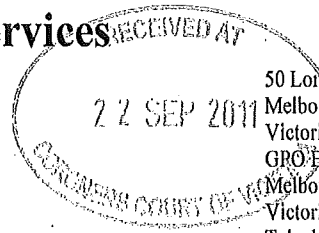




Department of Human Services

Secretary



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22 SEP 2011

e2449026

Mr Robert Rothnie
Coroner's Registrar
Coroner's Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000

Dear Mr Rothnie,

**Inquest into the death of [REDACTED]
Court reference 4272/08**

I write in response to your letter dated 4 May 2011, enclosing the Inquest findings and recommendations made by the Coroner under the *Coroners Act 2008*. I also write in response to your request for a written response to the recommendations.

The Coroner made four recommendations, three of which were directed to the Department of Health concerning the mental health service system, and are not within my scope as Secretary of the Department of Human Services to comment on.

Recommendation four was directed to both the Department of Health and the Department of Human Services.

I am advised the Secretary of the Department of Health has written to the Coroner providing a response to all four recommendations and a copy of this response has been provided to me.

The Department of Human Services has carefully considered recommendation four and provides the following response.

Recommendation Four

That the Secretary, Department of Health and the Secretary Department of Community Services review mental health services practices in relation to the discharge and supervision of mentally ill persons, where they have care and responsibility for children under the age of 16 years and ensure that adequate supervisory mechanisms, including appropriate protective notifications are in place.

Department response

I would however like to draw your attention to a Memorandum of Understanding (MOU) signed in August 2010 between the Department of Health, Mental health, Drugs and Regions Division and the Department of Human Services, Children, Youth and Families Division which explicitly states that '...Mental Health and Alcohol and other Drugs services are responsible for considering the children's welfare and are charged to act on any safety concerns that may exist'. The MOU further states 'At times this involves ... if necessary reporting to Child Protection for their direct intervention.' A copy of the MOU can be found at attachment 1.

The MOU establishes a partnership framework to achieve improved service responses for vulnerable children and their families and is overseen by a project advisory group, consisting of membership from both departments and representative service providers from the respective sectors. There is also regional child protection manager and principal practitioner membership on the advisory group.

I have requested that the issue you raise in recommendation four be considered by the project advisory group for advice to me about whether the MOU needs to be strengthened.

I acknowledge and support the two program initiatives referred to in the Department of Health response, the Families where a Parent has a Mental Health Illness Strategy (FaPMI) and the priority access to mental health services provided to children known to child protection in out of home care, both being significant reforms to improve outcomes for children of parents with a mental health illness.

The Department of Human Services is committed to cross sector partnerships to improve the safety and wellbeing of children in vulnerable families involved with services from the respective departments.

Yours sincerely



Gill Callister
Secretary

MEMORANDUM OF UNDERSTANDING

BETWEEN

The Victorian Department of Health, Mental Health, Drugs and Regions Division

AND

The Victorian Department of Human Services, Children, Youth and Families Division

IN RELATION TO

Collaborative Service Delivery

This **MEMORANDUM OF UNDERSTANDING** is made this 26th day of August 2010 between

Department of Human Services of 50 Lonsdale Street, Melbourne in the State of Victoria and **Department of Health** of 50 Lonsdale Street Melbourne in the State of Victoria

BACKGROUND

A. Preamble

This Memorandum of Understanding (MoU) acknowledges that the Victorian Department of Human Services (DHS) and The Department of Health (DH) share an overriding common objective to achieve the best possible outcomes from the provision of health and community services for all Victorians.

The parties to this MoU enter into this agreement with the intention that they will work cooperatively and with sustained effort to strengthen and build interdepartmental relationships between the Children Youth and Families Division (DHS) and the Mental Health, Drugs and Regions Division (DH).

Many families coming into contact with DHS and DH are disadvantaged by a mix of multiple factors such as poverty, family violence, substance abuse, mental health issues and disability. We recognise that Mental Health, and Alcohol and Other Drug Services (DH) and Child Protection, Placement and Family Services (DHS) share a common client group of such vulnerable and disadvantaged families.

The DHS and DH commit through this Memorandum to move towards more integrated and collaborative cross sector service delivery to meet the needs of this shared client group.

B. Services and their roles

Victoria operates a Child Protection, Placement and Family Services system that is designed to intervene early and to place the best interests of children at the heart of all decision making. The Child and Family Information Referral and Support Teams (ChildFIRST) initiative provides access to integrated family services and is positioned to ensure that vulnerable families and children receive early intervention and support services before statutory involvement is initiated.

Should statutory intervention be required, primary responsibility moves to Child Protection. Child Protection acts to ensure the immediate safety of reported infants, children and young people as well as considering cumulative damaging impacts that they may have experienced. Plans are made to address short to longer term solutions to best meet the needs of the child.

Child Protection services think about the dynamics of the referral situation and intervene in the child's family. The needs of the family as a whole, and of adult individual members of that family, are addressed by Child Protection working with other sectors and organisations with the aim to provide linked responsive and holistic services.

Mental Health and Alcohol and Other Drug services that have infant, children and young people as clients, attend to their safety in the first instance and work to address their overall welfare and emotional/psychological needs.

Infants, children and young people may be under the direct care of, or closely associated with, young people and adult clients of Mental Health and Alcohol and Other Drugs services. Although not the identified client of the service, Mental Health and Alcohol and Other Drugs services are responsible for considering the children's welfare and are charged to act on any safety concerns that may exist. At times this involves referral to Placement and Family Services and if necessary reporting to Child Protection for their direct intervention.

C. Reform

Mental Health and Alcohol and Other Drugs Services, Placement and Family Services and Child Protection are each engaged in significant planned and staged reform agendas.¹ The impact of service reforms on the wellbeing of children, families and communities is heavily dependent on the extent to which, and how well, the various individuals and organisations that provide services work together.

It is essential that opportunities presented by the various reforms underway are supported through strong, respectful, intelligent collaboration across Departments, Programs and funded services.

PURPOSE

This MOU establishes a collaboration commitment between the DHS and the DH to work together through their relevant Divisions to achieve improved service responses for vulnerable children and their families involved with Placement and Family services, Child Protection, Alcohol and Other Drugs and/or Mental Health services.

This collaboration commitment is grounded on the premise that children, within these families and from these families, will be kept safe and are positively supported.

AGREEMENT

The DH and DHS agree that:

1. Departmental Regions will drive local inter-sectoral collaboration between Placement and Family Services, Child Protection, Alcohol and Other Drugs, and Mental Health service sectors.
2. Shared and more integrated practices must be embedded across sectors to better meet the needs of clients in common.
3. There will be more efficient access to, and more effective services for, clients involved across sectors.
4. Improved collaborative inter-sectoral service relationships are necessary to diminish existing barriers between services.
5. The primacy of children's safety and well being should be evidenced across sectors in all service settings through agency policies, practices and service outcomes.

¹ Child Protection and Family Services reforms are known collectively as "every child every chance". Commenced in 2003/4, these reforms have resulted in new legislation – the *Children, Youth and Families Act (2005)*. The guiding principle of which is ensuring the best interests of children are met by services.

In the area of Alcohol and Other Drug services key investment for change has been via the Victorian Alcohol Action Plan. As well, the launch of *A new blueprint for alcohol and other drug treatment services 2009-2013* also provides a future framework for reform.

Because Mental Health matters: Victorian Mental Health Reform Strategy 2009-2019 (The Strategy) was launched in March 2009. The Strategy sets out key reforms for Mental Health over ten years. Simultaneously, a review of the Mental Health Act 1986 will culminate in new legislation during 2010.

Terms and Conditions

The parties agree as follows.

(a) Inter-sectoral service collaboration will be strengthened through planning and enacting ongoing partnerships that support more closely aligned client centred services across Placement and Family Services, Child Protection, Alcohol and Other Drugs, and Mental Health sectors.

(b) A Partnership Planning Framework (The Framework) for Alcohol and other Drug Services, Mental Health Services, Placement and Family Services and Child Protection, will act as a guide for Regions in their preparation of local Partnership Plans. The Framework is the central document articulating the commitment of this Memorandum.

(c) The Framework sets out guidance for collaborative action in the following areas:

- Policy, Planning and Implementation Support
- Legislative Imperatives (that enable partnered approaches to care)
- Client centred practice
- Supporting staff to shift service cultures.

(d) Improvement measures that address the five points of the MOU Agreement (above) are specified in the Framework and a continuing mechanism for tracking their achievement is put in place.

(e) Regional Partnership Plans are prepared and updated annually to direct localised collaborative inter-sectoral service improvement and its implementation.

(f) Departmental Divisional Executives will negotiate the required resources to achieve the outputs set forward in this MOU.

Duration

The MOU will operate for a period of 9 years from [2010] (1 June) to [2019] (31 May).

Variation

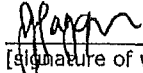
The parties may vary this MOU by agreement in writing at any time over the course of its duration.

EXECUTION

Signed by Gill Callister, **Secretary Department of Human Services, Victoria**
(for and on behalf of Child and Family Services and Child Protection)

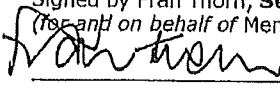
 Date 23/8/2010

In the presence of:



[signature of witness]

Joanna Sagers
[printed name of witness]

Signed by Fran Thorn, **Secretary Department of Health, Victoria**
(for and on behalf of Mental Health and Alcohol and Other Drug Services)

 Date 26/8/2010

In the presence of:


[signature of witness]

Z. Jovanovski
[printed name of witness]

