

18 March 2016

Mr Lee Evans MP  
Chair  
Committee on the Office of the Ombudsman, Police Integrity Commission  
and the Crime Commission  
Parliament of NSW  
Macquarie Street  
SYDNEY NSW 2000

Dear Mr Evans

**Answers to questions on notice**

I am writing in response to Ms Dora Oravecz's letter of 4 March 2016, requesting my response to questions on notice following the general meeting on 3 March 2016. The following are my answers to those questions.

**Question 1: Operation Prospect funding**

**The Hon. ADAM SEARLE:** I know your office was given a particular budget for this process, I think under your predecessor. Are you able to inform us as to the cost of the Operation Prospect matter conducted by your office?

**Professor McMILLAN:** It has been a special allocation. There is a figure; but I do not have it in front of me.

**The Hon. ADAM SEARLE:** I am happy for you to take the precise figure on notice and if you think that it is different to what you think the ultimate projected figure may be – that X has been expended to date and you expect the total to be Y.

**Professor McMILLAN:** I am happy to take those on notice. We have been pleased with the budgetary support and resource support we have received from the Government.

**Response**

The Ombudsman has funding approval of \$8.7 million until 30 June 2016. I have sought funding of \$1.3 million for 2016-2017 to wind down the investigation including preparation of any briefs to the Director of Public Prosecutions and archiving or otherwise dealing with the files and documents obtained during the course of the investigation.

**Question 2: Recommendations from the NSW Ombudsman's report on Auditing the implementation of the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities**

**Mr PAUL LYNCH:** Okay. Perhaps we might ask the Ombudsman if it not within your jurisdiction. The Ombudsman issued a report in December 2012 entitled "Auditing the implementation of the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities", which had 93 recommendations. I am interested in knowing from the Office of the Ombudsman whether they think any of those recommendations have been adopted or pursued. You can take it on notice.

**Mr KINMOND:** I am happy to take it on notice but I can make a general comment that there has been substantial action taken in response to that report. If you take one example, there was the addition of 30 extra police officers. We then tracked the results of that and it led to a 60 per cent increase in the number of charges that were laid by the Joint Investigation Response Team [JIRT] in the following 12 months or two years. I know I am on oath so I will qualify it.

**Mr PAUL LYNCH:** I am happy to have it on notice.

**Mr PAUL LYNCH:** I am also particularly interested in NSW Health and the data capture and the recording of forensic examinations of children. You probably do not know off the top of your head whether that has been implemented or not. My own inquiries by way of questions on notice suggest it has not been, but I would be particularly interested in knowing what the Ombudsman's office thinks about it.

**Mr KINMOND:** Yes, I think there have been some initiatives taken in that regard, but it is a very specific issue so we will make sure we provide a very specific response on that issue.

**Response**

My response to this question is attached at **Annexure A**.

I hope this information is of use to the Committee, and please do not hesitate to contact my office if you require anything further.

Yours sincerely



Professor John McMillan

**Acting Ombudsman**

## **Annexure A: Responding to child sexual assault in Aboriginal communities – progress in implementing recommendations**

In December 2013, the government provided us with verbal advice that it supported 91 of the 93 recommendations made in our December 2012 report *Responding to child sexual assault in Aboriginal communities* (the audit report).<sup>1</sup> We have since been formally advised that the government does not intend to progress recommendations 7(d) and 28.<sup>2</sup>

In relation to recommendation 7(d) – that community child protection groups should be formally recognised in legislation to enable them to provide advice to Community Services on the placement of Aboriginal children in need of care – the government indicated that it considered this to be more effectively dealt with through policy mechanisms rather than by legislation.<sup>3</sup> I note that the work by my office, the Grandmothers Against Removals group and FACS since then to develop a set of guiding principles (as outlined on page 109 of our 2014-2015 Annual Report) is relevant in this regard.

In relation to recommendation 28 – that NSW Health consider utilising the funding previously allocated to the operation of Cedar Cottage to establish a specialist service to support the victims of intra-familial abuse and their non-offending family members – the government indicated that funding previously allocated to Cedar Cottage had been reallocated to a New Street service.<sup>4</sup> I note that the recent Joint Select Committee report on Sentencing of Child Sexual Assault Offenders recommended creating a program to replace Cedar Cottage for treatment of low risk offenders.

As a result of the ongoing exercise of our child protection functions, we are aware that the government has progressed a number of the remaining recommendations. In addition, in June 2015 the Minister for Family and Community Services, Brad Hazzard MP provided us with a formal response to our audit report – *Responding to Child Sexual Assault in Aboriginal Communities: NSW Government Progress Report to the 2012 Ombudsman's Report* (the progress report). The Minister indicated that the progress report constituted the final stage in responding to our report, and that FACS would continue to coordinate the work being undertaken by the government to effectively support vulnerable children and families.<sup>5</sup>

I note that the progress report provides a broad outline of the work undertaken by the government in response to the observations and recommendations contained in our audit report however, it does not seek to detail the actions taken in response to each of the recommendations. Consistent with Recommendation 91(b) of our audit report, the progress report has been made public on the FACS website and can be found at:

[http://www.facs.nsw.gov.au/data/assets/pdf\\_file/0007/318292/NSW\\_Government\\_Progress\\_Report\\_to\\_the\\_2012\\_Ombudsmans\\_Report.pdf](http://www.facs.nsw.gov.au/data/assets/pdf_file/0007/318292/NSW_Government_Progress_Report_to_the_2012_Ombudsmans_Report.pdf).

A snapshot of the progress made since our report, including in relation to Mr Lynch's specific question regarding forensic medical examinations, is provided below.

### Addressing Aboriginal disadvantage

Our audit report emphasised that preventing and reducing child sexual assault in Aboriginal communities can only be achieved in a sustainable and significant way if the underlying causes of disadvantage are addressed.

<sup>1</sup> Meeting between Bruce Barbour (then NSW Ombudsman), Julianna Demetrius (then Director Strategic Projects Division, NSW Ombudsman), Pru Goward MP (then Minister for Family and Community Services), and Chris Eccles (then Director General, Department of Premier and Cabinet) on 16 December 2013.

<sup>2</sup> Letter from Pru Goward MP (then Minister for Family and Community Services) dated 20 December 2013.

<sup>3</sup> Letter from Pru Goward MP (then Minister for Family and Community Services) dated 20 December 2013.

<sup>4</sup> Letter from Pru Goward MP (then Minister for Family and Community Services) dated 20 December 2013.

<sup>5</sup> Letter from Brad Hazzard MP dated 22 June 2015.

In April 2013 the government released its plan for Aboriginal affairs – OCHRE. In our audit report (recommendations 92 and 93), and in a number of our preceding reports to Parliament, we highlighted the need for independent scrutiny of the actions undertaken, and outcomes achieved, in responding to Aboriginal disadvantage in this state. In June 2014, legislation was passed to establish the role of Deputy Ombudsman (Aboriginal Programs) which provides for independent oversight of the OCHRE strategy.

OCHRE commits to addressing a number of priority areas identified in our audit report, including investment in education, building economic capacity, community development, leadership and participation in decision making, and strengthening accountability.

In this regard, a number of the relevant recommendations from our audit report (for example recommendations 1, 3, 5, 82, 83, 87, 88, and 89) are – in substance – being progressed through OCHRE). Our first public assessment of OCHRE was detailed in our 2014-2015 Annual Report (pages 110-118).

#### Supporting place-based service delivery

In response to recommendation 89 of our audit report, the government has indicated that it is committed to developing and implementing place-based service delivery reforms in Aboriginal communities, and that a number of relevant initiatives have been launched to better identify and meet local needs. The Department of Premier and Cabinet (DPC) has the lead in developing and implementing these through their service delivery reform initiative.

The Far West Initiative (FWI) for example aims to develop a new whole-of-government model for service delivery and governance in Far West NSW. In February 2015, DPC invited us to address a forum they convened on the FWI. They asked us to talk about the findings from our reports into service delivery to Aboriginal communities and why it is critical to develop a place-based service delivery strategy that is underpinned by a robust governance structure.

Consultation with communities, non-government organisations and government representatives occurred throughout 2015, and a discussion paper is due to be released prior to 30 June 2016. We are continuing to liaise with DPC in order to support this important work.

Given the extent and reach of the services funded and provided by FACS, the FACS ‘co-design’ process launched in 2015 is also a critical component of the government’s efforts to implement place-based service delivery. Co-design is being established in four FACS Districts – Central Coast, South West Sydney, Nepean Blue Mountains, and Western Sydney.

Consistent with our functions under the *Community Services (Complaints, Reviews and Monitoring) Act 1993*, we are monitoring the co-design process. To date the process appears to be the most advanced in the Central Coast District – in early February we attended the launch of the Central Coast Multi Agency Response Centre (CC-MARC) in Wyong. The CC-MARC will have its own ‘multi-agency’ child protection helpline which will deliver a coordinated response to reports of child abuse. Early indications from FACS and other local stakeholders on the impact of co-design in the Central Coast District are very positive.

FACS is also working with several Aboriginal communities in Western NSW to identify how they can cooperate more effectively and work in partnership with community leadership. The launch in May 2015 of the Maranguka Community Hub in Bourke for example – a multi-purpose centre where families can come as a first point of contact to discuss issues or problems and seek help in accessing appropriate services – is a significant step forward. We understand that the Western NSW Family Referral Service has two staff at the hub; FACS Western NSW District provided the premises and has



placed a caseworker and administrative assistant there; and Western NSW Local Health District also contributes to the hub.

In addition to helping agencies and community leaders to get the Maranguka Community Hub off the ground, we have provided advice and feedback on a range of implementation issues, for example we have:

- provided feedback to the Chair of the Bourke Aboriginal Community Working Party (ACWP) and the CEO of (then) NSW Kids and Families on the interagency memorandum of understanding for the hub (including emphasising that Bourke primary and high schools should be explicitly included, as both are participating in the Connected Communities strategy which envisages schools being at the centre of local service delivery);
- provided support to the Bourke ACWP and the Bourke Just Reinvest Committee to develop a community report card for Bourke;
- engaged with the Chair of the ACWP, the Aboriginal Housing Office and Aboriginal Affairs about establishing an 'appropriate and affordable housing sector strategy', which is intended to produce a sustainable housing model that provides Aboriginal people with choice; reduces overcrowding and homelessness; and generates local economic development; and
- provided support to the Energy & Water Ombudsman to establish a strategy to help Aboriginal households in Bourke to reduce and manage their energy costs.

I am also pleased to note that the December report of the inquiry into service coordination in communities with high social needs by the Standing Committee on Social Issues made a number of key findings consistent with the observations in our audit report, and in previous public reports on the need for an effective place-based service delivery strategy for high-need communities.<sup>6</sup>

#### Encouraging community reporting

We recommended (recommendation 7(c)) that additional funding should be provided to the NSW Health Education Centre Against Violence (ECAV) to support an extension of its training programs targeting child sexual abuse, such as the 'Weaving the Net' program, to Aboriginal communities across NSW.

In its June 2015 progress report, the government advised that ECAV has been funded to provide community awareness programs ('Weaving the Net'; 'Strong Aboriginal Women'; and 'Strong Aboriginal Men') in Aboriginal communities across the state. 21 programs had been delivered since 2013 and a further seven programs were to be delivered by the end of 2015.<sup>7</sup>

The progress report also states that the JIRT State-wide Management Group (SMG) determined that the 'identification of Aboriginal Community Engagement in JIRT units' was a priority for 2015. Local Management Groups were required to develop a plan and report back to the SMG by June 2015.<sup>8</sup>

#### Responding to children who display sexually abusive behaviours

Our audit identified an urgent need for NSW to review its current arrangements for providing therapeutic treatment for children and young people who have problematic and abusive sexual behaviours.

Consistent with recommendation 66, NSW Health has undertaken demand modelling of the New Street service with a view to increasing the availability of the service. In the June 2015 progress

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<sup>6</sup> For example our 2010 report *Inquiry into service provision to the Bourke and Brewarrina communities*; our 2011 report *Addressing Aboriginal disadvantage - the need to do things differently*.

<sup>7</sup> NSW Government, *Responding to Child Sexual Assault in Aboriginal Communities: NSW Government Progress Report to the 2012 Ombudsman's Report*, June 2015, p4.

<sup>8</sup> NSW Government, *Responding to Child Sexual Assault in Aboriginal Communities: NSW Government Progress Report to the 2012 Ombudsman's Report*, June 2015, p5.

report, the government indicated that an additional New Street service was to be established in 2015; and that NSW Health was developing New Street service standards to ensure that the model is delivered at a consistently high standard as it is expanded.

Notwithstanding this, those who live outside the areas where these specialist programs are currently based have little chance of receiving the help they need. And while Juvenile Justice offers important specialist programs and interventions there are numerous impediments to helping young people with multiple and complex needs within the relatively brief time allowed by a control order or a community supervision plan.

We recommended in our audit report that all agencies and services with responsibilities in this area come together to consider creating a cohesive legislative and policy framework that explicitly sets out their respective roles in supporting effective treatment strategies – including the use of treatment orders (see recommendations 65-73). We also recommended that consideration should be given to adopting elements of the scheme introduced by the Victorian Government in 2007 for identifying and diverting into treatment young people found to be engaging in sexually abusive behaviours. We understand that NSW Health has now recommended that a combined interagency review consider whether a similar model to the Victorian scheme could be established in NSW.

#### Managing sex offenders in the community

Our audit report highlighted the need to improve interagency cooperation in responding to risks posed to children by registered child sex offenders. FACS – as the lead agency – acknowledged in 2014 that there had been an unacceptable delay in completing guidance for frontline staff from Corrective Services (CSNSW), the NSW Police Force (NSWPF) and Community Services about their respective roles and responsibilities (recommendation 80).

In August 2014, an instrument was signed by the Commissioner of Police enabling relevant Community Services staff to disclose (or approve the disclosure of) information about the criminal record of a registered offender to ensure the safety or protection of children. In light of this positive development, we sought confirmation from FACS about whether they had finalised – in partnership with NSWPF and CSNSW – interagency guidelines clarifying the roles of frontline staff in each of the agencies and a strategy to promote awareness of these guidelines.

In July 2015, FACS provided us with a copy of the interagency guidelines on information exchange relating to offenders on the register – together with a copy of the procedures they have developed for their frontline staff about responding to child protection risks and disclosing information on registered offenders. FACS also advised us that a collaborative information session for staff from all three agencies were to be held in September 2015.

The government has also advised us that Corrective Services is implementing strategies to better manage sexual offenders in the community. The results of these strategies so far include:<sup>9</sup>

- 50 offenders in custody have completed sex offender treatment through Community Maintenance Program groups and have been released on parole;
- 38 offenders have participated in three community-based sex offender treatment groups; and
- 106 offenders engaged in one-on-one community-based treatment in 2013-14 with 51 completing the program during the period.

#### Increasing the number of Aboriginal sexual assault counsellors

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<sup>9</sup> NSW Government, *Responding to Child Sexual Assault in Aboriginal Communities: NSW Government Progress Report to the 2012 Ombudsman's Report*, June 2015, p20.

Our audit report recommended (recommendation 27) that NSW Health designate responsibility to ECAV for developing an Aboriginal recruitment and staff development plan with the specific aim of increasing the number of Aboriginal sexual assault counsellors across NSW.

We recommended that such work should be undertaken collaboratively with the Public Service Commission (PSC). Under the banner of OCHRE, the PSC is now developing a sector-wide approach to Aboriginal employment, leadership and career development. The NSW Public Sector *Aboriginal Employment Strategy 2014-2017* was released by the PSC in April 2015. We also understand that in line with our recommendations on this issue, new options are being developed by the NSW Government for the recruitment, retention and development of Aboriginal staff across all disciplines (not only sexual assault counsellors) in consultation with ECAV.

In response to our audit recommendations, (then) NSW Kids and Families established a new Aboriginal Senior Policy Analyst position whose functions include the promotion of health equity for Aboriginal people and championing Aboriginal health in government initiatives addressing sexual assault, in collaboration with ECAV. However, with the dissolution of Kids and Families from 31 October last year, it is unclear where positions of this type will be located. As a transitional arrangement the 'Office of Kids and Families' is currently housed within the Health Administration Corporation however, there appears to be no certainty at this stage, about the extent to which the current functions of the office will be dispersed or disbanded.

#### Recruitment and retention

Our audit report highlighted the need for a whole-of-government approach to recruiting staff to high needs areas in NSW, noting the discrepancies in the incentives offered to staff by different government agencies and across different employment categories. In our view, a whole-of-government structure for incentives is critical to resolving these issues. We recommended that the Public Service Commission consider the observations made in our audit report in developing and implementing a whole-of-government recruitment and retention strategy.

In the absence of such a structure, we recommended that NSW Health review the locations and positions with high vacancy rates and poor staff retention and put in place stronger incentives schemes for these areas.

In response, the government has recommended the development of a new incentive scheme for counsellor, caseworker and other positions in difficult to recruit locations. In addition, the revised *NSW Health Professionals Workforce Plan 2012-2022* was released in September 2015 and aims to increase the number of health professionals working in regional, rural and remote communities, support rural training and improve capacity planning. The *NSW Rural Health Plan towards 2021* released in 2014, also provides a strategic framework to build the rural NSW Health workforce through enhanced recruitment, training, career development and support, including e-Health.

#### Enhancing the Joint Investigative Response Team (JIRT)

Consistent with recommendation 22 of our audit report, recurrent funding has been provided for the permanent establishment of the JIRT Referral Unit and Bourke JIRT.

With regard to the capacity of the JIRT at a statewide level, the Child Abuse Squad (CAS) – the policing arm of the JIRT – conducted a review in 2013 (consistent with recommendation 20 of our report) which resulted in an additional 30 staff being allocated to the CAS in May 2013.

Our report also highlighted that it would be counter-productive to examine resourcing without also examining productivity. In the case of the CAS for example, our review of police workload and outcome data highlighted significant performance variance across the JIRTs in areas such as child interview and arrest rates.

A subsequent review by the NSWPF of the productivity and performance of the CAS (in response to recommendation 21) led to a range of positive initiatives being introduced, including:

- The allocation of four new Inspectors to support the Commander to implement a range of systems to address identified problems.
- An annual team development process to review the performance of individual squads and promote best practice.
- Inspectors tasked with tracking the performance of the squads within their area of responsibility; increasing their mentoring activities with individual squads, and conducting more regular field visits for this purpose.
- The establishment of the Child Abuse Response Team to provide support to squads in relation to complex and protracted investigations, and a commitment by the State Crime Command to supply additional support when necessary.

As a result of both these initiatives and the increase in staffing, the number of interviews conducted by the CAS in 2014 was more than 50% higher than the number conducted in 2012. By 3 December 2014 the CAS had made 733 arrests during the calendar year, compared to 455 in 2012 – an increase of more than 60%.

In March 2015 the government announced a further 50 investigators and four specialist staff to be allocated to the CAS.

A review of FACS' JIRT resourcing led to an extra 10 caseworker positions being allocated in 2014. We also understand that 10 additional NSW Health JIRT positions have been funded for the 2015-16 financial year, and that it is likely that a further 12 positions will be funded for 2016-17.

In section 9.5 of our audit report we noted that it was important to recognise that any increase in the productivity and resourcing of the police arm of the JIRT would inevitably place a greater burden on its JIRT interagency partners.

In this context, notwithstanding the additional allocation of FACS caseworkers to the JIRT, if there are no further staffing enhancements to the FACS JIRT workforce by 2019, FACS will have around 100 fewer frontline staff allocated to the JIRT than the NSW Police Force allocation to the CAS.<sup>10</sup> This will place a significant amount of pressure on the capacity of FACS to simultaneously address the safety requirements of a child while police are conducting a criminal investigation. The additional CAS resources will also have a significant impact on the capacity of the NSW Health JIRT workforce to respond to demand for its services. (We highlighted these concerns in our most recent child death review report in 2015.)

#### Improving the criminal justice system process for victims

I note Mr Lynch's comment that, without getting the issue of forensic examinations of children right, prosecutions are incredibly difficult. We have responded to Mr Lynch's question regarding forensic medical examinations below; however in this context the government's actions to-date aimed at improving, in a broader sense, the way in which sexual assault matters are handled by the criminal justice system may also be of particular interest to Mr Lynch.

Our audit report outlined a number of areas where further investment in or reform of the criminal justice system was required, including the need for:

- further work to ensure that the reasons for the attrition of child sexual abuse matters from the criminal justice system are better understood, reported on, and where possible addressed;
- additional funding for the Witness Assistance Service to enable it to consistently provide appropriate specialist support to victims;

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<sup>10</sup> When the JIRT was initially established in 1997, there was an equal number of police and Community Services officers.



- a review of the current case management processes for sexual offence cases heard in both the District and Local Courts in order to determine the extent to which improvements can be made to minimise delays and encourage earlier guilty pleas;
- the expansion of remote witness facilities and audio-visual links to ensure that high quality facilities are available to victims and other witnesses across the state;
- legislative reform to enable an option for a child's entire evidence – including any cross-examination and re-examination – to be pre-recorded at a pre-trial hearing;
- the creation of a registered intermediary scheme to facilitate better communication between victims and the police or court;
- a review of section 66EA of the *Crimes Act 1900* (which relates to the offence of persistent sexual abuse of a child); and
- legislative reform to create a presumption in favour of joining trials for sexual assault matters.

Last year, the government announced that it would pilot a range of supports for child sexual assault victims, namely allowing for the pre-recording of a child's cross-examination, and the introduction of 'children's champions' or witness intermediaries to support child witnesses through the trial process. The relevant legislation (passed in November 2015) prescribes that the pilot scheme will operate from 31 March 2016 until 31 March 2019; and will apply to complainants aged under the age of 18 who are witnesses in prescribed sexual offence matters heard in the Newcastle and Sydney District Courts.

In June 2015 the government also announced that it would trial a specialist judicial program for child sexual abuse matters. In August 2015 two additional judges were appointed to the bench of the district court. We understand that the specialist judges were to receive intensive training on child sexual assault matters and dedicate most of their time to the conduct of such matters.

These are positive initiatives. We have not received advice from the government as to whether it has taken steps to respond to the other relevant recommendations outlined above.

#### Forensic medical examinations

Mr Lynch indicated that he is particularly interested in NSW Health's progress regarding the collection of data relating to forensic medical examinations of children.

Chapter 11 of our audit report includes a number of recommendations relevant to data capture by NSW Health and to forensic examinations of children more broadly (recommendations 30 through 41). Recommendations 30, 31 and 32 relate specifically to the collection of data relating to forensic medical examinations. Recommendations 33 and 34 relate to the use of that data and are therefore contingent on the implementation of recommendations 30-32.

The government's June 2015 progress report states that NSW Health is developing a data collection solution for Sexual Assault Services, and that the project was being led by NSW Kids and Families. At that time, the government advised that a minimum data set and report specification had been developed to address the requirements outlined in our audit report. The response states that the database was to be 'piloted from July 2015 with three LHDs and state-wide implementation will follow in August 2015'.<sup>11</sup>

We have not been provided any further information relating to the pilot and state-wide rollout of the database; however I note that it would appear from the response dated 17 November 2015 to Mr Lynch's question on notice of 27 October 2015 that there were delays in the state-wide implementation of the database. At that time it was expected to occur in early 2016.

<sup>11</sup> NSW Government, *Responding to Child Sexual Assault in Aboriginal Communities: NSW Government Progress Report to the 2012 Ombudsman's Report*, June 2015, p8.

In relation to the steps taken to improve access to forensic medical examinations, the response to our recommendations has been positive. The government's June 2015 progress report notes that:

*The AIRS [the Access for Isolated and Remote Sexual Assault Victims] Model pilot project was replaced in 2013-14. This followed a decision by NSW Health to purchase service enhancements from all rural and regional LHDs to ensure the availability of 24/7 integrated psychosocial, medical and forensic crisis responses for child and adult victims of recent sexual assault. Targeted funding for these additional services totalled \$334,603 in 2013-14 and \$1,867,105 in 2014-15 with provision made for recurrent funding of \$1,789,605 from 2015-16.*

*These funds allow rural and regional LHDs to implement locally responsive service models involving a range of initiatives as piloted with the AIRS Model. Workforce initiatives include recruitment and training of medical and counselling staff (all LHDs), clinical leadership positions and payments for on-call services... Technology and equipment is being updated to... enable doctors to provide timely and quality care close to victims' homes. Access and transport is being improved, for example, with health staff in... the Far West LHD now being trained to provide a 'first-line' response to victims locally in a Sexual Assault Assessment Centre. Several rural LHDs have also received funds specifically for flights and vehicle costs to retrieve victims and transport medical and counselling staff.*

*...NSW Health has renewed the payment determination arrangements which were noted by the Ombudsman for another year in 2014-15. The scheme provides incentive payments for general practitioners... to undertake medical and forensic examinations in areas where there are shortages of doctors undertaking this work... Future arrangements for this scheme are now under review in light of the range of other initiatives now being implemented by LHDs as outlined above.<sup>12</sup>*

While we are not aware of further details regarding these initiatives or their implementation, on the face of it they appear to address the substance of recommendations 36 through 41 of our audit report.

Our audit report also highlighted that the policies and procedures of the JIRT agencies were inconsistent and unclear, which can result in friction between workers from different agencies when urgent decisions need to be made about if, and when, a forensic examination needs to be performed.

We recommended that clear decision making processes be developed and included in the updated JIRT manual (recommendation 35). We are not aware of whether progress has been made in this regard.

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<sup>12</sup> NSW Government, *Responding to Child Sexual Assault in Aboriginal Communities: NSW Government Progress Report to the 2012 Ombudsman's Report*, June 2015, pp 13-14.