

MEDIA RELEASE**27 June 2019****Referral processes for the support of vulnerable children**

Auditor-General, Mr Michael Harris, today presented a report on **Referral processes for the support of vulnerable children** to the Speaker for tabling in the ACT Legislative Assembly.

Mr Harris says ‘a sizeable proportion of children in the ACT, approximately 10.0 percent in 2018, are not receiving a universal first ‘home’ visit from the Maternal and Child Health service and there is poor take-up of free health and development checks offered by the Maternal and Child Health service for children up to the age of four’.

‘While this does not mean that mothers and children are not receiving appropriate health care, this represents a missed opportunity for ACT Government agencies to engage with these children and their families, some of whom are likely to have vulnerabilities and who would benefit from attention from the Maternal and Child Health service or referral to another program or service’.

The audit found that once a universal family support service such as the Maternal and Child Health service, the Child and Family Centres or the Child Development Service engages with a child or their family there is evidence of a range of services and supports put in place for the child and the family to address their specific needs and vulnerabilities. All universal family support services demonstrated linkages with, and referrals to, a range of other programs and services, including those offered by ACT Government agencies and those offered by external providers such as community organisations.

Mr Harris says ‘referral processes from the universal early family support services could be strengthened by better, more comprehensive administrative and procedural guidance for staff and practitioners, particularly with respect to practical, administrative guidance for staff on processes for referrals to other programs and services’.

The summary of the **Referral processes for the support of vulnerable children** audit, with audit conclusions, key findings and six recommendations are attached to this media release.

Copies of **Referral processes for the support of vulnerable children: Report No. 07/2019** are available from the ACT Audit Office’s website www.audit.act.gov.au . If you need assistance accessing the report please phone 6207 0833 or go to 11 Moore Street, Canberra City.

SUMMARY

Experiences from birth to five years play an important part in shaping the health, wellbeing and development of a child and the adult they become. The importance of early childhood services, and the benefits for the individual as well as the broader community, is well recognised. For example, the *2015 Australian Early Development Census – Results for the ACT* (2016) report notes ‘Research has shown that investing time, effort and resources in the early years of a child’s life has significant impacts on their behaviours, learning, health and wellbeing, as they transition from childhood to adulthood’.¹

It is particularly important to have effective processes in place to identify children who are vulnerable and to enable appropriate support to be provided to address their developmental and other needs. ACT Government agencies offer a range of programs and services to children and their families. These range from universal early services that provide early family support, such as regular developmental checks for babies and young children, to targeted and more intensive support for children and their families with identified developmental and other needs.

This audit considered universal early family support services provided by the Community Services Directorate and Canberra Health Services and their linkages to more targeted services and interventions.

Conclusions

UNIVERSAL EARLY FAMILY SUPPORT SERVICES

Universal early family support services such as the Maternal and Child Health service, Child and Family Centres and Child Development Service are an opportunity for ACT Government agencies to identify potentially vulnerable children and their families and their needs for support. They offer a non-stigmatised, non-judgmental service to all children and families, through a universal platform, from which the specific needs of vulnerable children and their families may be identified and addressed through referrals to other programs and services.

The Maternal and Child Health service in particular offers one of the best and most accessible universal contact points for families during pregnancy and birth. Maternal and Child Health nurses are significantly experienced in providing health care to mothers and children, including identifying their needs and vulnerabilities and identifying programs and services that may be of benefit and use to mothers and children. However, a sizeable proportion of children in the ACT, approximately 10.0 percent in 2018, are not receiving a universal first ‘home’ visit from the Maternal and Child Health service and there is poor take-up of free health and development checks offered by the Maternal and Child Health service for children up to the age of four. While this does not mean that mothers and children are not receiving appropriate health care, this represents a missed opportunity for ACT Government agencies to engage with these children and their families, some

¹ ACT Government, *2015 Australian Early Development Census – Results for the ACT*, 2016, page 6.

of whom are likely to have vulnerabilities and who would benefit from attention from the Maternal and Child Health service or referral to another program or service.

REFERRALS FROM UNIVERSAL EARLY FAMILY SUPPORT SERVICES

Once a universal family support service such as the Maternal and Child Health service, the Child and Family Centres or the Child Development Service engages with a child or their family there is evidence of a range of services and supports put in place for the child and the family to address their specific needs and vulnerabilities. All universal family support services demonstrated linkages with, and referrals to, a range of other programs and services, including those offered by ACT Government agencies and those offered by external providers such as community organisations. However, referral processes from the universal early family support services could be strengthened by better, more comprehensive administrative and procedural guidance for staff and practitioners, particularly with respect to practical, administrative guidance for staff on processes for referrals to other programs and services.

MONITORING AND REPORTING

There is an opportunity to improve public reporting and accountability for the delivery of services to vulnerable children and their families. Neither Canberra Health Services or the Community Services Directorate has Strategic Indicators or Accountability Indicators that provide meaningful information on the effectiveness of programs and services to vulnerable children and their families. A cross-agency performance and accountability framework, which was identified as a key activity associated with the *Human Services Blueprint* (2014) was intended to ‘promote shared responsibility and accountability across the system for joined up responses, whilst ensuring ongoing and simultaneous improvements’. This has not been progressed as envisaged and there has been no framework for planning and accountability across ACT Government agencies for the delivery of services to vulnerable children and their families (although a draft framework is expected to be prepared by June 2019).

Key findings

UNIVERSAL EARLY FAMILY SUPPORT SERVICES

Paragraph

The Maternal and Child Health service seeks to provide a universal first ‘home’ visit to all babies born in the ACT with a registered ACT address. The universal home visit provides an opportunity for Maternal and Child Health nurses to identify a child (and family) that may have vulnerabilities and to refer them to appropriate support services. It is intended to occur between one to four weeks after the birth of a child and is a significant opportunity to introduce new mothers (and their children) to maternal and child health services specifically, and ACT Government services generally. It is voluntary for mothers to participate. Analysis of attendance at Maternal and Child Health service universal home visits shows in 2018 up to 468 children born in the ACT with a registered ACT address did not attend the universal

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home visit offered by the Maternal and Child Health service (10.0 percent of all children born in the ACT with a registered ACT address). This may be for a variety of reasons and may be a significant missed opportunity to engage with these children and their families.

The Maternal and Child Health service offers health and development checks for children. The health and development checks seek to monitor children's growth and facilitate early intervention and treatment as necessary. Following the universal first 'home' visit, a further eight health and development checks are offered at intervals up to four years old. Analysis of the proportion of ACT children undergoing health and development checks in 2017 and 2018 shows for each year there was generally decreasing take-up by ACT children at developmental checks as they age and between 2017 and 2018 the proportion of children attending comparable developmental checks has declined. Children (and their mothers) may be receiving health care through general practitioners or other community-based health services. However, this cannot be assured with any certainty. The decreasing take-up of developmental checks removes an opportunity for Maternal and Child Health nurses, who have a depth and breadth of experience in the provision of health care to mothers and children, to identify emerging developmental or other concerns, or to provide advice on available supports.

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The Maternal and Child Health service provides immunisation services to ACT children according to the National Immunisation Schedule. In 2018 the average number of occasions of service associated with the immunisation clinics offered by the Maternal and Child Health service was 1,175, which was an increase of 24.4 percent over the average number of occasions of service for 2017. The Canberra Health Services advised that the introduction of the childhood influenza vaccine in 2018 was a contributing factor to the significantly higher occasions of service during the April to August period. Immunisation services offered by the Maternal and Child Health service potentially offer another opportunity for contact between the Maternal and Child Health service and children and their families, although this is diminished by the use of non-Maternal and Child Health nurses to provide the immunisations and because the Maternal and Child Health service is only funded to immunise 40 percent of the eligible population. Nevertheless, offering an immunisation service at a Child Health Clinic or Child and Family Centre provides an opportunity for ongoing engagement with families and carers.

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The Maternal and Child Health service offers drop-in clinics and booked clinics to children and their mothers. Drop-in clinics are intended to be casual and available for 'brief visits between booked appointments' while booked clinics are intended to offer more detailed support. In 2018 the monthly average number of occasions of service associated with the clinics offered by the Maternal and Child Health service was 1,689, which was a decrease of 8.6 percent from the monthly average number of occasions of service for 2017. The number of occasions of service for clinics is

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generally trending down, although it is apparent that there is some variability from month to month. Drop-in clinics and booked clinics offered by the Maternal and Child Health service offer a useful opportunity for contact between the Maternal and Child Health service and children and their families, including those who may be potentially vulnerable.

The Maternal and Child Health service offers a range of group sessions for more intensive support to mothers and their children, including the Early Days Group, Sleep Group and New Parents Support Group. These group sessions offer more detailed, ongoing support depending on the needs of the family. There has been a significant increase in the number of occasions of service for the Early Days Groups, from a monthly average of 90 in 2017 to 107 in 2018 (an increase of 15.8 percent). However, the number of occasions of service for the Sleep Groups and New Parents Support Groups is generally declining over time: the monthly average number of occasions of service for Sleep Groups in 2018 was 45 (a decrease of 4.4 percent compared to 2017); and the monthly average number of occasions of service for New Parents Groups in 2018 was 280 (a decrease of 13.3 percent compared to 2017). The group sessions offered by the Maternal and Child Health service offer a useful opportunity for contact between the Maternal and Child Health service and children and their families, including those who may be potentially vulnerable.

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The Child and Family Centres provide a 'one stop shop' for families with young children to promote the Community Services Directorate's approach to providing culturally safe, inclusive and non-stigmatising services and supports. The number of occasions of service provided by the Child and Family Centres has steadily increased in the three years to 2017-18, with a total of 9,863 occasions of service reported in 2017-18 (an increase of 14 percent over 2016-17). In 2018 each of the three Child and Family Centres reported having an average of 75 active cases, although this varied across the centres, ranging from 94 at Gungahlin to 55 at West Belconnen.

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A review of Child and Family Centre files shows that the Centres routinely documented the source of referral to the Centre, i.e. the initial catalyst for attendance. In just over half of the files examined, clients attended on their own initiative, i.e. self-referral. It is noted, however, that although a number of intake forms indicated self-referral this was often on the recommendation of a Maternal and Child Health nurse or other health professional, such as those involved in perinatal services at hospitals. The other files explicitly acknowledged and documented a range of other sources of referrals, including the Maternal and Child Health service and the Child and Youth Protection Service. This demonstrates that there is a knowledge and awareness of the Child and Family Centres and their services across a range of government and non-government agencies and services.

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The Child Development Service offers 'assessment, referral, information and linkages for children 0-6 years where there are concerns relating to their development'. This

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includes a range of one-on-one programs and services as well as group sessions for parents and children. In 2018 a total of 1,577 new referrals were received by the Child Development Service, with an average of 117 per month. The average number of Child Development Service cases that remained open each month in 2018 was 1,404. The average number of Child Development Service cases that remained open each month has been trending upwards.

An important activity of the Child Development Service is undertaking assessments of children who may be suspected of having Autism Spectrum Disorder. The Child Development Service offers a comprehensive, multidisciplinary autism assessment service that includes the use of interviews, diagnostic assessment tools and observations of the child in a natural social setting. In 2018 the monthly maximum wait times for Autism Spectrum Disorder diagnostic assessments ranged between nine and twelve months, although there has been a decrease in the number of children waiting for an Autism Spectrum Disorder diagnostic assessment, from 133 in January 2018 to between 90 and 97 between September and December 2018. Delays in receiving an Autism Spectrum Disorder assessment, particularly at such an important and evolving stage of development in a child's life, presents a risk to the development of the child and the opportunity to provide appropriate interventions and supports. The Community Services Directorate is in the process of purchasing private psychology services to assist with Autism Spectrum Disorder assessments on behalf of the Child Development Service. It is expected that this will assist in addressing wait times and delays in receiving assessments.

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A review of Child Development Service files shows that sources of referrals are routinely documented, i.e. the initial catalyst for attendance. For seven of the ten files, the source of the referral was identified as a self-referral by the parent or carer, usually at a Child Development Service drop-in clinic. In three of these files, however, it was apparent that the self-referral followed consultation with other services, including the Maternal and Child Health service in two instances. In three other instances there were explicit and documented referrals from the Winnunga Nimmityjah Aboriginal Health Service, a Child and Family Centre and a hospital physiotherapist. This demonstrates that there is a knowledge and awareness of the Child Development Service and its services across a range of government and non-government agencies and services.

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REFERRALS FROM UNIVERSAL EARLY FAMILY SUPPORT SERVICES

Paragraph

The Maternal and Child Health service has developed a series of policy and procedural guidance documents that provide information on the model of care and clinical practices to be followed for services to children and their mothers. These documents also provide comprehensive information on the programs and services that are offered through the Maternal and Child Health service, as well as eligibility criteria and requirements for these services. Collectively the documents provide comprehensive clinical guidance to Maternal and Child Health nurses to identify

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potentially vulnerable children and their families. There is, however, little practical administrative guidance for Maternal and Child Health nurses for processes for referrals to other programs and services, including:

- communication protocols with other programs and services, particularly external agencies; and
- procedures for follow-up of referrals, including procedures to identify whether and how a client had actually attended the other program or service, and actions to be taken if the client did not.

A review of 26 Maternal and Child Health service files showed that mothers (and their children) received a wide range of services through the initial contact and communication with the Maternal and Child Health service. The average number of occasions of service was ten, with the number of occasions of service ranging between one and 28 across the files reviewed. Five children were referred to other programs and services within the Maternal and Child Health service, including Sleep Groups and Early Days Groups. Eighteen children were referred to a range of other programs and services including the Women, Youth and Children Nutrition Service and general practitioners. When a referral was made to another Canberra Health Services service, including the Women, Youth and Children Nutrition Service or Physiotherapy Drop in Service, and the Child Development Service, the results of the referral were communicated to the Maternal and Child Health service and put on the client file with the consent of the parent. When Maternal and Child Health nurses referred clients to external programs and services (for example, to a paediatrician or to the Queen Elizabeth II Family Centre) the result of the referral was not included on the client file unless the parent provided the information during a subsequent Maternal and Child Health visit. The Maternal and Child Health service does not routinely follow-up or seek information on whether the referral was followed-through. This contributes to a lack of available follow up information for Maternal and Child Health nurses.

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There are two Maternal and Child Health service programs that provide more intensive support for vulnerable children and families in the ACT: the Parenting Enhancement Program, which is operated by the Maternal and Child Health service; and the Integrated Multi-agencies for Parent and Children Together Program (IMPACT), which is operated by the Maternal and Child Health service, but includes professionals from other business units and services to provide a multi-disciplinary approach to care. In 2018 there was a total of 5,834 occasions of service reported for both of these programs (a decrease of 12.5 percent compared to 2017) with an average of 485 occasions of service for each month. The programs are an example of enhanced parenting support provided to vulnerable families and children.

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The Community Services Directorate has developed policy and procedural guidance documents for staff that provide information on the model of care and clinical practices to be followed for services to children and families. Collectively the documents provide clinical guidance to Child and Family Centre staff to provide

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escalating support to children and families, including those that are potentially vulnerable. There is, however, little practical administrative guidance for Child and Family Centre staff with respect to processes for referrals to other programs and services, including:

- communication protocols with other programs and services, particularly external agencies; and
- procedures for follow-up of referrals, including procedures to identify whether and how a client had actually attended the other program or service, and actions to be taken if the client did not.

The Community Services Directorate has commenced a project to develop an *Integrated Management System* for the Child Development Service and the Child and Family Centres. A key deliverable associated with the *Integrated Management System* is expected to be a complete set of policies, procedures and related resources, available for use and reference of Child and Family Centre and Child Development Service staff through an 'electronic portal'. 3.59

A review of 62 Child and Family Centre files showed that a number of families and their children were referred to a wide range of programs and services following attendance at the Child and Family Centre. These included programs and services offered by other ACT Government services, including the Maternal and Child Health service and Child Development Service, and programs or services offered through other community organisations and groups. The referrals demonstrate that the Child and Family Centres are linking clients, including potentially vulnerable families and children, with a range of services suitable and appropriate to their needs. 3.72

In September 2017 a Memorandum of Understanding was agreed between the Community Services Directorate and former Health Directorate to support the commitment and aims of the Child and Family Centres. The Memorandum of Understanding provides a framework of principles for the delivery of services through the Child and Family Centres, as well as detailed information and guidance on administrative and operational matters associated with the co-location of the services. The development and implementation of the Memorandum of Understanding is a useful mechanism to improve administrative effectiveness and service delivery between the agencies. The Memorandum of Understanding provides for key senior executives from the two agencies to meet every six months for the purpose of strategically planning for service delivery at the Child and Family Centres and for quarterly reviews of the arrangement between the relevant Child and Family Centre Manager and the local Maternal and Child Health service Clinical Nurse Manager. The key senior executives from the two agencies have not formally met as required by the Memorandum of Understanding, nor is there visibility at an organisational level of any quarterly meetings that were to occur at a local level. The Audit Office was advised in May 2019 that six-monthly meetings dedicated to the Memorandum of Understanding and its implementation have now been scheduled. 3.90

MONITORING AND REPORTING

Paragraph

The Community Services Directorate has one Strategic Indicator and five Accountability Indicators of relevance to early support services for vulnerable children and families. The Strategic Indicator and Accountability Indicators are primarily activity-based; they provide information on the number of occasions of service that were provided, but do not provide information on the effectiveness of those services as measured by outcomes for children and their families, particularly those that are vulnerable. Publicly reported indicators that demonstrate effectiveness as well as activity would provide better accountability for an important component of the Community Services Directorate's delivery of early support services for vulnerable children and their families.

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Canberra Health Services does not have Strategic Indicators or Accountability Indicators of relevance to the effectiveness of services and initiatives of Canberra Health Services for children and their families, including those that may be identified as vulnerable. Publicly reported indicators that demonstrate effectiveness would provide better accountability for an important component of the Canberra Health Services' service delivery.

4.10

The *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* (February 2019) includes a series of Action Plans developed around core and significant focus areas, one of which is *Children and Young People*. Associated with the outcome of 'Aboriginal and Torres Strait Islander children and young people growing up safely in their families and communities' are a series of targets, some of which are directly relevant to early support services offered by ACT Government agencies. These are a useful development in providing public accountability and reporting on ACT Government agencies' services to Aboriginal and Torres Strait Islander children, some of whom may be identified as vulnerable.

4.14

In support of its *Community Services Directorate Business Plan 2017-18* the Community Services Directorate developed a series of Business Plan Outcomes and Indicators, which sought to provide information on early family support services provided through the Child and Family Centres and Child Development Service. This represented an attempt to provide more useful information on Child and Family Centre and Child Development Service programs and services to vulnerable families and children. The practice has been discontinued in 2018-19, but the Community Services Directorate advised that following the release of the *Empowering People: CSD Strategic Plan 2018-2028*, a Strategic Plan Integrated Planning Framework (for reporting outcomes) was in the process of being developed, including revised divisional plans. The Framework is intended to combine the directorate's strategic, organisational and division level planning to achieve the seven core outcomes of the Strategic Plan. If the Strategic Plan Integrated Planning Framework is implemented effectively, and useful and relevant Outcomes and Indicators are developed, it is

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expected to improve ongoing monitoring and reporting of programs and services to vulnerable children and their families.

Monthly reports on the activities of the Child and Family Centres and Child Development Service are prepared. The reports follow a consistent format, and provide information on a range of operational matters including case loads, numbers of group programs and a range of administrative matters including staffing movements and corporate governance arrangements. The monthly reports are primarily activity-based; they provide quantitative information on programs and services and sessions, but very little qualitative information on the effectiveness of service delivery for clients. The Community Services Directorate advised that the purpose of the reports is 'to provide an information snapshot and for discussions with managers' and 'the reports are a snapshot/at a glance reporting tool and not intended to be a comprehensive evaluation of the service outcomes. The monthly reports do not provide, on a regular and ongoing basis, information on the linkages between the Child and Family Centres and Child Development Service and other programs and services, including:

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- sources of referrals to the services;
- other programs and services to which clients have been referred; and
- any outcomes that have been achieved for clients, including vulnerable children and families.

The Maternal and Child Health service prepares monthly reports on its programs and services including occasions of service for: Maternal and Child Health clinics; immunisation clinics; outreach clinics (including attendance at Canberra College Cares); New Parent Groups, Sleep Groups and Early Days Groups; and Parenting Enhancement Program / IMPACT Program services. The monthly reports report separately on occasions of service provided by the different Maternal and Child Health service teams across the ACT and also provide information on waiting times and the number of non-attendances at key Maternal and Child service activities. The reports are informative and are used to inform program management and service delivery, but provide little information on the effectiveness of service delivery for clients.

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The *Human Services Blueprint* (2014) identified an intention to develop a *Human Services Blueprint Accountability Framework* 'as a key accountability measure to support improved outcomes and ongoing improvement'. It noted that it would 'be essential in monitoring what we do differently and better, and how we know this effort has made a difference to Canberrans'. It was envisaged that the *Human Services Blueprint Accountability Framework* would 'promote shared responsibility and accountability across the system for joined up responses, whilst ensuring ongoing and simultaneous improvements'. The *Human Services Blueprint Accountability Framework* was not implemented as expected and there is currently

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no framework for planning and accountability across ACT Government agencies for the delivery of services to vulnerable families and children.

Between 2015 and 2018 an *Early Intervention by Design* project was progressed through the Human Services Cluster. In July 2018 an *Early Investment for the ACT: Directions from stakeholders* report was produced by a consultant for the purpose of the project. The report identified a series of actions and initiatives, which were intended to be implemented under five 'core domains'. The first key action to be undertaken was 'further development of an agreed **outcomes** framework to guide coherent action across the sectors'. The implementation of a performance and accountability framework across directorates, as initially envisaged in the *Human Services Blueprint (2014)*, would assist in monitoring and reporting on cross-agency service delivery to vulnerable children and families. The development and implementation of such a framework should be implemented as a priority to guide directorate-specific and cross-agency policy development and program management and decision-making. The Community Services Directorate advised that it intends to complete a draft outcomes framework by 1 July 2019, which is to be 'further tested with the community and rolled out across services'. The Community Services Directorate has since progressed the *Early Intervention by Design* project as the *Early Support: Changing Systems, Changing Lives* initiative (the Initiative) and has developed a ten-year roadmap (to 2028-29) for a series of reforms across the human services system.

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Recommendations

RECOMMENDATION 1 UNIVERSAL FIRST HOME VISIT

Canberra Health Services should identify opportunities to improve take-up of the universal first 'home' visit offered by the Maternal and Child Health service by:

- a) improving communication and coordination with maternity services and privately practising midwives in the ACT to promote the referral of babies born with a registered ACT address to the Maternal and Child Health service. This could also be through earlier ante-natal engagement or engagement at the hospital; and
- b) seeking information on, and analysing, reasons for non take-up in order to identify and remove any potential barriers to accessing the service.

RECOMMENDATION 2 HEALTH AND DEVELOPMENT CHECKS

Canberra Health Services should identify opportunities to improve take-up of the health and development checks offered by the Maternal and Child Health service by seeking and analysing reasons for non take-up in order to identify and remove any potential barriers to accessing the service.

RECOMMENDATION 3 ADMINISTRATIVE GUIDANCE

Canberra Health Services should develop administrative and procedural guidance for the Maternal and Child Health service for the referral of children and their families to other programs and services, including:

- a) communication protocols with other programs and services, particularly external agencies; and
- b) guidance for follow-up of referrals, including mechanisms to identify the take up rate of referrals and ongoing service response.

RECOMMENDATION 4 ADMINISTRATIVE GUIDANCE

As part of its development of an Integrated Management System for the Child Development Service and the Child and Family Centres, the Community Services Directorate should develop administrative and procedural guidance for the referral of children and their families to other programs and services, including:

- a) communication protocols with other programs and services, particularly external agencies; and
- b) guidance for follow-up of referrals, including mechanisms to identify the take up rate of referrals and ongoing service response.

RECOMMENDATION 5 STRENGTHENING SERVICE PLANNING

In order to improve program management and service delivery, and the collection of data and needs analysis information that informs strategic and systemic planning, the Canberra Health Services and the Community Services Directorate should regularly report on:

- a) identifying gaps in service pathways for clients and how these are being addressed;
- b) unmet need, where there is limited service capacity to provide timely responses to children and their families; and
- c) any emerging trends in referral patterns which may indicate changes to need, and/or which could be indicate of areas where additional early support capacity would be beneficial.

RECOMMENDATION 6 CROSS-AGENCY PERFORMANCE AND ACCOUNTABILITY FRAMEWORK

In order to improve cross-agency planning and delivery of services to vulnerable children and their families, the Community Services Directorate, as the lead agency for the *Early Support: Changing Systems, Changing Lives* initiative, should develop and implement a cross-agency performance and accountability framework that identifies:

- a) outcomes sought for vulnerable children and their families, including key strategic indicators of effectiveness in the delivery of the outcomes; and
- b) a mechanism by which:
 - i) agencies' individual contributions to the outcomes that are sought are identified; and
 - ii) agencies' individual contributions are regularly and publicly monitored and reported against.

Agency response

In accordance with subsection 18(2) of the *Auditor-General Act 1996*, Canberra Health Services, the Community Services Directorate and the Chief Minister, Treasury and Economic Development Directorate were provided with:

- a draft proposed report for comment. All comments are considered and required changes reflected in the final proposed report; and
- a final proposed report for further comment.

In accordance with subsection 18(3) of the *Auditor-General Act 1996* the Education Directorate were provided with extracts of the draft proposed report for comment.

Community Services Directorate response

The provision of support to vulnerable children and families is a key component of the work of Community Services Directorate and the broader human services system.

CSD welcomes the audit into the effectiveness of Referral processes for the support of vulnerable children as an opportunity to improve and further enhance how vulnerable children and families access support and assistance. I appreciate the extent to which the Audit Office has sought to understand the business of CSD and take into consideration the feedback and comments provided by CSD throughout the Audit process.

