the context of current developments in Child Protection (PANOC) in SWSAHS.

This position will be based in the Department of Community Paediatrics and will work in close liaison with the Coordinator, Aboriginal Family Health Strategy, Aboriginal Health Branch, NSW Health. Strategies will be developed to improve access by ATSI child and youth victims of abuse to appropriate Child Protection services, within the framework of the NSW Aboriginal Family Health Strategy.

## **Implementing the Plan**

The Child Protection Plan contains strategies which will be implemented through incorporation into Sector Business Plans and Service Plans, and strategies which will be implemented by the Area, through the Department of Community Paediatrics and the Human Resources Development Unit.

An Area Child Protection Policy and Protocol has been developed to support staff in the provision of appropriate child protection services, in line with NSW Health requirements. An ongoing child protection (PANOC) training program is being developed to ensure that staff have access to regular and updated training to enable them effectively to respond to the child protection needs of the children, young people and families in South Western Sydney. Training will also be provided on the implementation of the SWSAHS Child Protection (PANOC) Policy and Protocols. In addition, consultation will be provided to services in the development of service protocols and procedures consistent with Area child protection policy.

PANOC Network groups have been established in each Sector to facilitate the development and coordination of PANOC services in the Sectors. All service managers/team leaders who provide services to children, young people and families are encouraged to participate in these meetings which generally occur monthly, although there is some variation from Sector to Sector. Sector PANOC Networks will enable front line staff in each Sector to participate in the development of PANOC services, and ensure staff are provided with up to date information regarding child protection, through their service managers. The networks will also provide the Area with important feedback concerning local issues regarding the implementation of the plan.

This two way flow of information will ensure that local problems which arise in relation to the implementation of the plan can be addressed, and that future Area responses to Child Protection issues will be informed by the concerns and views of staff in the Sectors.

In addition, it is intended that Sector PANOC Networks will facilitate closer working relationships between hospital and community health staff in relation to Child Protection, and between services who deal primarily with children, young people and families and those whose primary clients are adults, eg Drug & Alcohol Services, Adult Mental Health Services.

A network of positions in the Department of Community Paediatrics will support the enhancement and coordination of child protection initiatives in SWSAHS. This includes:

- the Area Coordinator of Child Protection Services, who is responsible for service planning, development and evaluation,
- the Service Manager for the SWSAHS PANOC Counselling and Support Service who will develop and manage the Counselling Service,
- an Aboriginal Family Health Worker, Child Protection, who will focus on improving access to relevant and appropriate child protection services for the Aboriginal community, and
- a Child Protection (PANOC) Training and Education Coordinator who will develop the child protection training program in consultation with the Sectors.

## **Evaluation**

Evaluation will be a critical component of implementing the Child Protection Plan.

Evaluation will seek to address the effectiveness, efficiency, impact, adequacy and appropriateness of services. Evaluation encompasses quality assurance (are we doing what we say we are doing?) and quality improvement (how might we do things better?).

Evaluation of child protection (PANOC) services in SWSAHS will involve:

1. A formal review of the implementation of the SWSAHS Strategic Plan for Child Protection (PANOC). This will include asking questions such as ‘are staff following procedures for child protection in relation to notification, interagency collaboration, early identification?’ and ‘are staff accessing relevant child protection training?’.
2. An evaluation of the level of success (effectiveness and impact) of the strategies employed by SWSAHS. This will involve asking questions about how well these strategies meet the needs of clients, staff and other stakeholders, and about alternative ways resources could be used to meet these needs. This will include measurement of both process indicators and outcome indicators. Following are some examples of these indicators:
  - reach and accessibility of services
  - number of referrals received
  - service utilisation
  - outputs
  - an increase in the rate of substantiated notifications made by health staff who have received training
  - a reduction in renotification rates
  - increase in parental skills and knowledge in parenting
  - enhanced relations between parents and children

Given the extent of change in child protection, the process of evaluating child protection services in SWSAHS is as big and as important as the strategic planning process itself and will require the same level of commitment by SWSAHS staff.

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## Glossary of Terms

Intervention to protect children is described in terms of either **primary, secondary or tertiary prevention** as follows:

“**Primary Prevention** refers to programs targeted at the whole community (both children and adults) with the aim of stopping abuse before it starts.

“**Secondary Prevention** also refers to programs designed to prevent abuse, but in this case the programs target specific sections of the child population considered to be more “at risk” of being abused, and specific sections of the adult population considered to be more “at risk” of abusing.

“**Tertiary Prevention** refers to intervention to help those who have already been abused”.  
(*National Child Protection Council, 1993*)

## Abbreviations

AHS	Area Health Service
ATSI	Aboriginal and Torres Strait Islander
DCS	Department of Community Services
LGA	Local Government Area
NES	Non-English Speaking
NESB	Non-English Speaking Background
PANOC	Physical abuse, emotional abuse and neglect of children

## References

- Australian Bureau of Statistics 1991, *Child Poverty Index*, ABS.
- Australian Bureau of Statistics 1994, *Estimated Resident Population of Statistical Local Areas, NSW, at 30 June*, Catalogue No. 3210.1, ABS.
- Australian Bureau of Statistics 1995, *Estimated Resident Population by Age and Sex in Statistical Local Areas NSW 30 June 1994 Preliminary*, Catalogue No. 3209.1, ABS.
- Australian Bureau of Statistics 1996, *Census Data*, ABS.
- Commonwealth Department of Human Services and Health 1994, *South-Western Sydney: Draft Regional Needs Analysis*, AGPS.
- Commonwealth Department of Human Services and Health 1995, *The Health of Young Australians: A National Health Policy for Children and Young People*, Australian Government Publishing Service, Canberra.
- Coulton, C. J., Korbin, J. E., Su, M. and Chow, K. 1995, 'Community Level Factors and Child Maltreatment', *Child Development*, 66, 1262-1276.
- National Child Protection Council 1993, *Preventing Child Abuse: A National Strategy*, National Child Protection Council.
- NSW Child Protection Council 1988, *Physical Abuse and Neglect of Children: Community Consultation Paper*, NSW Child Protection Council.
- NSW Child Protection Council 1995, *A Study of the Factors Influencing Child Abuse Reporting Behaviour*, NSW Child Protection Council, Sydney.
- NSW Child Protection Council 1997, *Interagency Guidelines for Child Protection Intervention*, NSW Child Protection Council, Sydney.
- NSW Department of Community Services 1989, 'Poverty and Child Abuse in the Sydney Metropolitan Area, Paper Number 6' *Child Abuse Research Programme*, NSW Department of Community Services.
- NSW Department of Community Services, 1995 (a), *High Risk Indicators*, Strategic Policy and Planning Directorate, NSW Department of Community Services.
- NSW Department of Community Services, 1996 (a), *Trends in Child Protection: 1991/2 to 1994/5*, Information and Planning Group, Child and Family Services Directorate, Department of Community Services.

- NSW Department of Community Services, 1996 (b), *Trends in Child Protection by NSW Department of Health Areas: 1991/2 to 1994/5*, Information and Planning Group, Child and Family Services Directorate, NSW Department of Community Services.
- NSW Health 1995, *Caring for Health, the NSW Government's Vision for Health*, NSW Health, Sydney.
- NSW Health 1996, *Caring for Health: Caring for Children: A discussion paper towards the development of a child health policy for NSW*, NSW Health, Sydney.
- NSW Health 1996, *Caring for Health: Caring for Young People: A discussion paper*, NSW Health, Sydney.
- NSW Health 1997, *Child Protection Policy and Procedures Manual*, NSW Health.
- South Western Sydney Area Health Service 1996 (a), *Shaping a Healthier Future in South Western Sydney: Area Strategic Plan*, SWSAHS.
- South Western Sydney Area Health Service 1996 (b), *Health of Children in South Western Sydney: Strategic Plan for Improving Health*, SWSAHS.
- South Western Sydney Area Health Service 1997, *Health of Children in South Western Sydney: Report on the Health Status of Children and Youth*, SWSAHS.
- Tomison, A. M. 1996 (a), 'Child Maltreatment and Mental Disorder', *Child Abuse Prevention: Discussion Paper No. 3*, National Child Protection Clearing House, Australian Institute of Family Studies, Melbourne.
- Tomison, A. M. 1996 (b), 'Intergenerational Transmission of Maltreatment', *Child Abuse Prevention: Issues Paper No. 6*, National Child Protection Clearing House, Australian Institute of Family Studies, Melbourne.