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# National comparison of cross-agency practice in investigating and responding to severe child abuse

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## Overview

The response to severe child abuse (namely abuse requiring police investigation) requires many different workers across agencies and disciplinary backgrounds to work together effectively. This paper reports on the arrangements in place in each state/territory to support a cross-agency response based on characteristics associated with effective cross-agency responses identified in the research literature. This paper was prepared to provide practitioners and policy makers with a national view on cross-agency policies to encourage cross-jurisdictional learning and sharing of approaches. The authors also hope that this paper will lead to a national discussion around effective policies and practices in cross-agency responses. Each state/territory was compared on the characteristics of their response to severe child abuse, arrangements for joint planning, interviewing and investigation, the degree of integration of therapeutic and supportive services, and governance arrangements.

### KEY MESSAGES

- Multi-disciplinary teams acknowledge the multi-dimensional impacts of abuse and the needs of children and families affected by abuse by bringing together workers from different disciplines and agencies (e.g., police and child protection) to discuss, plan and carry out responses to cases of child abuse.
- There is evidence to support the idea that multi-disciplinary teams can result in improvements, particularly in criminal justice outcomes and increased referral to and/or uptake of therapeutic and support services.
- Most Australian jurisdictions have detailed arrangements in place for joint investigations by specialist child abuse police and child protection workers.
- It appears that multi-disciplinary teams with demonstrated effectiveness in responding to severe child abuse allegations share many of the same characteristics (e.g., evidence-based child interviewing protocols, information-sharing mechanisms, joint planning and independent child advocacy). The national comparison conducted for this paper suggests that Australian jurisdictions have many of these characteristics.
- A few jurisdictions have examples of co-located fully integrated cross-agency teams. In these jurisdictions, police, child protection and built-in support services work alongside the investigation, with co-located therapeutic services.
- Some of the more populous jurisdictions have statewide plans in place to foster effective cross-agency practice; while the smaller states tend to rely on centralised responses based out of the capital cities.
- Australian jurisdictions have a variety of approaches to developing effective cross-agency responses. There is a need for ongoing research and evaluation of these rapidly changing arrangements considering the complex and interconnected outcomes associated with protecting children from future harm, the prosecution of offenders and the amelioration of harm to children post-disclosure.

## Introduction

Responding to allegations of child abuse and neglect typically requires the involvement of workers from different agencies and professional disciplines working in concert. Systems inquiries, critical incident and child death reviews commonly highlight poor information sharing across agencies and service coordination as key issues for severe child abuse cases (e.g., Child Protection Systems Royal Commission, 2016; Community Development and Justice Standing Committee, 2008). Providing a holistic and coordinated response is commonly identified as crucial to addressing these issues and fostering improvements in child safety and child wellbeing (e.g., Child Protection Systems Royal Commission, 2016; Community Development and Justice Standing Committee, 2008; NSW Ombudsman, 2017).

This paper focuses on severe cases of alleged child abuse, in which a police investigation is required. In these cases, police and child protection statutory authorities need to work together to conduct their investigations into whether there has been criminal conduct, and whether the child is safe in their present setting. Forensic medical evaluation may be required, and ideally interventions to address any remaining problems within the family environment and therapeutic services to assist the child and their non-offending parent(s) in recovery will be put in place.

While all workers are required to operate with the best interests of children in mind, how this is interpreted will likely differ based on professionals' disciplinary background and the roles of different organisations involved. These differences in interpretation and a lack of communication and understanding between agencies and workers can result in a poor response; causing confusion and distress for children and their families. Poor communication and coordination between agencies can also have other critical consequences where child-related risks are not properly identified or managed.

To better manage the response to cases of severe child abuse, many jurisdictions have implemented practice frameworks aimed at improving collaboration and coordination across agencies and disciplines. This paper:

- provides a brief description of multi-disciplinary team responses and an overview of important characteristics of responses;
- presents a national comparison of multi-disciplinary teams/centres for investigating cases of serious child abuse in Australian jurisdictions;
- summarises the key elements of planned cross-agency responses: integration of supportive and therapeutic services, co-location of workers, and the governance structures supporting cross-agency responses; and
- presents key areas for research and policy development.

## What are multi-disciplinary team responses to abuse?

A multi-disciplinary team response to alleged child abuse involves a team of professionals from different disciplines and agencies working together. The degree to which teams are integrated, collaborative or consultative will vary between models but multi-disciplinary teams will usually have a process of case review or information sharing to coordinate and plan the response across agencies. Typically, these teams are focused on the effective investigation of allegations of harm to children and on children's and families' recovery and support needs post-disclosure. The purpose of these teams and the types of agencies involved will vary between models, although for the present review the multi-disciplinary teams will typically involve the police and child protection statutory authorities. The multi-disciplinary team may also involve medical, supportive and therapeutic professionals depending on the purpose of the model. Processes and procedures are often focused on avoiding police and child protection undertaking separate investigations of the same allegations in parallel, and children's and families' therapeutic and support needs being missed as statutory agencies focus on their investigative and safety imperatives.

Cross-agency arrangements differ in the degree of integration, from broad agreements between agencies acknowledging the need to share information, to fully integrated co-located teams in specialised facilities. Where no framework for collaboration exists, agencies (e.g., police and child protection) engage in information sharing and collaboration informally. Some frameworks do provide a process for information sharing and response planning, but agencies still operate and make their decisions individually. Full multi-disciplinary teams or centres provide a framework for cross-agency decision making drawing on the knowledge and expertise of different disciplines to plan and implement an effective response. An integrated cross-agency team, created by agreements across agencies, can operate virtually (e.g., by phone), or in a shared professional and victim-focused space. The most common examples of these integrated responses internationally are Child/Children's Advocacy Centres and Children's Houses or Barnahus (for an overview of these models see Box 1).

### Box 1: Prominent international integrated responses to severe abuse

*Child/Children's Advocacy Centres:* This is the most prominent type of multi-disciplinary team response internationally, with over 800 centres across the United States (National Children's Alliance, 2016) and centres drawing on the model in Canada (Department of Justice Canada, 2013) and Australia (Herbert & Bromfield, 2017c). Accreditation as a Child/Children's Advocacy Centre is currently based on 10 standards: multi-disciplinary team, cultural competency and diversity, forensic interviews, victim support and advocacy, medical evaluation, mental health, case review, case tracking, organisational capacity, and a child-focused setting (National Children's Alliance, 2017). There is significant variation in the degree of co-location and integration of these centres (Herbert, Walsh, & Bromfield, 2017).

*Children's Houses or Barnahus:* This approach was built on the American Child Advocacy Centre model, and modified to fit the welfare tradition of the Nordic and Scandinavian countries that adopted this approach (Guostrandsson, 2014). These countries have an inquisitorial legal system, which allows the participation of the judiciary in the investigative process. This is very different from common law jurisdictions, such as Australia, where such an approach would not be possible.

## Important characteristics of multi-disciplinary team approaches

Multi-disciplinary teams acknowledge the multi-dimensional impacts of abuse and the needs of children and families affected by abuse by bringing together workers from different disciplines and agencies to discuss, plan and carry out a response to cases of child abuse. Bringing together the disciplines and agencies involved in the response to abuse to participate in case review, joint interviewing or other types of information sharing are inherent to multi-disciplinary team models, although the nature and degree of joint processes will vary (Newman & Dannenfelser, 2005; Newman, Dannenfelser, & Pendleton, 2005).

For most multi-disciplinary team models, collaboration between workers across agencies extends beyond holding case review meetings; the co-location of workers is assumed to build connection and professional relationships between team members, while also making it easier to undertake case consultation/review and other formal parts of the program (Green, Rockhill, & Burrus, 2008; Newman & Dannenfelser, 2005). Co-location may help to integrate different parts of the response resulting in a true team-based approach associated with higher levels of collaboration (Tye & Precey, 1999).

Broadly, providing services on site may help support effective collaborative teams (Edinburgh, Saewyc, & Levitt, 2008; Newman et al., 2005) and ensure that vulnerable families receive needed services by reducing some of the barriers to successful referrals for services (Burns et al., 2004). Many multi-disciplinary teams include support service providers as part of the response, using the initial contact with children and caregivers to build rapport in order to more effectively refer to services (Kemp, Marcenko, Hoagwood, & Vesneski, 2009) and to work with families to address any barriers to accessing services (Owens et al., 2002). The independence of these support workers from police and child protection statutory authorities may also be an important factor in engaging and supporting complex families (e.g., Powell & Wright, 2012).

Case reviews are a key structure for collaboration within multi-disciplinary teams (Jones, Cross, Walsh, & Simone, 2005). Planned case review meetings allow teams to discuss and review actions on cases, while also presenting opportunities to build trust and rapport between workers (Jackson, 2012). Related to this, the use of cross-agency case-tracking systems and performance measurement allows agencies to more effectively plan and carry out their response with the full knowledge of actions by other agencies (Gragg, Cronin, & Schultz, 2006; Howell, Kelly, Palmer, & Mangum, 2004), and can frame the performance of multi-disciplinary teams across agencies (Bertram, 2008; Eils, 2000; Fargason, Barnes, Schneider, & Galloway, 1994).

Governance factors may also affect the quality of a multi-disciplinary team response. Having clear roles and cross-agency leadership (Lalayants, 2013), training and professional development (Darlington & Feeney, 2008; Haas, Bauer-Leffler, & Turley, 2011; Lalayants, 2013; Stanley, Miller, Foster, & Thomson, 2011; Szilassy, Carpenter, Patsios, & Hackett, 2013), a protocol or formal inter-agency agreement (Newman et al., 2005), and ongoing cross-agency review with procedures for conflict resolution (Barton & Welbourne, 2005; Lalayants, 2013) all seem to be important to an effective multi-disciplinary team response.

## What is it that makes multi-disciplinary teams effective?

The authors undertook three reviews of the international literature and a survey of 316 US Child Advocacy Centre Directors to answer the following questions:

1. Are multi-disciplinary teams effective (Herbert & Bromfield, 2016, 2017a)?
2. What are the components of effective multi-disciplinary teams (Herbert & Bromfield, 2017b)?
3. What do Child Advocacy Centre Directors perceive as the most useful collaboration mechanisms within their multi-disciplinary teams (Herbert et al., 2017)?

There is evidence to support the idea that multi-disciplinary teams can result in improvements, particularly in criminal justice outcomes and increased referral to/uptake of therapeutic and support services (Elmqvist, Shorey, Febres, & Zapor, 2015; Herbert & Bromfield, 2016, 2017a). Further, it appears that multi-disciplinary teams with demonstrated effectiveness in responding to severe child abuse allegations share many of the same characteristics (e.g., evidence-based child-interviewing protocols, information-sharing mechanisms, joint planning and independent child advocacy).

There is currently a lack of evidence comparing different types of cross-agency responses and components designed to enhance responses. What this means is that researchers don't know if there is a core set of components that are essential to effective multi-agency practice, whether model complexity can vary according to population size and needs, or if model effectiveness is enhanced with additional components. In the absence of empirical data for which components of the model are essential, the authors take the position that model components need to be carefully planned with a clear theory for why key elements are included or excluded (Bromfield, Salveron, & Main, 2017).

## Box 2: Methodology for the comparison framework

Informed by their previous work (Herbert & Bromfield, 2016, 2017a; Herbert et al., 2017) and understanding of the Australian service context, the authors developed a comparison framework for understanding and describing the characteristics of Australian multi-disciplinary team responses to severe child abuse (i.e., requiring police investigation). The framework comprises:

1. general characteristics: the type of response and the agencies involved;
2. centre characteristics: degree to which the response is centre-based and which agencies are on site;
3. intake characteristics: how allegations of child abuse are assessed in the jurisdiction and how matters are triaged to a cross-agency response;
4. information sharing and case planning: what arrangements are in place for information sharing and collaboration between agencies, and what does existing legislation permit;
5. interviewing: the process for interviewing and the degree to which a cross-agency approach is applied to interviewing;
6. support and advocacy services: whether responses include support and advocacy alongside interview and assessment, and whether advocacy continues through the process;
7. integration of therapeutic services: degree to which therapeutic care is integrated into the planning response; and
8. governance: mechanisms in place to support cross-agency work.

### Information sourcing and verification

Information for the comparison was initially sourced via a review of available documents within each jurisdiction from within the past five years, including reports, practice guidelines and protocols. Agencies in each jurisdiction were then contacted to check the accuracy of response summaries.

1. **Document analysis:** The authors searched for documentation on the response to severe child abuse requiring police investigation. Mostly this included reports of inquiries, published protocols, guidelines or handbooks on the approach, evaluation or research reports, fact sheets and information for victims/survivors from government agencies. Information was also independently checked by staff at the Office of the NSW Ombudsman for use in their report on the Joint Investigation Response Teams in New South Wales (NSW) (Herbert & Bromfield, 2017d; NSW Ombudsman, 2017). For each jurisdiction, the information was condensed into a template summarising the main characteristics of the response.
2. **Jurisdictional accuracy checks:** Agencies involved in the response from each jurisdiction were contacted to enable them to review the accuracy of the jurisdictional summaries produced. Professional networks were supplemented with a list of contacts from policing agencies responding to child abuse from all Australian jurisdictions, which was provided to the authors by the NSW Police Force. Relevant contacts continued to be identified using a snowballing strategy whereby agencies approached were asked if they could identify contacts from other agencies within their jurisdiction. Each agency was asked to provide comment on the accuracy of the jurisdictional summaries. The updated information was included in the tables of this paper.

### Limitations

This paper presents a national comparison of multi-disciplinary team models as they were described in policy. There is often a difference between the stated models and how models operate in practice, particularly for statewide approaches that may vary from place to place (particularly between urban, regional and remote areas). The authors also recognise that it is difficult, merely from looking at policy and practice guidelines, to distinguish the extent to which a team is integrated, beyond observing that cross-agency assessment and intake processes occur. This paper has focused on identifying structural elements of collaboration in policy frameworks, as opposed to examining the degree of cooperation and collaboration that actually takes place within jurisdictions.

# Comparison of characteristics of cross-agency responses to severe child abuse in Australian jurisdictions

## Distinct responses within Australian jurisdictions

Table 1 provides a summary of the specialist multi-disciplinary teams or models for responding to serious child abuse, inclusive of a police investigation, operating within Australian jurisdictions at February 2017. Where more than one model or approach was identified within a jurisdiction, these have been separated into distinct responses for this comparison. Different approaches for metropolitan versus regional or remote areas were common and there were several pilot approaches being trialled. For some jurisdictions, there were minor differences in the response; these were discussed in terms of a single response. For example, in South Australia a different process for interviewing exists depending on the age and language competency of children; however, the cross-agency communication and investigation process was common across different child groupings.

**Table 1:** Distinct responses within state/territory jurisdictions

Jurisdiction	Distinct response
New South Wales	<p><b>Co-located Joint Investigation Response Team</b></p> <p>These sites include co-located police, child protection and health workers operating as a cross-agency team, with statewide intake managed by a centralised tri-agency team.</p>
	<p><b>Non-co-located Joint Investigation Response Team</b></p> <p>These operate like the co-located Joint Investigation Response Teams but with agencies working from their own offices rather than a shared space.</p>
Victoria	<p><b>Multi-Disciplinary Centres</b></p> <p>The Multi-Disciplinary Centres have police and child protection agencies co-located, with a not-for-profit agency (Centres Against Sexual Assault) also on site. While not on site, this arrangement also includes medical and health services.</p>
	<p><b>Victorian Standard Response</b></p> <p>Where an area does not have a Multi-Disciplinary Centre, the arrangement is similar but with each agency working from their own site.</p>
Queensland	<p><b>Queensland Statewide Response</b></p> <p>Queensland has a number of statewide inter-agency processes, including the Suspected Child Abuse &amp; Neglect teams. An inter-agency manual sets out a localised response across the state.</p>
Western Australia	<p><b>Perth-Metro Response<sup>a</sup></b></p> <p>The Child Abuse Squad/ChildFIRST joint team operates from a centralised office for the Perth area. This includes specialist detectives, specialist interviewing and strategy meetings for information sharing between agencies.</p>
	<p><b>Multiagency Investigation &amp; Support Team</b></p> <p>The Multiagency Investigation &amp; Support Team pilot differs from usual practice (i.e., Perth-Metro) in the co-location of the investigating officers, interviewers, child protection workers and support responses out in a high-demand community in Perth. This includes co-located child and family advocates and therapeutic staff.</p>
	<p><b>Western Australian Regional/Remote Response</b></p> <p>The regional/remote response differs from the Perth-Metro response as cases are interviewed and responded to by police (who have completed the required interview training) from that district rather than the specialised team response that occurs in Perth.</p>
South Australia	<p><b>South Australian Statewide Response</b></p> <p>Comprehensive joint-agency case discussion and information sharing between police and child protection agencies, and in some cases the Child Protection Service (SA Health). The response differs based on the age and capacity of children.</p>

Table continued over page

Jurisdiction	Distinct response
<b>Tasmania</b>	<b>Tasmanian Statewide Response</b> Tasmania operates as a statewide system with arrangements for inter-agency planning and information sharing but with some centralised assets (e.g., support/counselling and forensic medical examinations).
<b>Australian Capital Territory</b>	<b>Australian Capital Territory-wide Response</b> The Australian Capital Territory had a single process for a response; however, it requires victims/survivors to opt-in for some elements to occur (e.g., supportive and therapeutic services).
<b>Northern Territory</b>	<b>Northern Territory-wide Response</b> The Northern Territory had a territory-wide response centralised around key assets, namely two co-located offices with staff from NT Police, Australian Federal Police and Territory Families.

**Note:** <sup>a</sup>The WA Police were undertaking an additional pilot within their Perth-Metro response involving removing police interviewers from the joint interviewing pool and having them work from the investigations floor with Child Abuse Squad detectives. The pilot also made it possible for Child Abuse Squad detectives to observe specialist child interviews. Department of Child Protection and Family Support interviewers were able to observe interviews in this pilot but not conduct them. This has been treated as part of the Perth-Metro response for the purposes of this comparison paper as it involves only minor differences to the regular interview process.

## 1. General characteristics

Table 2 (page 8) provides a comparison of the general characteristics of each of the distinct responses identified in Australia. These differ in terms of the degree to which the response is built around de-centralised resources. New South Wales, Victoria and Queensland have the specialist resources for responding to child abuse distributed across the state. By comparison, Western Australia, South Australia, Tasmania and the Northern Territory operate responses that are centred on assets and resources in capital cities.

Only one jurisdiction (Tasmania) does not have specialist child abuse or sexual assault police. In Western Australia and South Australia, for some regional/remote cases, non-specialist police units undertake investigations.

Jurisdictions differ in terms of the scope of their specialist police child abuse units. New South Wales, Queensland and Western Australia have specialist policing units specifically for child abuse offences; other states/territories have units or groups within sex crime divisions that include adult sexual offences (i.e., Victoria, the Northern Territory and the Australian Capital Territory), or family violence (i.e., South Australia) units along with child abuse investigations.

All jurisdictions have some protocol or process in place for police and child protection agencies to collaborate on cases and share information, although jurisdictions varied in terms of the extent to which the response involves an integrated cross-agency team, and what other agencies are involved in the response. Differences also exist in the scope and stage of the cross-agency collaboration.

In terms of co-location, the Multi-Disciplinary Centres pilots in Victoria, the Multiagency Investigation & Support Team pilot in Western Australia, the Child Abuse Taskforce in the Northern Territory, and more than half of the Joint Investigation Response Teams operating in New South Wales include co-located workers. Many of the co-located centres involve separate sections or floors for different agencies, at least in part due to operational reasons. This may affect the degree to which these teams are integrated in practice.

For most of the responses, the key agencies involved are police, child protection and health. Tasmania only includes police and child protection agencies as part of their response, although responders have close contact with the hospitals and services they refer to for forensic medical examinations and counselling services. The Multi-Disciplinary Centres pilots (Victoria), Multiagency Investigation & Support Team pilot (WA), and the Wraparound response (the ACT) all have non-government agencies integrated into their responses as service providers (e.g., sexual assault counselling and casework services).

Most jurisdictions reported the use of joint investigations, except Queensland, Tasmania and the ACT; however, the nature of these joint investigations varies. New South Wales is distinct in involving police, child protection and health agencies from the point of intake, with collaboration between agencies over the course of the case. Victoria and South Australia had similar descriptions of collaboration between child protection agencies and police in response planning, information sharing, interviewing and investigation (although in SA for children under 7 years old and in some other instances, this also involves assessment by clinicians at one of SA Health's Child Protection Units. See Table 6 on page 20 for a full list of conditions where the Child Protection Unit is involved).

Table 2: General characteristics of state/territory responses to investigations of severe child abuse

Jurisdiction	Specialist police team	Response type	Centre-based approach <sup>a</sup>	Agencies involved	Additional agencies involved in some situations	Joint investigations	State/territory-wide response
<b>New South Wales (Co-located Joint Investigation Response Team)</b>	<b>Yes</b> Child Abuse Squad	Multi-disciplinary team	<b>Yes<sup>b</sup></b> Agencies co-located with shared work spaces	Police Child protection Health	Aboriginal staff consultants, medical practitioners, counsellors and other staff from Joint Investigation Response Team agencies Witness intermediaries for cases with victims under the age of 16 or between 16 and 18 with communication difficulties within pilot catchment area	<b>Yes</b> Detailed cross-agency protocol for joint investigation of harm/offences (Joint Investigation Response Team Local Planning and Response Procedures) NSW Police also have an additional newly established site (Far South Coast)	<b>Yes</b> 22 Joint Investigation Response Teams across NSW—11 are fully co-located NSW Police also have an additional newly established site (Far South Coast)
<b>New South Wales (Non-co-located Joint Investigation Response Team)</b>	<b>Yes</b> Child Abuse Squad	Multi-disciplinary team	<b>No</b> Although all agency offices are nearby	Police Child protection Health	Aboriginal staff consultants, medical practitioners, counsellors and other staff from Joint Investigation Response Team agencies Witness intermediaries for cases with victims under the age of 16 or between 16 and 18 with communication difficulties within pilot catchment area	<b>Yes</b> Detailed cross-agency protocol for joint investigation of harm/offences (Joint Investigation Response Team Local Planning and Response Procedures)	<b>Yes</b> 22 Joint Investigation Response Teams across NSW—11 are partly co-located (Family and Community Services NSW and NSW Health), or are non-co-located
<b>Victoria (Standard Response)</b>	<b>Yes</b> Sexual Offences and Child Abuse Investigation teams	Multi-disciplinary team	<b>No</b> Although all agency offices are nearby	Police Child protection Health Non-government organisation support service provider	Consideration for other agencies as needed, although planning and discussion occurs individually and by phone or email rather than in person (e.g., schools and child care)	<b>Yes</b> Protocol outlines process for investigation planning, communication between investigators from each agency and procedures for a joint interview (Protecting Children—Protocol)	<b>Yes</b> Covers all areas not included in Multi-Disciplinary Centres pilots

Table continued over page

Jurisdiction	Specialist police team	Response type	Centre-based approach <sup>a</sup>	Agencies involved	Additional agencies involved in some situations	Joint investigations	State/territory-wide response
<b>Victoria (Multi-Disciplinary Centres pilots)</b>	<b>Yes</b> Sexual Offences and Child Abuse Investigation teams	Multi-disciplinary team	<b>Yes</b> Agencies co-located in the same building, with separate work areas	Police Child protection Health Non-government organisation support service provider	Consideration for other agencies as needed to discuss in person as a group	<b>Yes</b> Protocol outlines process for investigation planning, communication between investigators from each agency, and procedures for a joint interview (Protecting Children—Protocol)	<b>Yes</b> Limited to six centres currently
<b>Queensland</b>	<b>Yes</b> Child Protection & Investigation Units Child Safety & Sexual Crime Group	Inter-agency response	<b>No</b> Although all agency offices are nearby	Police Child protection Health Education	Recognised entity when an Aboriginal child is discussed. Additional stakeholders (e.g., non-government organisations) can be invited to participate.	<b>No</b> Agencies undertake their own investigations, and use cross-agency forums for information sharing, planning and coordination.	<b>Yes</b> 21 Suspected Child Abuse and Neglect team coordination points across the state, with 30 operational Suspected Child Abuse and Neglect teams
<b>Western Australia (Perth-Metro)</b>	<b>Yes<sup>c</sup></b> Child Abuse Squad and Sex Assault Squad District Detectives	Inter-agency response	<b>Partial</b> Department of Child Protection & Family Support Caseworkers and the Child Protection Unit (WA Health) are off site—Department of Child Protection and Family Support interviewers are co-located	Police Child protection Health	Education (for cases that occurred in the school environment) Witness intermediaries	<b>Partial</b> Initial joint coordination and intake for cases relevant across agencies. Agencies then undertake their own investigations with some coordination between agencies.	<b>No</b> Regional/Remote response is separate (see page 10)
<b>Western Australia (Multiagency Investigation and Support Team Pilot)</b>	<b>Yes<sup>d</sup></b> Child Abuse Squad and Sex Assault Squad District Detectives	Multi-disciplinary team	<b>Yes</b> Agencies co-located with shared work spaces	Police Child protection Health Non-government organisation support service provider	Education (for cases that occurred in the school environment) Witness intermediaries	<b>Yes</b> Joint investigations involve information sharing, response planning through strategy meetings, observation of interviews, and informal updates between co-located workers.	<b>No</b> Response limited to Armadale/Cannington districts

Table continued over page

Jurisdiction	Specialist police team	Response type	Centre-based approach <sup>a</sup>	Agencies involved	Additional agencies involved in some situations	Joint investigations	State/territory-wide response
<b>Western Australia (Regional/Remote)</b>	<b>No</b> Most cases are investigated by district detectives and district staff from the Department of Child Protection and Family Support.	Inter-agency response	<b>No</b> Although all agency offices are nearby	Police Child protection Health	N/A	<b>Partial</b> Initial joint coordination and intake for cases relevant across agencies. Agencies then undertake their own investigations with some coordination between agencies.	<b>No</b> Separate response from Perth-Metro
<b>South Australia</b>	<b>Yes</b> Special Crimes Investigation Branch Family Violence Investigation Section Local Service Area Criminal Investigation Branch District Detectives for Regional/Remote Cases	Multi-disciplinary team	<b>No</b> Although all agency offices are nearby	Police Child protection Health	Aboriginal or cultural consultants or members of community depending on the child's ethnic and cultural identity; Care Concerns Investigation Unit; Guardian for Children and Young People in the case of serious sexual abuse allegation; schools, kindergartens, family day care, mental health services, Department for Education; and Child Development Investigations Unit. Communication partners for children under 14 or for people with a disability.	<b>Yes</b> Joint investigations involve information sharing, response planning, planning of interviews and assessments, and ongoing case management (Inter-Agency Code of Practice).	<b>Yes</b> Child Protection Service interviewing and services limited to two sites in Adelaide metropolitan area In regional/remote areas investigations are undertaken by district detectives rather than the Special Crimes Investigation Branch
<b>Tasmania</b>	<b>No</b> Criminal Investigation Branch	Inter-agency response	<b>No</b>	Police Child protection	Education Department—Where a child is interviewed at school Counsellor from a sexual assault support service or a medical professional who has examined or treated a child	<b>No</b> Agencies work independently but share information informally	<b>Yes</b> Information sharing applies statewide

Table continued over page

Jurisdiction	Specialist police team	Response type	Centre-based approach <sup>a</sup>	Agencies involved	Additional agencies involved in some situations	Joint investigations	State/territory-wide response
<b>Australian Capital Territory</b>	<b>Yes</b> Sexual Assault and Child Abuse Team	Inter-agency response	<b>No</b> Although all agency offices are nearby	Territory and federal police Child protection Health Public prosecutions Non-government organisation support service provider	Other agencies as needed in accordance with the ACT Crimes Act	<b>No</b> Agencies work independently but share information to try to support victims through the criminal justice system (Wraparound Support Meetings—Terms of Reference).	<b>Yes</b>
<b>Northern Territory</b>	<b>Yes</b> Sex Crimes Unit	Multi-disciplinary team	<b>Yes</b> Agencies co-located in the same building, with separate work areas	Police (Territory and federal) <sup>e</sup> Child protection	Sexual Assault Referral Centre (Department of Health) as needed	<b>Yes</b> Team specifically deals with complex cases that require joint investigation	<b>Yes</b> Mobile child protection team provides regional and remote responses

**Notes:** <sup>a</sup>Cross-agency team operating out of a single centre, which also has onsite facilities for interviews with children. <sup>b</sup>Eleven of 22 Joint Investigation Response Teams are fully co-located. In December 2016 NSW Police announced their intention to move from shared accommodations to a model of “proximal co-location”, with the Joint Investigation Response Teams operating with separate but nearby accommodation (in some cases still in the same building) in each area. <sup>c</sup>Regional/Remote responses are conducted by the local detective team rather than a specialist squad. <sup>d</sup>Child protection and police are co-located in the metro response but this does not include the statutory child protection workers who have responsibility for the case. <sup>e</sup>The Australian Federal Police are only co-located in Darwin.

## 2. Centre characteristics

Of the centre-type approaches, all involve the co-location of police and child protection workers. The New South Wales Joint Investigation Response Team model is unique in having workers from the state health agency co-located or available nearby to attend interviews, providing a support role and facilitating referrals to NSW Health services (i.e., medical and counselling services); although this was also the situation for some South Australian cases. The Multi-Disciplinary Centres pilots (Victoria) and Multiagency Investigation & Support Team pilot (WA) are distinct in their co-location with a non-government agency providing therapeutic and support services. The Child Abuse Taskforce (NT) and the Perth-Metro response involve the co-location of police and child protection; however, in Western Australia this does not include the child protection workers responsible for responding to the case.

**Table 3:** Centre characteristics of state/territory responses to investigations of severe child abuse

Jurisdiction	Centre-based approach	Agencies co-located	Specialised interview facility on site
<b>New South Wales (Co-located Joint Investigation Response Teams)</b>	<b>Yes</b>	NSW Police <sup>a</sup> Family and Community Services NSW Health	<b>Yes</b> All co-located Joint Investigation Response Team sites have specialist interview suites.
<b>New South Wales (Non-co-located Joint Investigation Response Teams)</b>	<b>No</b> Although all agency offices are nearby	Family and Community Services NSW Health	Non-co-located Joint Investigation Response Team sites use regional Child Abuse Squad specialist interviewing suites or other settings using handheld recording.
<b>Victoria (Standard Response)</b>	<b>No</b> Although all agency offices are nearby	N/A	<b>Yes</b> Interviews may take place in the family home or other locations, as necessary. Most Sexual Offences and Child Abuse Investigations Team offices have interview suites for children.
<b>Victoria (Multi-Disciplinary Centres pilots)</b>	<b>Yes</b>	Sexual Offences and Child Abuse Investigation Teams Child Protection (Department of Health and Human Services) Centres for Sexual Assault (counsellor/advocates)	<b>Yes</b> Onsite specialist child interviewing facilities
<b>Queensland</b>	<b>No</b> Although all agency offices are nearby	N/A	Queensland Police have facilities at each of their main stations to conduct interviews with children. These interviews can also take place in a non-threatening location free of interruption.
<b>Western Australia (Perth-Metro)</b>	Partial	WA Police (detectives and interviewers) Department of Child Protection & Family Support (Interviewers)	<b>Yes</b> Interview unit based in Perth city
<b>Western Australia (Multiagency Investigation &amp; Support Team pilot)</b>	<b>Yes</b>	WA Police (detectives and interviewers) Department of Child Protection and Family Support (interviewers and case workers) Parkerville Children and Youth Care Inc. (child and family advocates and therapists)	<b>Yes</b> Interview suites based in Armadale

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Jurisdiction	Centre-based approach	Agencies co-located	Specialised interview facility on site
<b>Western Australia (Regional/Remote)</b>	<b>No</b> Although all agency offices are nearby	N/A	There are no regional facilities for interviewing children. Interviews take place in a safe setting and are recorded by a handheld camera.
<b>South Australia</b>	<b>No</b> Although all agency offices are nearby	N/A	Interviews take place at the Child Protection Service for under 7 year olds; for 7-14 year olds interviewing is normally conducted by the investigator from the Special Crime Investigations Branch of SA Police. If children are identified as having cognitive or communication difficulties, interviews will be conducted by specialist police interviewers from the Victim Management Section (SA Police).  For regional/remote cases, interviews take place in a safe, non-distracting environment.
<b>Tasmania</b>	<b>No</b>	N/A	Interviews take place at regional police interview suites, or other settings such as schools or Child Safety Services offices.
<b>Australian Capital Territory</b>	<b>No</b> Although all agency offices are nearby	N/A	Interviews take place at a specialised suite at the Sexual Assault and Child Abuse Team.
<b>Northern Territory</b>	<b>Yes</b>	Territory Police  Australian Federal Police (Darwin site only)  Territory Families	<b>Yes</b>  Interviews conducted on site in Darwin or Alice Springs, at the Sexual Assault Resource Centre (SARC), or interviews can be conducted off site in a safe place recorded by a handheld camera.

Note: <sup>a</sup>Eleven of 22 Joint Investigative Response Teams are fully co-located.

All centre-based or “one stop shop” type responses have onsite interviewing suites with facilities for recording interviews; all are either specifically designed for children or designed to be victim sensitive (i.e., adult victims are also interviewed in the facilities). The Joint Investigation Response Teams (NSW), Multi-Disciplinary Centres pilot sites (Victoria), Perth-Metro (WA), Child Abuse Taskforce (NT), and Multiagency Investigation & Support Team pilot (WA) all have onsite interview suites. In NSW, all the co-located Joint Investigation Response Team sites have onsite interviewing facilities; the non-co-located Joint Investigation Response Team sites use interview suites at the local Child Abuse Squad or other community facilities. In the Multi-Disciplinary Centres pilots (Victoria), Multiagency Investigation & Support Team pilot (WA) and Perth-Metro almost all of their forensic interviewing takes place in their specialist suites. As the Child Abuse Taskforce (NT) responds to cases across the Northern Territory, interviews can be conducted in any place that is deemed to be safe and provide privacy, in addition to the interview suites at the taskforce building.

For responses that were not centre-based, jurisdictions varied in their requirement for interviews to be conducted in specialised suites. The Victorian Standard Response, Queensland statewide response, and the ACT response have specialist interviewing suites, although the specialist police in the Victorian Standard Response has provision for interviews to take place in other settings, reflecting that not all teams have access to interviewing facilities in their area. The Queensland statewide response, the Victorian Standard Response and the Regional/Remote WA response have provision to conduct interviews in safe settings. Arrangements for interviews differed based on the child’s age and capacity to communicate in South Australia; children under 14, or older children with difficulty communicating, are interviewed in specialist facilities.

### 3. Intake characteristics

Only New South Wales has a consolidated cross-agency intake process in the form of the Family and Community Services Helpline (NSW). Matters meeting the Joint Investigation Response Team criteria are referred by the helpline to the Joint Investigation Response Team Referral Unit for tri-agency assessment—accepted matters meeting the Joint Investigation Response Team criteria are referred to a local Joint Investigation Response Team for a response. At the time of comparison, a similar scheme has recently been accepted by the South Australian Government as part of their response to the Nyland report (Child Protection Systems Royal Commission, 2016).

Most jurisdictions have a process for a discussion or review across agencies as to whether the matter should be accepted for a cross-agency response. In Queensland, the specialist cross-agency Suspected Child Abuse and Neglect team response applies to cases where Child Safety Services have made a notification and determined that coordination of a multi-agency response is required. The Child Abuse Taskforce (NT) has daily cross-agency discussions of cases received by Territory Families as to whether a matter should be accepted for a joint or police-only investigation. For Perth-Metro, Regional-Remote WA and Multiagency Investigation & Support Team pilot responses, each agency undertakes their intake process and then brings the relevant information to a strategy meeting to decide if the case receives a joint, police-only or child-protection-only response. For all other jurisdictions, agencies pass relevant referrals on to each other and agencies make individual decisions about whether to accept a matter for investigation.

**Table 4:** Intake characteristics of state/territory responses to investigations of child abuse

Jurisdiction	Criteria for intake to cross-agency response	Intake/assessment process
<b>New South Wales (Co-located Joint Investigation Response Teams)</b>	Alleged child sexual abuse, extreme neglect (e.g., malnutrition/dehydration), and severe or serious physical abuse (e.g., extensive soft-tissue injuries, head injuries, fractures or burns)	All reports received through Family and Community Services Helpline. Assessed by the Central Joint Investigation Response Team Referral Unit for acceptance to the Joint Investigation Response Team Response
<b>New South Wales (Non-co-located Joint Investigation Response Teams)</b>	Alleged child sexual abuse, extreme neglect (e.g., malnutrition/dehydration), and severe or serious physical abuse (e.g., extensive soft-tissue injuries, head injuries, fractures or burns)	All reports received through Family and Community Services Helpline. Assessed by the Central Joint Investigation Response Team Referral Unit for acceptance to the Joint Investigation Response Team Response
<b>Victoria (Standard Response)</b>	Rapes of children (suspect known); rapes of adults (strangers or known persons); and indecent acts (including sexual penetrations) upon children, elderly and disabled persons that involve high levels of violence or unusual modus operandi; rape/attempt/assault with intent to rape by a stranger; all allegations of child abuse where the offending occurs in an intra-familial environment (family violence); joint investigations with Child Protection and other stakeholders in respect to child abuse	Police receive reports directly by phone, in person through district police stations or via referral agencies including the Department of Health and Human Services. If the report is received through a district police station, a referral is made to the Department of Health and Human Services child protection service or the sexual assault team. Matters can also be referred to the Sexual Offences and Child Abuse Investigation Team by Centres Against Sexual Assault and other non-government agencies. The Sexual Offences and Child Abuse Investigation Team deal specifically with incidents of sexual abuse of children under 17.
<b>Victoria (Multi-Disciplinary Centres pilots)</b>	Children who have experienced or are at risk of sexual abuse (note: Multi-Disciplinary Centres pilots also respond to adult sexual assault). Matter must fit the Sexual Offences and Child Abuse Investigation Team criteria to be investigated in-house by police	Police receive reports directly by phone, in person through district police stations or via referral agencies including the Department of Health and Human Services. If the report is received through a district police station, a referral is made to the Department of Health and Human Services child protection service or the sexual assault team. Matters can also be referred to the Sexual Offences and Child Abuse Investigation Team by Centres Against Sexual Assault and other non-government agencies. The Sexual Offences and Child Abuse Investigation Team deal specifically with incidents of sexual abuse of children under 17.

Table continued over page

Jurisdiction	Criteria for intake to cross-agency response	Intake/assessment process
<b>Queensland</b>	<p>For a Suspected Child Abuse and Neglect team response, the process requires the matter to be assessed by Child Safety Services as a notification, and/or Child Safety Services is responsible for ongoing intervention, and coordination of multi-agency action is required to assess and respond to protection needs.</p> <p>A multi-disciplinary team response can also take place for Child Concern Reports, with Information Coordination Meetings, which can go back through the Child Safety Intake if a concern is identified.</p>	<p>Child Safety Regional Intake Services assess all reports to Child Safety Services (significant harm or risk of significant harm, and parent not willing and able to protect). They determine whether the matter is a child concern report or a notification. Matters that are a notification may be referred to the Suspected Child Abuse and Neglect teams where coordination of multi-agency actions is required.</p> <p>For reports to police, Child Protection and Investigation Unit officers will undertake intake and assessment, and may make a report to Child Safety Services, request a joint investigation with Child Safety Services, or collaborate with officers from other agencies during the course of a criminal investigation.</p>
<b>Western Australia (Perth-Metro)</b>	<p>Child Abuse Squad Charter Offences: Sexual abuse (Familial offender; Extra-Familial Offender Child under 13; Child in Care of CEO; Offender in position of authority over child; Serious Injury Planning Meetings)</p> <p>Physical Abuse (Familial abuse resulting in a serious injury; Child in Care of CEO; Offender in position of authority over child; Serious Injury Planning Meetings)</p> <p>Neglect (Criminal Neglect for Child Under 13)</p>	<p>Reports received by police, Department of Child Protection and Family Support (via Mandatory Report and Non-Mandatory Report), and hospital system. Child abuse matters then referred to Child Abuse Squad or ChildFIRST (formerly Child Assessment and Interview Team) intake.</p>
<b>Western Australia (Multiagency Investigation &amp; Support Team Pilot)</b>	<p>Child Abuse Squad Charter (see Perth-Metro) and child lives within Armadale/Cannington catchment area</p>	<p>Reports received by police, Department of Child Protection and Family Support (via Mandatory Report and Non-Mandatory Report), and hospital system. Child abuse matters then referred to Child Abuse Squad or ChildFIRST (formerly Child Assessment and Interview Team) intake.</p>
<b>Western Australia (Regional/Remote)</b>	<p>All child abuse matters</p>	<p>Reports received by police, Department of Child Protection and Family Support (via Mandatory Report and Non-Mandatory Report), and hospital system. Child abuse matters then referred to district detectives and district CPFS in the region.</p>
<b>South Australia</b>	<p>Interagency code of practice applies to all types of abuse and neglect; Department for Child Protection will refer to SA Police for sexual abuse, serious neglect or physical abuse.</p> <p>The police group responsible for investigation will vary based on the nature of the concern.</p> <p>For sexual offences, Tier 1 (immediate danger) are investigated by Local Service Areas, Tier 2 (primarily at risk of significant harm) are investigated by the specialist Special Crime Investigation Branch.</p> <p>Other serious offences against the person (e.g., serious harm or criminal neglect offences) are investigated by the Special Crime Investigation branch. The Family Violence Investigation Section within Local Service Areas investigate all other sexual, physical and criminal neglect for children under 16 (intra-familial offences), under 7 years, and between 7 and 16 as part of a Department for Child Protection special investigation.</p>	<p>Matters are received through the Child Abuse Report Line. If further action is needed, the relevant Department for Child Protection office will be notified, and the supervisor then refers the matter to the appropriate authorities.</p>

Jurisdiction	Criteria for intake to cross-agency response	Intake/assessment process
<b>Tasmania</b>	Cases accepted by the Criminal Investigation Branch can prompt the use of information-sharing arrangements between police and Child Safety Services.	Agencies have their own intake and make referrals to each other.
<b>Australian Capital Territory</b>	Sexual offences (both adult and child offences) in the ACT in which families were offered and consented to Wraparound	Reports received by either ACT Police or referred to ACT Police via Care and Protection Services
<b>Northern Territory</b>	Complex matters (i.e., matters likely to involve concurrent child protection and police investigation)	Reports received by NT Police or Territory Families; all matters are lodged with the Child Abuse Hotline/Central Intake Service. Matters from Territory Families are reviewed by investigators from both agencies (Territory Families and NT Police) to determine if police investigation is required.

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

## 4. Information sharing and case planning

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

The Joint Investigation Response Team model (NSW) has a comprehensive process for information exchange and case discussion in their local area response protocol; this includes planning initial contact with children and families, collecting and exchanging information available about the family, planning the interview and coordinating the response following the interview. South Australia has a similar series of processes for information sharing and follow-up.

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

Jurisdictions also differ in terms of the information-sharing provisions permitted within the state/territory. New South Wales, South Australia and the Northern Territory each have comprehensive schemes allowing for the exchange of information between a wide variety of agencies when the information relates to the safety and wellbeing of children. Information sharing is more restrictive in Queensland and Western Australia where only specified government and non-government agencies are permitted to exchange information about children. In Tasmania and the ACT, information exchange is restricted to organisations (Tas.) and professionals (ACT) that deal with children, allowing them only to exchange information with the statutory child protection authority in their jurisdiction. In Victoria, the provisions are even more restrictive, allowing only the provision of information from professionals to child protection statutory authorities.

**Table 5:** Information sharing and case planning arrangements of state/territory responses to investigations of severe child abuse

Jurisdiction	Case review meetings/discussions	Legislation support practice and information sharing	Cross-agency training for collaboration
<b>New South Wales (Co-located Joint Investigation Response Teams)</b>	<p>Cross-agency meeting to accept the matter to the Joint Investigation Response Teams response</p> <p>Local Joint Investigation Response Teams includes: pre-meeting briefing; briefing meeting; interview planning; de-briefing meeting; and case meetings.</p>	<p><i>Child and Young Persons (Care and Protection) Act 1998</i></p> <p><i>Children and Young Persons (Care and Protection) Regulation (NSW) 2000</i></p> <p>Information allowed to be shared between "Prescribed Bodies"<sup>a</sup> where it promotes the safety, welfare or wellbeing of children or young people.</p>	<p><b>Yes</b></p> <p>Cross-Agency Induction (10 days online modules, 10 days face-to-face)</p> <p>Joint Investigation Response Team Foundation Skills Course (3-month course, 2-week face-to-face workshop)</p>
<b>New South Wales (Non-co-located Joint Investigation Response Teams)</b>	<p>Cross-agency meeting to accept the matter to the Joint Investigation Response Teams response</p> <p>Local Joint Investigation Response Teams includes: pre-meeting briefing; briefing meeting; interview planning; de-briefing meeting; and case meetings.</p>	<p><i>Child and Young Persons (Care and Protection) Act 1998</i></p> <p><i>Children and Young Persons (Care and Protection) Regulation (NSW) 2000</i></p> <p>Information allowed to be shared between "Prescribed Bodies"<sup>a</sup> where it promotes the safety, welfare or wellbeing of children or young people.</p>	<p><b>Yes</b></p> <p>Cross-Agency Induction (10 days online modules, 10 days face-to-face)</p> <p>Joint Investigation Response Teams Foundation Skills Course (3-month course, 2-week face-to-face workshop)</p>
<b>Victoria (Standard Response)</b>	Case planning and review between agencies as needed	<p><i>Children, Youth and Families Act (VIC) 2005</i></p> <p>Information allowed to be provided to Child Protection/Child First for some professionals that work with children when they have a significant concern</p>	<p><b>No</b></p> <p>Although Police do run training for other agencies and there are a number of partnership forums</p>
<b>Victoria (Multi-Disciplinary Centres pilots)</b>	Case planning and review between agencies as needed	<p><i>Children, Youth and Families Act (VIC) 2005</i></p> <p>Information allowed to be provided to Child Protection/Child First for some professionals that work with children when they have a significant concern</p>	<p><b>Yes</b></p> <p>Induction training: Several sessions to ensure agencies understand their roles and responsibilities</p> <p>Statewide Multi-Disciplinary Centres Forums</p>
<b>Queensland</b>	<p>Suspected Child Abuse and Neglect Team Meetings (monthly, but can be scheduled as needed)—Planning and coordination for the protection needs of children</p> <p>Information coordination meetings (as needed)—For cross-agency review of Child Concern Reports</p> <p>Informal collaboration with Child Safety Services as needed for Child Protection &amp; Investigation Units officers responding to matters not accepted by the Suspected Child Abuse and Neglect team</p>	<p><i>Child Protection Act (QLD) 1999</i></p> <p>Information allowed to be exchanged between government and non-government service providers including members of the Suspected Child Abuse and Neglect team to meet the protection and care needs of children</p>	<p><b>No</b></p> <p>Although quarterly, Suspected Child Abuse and Neglect team meetings provide an opportunity to discuss the functioning of a Suspected Child Abuse and Neglect team and review issues and emerging trends.</p>

Table continued over page

Jurisdiction	Case review meetings/discussions	Legislation support practice and information sharing	Cross-agency training for collaboration
<b>Western Australia (Perth-Metro)</b>	<p>Case planning and information sharing process</p> <p>Weekly strategy meeting (which can also be scheduled as needed)</p>	<p><i>Children and Community Services Act (WA) 2004</i></p> <p><i>Children and Community Services Legislation Amendment and Repeal Bill (WA) 2014</i></p> <p>Information allowed to be exchanged between government agencies and non-government agencies, if it is relevant to the wellbeing of a child or children.<sup>b</sup></p>	<p><b>No</b></p> <p>Although cross-agency work is included as part of interviewing training</p> <p>Agencies providing training for working across agencies individually</p>
<b>Western Australia (Multiagency Investigation &amp; Support Team pilot)</b>	<p>Case planning and information sharing process</p> <p>Weekly strategy meeting (which can also be scheduled as needed)</p>	<p><i>Children and Community Services Act (WA) 2004</i></p> <p><i>Children and Community Services Legislation Amendment and Repeal Bill (WA) 2014</i></p> <p>Information allowed to be exchanged between government agencies and non-government agencies, if it is relevant to the wellbeing of a child or children.<sup>b</sup></p>	<p><b>No</b></p> <p>Although cross-agency work is included as part of interviewing training</p> <p>Agencies providing training for working across agencies individually</p>
<b>Western Australia (Regional/Remote)</b>	<p>Reports are initially processed as above, then sent to the relevant district for a response.</p> <p>Regional police and Department of Child Protection and Family Support hold their own strategy meetings as needed.</p>	<p><i>Children and Community Services Act (WA) 2004</i></p> <p><i>Children and Community Services Legislation Amendment and Repeal Bill (WA) 2014</i></p> <p>Information allowed to be exchanged between government agencies and non-government agencies, if it is relevant to the wellbeing of a child or children.<sup>b</sup></p>	<p><b>No</b></p> <p>Although cross-agency work is included as part of interviewing training</p> <p>Agencies providing training for working across agencies individually</p>
<b>South Australia</b>	<p>Strategy discussions held as needed with Department for Child Protection, SA Police, health professionals and other agencies. The investigating officer and senior practitioner from the Department for Child Protection will be involved. Department for Child Protection generally has the lead role in strategy discussions for intra-familial abuse and other matters where it will be involved in the response—SA Police generally has the lead in other matters.</p>	<p><i>Children's Protection Act (SA) 1993</i></p> <p>Government of South Australia (2004) <i>Keeping Them Safe: The South Australian Government's Child Protection Reform Program</i></p> <p>Information-sharing guidelines apply to a wide range of government and non-government agencies and people doing paid or volunteer work who provide services partly or wholly to children and young people and their families.</p>	<p><b>Yes</b></p> <p>Interagency Practice in Child Protection Course (8 days face-to-face, 6 with workers from both agencies present)</p>

Table continued over page

Jurisdiction	Case review meetings/discussions	Legislation support practice and information sharing	Cross-agency training for collaboration
<b>Tasmania</b>	Meetings as needed for information exchange	<i>Children, Young Persons and their Families Act (TAS) 1997</i> <i>Children, Young Persons and their Families Amendment Act (TAS) 2009</i>  Information exchange centres on Child Safety Services to receive and give information from staff from any organisation involved in delivering services to children and their families if there are concerns about the safety, welfare or wellbeing of a child.	<b>No</b>  Though interview training is cross-agency
<b>Australian Capital Territory</b>	Monthly Wraparound meetings between all agencies involved in the response	<i>Children and Young People Act (ACT) 2008</i>  Information exchange centres on Care and Protection Services to receive and give information to a variety of professionals where it is in the best interests of children. Victims/survivors must consent to the exchange of information for the wraparound process.	<b>Yes</b>  ACT Police deliver an induction training package to other agencies that covers wraparound procedures
<b>Northern Territory</b>	Daily cross-agency meetings between Territory Families and NT Police for intake of Territory Families matters for police investigation  Daily strategy meetings between taskforce members	<i>Care and Protection of Children Act (NT) 2007</i>  Information exchange is permitted between "authorised information sharers" (carers, police, school principals, teachers, workers and managers of non-government organisations, case managers in the youth justice system, medical professionals, public servants and lawyers) as long as the information relates to the safety or wellbeing of the child or children.	<b>No</b>

**Notes:** <sup>a</sup>Prescribed bodies include all organisations that wholly or partly provide services to children (including all kinds of educational, health and child service providers). <sup>b</sup>Despite the legislative change, written consent to exchange information between government and non-government agencies is still the norm (Herbert & Bromfield, 2017c, p. 52).

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

## 5. Interviewing

Across the country, almost all interviewing of children is done by the investigating officer from the specialist child abuse/sexual assault unit. The main exception to this is in Western Australia (Perth-Metro and Multiagency Investigation & Support Team pilot), where a pool of trained child interviewers from both police and child protection agencies conduct interviews. In South Australia, age and communication capacity determine who interviews children (see Table 6, page 20), and especially vulnerable children are interviewed by a worker from the Child Protection Service (SA Health). As noted previously, in some regions within jurisdictions the investigating officer is not from a specialist child abuse/sexual assault unit.

**Table 6:** Interviewing arrangements of state/territory responses to investigations of severe child abuse

Jurisdiction	Forensic interviewing	Provision for joint agency interviewing (i.e., joint interview planning and observation of interviews)	Interview model and training
<b>New South Wales (Co-located Joint Investigation Response Teams)</b>	Interviewing conducted by investigating officer from Child Abuse Squad	<p>Police, Family and Community Services NSW, and NSW Health participate in joint interview planning as part of the local planning response.</p> <p>Family and Community Services NSW and NSW Health agencies are able to observe interviews and provide feedback about any care and protection or clinical issues that may have arisen via an earpiece, where not present in the interview room, or during a break in the interview, unless there are valid reasons for there not to be a break.</p>	Child Abuse Squad Interview Guidelines—Length and mode of training unknown
<b>New South Wales (Non-co-located Joint Investigation Response Teams)</b>	Interviewing conducted by investigating officer from Child Abuse Squad	<p>Police, Family and Community Services NSW, and NSW Health participate in joint interview planning as part of the local planning response.</p> <p>Family and Community Services NSW, and NSW Health agencies are able to observe interviews and provide feedback about any care and protection or clinical issues that may have arisen via an earpiece, where not present in the interview room, or during a break in the interview, unless there are valid reasons for there not to be a break.</p>	Child Abuse Squad Interview Guidelines—Length and mode of training unknown
<b>Victoria (Standard Response)</b>	Interviewing typically undertaken by the investigating officer from Sexual Offences and Child Abuse Investigation Team, although there is provision for a child protection worker to conduct the interview.	Both police and child protection agencies should be present for an interview: child protection primarily to observe.	<p>Whole Story Framework</p> <p>Specialist Investigative Interviewing Course (Deakin University; Four months online learning)</p>
<b>Victoria (Multi-Disciplinary Centres pilots)</b>	Interviewing typically undertaken by the investigating officer from Sexual Offences and Child Abuse Investigation Team, although there is provision for a child protection worker to conduct the interview.	<p>Both police and child protection agencies should be present for an interview; child protection primarily to observe.</p> <p>Centres Against Sexual Assault counsellors/advocates do not usually attend the interview, but are available to provide support if a child becomes distressed.</p>	<p>Whole Story Framework</p> <p>Specialist Investigative Interviewing Course (Deakin University; Four months online learning)</p>
<b>Queensland</b>	Interviewing conducted by an investigating officer from Child Safety & Sexual Crime Group or Child Protection Investigation Unit.	<p>Where there is a joint interview (police and child protection), Child Safety Services workers can participate in interview planning, and, to an extent, in the interview.</p> <p>A corroborating officer from the Child Safety &amp; Sexual Crime group and a representative from Child Safety Services (if child is in need of protecting) are recommended to be present.</p>	<p>Interviewing Children and Recording Evidence (ICARE)</p> <p>Pre-course activities, 40 hours face-to-face training, follow-up assessments</p>

Table continued over page

Jurisdiction	Forensic interviewing	Provision for joint agency interviewing (i.e., joint interview planning and observation of interviews)	Interview model and training
<b>Western Australia (Perth-Metro)</b>	Interviewing conducted by pool of trained interviewers from WA Police and Department of Child Protection and Family Support <sup>a</sup>	Interview planning between the WA Police and the Department of Child Protection and Family Support interviewers  An interviewer from the other agency (police or child protection) observes the interview and is able to provide feedback during a scheduled break.	Combination of NICHD and Stepwise Protocols  Eight-week joint training (webinars, peer assessment, monitored place, regular assessment) including police and child protection
<b>Western Australia (Multiagency Investigation &amp; Support Team pilot)</b>	Interviewing conducted by pool of trained interviewers from WA Police and Department of Child Protection and Family Support (CPFS) <sup>a</sup>	Interview planning between the interviewers (police and CPFS), the investigating officer and the in-house child protection worker  The other interviewer (police or CPFS), investigating officer, and child protection worker are able to observe the interview and provide feedback during a scheduled break.	Combination of NICHD and Stepwise Protocols  Eight-week joint training (webinars, peer assessment, monitored place, regular assessment) including police and child protection
<b>Western Australia (Regional/Remote)</b>	Interview conducted by a trained officer within the district (which can be the investigating officer)	Interview planning informally between the interviewer and the investigating officer (if the interviewer is not the investigating officer)  Interviewing will usually involve a second officer as witness, and can involve district staff from the Department of Child Protection and Family Support observing the interview.	Combination of NICHD and Stepwise Protocols  Eight-week joint training (webinars, peer assessment, monitored place, regular assessment) including police and child protection
<b>South Australia</b>	Under 7 year olds—A psychosocial forensic assessment conducted by a worker from the Child Protection Service at Flinders Medical or Adelaide Women and Children’s Hospital. The Child Protection Service will also conduct assessments with older children with complex communication needs on request, and Aboriginal children in rural/remote communities up to the age of 12. Assessment includes the appropriateness of interviewing children, which can also be conducted by the Child Protection Service worker on behalf of SA Police <sup>b</sup> .  7-14 year olds—Interviews conducted by police who are prescribed interviewers. If children are identified as having cognitive or communication difficulties, interviews will occur at the Victim Management Section (SA Police).  Children over 7 in a country area—Police who are prescribed interviewers  Children over 14—Interview in the form of a written statement verified by declaration (conducted by investigating officer)	Under 7 year olds—Investigating Officer and Worker from the Department for Child Protection are able to observe the interview.  7-12 year olds—If the interview is conducted by a specialist interviewer from the Victim Management Section, then the investigating officer should observe the interview. The recording of the interview can be made available to other agencies with permission from the investigating officer.  Children over 12—No	Whole Story Framework  Joint Interview Training Specialist Investigative Interviewing Course (Deakin University; Four months online learning)

Table continued over page

Jurisdiction	Forensic interviewing	Provision for joint agency interviewing (i.e., joint interview planning and observation of interviews)	Interview model and training
<b>Tasmania</b>	Interviews conducted by an investigating officer from the Criminal Investigation Branch	Interview planning between the Criminal Investigation Branch and Child Safety Services. Child Safety Services are able to observe the interview, as well as other professionals when appropriate.	Narrative Account Model  Police/Child Safety Services Training: Interviewing Vulnerable Witnesses—four-day course, online content and pre-course quiz
<b>Australian Capital Territory</b>	Interview conducted by investigating officer from Sexual Assault and Child Abuse Team	Investigators conduct their own interview planning; however, they often seek information and input from Child and Youth Protection Service where appropriate.  In some instances, Child and Youth Protection Service are able to view interviews in real time from an external monitoring room.	Three-day Interviewing Vulnerable Witnesses Program  Based on the Whole Story Framework and similar to the Cognitive Interviewing Technique
<b>Northern Territory</b>	Interview conducted by the investigating officer from the Child Abuse Taskforce	Child Protection observation of interviews can occur for interviews held at Darwin and Alice Springs centres	Child Forensic Interview Program—Length and mode unknown

**Notes:** <sup>a</sup>WA Police were running a pilot to better integrate their interviewing and investigation. Police specialist interviewers still conducted interviews, but the investigating officer observes, along with a Child Protection interviewer. <sup>b</sup>The SA Government have committed to establishing an additional Child Protection Service unit at Lyell McEwin Hospital.

Almost all jurisdictions have provision for a recommendation for child protection authorities to be involved in interview planning and to be present for a child interview to minimise the need for additional interviews and disclosures. New South Wales is unique in that it includes NSW Health to provide specialist knowledge and input into response planning; although, in South Australia, the Child Protection Service (SA Health) is involved in conducting interviews for especially vulnerable children. Most jurisdictions outline the role of child protection authorities in their protocols as observers of the interview. This is different in WA (Perth-Metro and Multiagency Investigation & Support Team pilot) as child protection interviewers either conduct or provide feedback on interviews (see the footnotes in Table 6).

## 6. Support and advocacy services

The models differ as to the degree to which supportive services and advocacy are included as part of the response. Primarily the models that do have these services are centre-based, co-located responses. In this context, advocates are defined as holistic and independent workers with a role to listen to and act for children and families affected by abuse.

Five of the 12 distinct responses identified have some kind of professional onsite support service available (Joint Investigation Response Teams, Multi-Disciplinary Centres pilots, Perth-Metro, Multiagency Investigation & Support Team, and the ACT). In South Australia, the interviewer from the health-based Child Protection Service (who interviews especially vulnerable children) also serves as a support person as part of providing interviewing and assessment independent from police and child protection agencies. Support during and directly following the interview is provided by health clinicians in both NSW responses (Co-located Joint Investigation Response Teams and Non-co-located Joint Investigation Response Teams) and by a worker from the Department of Child Protection and Family Support based in the interview unit in the Perth-Metro response. The rest of the responses involve support services from the non-government sector built into the response.

**Table 7:** Support and advocacy services of state/territory responses to investigations of severe child abuse

Jurisdiction	Onsite supports when attending interview	Onsite advocacy services	Scope of advocacy support
<b>New South Wales (Co-located Joint Investigation Response Teams)</b>	<b>Yes</b> Senior health clinicians (NSW Health) can provide support as needed.	<b>Partial</b> Health clinicians undertake some advocacy support, but for a limited timespan	Senior health clinicians provide support during the interview, and supported referral to other services. Clinicians tend to be health focused and there is limited ongoing case review and support post-interview.
<b>New South Wales (Non-co-located Joint Investigation Response Teams)</b>	<b>Yes</b> Senior health clinicians (NSW Health) can provide support as needed.	<b>Partial</b> Health clinicians undertake some advocacy support, but for a limited timespan	Senior health clinicians provide support during the interview, and supported referral to other services. Clinicians tend to be health focused and there is limited ongoing case review and support post-interview.
<b>Victoria (Standard Response)</b>	<b>No</b> Although police are required to contact Centres Against Sexual Assault within two hours; urgent counselling can be provided if needed at the closest Centres Against Sexual Assault site, and in some situations Centres Against Sexual Assault staff do attend the police station.	<b>Partial</b> Offsite advocates are contacted for a response—children and families can be referred for advocacy services offsite.	Counsellor/advocates provide services as long as needed.
<b>Victoria (Multi-Disciplinary Centres pilots)</b>	<b>Yes</b> Centres Against Sexual Assault counsellors/advocates are available to provide support if a child or family member becomes distressed.	<b>Yes</b>	Counsellor/advocates provide services as long as needed.  Counsellor/advocates may also be involved in providing support prior to reporting abuse to police/child protection.
<b>Queensland</b>	<b>No</b> Although the child is able to have a support person with them	<b>No</b>	N/A
<b>Western Australia (Perth-Metro)</b>	<b>Yes</b> Onsite Department of Child Protection and Family Support advocacy/support worker	<b>Yes</b>	Department of Child Protection and Family Support advocate/support worker primarily provides support and suggested referrals during interviews at Child Abuse Squad/ChildFIRST with limited ongoing case review and support post-interview.
<b>Western Australia (Multiagency Investigation &amp; Support Team Pilot)</b>	<b>Yes</b> Onsite non-government organisation child and family advocate and crisis mental health service	<b>Yes</b>	Child and Family advocate provides services as long as needed by the child and/or family.
<b>Western Australia (Regional/Remote)</b>	<b>No</b>	<b>No</b>	N/A
<b>South Australia</b>	<b>No</b> Although where they conduct interviews, the Child Protection Service also plays a supportive role. As does the Victim Management Section interviewer and the interviewing detective where they conduct the interview.	<b>No</b>	N/A
<b>Tasmania</b>	<b>No</b> Although a support person can be provided where needed	<b>No</b>	N/A

Table continued over page

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

Only three responses have onsite advocacy services as part of the response (Perth-Metro, Multiagency Investigation & Support Team pilot, and Multi-Disciplinary Centres pilot). The ACT response includes a mobile service where support workers from the Canberra Rape Crisis Centre attend when children report abuse to the police. Centres Against Sexual Assault are closely identified with the Sexual Offences and Child Abuse Investigation Teams in Victoria, and often provide a similar advocacy support role even where they are not co-located with police (Sexual Offences and Child Abuse Investigation Teams are required to notify Centres Against Sexual Assault within two hours for a response). For other jurisdictions, many of them have close ties with equivalent services in their jurisdiction, but support and advocacy providers are not embedded into the statutory response to the same degree as in the ACT and the Victorian Standard Response.

## 7. Integration of therapeutic services

The jurisdictions differed in the degree to which support services were embedded in the response to ensure that children and families receive needed services. Few responses have capacity for referral to onsite support and therapeutic services for children and families; both the Multiagency Investigation & Support Team pilot (WA) and the Multi-Disciplinary Centres pilots (Victoria) provide a specialist support and therapeutic service co-located with the tertiary child protection response. Children seen by the Child Protection Service (SA) at the Adelaide Women and Children's Hospital could also receive a referral to onsite services.

Some jurisdictions provide a facilitated referral to offsite services. In New South Wales this involves a NSW Health worker coordinating therapeutic and other health services. The ACT Wraparound response involves service providers in their case discussions, meaning that support services were closely connected with planning the response. Informally this is also the case in Tasmania. It is also worth noting that cases with ongoing involvement from child protection statutory authorities may include referral to services, potentially as part of an order or plan.

Table 8: Supportive and therapeutic services of state/territory responses to investigations of severe child abuse

Jurisdiction	Provision for mental health services for children	Provision for mental health services for non-abusive caregivers	Forensic medical examinations and medical treatment	Services/supports for cases not substantiated
<b>New South Wales (Co-located Joint Investigation Response Teams)</b>	Facilitated referral <sup>a</sup> to NSW Health Services	Facilitated referral to NSW Health Services	Facilitated referral to medical and/or arrangement of forensic examinations by the senior health practitioner	Facilitated referrals are made regardless of police and Department of Family and Community Services substantiation.
<b>New South Wales (Non-co-located Joint Investigation Response Teams)</b>	Facilitated referral <sup>a</sup> to NSW Health Services	Facilitated referral to NSW Health Services	Facilitated referral to medical and/or arrangement of forensic examinations by the senior health practitioner	Facilitated referrals are made regardless of police and Department of Family and Community Services substantiation.
<b>Victoria (Standard Response)</b>	Facilitated referral to external services, including Centres Against Sexual Assault	Facilitated referral to external services, including Centres Against Sexual Assault	Facilitated referral to the Victorian Institute of Forensic Medicine and Victorian Forensic Paediatric Medical Service	Sexual Offences and Child Abuse Investigation Team and child protection workers will provide referrals (primarily to non-co-located Centres Against Sexual Assault sites).
<b>Victoria (Multi-Disciplinary Centres pilots)</b>	In-house mental health, support and advocacy services	In-house mental health, support and advocacy services	Facilitated referral to the Victorian Institute of Forensic Medicine and Victorian Forensic Paediatric Medical Service	Centres Against Sexual Assault will provide services regardless of substantiation.
<b>Queensland</b>	Facilitated referral through the Police Referrals system Queensland Health to identify and refer to appropriate support services for children and young people Child Safety Services, education, recognised entities and non-government organisations can also make these referrals	Facilitated referral through the Police Referrals System Child Safety Services, education, recognised entities and non-government organisations can also make these referrals	Facilitated referral to undertake medical examinations at a nearby facility by Queensland Health Suspected Child Abuse and Neglect team members	Police Referrals system and Queensland Health will make referrals regardless of substantiation.
<b>Western Australia (Perth-Metro)</b>	Suggested referral to WA Health and NGO services (including Department of Child Protection and Family Support funded Child Sexual Abuse Therapeutic Services)	Suggested referral to WA Health and NGO services (including Department of Child Protection and Family Support funded Child Sexual Abuse Therapeutic Services)	Facilitated referral to Child Protection Unit at Princess Margaret Hospital through strategy meeting	Suggested referral regardless of substantiation—service providers will differ in terms of eligibility requirements for services.
<b>Western Australia (Multiagency Investigation &amp; Support Team pilot)</b>	In-house referral to services and facilitated referral to external services Suggested referral to WA Health and NGO services (including Department of Child Protection and Family Support funded Child Sexual Abuse Therapeutic Services)	In-house referral to services and facilitated referral to external services Suggested referral to WA Health and NGO services (including Department of Child Protection and Family Support funded Child Sexual Abuse Therapeutic Services)	Facilitated referral to Child Protection Unit at Princess Margaret Hospital through strategy meeting	Support service response provided regardless of substantiation.
<b>Western Australia (Regional/Remote)</b>	Suggested referral to WA Health and NGO services (including Department of Child Protection and Family Support funded Child Sexual Abuse Therapeutic Services)	Suggested referral to WA Health and NGO services (including Department of Child Protection and Family Support funded Child Sexual Abuse Therapeutic Services)	Limited regional/remote capacity for forensic medical examinations—facilitated referral to Child Protection Unit at Princess Margaret Hospital	Suggested referral regardless of substantiation. Service providers will differ in terms of eligibility requirements for services.

Table continued over page

Jurisdiction	Provision for mental health services for children	Provision for mental health services for non-abusive caregivers	Forensic medical examinations and medical treatment	Services/supports for cases not substantiated
<b>South Australia</b>	<p>Facilitated referral by Child Protection Service (SA Health). Other agencies should routinely refer to the Child Protection Service to coordinate service. In-house services at Adelaide Women and Children's Hospital.</p> <p>The Department for Child Protection have responsibility for ongoing case management except where the Child Protection Service or the Child and Adolescent Mental Health Service assumes leadership on the case.</p> <p>Suggested referral by SA Police; in some cases, a victim contact officer will make facilitated referrals.</p>	<p>The Child Protection Service also provides facilitated referrals and services to the families of children affected by abuse.</p> <p>The Department for Child Protection provides facilitated referrals for family members.</p>	<p>Facilitated referral to medical treatment and forensic medical examinations at the Child Protection Service through strategy meetings.</p> <p>In some circumstances in country areas, local medical practitioners can undertake a forensic medical assessment but this needs to be decided at the strategy meeting.</p>	<p>The Child Protection Service will still refer children and families to services based on need.</p>
<b>Tasmania</b>	<p>Children and non-abusive caregivers are referred to supportive and therapeutic services by their child safety officer.</p> <p>Suggested referral to the Sexual Assault Support Service or Laurel House depending on area.</p>	<p>Suggested referral to the Sexual Assault Support Service or Laurel House depending on area.</p>	<p>Facilitated referral to North West General Hospital in Burnie, the Launceston General Hospital and the Royal Hobart Hospital. The centres in all three hospitals provide treatment, forensic testing and counselling or access to counselling.</p>	<p>Support service response (Sexual Assault Support Service and Laurel House) provided regardless of substantiation.</p>
<b>Australian Capital Territory</b>	<p>Victim liaison officers (Police) review all sexual assault investigations to ensure a wraparound referral was discussed with the victim/guardian.</p> <p>Facilitated referral to Canberra Rape Crisis Centre and Victim Support ACT through mobile counselling and support. Victim Support ACT includes a network of community service providers.</p>	<p>Victim liaison officers (Police) review all sexual assault investigations to ensure a wraparound referral was discussed with the victim/guardian.</p> <p>Facilitated referral to Canberra Rape Crisis Centre and Victim Support ACT through mobile counselling and support. Victim Support ACT includes a network of community service providers.</p>	<p>Facilitated referral for medical and forensic medical examinations at the Forensic and Medical Sexual Assault Clinic (Canberra Hospital) and the Canberra Rape Crisis Centre</p>	<p>Canberra Rape Crisis Centre provides services regardless of substantiation. Victim Support ACT provides some services without substantiation; criteria for services vary among their network of providers.</p>
<b>Northern Territory</b>	<p>Suggested referral to Sexual Assault Referral Centres (NT Health) and non-government organisation providers (Anglicare funded to provide short-term support/counselling by the <i>Victims of Crime Assistance Act</i>).</p>	<p>Suggested referral to Sexual Assault Referral Centres (NT Health) and non-government organisation providers</p>	<p>Facilitated referral to the Sexual Health and Blood Borne Virus Unit (NT Health)</p>	<p>Suggested referral regardless of substantiation. Sexual Assault Referral Centre (NT Health) accepts referrals regardless of substantiation, criteria for services vary among service providers</p>

**Note:** <sup>a</sup>This table distinguishes between an in-house service, a facilitated referral and a suggested referral. In an in-house service, the support or therapeutic service is provided on the same site. In a facilitated referral, the referrer will contact the service and assist with making the arrangements for the service. In a suggested referral, the referral is simply suggesting an appropriate service for the child or young person and their family.

All jurisdictions have close ties with authorities that conduct forensic medical examinations, although no sites in Australia have this service co-located with the statutory response (i.e., policing and child protection agencies). Although not a co-located response, children seen at the Child Protection Service (SA Health) in South Australia can receive forensic medical examinations at the same site where they are interviewed; and where cases are seen at Adelaide Women and Children’s Hospital they can receive supportive and therapeutic services. In New South Wales, health clinicians arrange for forensic medical examinations at the closest facility. Similarly, in Queensland, Western Australia (Multiagency Investigation & Support Team pilot and Perth-Metro), South Australia, Victoria and the ACT, health agencies are closely involved in the response, participating in case planning and information exchange, allowing for easy access to forensic medical examinations. Regional/Remote WA, Tasmania and the Northern Territory agencies make referrals as needed through informal connections to their state health services. In some states with resources centralised in the state capital (e.g., Western Australia), children can be required to travel long distances to attend a specialist forensic medical examination facility.

Table 9 outlines the child witness protections available in the eight Australian legal jurisdictions (while noting that different arrangements are currently in place in NSW due to the Child Sexual Offence Evidence pilot). The jurisdictions are similar in terms of the state child witness provisions with a range of special conditions. All jurisdictions allow for a recorded interview as the child’s evidence-in-chief and almost all allow for the pre-recording of a cross-examination of children, although the conditions for this differ depending on the age of the child. Pre-recording of the cross-examination was only recently introduced in New South Wales as part of the Child Sexual Evidence Pilot in Newcastle and the Downing Centre in Sydney; in other areas the cross-examination is still by closed-circuit television (CCTV). All jurisdictions provide witness support services, with slight differences in terms of their roles (i.e., whether they provide support or merely advice). New South Wales and South Australia each have a scheme for intermediaries: independent professionals who assess and advise on the capacity of the child to communicate with the court and other professionals.

**Table 9:** Child witness protections of state/territory responses to investigations of severe child abuse

Jurisdiction	Child witness protections
<b>New South Wales</b>	<p>The Witness Assistance Service provides support, court preparation and information about the criminal justice process.</p> <p>Child Sexual Offence Evidence Pilot (Child Abuse Squad Bankstown, Kogarah, Chatswood and Newcastle; Downing Centre [Sydney District]; and Newcastle Courts only). Pre-recorded cross-examination and witness intermediaries (independent workers who facilitate communication between children and the court)</p> <p>Pre-recorded interview as evidence-in-chief (for victims under 16)</p> <p>Cross-examination by CCTV or remote witness video facilities</p> <p>Support persons</p> <p>Closed court</p>
<b>Victoria</b>	<p>The Witness Assistance Service and the Child Witness Service provide support, court preparation and referral to counselling services.</p> <p>Special hearing where child a can provide all their evidence—including cross examination (for victims under 18)</p> <p>If not granted this special witness status, children may be able to use some of the following provisions:</p> <ul style="list-style-type: none"> <li>• giving evidence from another location by CCTV;</li> <li>• using screens in the courtroom to ensure that the accused person is not visible;</li> <li>• allowing a support person to be present when giving evidence; and</li> <li>• closing the courtroom to the general public.</li> </ul>
<b>Queensland</b>	<p>Protect All Children Today provide the Child Witness Support Program—with court preparations and can accompany the child while they give evidence and liaise to arrange support services.</p> <p>Pre-recorded interview as evidence-in-chief (for victims under 18 and special witnesses)</p> <p>Cross-examination by CCTV or remote witness video facilities (ordinarily, the child is not to be called as a witness for cross-examination)</p> <p>Support persons</p> <p>Closed court</p>

Table continued over page

Jurisdiction	Child witness protections
<b>Western Australia</b>	<p>Child Witness Service provides support, court preparation, referral to counselling and information about the criminal justice process.</p> <p>Pre-recorded interview as evidence-in-chief, and pre-recording of cross-examination (for victims under 18)</p> <p>Cross-examination by CCTV or remote witness video facilities</p> <p>Support persons</p> <p>Closed court</p> <p>Court facilities in regional/remote areas vary, although all have CCTV facilities including pre-recording. Workers from Victim Support Services (Department of the Attorney General) provide support where the Child Witness Service do not have workers based within the court.</p>
<b>South Australia</b>	<p>Department of Public Prosecutions provides Witness Assistance Service Officers to attend all proofing sessions with children. These workers provide information, counselling and/or a support person for court proceedings.</p> <p>Children under 14 can be heard at a pre-trial special hearing. The taking of evidence for the hearing can be by CCTV or in another more informal setting, the child can be accompanied by a support person and can be convened for examination, cross-examination and re-examinations.</p>
<b>Tasmania</b>	<p>Victim Support Services provides information, referral to counselling and/or a support person for court proceedings.</p> <p>Recording of the whole of a child's evidence (including cross-examination and re-examination for victims under 18)</p> <p>Audiovisual linking for giving testimony rather than having to be present in court</p> <p>A support person near to the child or special witness</p> <p>Exclusion of persons from the courtroom, specified in a court order</p>
<b>Australian Capital Territory</b>	<p>Sexual Assault Victim Liaison Officer provides information about the progress of the investigation and any criminal proceedings.</p> <p>Pre-recorded interview as evidence-in-chief and pre-recording of cross-examination (for victims under 18)</p> <p>Cross-examination by CCTV or remote witness video facilities</p> <p>Support persons</p>
<b>Northern Territory</b>	<p>Witness Assistance Service provides support, court preparation and referral to counselling services.</p> <p>Child Forensic Interview used as evidence-in-chief and provision for pre-recording of cross-examination (for victims under 18)</p> <p>Use of recorded special hearings for child witness examinations; separate from the courtroom and defendant; and/or CCTV evidence</p> <p>Support person can be present while the child is giving evidence.</p>

## 8. Governance

Jurisdictions differ in the degree to which their response is prescribed and documented in a cross-agency protocol. The Joint Investigation Response Teams have comprehensive documentation detailing the response and the roles and responsibilities for agencies (see Table 10, page 29). Queensland, the NT, Victoria, the ACT, South Australia and the Multiagency Investigation & Support Team pilot response have detailed cross-agency protocols. For the other responses in Western Australia, agencies each have their own documented processes to follow. Tasmania does not have specific policy or protocols for their cross-agency response, but the response operates through informal information-sharing between agencies under a broad memorandum of understanding.

All jurisdictions have processes in place for review and discussion of conflicts and difficulties across agencies. Some jurisdictions hold these as regular review sessions (all NSW, Queensland, Multiagency Investigation & Support Team pilot [WA], ACT, NT), while other jurisdictions identified processes for addressing problems either at the case or policy level (Victoria, SA, Tasmania). Five responses have cross-agency data systems for monitoring the delivery of the case response and for monitoring outcomes from the response. New South Wales, Queensland, Western Australia and the ACT each have shared cross-agency data systems. More informally, the Northern Territory records case outcomes on a shared spreadsheet.

**Table 10:** Governance structures of state/territory responses to investigations of severe child abuse

Jurisdiction	Written cross-agency protocol	Cross-agency review of practice/Cross-agency steering group	Cross-agency performance measurement/Case-tracking database
<b>New South Wales (Co-located Joint Investigation Response Teams)</b>	<p>Joint Investigation Response Teams Memorandum of Understanding<sup>a</sup></p> <p>Joint Investigation Response Teams Criteria</p> <p>Joint Investigation Response Team Referral Unit Process Guidelines</p> <p>Joint Investigation Response Team Local Planning and Response Procedures</p>	<p>Joint Investigation Response Team Statewide Management Group (every two months)— NSW Police, Family and Community Services NSW, NSW Health</p> <p>Local Management Group (every two months)— NSW Police, Family and Community Services NSW, NSW Health</p>	<p><b>Yes</b></p> <p>JIRT Track includes details of activities and decisions of Joint Investigation Response Team staff, details of the current report, if the case is open to Family and Community Services NSW, any child protection history, relevant police information, past or present disclosures of harm to NSW Health staff, details of referrals to appropriate medical and/or support services.</p>
<b>New South Wales (Non-co-located Joint Investigation Response Teams)</b>	<p>Joint Investigation Response Teams Memorandum of Understanding<sup>a</sup></p> <p>Joint Investigation Response Teams Criteria</p> <p>Joint Investigation Response Team Referral Unit Process Guidelines</p> <p>Joint Investigation Response Team Local Planning and Response Procedures</p>	<p>Joint Investigation Response Team Statewide Management Group (every two months)— NSW Police, Family and Community Services NSW, NSW Health</p> <p>Local Management Group (every two months)— NSW Police, Family and Community Services NSW, NSW Health</p>	<p><b>Yes</b></p> <p>JIRT Track includes details of activities and decisions of Joint Investigation Response Team staff, details of the current report, if the case is open to Family and Community Services NSW, any child protection history, relevant police information, past or present disclosures of harm to NSW Health staff, details of referrals to appropriate medical and/or support services.</p>
<b>Victoria (Standard Response)</b>	<p>Protocol between Department of Human Services—Child Protection and Victoria Police</p>	<p>Level 1—District/Regional level</p> <p>Level 2—Child Protection or Children Youth and Families Manager and Victoria Police Local Area Commander</p> <p>Policy/Statewide significance—Child Protection and Family Services Branch, and/or the officer in charge of the Sexual Offences and Child Abuse</p> <p>Investigation Team Project Team</p>	<p><b>No</b></p>
<b>Victoria (Multi-Disciplinary Centres pilots)</b>	<p>Protocol between Department of Human Services—Child Protection and Victoria Police</p>	<p>Level 1—District/Regional level</p> <p>Level 2—Child Protection or Children Youth and Families Manager and Victoria Police Local Area Commander</p> <p>Policy/Statewide significance—Child Protection and Family Services Branch, and/or the Officer in Charge of the Sexual Offences and Child Abuse Investigation Team Project Team</p>	<p><b>No</b></p>

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Jurisdiction	Written cross-agency protocol	Cross-agency review of practice/Cross-agency steering group	Cross-agency performance measurement/Case-tracking database
<b>Queensland</b>	Information coordination meetings and the Suspected Child Abuse and Neglect Team System manual <sup>b</sup>	<i>Partnership in Action: A shared vision for the SCAN Team System</i> (2008) outlines the agreement and commitment made by each agency to a refocused model (current model) of the Suspected Child Abuse and Neglect team service delivery.  The governance for the Suspected Child Abuse and Neglect team system was previously provided by the Child Safety Directors Network, which is no longer operational. The broader governance was being revised at the time of the comparison.	<b>Yes</b>  Integrated client management system  The QLD Suspected Child Abuse and Neglect system has been reviewed a number of times, including: <i>2001 external review</i> —resulting in 22 recommendations; <i>2004 CMC report Protecting Children: An Inquiry into the Abuse of Children in Foster Care</i> —the SCAN team system was enshrined in legislation in response to this enquiry; <i>2005 multiagency review of the SCAN Pilot System</i> ; <i>2007–2008 SCAN System Review by the Child Safety Directors Network</i> —resulted in the “refocused SCAN system model” (the current model); Queensland Child Protection Commission of Inquiry (QCPCOI).
<b>Western Australia</b>	Separate agency policies supported by Memorandum Of Understandings	Informal interagency review	<b>Yes</b>  Sexual Assault Management and Referral Tracking System
<b>Western Australia (Multiagency Investigation &amp; Support Team pilot)</b>	Standard Operating Procedure Manual	Multiagency Investigation & Support Team review meetings (quarterly)  Multiagency Investigation & Support Team oversight meetings (occasional)	<b>Yes</b>  Sexual Assault Management and Referral Tracking System
<b>Western Australia (Regional/Remote)</b>	Separate agency policies supported by Memorandum Of Understandings	Informal interagency review	<b>No</b>
<b>South Australia</b>	Interagency Code of Practice: Investigation of Suspected Child Abuse or Neglect (July 2016 document)	Dispute resolution process outlines individual workers taking the initiative to resolve issues; it can then be elevated to supervisors/managers; to the Senior Officers group, Care and Protection; or to the Council for the Care of Children.	<b>No</b>
<b>Tasmania</b>	Memorandum of Understanding between Police and Child Safety	Child protection manager and detective inspector for the area to resolve any disputes around the Memorandum of Understanding  No cross-agency steering group	<b>No</b>
<b>Australian Capital Territory</b>	Memorandum of Understanding between Wraparound Agencies and Wraparound Charter  Memorandum of Understanding between Sexual Assault and Child Abuse Team and the Canberra Rape Crisis Centre	Wraparound Reference Group (as needed)  Sexual Assault Reform Program Reference Group (quarterly)	<b>Yes</b>  Cross-Agency Wraparound Database

Table continued over page

Jurisdiction	Written cross-agency protocol	Cross-agency review of practice/Cross-agency steering group	Cross-agency performance measurement/Case-tracking database
<b>Northern Territory</b>	<p>Protocol between Department of Health and Community Services and the Northern Territory Police—Guidelines and Procedures for a Co-ordinated Response to Child Maltreatment in the Northern Territory</p> <p>Memorandum of Understanding between the NT Police and Territory Families</p> <p>Memorandum of Understanding between the Department of Health, the Department of Education and Training and the NT Police</p>	<p>Interdepartmental Child Protection Policy and Planning Working Group (frequency unknown)</p> <p>Child Abuse Taskforce Senior Management Meeting (fortnightly)</p> <p>Area Child Protection Policy and Planning Working Group (frequency unknown)</p>	<p><b>Yes</b></p> <p>Cross-agency outcomes currently recorded in an Excel spreadsheet</p>

**Notes:** <sup>a</sup>The Joint Investigative Response Team's Memorandum of Understanding is under review and may be revised as a part of the current review of the Joint Investigative Response Team by the NSW Ombudsman's Office. <sup>b</sup>Policy and practices in Queensland are currently under review and may be subject to change.

## Conclusion

This paper outlines some of the differences between cross-agency responses to severe child abuse in Australian jurisdictions, separated out into 12 distinct responses within the eight Australian legal jurisdictions. These responses differ in the degree of co-location and integration of agencies, the connection between the investigation and support/treatment response, and the degree to which the response is de-centralised.

## Areas for research and policy development

It is hoped that this paper will prompt discussion within and between jurisdictions about the arrangements in place to support cross-agency and inter-agency responses to severe abuse, and the need for ongoing research and evaluation into these systems. We note that there has been limited comparative research and evaluation in Australia, and that system responses change quickly, limiting the opportunity for evidence-based policy development.

Overall, there is a need to evaluate the outcomes of existing system responses in Australian jurisdictions. This would ideally include undertaking work to clarify the operation and assumptions of responses across agencies, and to identify key outcomes to be monitored. Monitoring agreed cross-agency outcomes presents an opportunity to obtain a baseline for when new initiatives are implemented (e.g., witness intermediaries in NSW), as well as measuring performance over time. The measurement of key outcomes across agencies may also serve to break down the pre-occupation with individual agency performance and highlight overall system functioning and the impact of this system on agencies, children and families. There may also be some value in exploring a set of quality and outcome measures that could be applied in any jurisdiction, including those without arrangements for cross-agency responses.

The effect of advocacy and built-in therapeutic services is still not well-researched internationally, particularly in terms of their impact on the uptake of services and how they may influence the criminal justice or child protection process. A related issue is that models that rely upon referral to externally provided therapeutic services rely upon those services providing a high-quality evidence-based response for the referred aspects of their model to be effective.

Ultimately, the quality of a cross-agency response depends on how the workers operate within the frameworks they have. A comprehensive policy framework needs to build in measures that enhance the capacity of these workers, and recognise the challenging environment they operate in.

## Areas for consideration in enhancing responses

The introduction highlighted a number of characteristics of multi-disciplinary teams that, based on the existing literature, seem to be associated with a more effective response across domains (i.e., criminal justice, child protection and therapeutic). This comparison suggests that Australian jurisdictions have many of these characteristics.

While research suggests that a planned cross-agency response is effective compared to an unplanned response (Herbert & Bromfield, 2016, 2017a), there is limited research comparing different types of cross-agency responses in improving children's safety, prosecuting offenders and addressing the effects of abuse experienced by children and their non-abusive family members (Herbert & Bromfield, 2017a). This means there is a limited basis on which to recommend characteristics or components as a strategy to improve responses. While recommending further research and policy development in this area, the authors would like to highlight four key areas for consideration to enhance responses. These issues have broader application to informing the planning and provision of other interventions in which multiple disciplines or agencies are involved in the response.

### 1. Integration of supportive and therapeutic services

For many of the responses, a key aspect missing was specific resourcing in place to address the distress, uncertainty and trauma experienced by children and their families. We note that in every jurisdiction there are specialist services and advocacy organisations; however, the degree to which these independent services are built into the response varied. Further research is needed to unpack the role and better understand the impact of built-in advocacy and support services. The integration and resourcing of services to ameliorate the effects of abuse appear to increase the likelihood of children and families receiving timely referrals to therapeutic and support services to reduce the impacts of abuse.

### 2. Co-location of workers

While co-location is by no means a panacea to improving cross-agency collaboration, sharing working space (or otherwise working nearby) and meeting regularly appear to be important to working effectively across agencies. Building individual rapport between workers, understanding and respect for each other's work, and quicker and easier discussion and information exchange all may play a part in improving responses and seem likely to be enabled by co-location.

### 3. Systematised mechanisms for case planning and review

Having requirements for the frequency, timing and nature of case planning between agencies seems to be an important part of ensuring that these points of contacts between agencies are used effectively. Having these interactions run more informally may cause problems between agencies in getting all the information needed and involving workers from other agencies that may have other imperatives.

### 4. Governance structures

A clear cross-agency protocol, a structure to help manage the response across agencies and ownership from constituent agencies are important parts of a cross-agency response. Without a clear understanding of the process and the roles of individuals, there may be cross-agency conflict. Without a means of managing or responding to conflict across agencies, a breakdown in teams and process can evolve. Without consistent buy-in from constituent agencies, adherence to agreed processes may be subject to the personalities of individual workers.

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