

**EVALUATION OF THE
JOINT INVESTIGATION TEAM (JIT)/
JOINT INVESTIGATION RESPONSE (JIR)
STRATEGY**

SUMMARY REPORT

**Jointly commissioned by
NSW Department of Community Services
NSW Police Service
NSW Health**

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1. BACKGROUND TO THE EVALUATION

1.1 The purpose of joint investigation

The purpose of joint investigation of allegations of child abuse by Police and DoCS is to provide a coordinated response for effective criminal investigation which at the same time meets the safety and welfare needs of the child involved. It facilitates better information sharing between the two main agencies and is intended to reduce the number of times children have to be interviewed about the allegations. The aims of joint investigation are:

- To ensure the safety and protection of the children
- To provide a timely and appropriate response
- To improve the effectiveness of the investigation and prosecution processes, and thereby
- Reduce the stress on children and their non-abusive carers arising from the investigation and prosecution process.

1.2 The introduction of joint investigation in NSW

The need for a more coordinated approach to such investigations was publicly aired and discussed in NSW at a statewide interagency child protection conference in 1993 on the basis of overseas research and other models in New Zealand and interstate. In 1994, two joint investigation teams made up of Police and DoCS officers working together were set up at Bankstown and The Entrance. This pilot project was evaluated over 12 months from November 1994. The generally positive findings reported by Cant, Downie and Cant (1996) in March 1996 were that the joint investigation approach provided a more timely and appropriate that reduced the number of interviews with child victims, produced better briefs of evidence and improved levels of cooperation and information sharing between Police and DoCS.

The attention of the Wood Royal Commission encouraged further discussion of the options and in October 1996, the government endorsed the Joint Investigation Team (JIT) project as the preferred model for investigating serious child abuse and funded eight joint

co-located teams in Sydney, Newcastle and Wollongong, two possible additional teams in rural areas, and 24 additional staff in rural areas for a joint response but without co-location. In 1997, the Commissioner of Police, and the Director-Generals of DoCS and Health signed a memorandum of understanding about the responsibilities of the three agencies for joint investigation. The first four Joint Investigation Team (**JITs**) at Ashfield, Liverpool, Parramatta, and Penrith were operational in metropolitan Sydney in July 1997 and additional JITs were established at The Entrance, Newcastle, Wollongong, and Kogarah by the end of 1997, and later at Chatswood.

In 1998, Police and DoCS officers in rural NSW were trained to undertake joint investigations without being co-located. This form of response was referred to as Joint Investigation Response (**JIR**), and this term was current during this evaluation project.

The terms JIT and JIR are no longer used; the overall statewide response is now referred to as Joint Investigative Response Teams (**JIRT**) (revised manual, 2001).

1.3 This evaluation

The evaluation was jointly commissioned by NSW Police, NSW Department of Community Services, and NSW Health. The work outlined in this report commenced in December 1998 and extended over a period of almost 18 months. It was conducted by four Master of Forensic Psychology students under the supervision of Professor John Taplin, Department of Psychology, at the University of New South Wales. The evaluation was overseen by a Steering Committee and a Work Group comprising departmental staff and JIT/JIR officers. The Work Group met with the research team on a monthly basis between December 1998 and November 1999 to assist with the design of various instruments developed specifically for the evaluation, to advise on the process to be employed in collecting these data, and to assist with the interpretation of the findings subsequently obtained. It was a formative evaluation and the aim was to provide feedback to those planning and operating the model so that continual improvements could be made. Progress reports were provided to the Steering Committee throughout the evaluation.

1.4 Terms of Reference for the Evaluation

The primary purpose of the evaluation was to provide information on the way the JIT and JIR units were operating and to inform policy and practice development. Specifically, this evaluation was designed to assess whether the establishment of a joint investigation response involving both Police and DoCS officers:

1. Reduces emotional trauma stemming from the investigation process for victims and non-abusive carers and families
2. Increases the effectiveness of the investigation process (including the rate of charging and conviction of offenders)
3. Contributes to the safety of children and their families and the quality of family relationships of abused children
4. Has appropriate procedures and resources and, with respect to the JIR model, whether it
5. Improves the co-operation between the relevant agencies.

The findings of the individual projects (which were the topics of the masters theses are presented in Part 2 of this report. The findings are brought together and summarised in this summary report in relation to the evidence they provide as to whether or not the joint investigative response:

- **Reduced the trauma for children and their non-abusive carers**
- **Produced more effective investigations**
- **Improved the level of cooperation between Police and DoCS, and with other agencies such as Health and the ODPP.**

This summary report also summarises the discussion on various issues in relation to the management and administration of joint investigative teams, and the particular issues associated with rural delivery of the service.

1.5 Evaluation methodology

This evaluation, like the previous evaluation of the pilot project, used a multi-method approach to data collection but did not have the benefit of baseline data or control sites.

Information was gathered:

- from participants in the Work Group using questionnaires and face-to-face interviews and personal communication
- from JIT/JIR staff by means of questionnaires specifically designed for Police and DoCS officers
- from NSW Health, non-government health professionals and ODPP staff by means of questionnaires in relation to their interactions with and perceptions of the joint investigation teams
- Police and DoCS departmental databases (COPS, JOBS and CIS)
- document analysis eg policy and procedure manuals.

Respondents

A total of 165 questionnaires were sent to JIT/JIR staff; 65 were completed and returned. The overall return rate was 39.3%, with a low of 33.3% for the DoCS JIR officers and a high of 44.4% for the DoCS JIT officers. The information in Table 1 on their work experience shows that, on average, police officers had more experience in their occupation than their DoCS counterparts.

In addition, 30 questionnaires were sent to NSW Health counselling staff in NSW Health services for child sexual assault victims across NSW and to seven medical specialists in Level 6 hospitals. All 37 questionnaires were completed and returned. Twenty-two staff from the ODPP also completed questionnaires (29% return rate on the 75 sent out).

Unfortunately, there was a very low response rate from child victims and their parents but interviews were conducted with six individuals: three were non-abusive carers and three were child or teenage victims.

Table 1
Questionnaire respondents from JIT/JIR, NSW Health and ODPP

Role	Gender		Total	Average time spent in occupation	Min	Max	Average time in role	Min	Max
	F	M							
Police JIT	11	9	20	12 yrs 8 mths	5 yrs	21 yrs	18 mths	3 mths	3 yrs
DoCS JIT	12	4	16	5 yrs 8 mths	1 mth	16 yrs	17 mths	1 mths	3 yrs
Police JIR	3	7	10	16 yrs 4 mths	10 yrs	32 yrs	30 mths	3 mths	8 yrs
DoCS JIR	12	7	19	7 yrs 9 mths	15 mths	21 yrs	12 mths	5 mths	2 yrs
Total	38	27	65						
NSW Health Counselling	24	6	30	7 yrs 5 mths	5	240	55	5	144
NSW Health Medical	4	3	7	14 yrs 5 mths	84	276	117	8	276
ODPP	8	13	22*				87	12	156

* One OPP staff member did not indicate his/her gender.

2. The JIT/JIR intake process and referral criteria

A joint investigative response is indicated when there is a possibility that the abuse, if substantiated, constitutes a criminal offence.

2.1 Which cases are referred to JIT/JIR?

Cases which meet the criteria for referral¹ are referred for a joint investigative response, initially by managers in the local Community Service Centres, and since December 2000, by the Helpline. Only a relatively small proportion of cases in which children are notified to the Department of Community Services for possible abuse are referred for a joint

¹ The criteria for matters being referred to and accepted by JIT/JIR were outlined in the *Joint Investigation Teams Policies and Procedures Manual* (1997, p. 21) and have since been revised in the 2001 manual.

investigation. For example, in 1998-99, there were 57,834 notifications² to the NSW Department of Community Services. Of these notifications, 4,027 (6.9%) were referred to JITs and 2,287 (3.9%) notifications referred to CPIT offices, making a total of 6,368 notifications (11%). Similarly, in 2000 and 2001, there were approximately 6000 referrals to JIRTs: 5648 in 2000, and 6350 in 2001.

No data are available in this evaluation on the type of notifications referred or accepted but the criteria specifically refer to physical or sexual abuse matters. The previous pilot evaluation found that there were more confirmed cases of sexual abuse than physical abuse (Cant, Downie & Cant, 1996).

2.2 How many cases were accepted by JIT/JIR?

Not all referrals to JIT/JIR units are accepted. According to the Police JOBS data-base (introduced in January 1999), a large proportion of referrals were rejected and returned to Community Service Centres. On average, 60% of these referrals to JITs were accepted and 40% were rejected upon receipt in 1999, and 19% were rejected upon receipt by CPIT offices.³

More recent figures for 2000 and 2001 indicate that a slightly higher proportion of matters referred for a joint investigative response have been accepted.

- In 2000, 68.2% of referred matters were accepted
- In 2001, 64.6% were accepted.

² A notification is considered to have been made when a person forms the belief, on reasonable grounds, that a young person or child has been or is in danger of being abused or is in need of care and tells DoCS of that belief (DoCS Annual Report, 1998/1999, p. 18).

Under the *Children and Young Persons (Care and Protection) Act 1998* proclaimed in December 2000, the term 'notification' is no longer used and has been replaced by 'report'.

³ The figures for the 8 JITs for 1998 were very similar: 41% rejected, ranging from 32% (Kogarah) to 55% (Ashfield).

Why were cases rejected?

The main reason the referrals were rejected was that they did not meet the criteria according to the JIT team leaders. JIT/JIR staff indicated some dissatisfaction with the referrals they received and indicated that a number were inappropriate because of:

- the poor quality of information and lack of detail
- lack of context, and
- time delays.

Clearly, if there is a high number of inappropriate referrals, this results in considerable work for the JIT/JIRs in recording and screening them.

It was suggested that the lower rejection rate for the rural JIRs than for the metropolitan JITs may have been partly a result of the informal negotiation between the CSC and the CPIT officer about the appropriateness of the referral⁴, and partly a result of the different consequences for metropolitan and rural DoCS staff in referring the case on. In the metropolitan area, referring the matter to JIR meant passing the case on, but in the country, it meant continuing with the case but with possible police involvement.

Unfortunately, there was no information from staff at the local Community Service Centres (CSCs) to provide their perspective on the referral process. Anecdotal evidence and the pilot evaluation report suggest, however, that there was some dissatisfaction at the CSCs about the capacity of JITs to “pick and choose their cases” and manage their workload in ways that are not as open to CSC staff (Cant, Downie & Cant, 1996). As the later section on staffing and resources in the JIT/JIRs makes clear, however, heavy workload is a serious concern for JIT/JIR staff as well.

⁴ Prior to the introduction of the Helpline in December 2000.

2.3 What happens to cases referred to and accepted by JIT/JIR?

What are the outcomes?

A range of interventions may follow the initial risk assessment and may include any or all of the following:

- a criminal investigation which may lead to the arrest and prosecution of the alleged offender
- an application to the Children's Court for orders to ensure the safety and protection of the child or young person⁵
- an application for an Apprehended Violence Order to protect the child by prohibiting or restricting the perpetrator's contact with the child.

In some cases, there may also be action in the Family Court, mostly by a parent, to seek residence or contact orders to protect the child but involvement in Family Court proceedings was outside the scope of this evaluation.

The three main options for protective intervention were taken in around one in four matters that were accepted and finalised by JIT/JIR in 1999 (see Table 2: 25.3% overall, 23.9% of JIT matters and 27.1% of JIR matters).

- Charges were laid in 15.7% of finalised matters; 545 persons were arrested in 581 cases.
- An application for an AVO was made in 300 matters (8.1% of finalised matters).
- A care application was made in the Children's Court in 54 matters (1.5% of finalised matters).

⁵ *The Children (Care and Protection) Act 1987* was still in force at the time of the evaluation, and until December 2000 when the *Children and Young Persons (Care and Protection) Act 1998* was proclaimed. This provided for a greater range of orders including an Emergency Care and Protection order, an Examination and Assessment order, and a care application.

Table 2
Type of legal action taken for cases accepted by JITs and JIR/CPITs in 1999

Type of legal action	JIT		JIR (CPIT)		Total cases
	No of cases	% of finalised cases	No of cases	% of finalised cases	
Finalised by arrest	310	14.6%	271	17.1%	581
Apprehended Violence Order application (AVO)	170	8.0	130	8.2	300
Care application	25	1.2	29	1.8	54
Case transferred	96	4.5	98	6.2	194
No further action	1608	76.1	1124	70.9	2732
Total finalised (% Total)	2114	(86.7)	1586	(84.8)	3700
Cases yet to be finalised at 31 December 1999 (% Total)	324	13.3	285	15.2	609
TOTAL CASES ACCEPTED	2438		1871		4309

* Based on information obtained from the Police JOBS database

It should be noted, however, that these numbers are likely to underestimate the number of AVOs and care applications because the database allows only one outcome (or reason for the finalisation of the case) to be entered. This means that if the matter resulted in an arrest, an AVO and a child protection order, only the arrest would be entered, so masking the concurrent AVO and child protection order.

The implications of these legal outcomes for the children involved and for the process will be outlined in relation to the evaluation findings concerning the effects on children and on the effectiveness of the investigation.

3 THE EVALUATION FINDINGS

3.1 To what extent do joint investigations by JIT/JIR reduce emotional trauma arising from the investigation process for victims and non-abusive carers?

Research indicates that the stress associated with the investigation process for child victims and their non-abusive carers is associated with:

- uncertainty about what, if anything, will be done about the abuse that has been reported
- the time taken to investigate and prosecute the alleged offence
- the intrusiveness of the interview with the child and of other aspects of the investigation
- the availability of family support and of protective care, when required
- access to therapeutic counselling
- the number of times children have to tell what happened to them
- the court experience including confrontations with the perpetrator and cross-examination by the defence lawyer.

The stress of the investigative and prosecution process might therefore be reduced by dealing with and minimising the difficulties associated with these factors. The evaluation focussed on the following aspects of the process directly associated with the joint investigation model:

1. The **timeliness and appropriateness of the response** including:
 - the appropriateness of the referral
 - the availability of the after-hours or crisis response to child abuse
 - the time taken to refer the matter for investigation
 - the referral of children and their families to counselling
 - the conduct of the medical examination.

2. The **interview procedure and environment**

- staff competency in conducting an investigative interview with children
- the adequacy of training in the area of investigative interviewing
- the investigative interview procedure itself
- use of audio- and video-taping.

3. **Post-investigative action and support**

- referral to court preparation and support for children involved in court proceedings as witnesses.

The evaluation project did not include any assessment of trauma in the children involved and only limited information was available from a small and unrepresentative sample of child victims and their non-offending carers who were interviewed as part of the project.

3.1.1 Timely and appropriate referrals

Delays in the processing of child abuse cases may occur at several main points:

- in the referral of the case from Community Service Centres (CSCs) to either JITs or CPITs⁶
- in making contact with the families
- in referring children for sexual assault counselling and medical examinations
- in the prosecution and court process.

Referral to JIT/JIR

The figures indicate that about 40% of cases referred to JIT/JIR are not accepted for a joint investigation, and then are returned to CSCs. The time taken to assess, record and reject inappropriate referrals clearly has some effect on the JIT/JIR workload and the capacity to respond quickly to already accepted and further incoming matters. Cases that are returned to CSCs are also subject to delay; in addition there has also been concern that

⁶ Since December 2000, all matters are initially screened at the Helpline and then referred for a joint response if they meet the criteria.

these matters have not received the attention they require when they are returned to the CSC.⁷

Joint investigation staff indicated that they were only partly satisfied with the referral process. The problems related to insufficient information and to referrals which did not meet the criteria for a joint investigation response.

After-hours and/or crisis response

Different award conditions for staff in the Department of Community Services and the NSW Police in relation to the payment of overtime for after-hours services have hindered the provision of an after-hours response. Satisfaction with the after hours service (or lack of one) was generally quite poor, both among JIT/JIR staff (35% said that it was ‘mostly unsatisfactory’) and NSW Health staff who are sometimes the first agency that a family has contact with in an emergency. While NSW Health staff were generally very positive about the police response, they were frustrated by the inability to contact DoCS staff after hours although they recognised their constraints.

From acceptance to allocation and contact with the child and the family

The critical time issue for families, if they are aware that an allegation has been made, is the time it takes for Police and DoCS to make contact with them and to interview the child. No data are available, however, on the time taken nor on the extent to which families are satisfied with the time taken and the process.

One of the difficulties outlined by JIT/JIR staff was the difference in policy and approach by Police and DoCS in allocating cases. While police were directed to allocate matters immediately upon acceptance, this was not the case for DoCS. In any case, a coordinated joint response is not possible until both a DoCS and police officer are available to deal

⁷ The 2001 revised manual now requires a case planning meeting when a child under 14 has not been interviewed or not disclosed sexual abuse during an interview although there are other indicators of sexual assault present. It is unclear whether this is happening but some monitoring and assessment of this issue would be useful especially given the concerns expressed in the Legislative Council’s Law and Justice Committee Inquiry into Child Sexual Assault.

with it. Concerns were expressed about the stress this puts on police, the difficulty of managing and ‘keeping tabs’ on cases, and the impact on family decision making about how to proceed when they are contacted first by police without coordinated DoCS involvement.

Referrals from JIT/JIR to health services for medical examination and counselling

No data is available on the actual number of JIT/JIR cases in which the child and his/her family were referred to health services for a medical examination or for counselling and support. Nor is data available on the time taken to make this referral or the reasons for no referral being made.⁸

Length of investigation

The average length of investigations across JIT/JIR varied from 19 days to 80 days. This was defined as the time from acceptance of the referral to the preparation of the brief (for those matters proceeding to prosecution) or to closure of the matter (for those not proceeding). Overall, JIT investigations took longer than those conducted by CPIT/JIRs.

Referral of the brief for prosecution

No data are available on the time taken for a matter to proceed from preparation of the brief and its referral to the ODPP and the finalisation of the criminal prosecution. Data from the NSW Bureau of Crime Statistics and Research, however, indicate the following median delays⁹ in 1999 for Higher Court matters proceeding to trial and sentence:

- arrest to committal 102 to 172 days
- committal to outcome 267 to 506 days
- outcome to sentence 5 to 49 days.

⁸ The *Inter-Agency Guidelines on Child Protection Intervention* and the 1997 and the revised 2001 *Joint Investigation Policies and Procedures Manual* outline the responsibility of joint investigation staff to discuss and explain to children and their families the need for a medical examination, counselling and other treatment and support services.

⁹ The range in each category is associated with different outcomes (being acquitted of all charges or found guilty of at least one charge, acquitted on one or more charges but pleading guilty to at least one other charge) and to bail status (on bail or in gaol).

The delays in the court system are, however, unaffected by the joint investigation process, and have since decreased.

3. 1. 2 More appropriate interviewing – environment and skills

One of the main aims of joint investigation is to reduce the stress for children as a result of the investigation process and to provide information to assess the risk to the child and reliable evidence to prosecute the alleged offender where possible.

Number of interviews

Minimising the number of times a child has to be interviewed and tell what happened to police, DoCs, and health professionals is a key measure of the effectiveness of the joint investigation process. No data are available, however, from this evaluation on the number of interviews with children and the reasons for repeated interviewing where this was required.

Two other reports, however, provide some evidence about this measure. First, the pilot evaluation report by Cant, Downie and Cant (1996) found “some evidence” that the two pilot JITs at Bankstown and The Entrance in 1994/5 did reduce the number of repetitive interviews for children” (p. 24). An internal DoCS report in early 1999 on an audit of randomly selected matters referred to the eight JITs observed, however, that poor interviewing skills and the failure to address the legal requirements for criminal charges to be laid meant that “in many instances children are being as matter of course, reinterviewed” (p. 6).

Since reducing the number of interviews with children is one of the main aims of the process, and the available information is now dated, it is important that some more recent information on this measure is obtained. **It is therefore recommended that a sample of representative cases from 1999, 2000 and 2001 are examined to provide data on the number of cases in which children were interviewed once, twice or more often and the reasons for any repeat interviews.**

Interviewing skills

Conducting a good investigative interview with a child who has allegedly been abused is a complex and difficult task requiring a range of inter-personal skills, good understanding of child development and of the nature and dynamics of abusive relationships, and knowledge of the legal and evidentiary requirements. The way the interview is conducted affects the child's response and the stress they are exposed to, both during the interview and in any subsequent legal proceedings. Competent and confident interviewers are likely therefore to reduce the stress of interview and to produce a more reliable and comprehensive account of the allegations.

The key measures were:

- JIT/JIR staff perceptions of their competence and confidence as interviewers
- their concerns about conducting an investigative interview with children, and
- the extent to which they believed that the training prepared them for their role.¹⁰

Most JIT/JIR staff (75%) rated themselves as 'mostly competent' but a quarter said they 'sometimes felt competent and sometimes incompetent'. DoCS JIR officers expressed a lower level of confidence in their competence (68% said they felt 'mostly competent') than other staff (80% of police officers in JITs and JIRs and 75% of DoCS officers in JITs).

Most DoCS and police officers thought that their training had equipped them 'very well' or 'somewhat well' for their role in joint investigation and that it fairly closely reflected their office practice. They were, however, keen to have regular refresher skills-based courses and more authentic training interviews involving children rather than role playing. A substantial proportion (ranging from 38% to 81%) indicated that they would like more training in interviewing particular groups of children (children of different ages,

¹⁰ A review of the quality of the interviews conducted by JIT/JIR officers was outside the terms of reference for this evaluation but, as outlined later, ODPP solicitors indicated an improvement in the quality of the briefs of evidence prepared by JIT/JIR officers. More recent reviews of training have, however, been conducted by Southern Cross University and Dr Martine Powell.

especially young children, children with a disability, and with different cultural backgrounds). More DoCS officers, especially in JITs, than police said they wanted additional training (Table 3).

During the course of the evaluation, video-recording of children’s investigative interviews was introduced in JIT offices. The staff were overwhelmingly positive about the likely benefits for children and many JIR staff were clearly frustrated about the delayed roll-out in country areas. This process has been evaluated and a final report has now been prepared by Diana McConachy for NSW Police.

Table 3
Areas in which staff would like additional training

	JIT		JIR	
	Police	DOCS	Police	DOCS
Interviewing people with special needs	48%	81%	70%	61%
Interviewing techniques for children of different ages	52%	63%	50%	67%
Culturally sensitive interviewing	38%	56%	60%	56%
Child development	52%	50%	50%	56%

Law relating to child abuse	62%	63%	70%	56%
Law of evidence	57%	81%	60%	61%
How to improve briefs	63%	n/a	40%	n/a

Abuse risk assessment	n/a	56%	n/a	52%
Protective intervention	35%	62%	40%	42%
Information about perpetrators of child abuse	60%	75%	40%	63%
Roles of different agencies	45%	56%	30%	54%
Working in				

inter-disciplinary team

35%

62%

20%

47%

3. 1. 3 Referral to Health services and access to counselling

NSW Health is the third arm of the joint investigation response and provides services to children who have been subject to serious abuse and their families. Health professionals have two main roles in these cases: to conduct medical examinations for forensic purposes and treatment, and to provide counselling, support, information, advocacy through PANOC and sexual assault counselling services. Child and Adolescent Sexual Assault Counsellors (CASAC) also provide court preparation and emotional support for child witnesses in matters that proceed to criminal court hearings.

The *Interagency Guidelines for Child Protection Intervention* and the 1997 *Joint Investigation Teams Policies and Procedures Manual* and the revised 2001 manual outline the requirement for JIRT staff to refer children and their families to NSW Health services.¹¹ Unfortunately no data are available in this evaluation about the actual number of children and families who were referred during this period to health services for medical examinations and for sexual assault services. But some estimates and information is available from both JIT/JIR staff and from NSW Health staff.

Medical examinations

Medical examinations may play an important role in providing forensic evidence to support a prosecution although such evidence is rarely conclusive. Such examinations may, however, help to reassure the carer and the child about the child's physical health and guide appropriate medical treatment.

Orders under s. 23 of the 1987 Act¹² were made in 143 cases (3.9 % of accepted finalised cases) to allow medical examinations to be conducted. Two-thirds of these were conducted in the metropolitan areas where JITs were operational, and only one third in

¹¹ In some emergency situations, where medical and/or sexual assault services staff have first contact with the child, the referral is from those services to JIRT.

¹² Similar provisions exist in s. 173 of the *Children and Young Persons (Care and Protection) Act 1998*.

country areas although around 43% of accepted and finalised matters were handled by JIRs in country regions.

The key issues in relation to the medical examination are the need for them to be conducted by experienced Health professionals and the appropriate timing and preparation for the child, depending on the recency of the assault. A timely and appropriate response is vital in obtaining and maintaining that evidence, and may help to reduce the emotional stress associated with the investigation process for the child victim and their family.

NSW Health staff comments on the referrals from JIT/JIR indicated considerable variability in the consultation and referrals from different JIT offices and by individual staff within these offices. Some were clearly satisfied, others less so. Hospital medical staff indicated that they were able to see children referred to them for medical examinations within hours or on the same day.

Nearly two-thirds (64%) of JIT/JIR respondents were ‘mostly satisfied’ with the promptness and manner in which medical examinations were conducted and just over half were ‘mostly satisfied’ with the quality of the reports. There were, however, concerns about the availability of experienced medicos to conduct these examinations and appear in court in country areas.

An analysis of forensic kits used over a 12-month period in 1997/8 found that the majority of kits were presented in a suitable manner.¹³ The problems identified were largely avoidable and probably due to doctors not being familiar with and not following the procedures outlined in the protocol. The 473 kits were provided by 226 different doctors, the vast majority of whom submitted only one kit.

¹³ The analysis of forensic kits was conducted by Dr Robert Goetz from the Division of Analytical Laboratories, NSW Health to assess the quality of these kits and the extent to which this protocol is followed by medical practitioners. The analysis included kits submitted over a 12-month period (December 1997 to December 1998) from examinations of both adult and child sexual assault victims.

Referrals to sexual assault services

Information from both JIT/JIR staff and from NSW Health staff indicates that a significant percentage of cases investigated by JIT/JIR were not referred to NSW Health (Table 1.1 in Section 1 of the Appendix). The main reason cited by JIT/JIR staff for not referring children and families was that “the family [did] not want health services”. Other reasons were the lack of available counsellors, and waiting lists for these services, especially in some country areas. Some JIT/JIR officers also expressed concern about the type of information some sexual assault counsellors give to clients, and suggested they need to be better informed about the roles and responsibilities of DoCS and Police officers.

While a number of sexual assault counselling staff admitted to a high demand for their services and unrealistic caseloads, they also expressed concerns about the reluctance of JIT/JIR staff to refer to their services. They argued that referral to Health services for children and their non-offending carers can provide a range of services¹⁴ and should occur whether or not the family requests referral or appear to be suffering distress as a result of the abuse. The revised 2001 JIRT manual now states that information about Health services should be provided to children and families even when they decline a referral; it also requires the “DoCS JIRT staff member to record on file the reason a referral was not made and that relevant health service information was provided” (p. 18).

3. 1. 4 Ongoing post-investigation support and court preparation

After the investigation is completed, the case may be finalised in one or more ways – by arrest and charges being laid, by action in the Children’s Court, by being referred onto other services for support or back to the CSC for ongoing case management, or by no further action and case closure. A key issue for the child and the family in helping them to deal with what has happened is the extent to which they are informed about what is to

¹⁴ Health services offer information about the nature of sexual abuse and how to deal with it, medical assessment and reassurance, liaison with schools and other service providers, work with siblings, court preparation, and information about Victims’ Compensation.

happen and what services and support is available especially if the matter is to proceed to a criminal court hearing. The 1997 and the revised 2001 manuals outline the arrangements for referrals, case transfer and case closure which vary depending on the nature of the case and the results of the investigation.

Unfortunately, no data is available in this evaluation about the follow-up arrangements and continuing support for the child and the family.¹⁵ Complaints to CPEA about the way cases are dealt with indicate, however, that some families are unhappy about the level of feedback and support and the lack of information given to them about the progress of the case. Since cases commonly become ‘lost’ or are badly managed at referral and case transfer, some analysis of these procedures, compliance with them, and families’ experience of them may be worthwhile.

The role of court preparation and court support is particularly important for children who are required to testify in criminal proceedings because the evidence of the complainant is invariably crucial to the prosecution case. Court preparation and court support are generally provided by NSW Health Sexual Assault Services and by the Witness Assistance Service within the Office of the Director of Public Prosecutions. This is one of the reasons that referral to NSW Health by JIT/JIR is important.

3.1.5 The experience of children and families

One of the best measures of the impact of the investigation on children and their families is to ask them. Unfortunately, only limited information was available from the children themselves and their families because of the low response rate (3 children and 3 non-offending parents). Clearly, however, the children who were interviewed were concerned about the inter-personal aspects of the investigation – who they talked to, how comfortable they were with them, the timing and pace of the interview, and how well informed they were about the reason for the interview. This is consistent with the findings

of the earlier pilot evaluation study (Cant, Downie & Cant, 1996) and with UK research (Wade & Westcott, 1997). The finding that children were more concerned about the interpersonal aspects and whether they can trust the adults they were dealing with than the procedural and technical aspects is certainly not unique to this area.

3.2 To what extent does JIT/JIR increase the effectiveness of the investigation process and produce better outcomes for children?

While the relative success of any model of child protection investigation is not assessed in terms of an increase in the prosecution and conviction rate, one aim of the joint investigation process is to improve the effectiveness of the investigation process. The key measures include:

- the legal action that is taken to prosecute the alleged offender and to protect the child
- the perceived quality of the briefs
- the outcome of the prosecution process
- the evidence given in court by children and changes in court procedures, and
- better inter-agency collaboration between the JIT/JIR teams and the ODPP.

3.2.1 Legal action and outcomes

The three main options for protective intervention were taken in about one in four finalised matters in 1999 (see Table 4: in 23.9% of JIT matters, 27.1% of JIR matters, and 25.3% overall).

¹⁵ The pilot evaluation report found that “the JITS engendered a feeling in their clients that they were partners in the investigation process and kept them informed of the progress of their case” in contrast with the control group clients who felt excluded from it (Cant, Downie & Cant, 1996, p. 26).

Table 4
Reasons for finalisation of accepted JIT/JIR cases in 1999

Reasons for finalisation of accepted cases (Source: JOBS database)	JIT		JIR (CPIT)		Total
	No	% of finalised cases	No	% of finalised cases	
Arrest	310	14.7%	271	17.1%	581
Apprehended Violence Orders (AVO)					
Application for AVO	170	8.0	130	8.2	300
Application granted	82	3.9	79	5.0	161
Children's Court care application	25	1.2	29	1.8	54
No further action	1608	76.1	1124	70.9	2732
Total finalised (% total accepted cases)	2114	(86.7)	1586	(84.8)	3700
Cases not finalised at 31 December 1999	324	13.3	285	15.2	
Total accepted cases	2438		1871		4309

Finalised by arrest

A total of 894 charges were laid against 545 persons in 581 cases.¹⁶ Overall, 15.7% of finalised matters were finalised by arrest, with the proportion slightly higher for JIR matters (17.1%) than for JIT matters (14.7%). The data for 2000 and 2001 are similar to the 1999 figures, with around 15% of cases finalised by arrest: 17.8% in 2000, and 13.3% in 2001.¹⁷

¹⁶ A case was defined by each victim-offender pair; if, for example, three children had allegedly been assaulted by one person, this constituted three cases.

¹⁷ The corresponding figures for these two years are:
 2000 3,875 accepted matters, 689 finalised by arrest (17.8%),
 2001 4,103 accepted matters, 544 finalised by arrest (13.3%).

Apprehended Violence Orders

An application for an AVO was made in 300 matters (8.1% of finalised matters). Just over half the applications (53.7%) were granted. This represents 3.8% of the finalised matters. Applications by JIRs in rural areas were more likely to be granted (60.7%) than those applied for by JITs in the metropolitan areas (48.2%).

Care applications

A care application was made in the Children's Court in 54 matters (1.5% of finalised matters). The outcomes of these applications are not known. Nor is there any information on the extent to which other protective interventions were used.

Unfortunately, no data were obtained on the recurrence of abuse for children for whom different types of protective measures or no measures were in place. Given the risk of repeated abuse for very vulnerable children and young people, this issue could be addressed in a targeted research study or under the umbrella of another broader study. In particular, **it is recommended that some follow-up of cases referred back to CSCs after joint investigations be undertaken to determine how the child's safety and welfare needs are met.**

3.2.2 No further action

A high proportion of matters (73.8%) resulted in no further action at the investigation stage (Table 5). The main reasons were a lack of evidence – either because the evidence itself was judged to be insufficient to support a prosecution or the child was assessed as not competent to testify, or because the family or the child were unwilling to proceed or withdrew or did not make a complaint.

The evaluation team heard considerable anecdotal evidence that JIT/JIR officers tend to leave it to the child and the family to decide whether to proceed and that police officers

have admitted talking a family out of going to court where the evidence is not deemed strong. While JIT/JIR staff are required to explain the process and what it entails for the child, there is a fine line between providing information about what to expect and encouraging the family not to continue especially when the families and children are under considerable stress.

In a small proportion of finalised cases (3.3%) - but still a significant number (121) - the offender either could not be identified or could not be located.

Table 5
Reasons for no further action in JIT/JIR matters finalised in 1999

Reasons for no further action <i>Source: JOBS database</i>	JIT		JIR (CPIT)		Total
	No	% of finalised cases	No	% of finalised cases	
No complaint from child	558	26.4	495	31.2	1053
Evidence insufficient to support case	355	16.8	266	16.8	621
Victim unwilling to give statement	263	12.4	131	8.3	394
Child assessed not competent	115	5.4	79	5.0	194
Withdrawal of complaint	133	6.3	73	4.6	206
Parent/child did not wish to proceed	97	4.6	46	2.9	143
Unable to identify offender	62	2.9	20	1.3	82
Offender's whereabouts unknown	25	1.2	14	0.8	39
Total: no further action	1608	76.1	1124	70.9	2732
Total finalised	2114		1586		3700

3.2.3 Prosecution

Once an arrest is made, a brief is prepared for the Office of the Director of Public Prosecutions to proceed with the prosecution. Although this is not always a straight-forward process and briefs may be withdrawn or dismissed at this stage, the majority of briefs proceed to prosecution. Data from two JIT offices and one CPIT indicated, for example, that 84%, 88% and 74% of briefs during 1999 proceeded to prosecution. Once

again, the main reasons for the case not proceeding to prosecution were that the child/family did not wish to proceed, insufficient evidence, and concerns about the child's capacity 'be a good witness'. Significantly for the joint investigative model, 'contamination of evidence' was identified as a reason for not proceeding by only 22% of respondents.

3. 2. 4 Perceived quality of briefs of evidence

The quality of JIT briefs was considered to be "good" or "excellent" by 75% of ODPP solicitors; the corresponding figure for JIR briefs was 80%. Compared with the quality of 'police only' investigations, JIT briefs were rated as better by 67% of ODPP respondents, and JIR briefs were rated as better by 44 % of respondents. This was because they showed more understanding of the law and the constraints of child sexual assault matters, were "more thoroughly prepared", and "less likely to have been contaminated". On the other hand, some ODPP solicitors were less positive, particularly commenting on the higher standard of peripheral investigation in the 1994/95 pilot program and the need for additional evidence (mainly, evidence of complaint, medical evidence, and corroborative evidence) to be requisitioned in a fairly high proportion of briefs from both JIT and JIR. Some solicitors specifically wanted to see more focus on corroborative evidence to support the case. JIT/JIR officers, on the other hand, commented on the need for ODPP staff to be familiar with the briefs earlier and before asking for more information.

3. 2. 5 Outcomes of prosecution

The conviction rate for the 40 cases prosecuted in 1999 for the two JITs and one CPIT was 100%, and it was also very high in 1997 and 1998. Only 12 of the 86 matters (14%) that proceeded to prosecution from the two JIT offices over three years resulted in an acquittal, a much lower rate than is generally found for these matters (NSW Bureau of Crime Statistics and Research).

The majority (60%) of ODPP respondents thought that there had been an improvement in the success rate of prosecutions following the introduction of JIT/JIR. This improvement

was most commonly attributed to an improvement in the quality of the briefs, leading to more guilty pleas and more convictions at trial. Another possibility is that more careful selection of cases meant that only the stronger cases proceeded to prosecution. ODPP solicitors also cited raised judicial and/or public awareness of child abuse issues, and positive changes in courtroom procedures for child witnesses.

3.3 To what extent do joint investigations improve the level of cooperation between Police and DoCS, and other agencies?

One of the main aims of joint investigations is to improve the level of collaboration and cooperation between the two main agencies involved in protecting children and prosecuting offenders. Better collaboration is expected to result in improved sharing of information, more timely and effective investigations, and in assessments and referrals to services that protect the children involved. The key measures of improved levels of cooperation include:

- a good understanding by staff their own and the other agencies' roles and responsibilities and the compatibility of these roles
- joint briefings and planning processes
- satisfaction with the work and with the collaborative process.

3.3.1 Perceived role clarity and compatibility

Overall, 60% of the JIT/JIR respondents said they thought their roles were very clear, with Police being somewhat more certain about their role than DoCS officers were (67% of police said their role was 'very clear' cf. 54% of DoCS officers). Police, especially in JITs, also saw the two roles as being more compatible in relation to both investigation and the assessment of the child's protection needs than DoCS officers did (Table 6).¹⁸ JIT

¹⁸ Police in JITs were also the most satisfied with the collaborative approach especially compared with police in JIRs.

officers also perceived greater compatibility than JIR officers, confirming the effect of co-location over cooperative but less formal co-working arrangements (Lloyd & Burman, 1996).

Some DoCS officers suggested that some of their police colleagues had not fully accepted the joint model philosophy, tending to minimise the role of the DoCS officer in protecting the child’s interests.

Sometimes risk assessment information is not seen as a priority by police or as secondary to obtaining details for the criminal investigation, whereas protection of the child should be seen as a priority.

Similar views have been reported in UK studies, with social workers indicating that their own role in representing the child’s broader welfare tends to be secondary to the police investigative role (Brownlow & Waller, 1997; Wattam, 1992). Lloyd & Burman (1996) found, for example, that both police and social workers reported that police were clearer in their role and generally took the lead in interviewing and in the investigation. This was not the case here, however, with most police and DoCS officers (72%) indicating that the interviews with the child were conducted jointly and the task shared equally between DoCS and police officers. In the JIRs, however, where the task was not shared, both police and DoCS officers said that police had taken the lead in the interviews with children.

Table 6a
Perceived compatibility of Police and DoCS roles in the investigation process

	JIT		JIR	
	<u>Police</u>	<u>DoCS</u>	<u>Police</u>	<u>DoCS</u>
	%	%	%	%
Mostly compatible	65	50	40	42
Sometimes compatible/ Sometimes incompatible	25	37	52	52
Mostly incompatible	10	13	8	6

Table 6b
Perceived compatibility of Police and DoCS roles in assessment
of need for child protection

	JIT		JIR	
	<u>Police</u>	<u>DoCS</u>	<u>Police</u>	<u>DoCS</u>
	%	%	%	%
Mostly compatible	70	56	80	37
Sometimes compatible/ Sometimes incompatible	25	37	20	47
Mostly incompatible	5	7	0	16
Total (n)	20	16	10	19

A key area of tension between the approach of DoCS and police officers, also reported in the UK, is the relative timing of action to protect the child and the possible ‘contamination’ of later criminal proceedings against the alleged offender. This issue arose in relation to the decision about when to inform the parents and when to interview the alleged offender, and when to proceed with action in the Children’s Court to protect the child. For example:

Some requirements of DoCS officers contradict the needs of police officers, for example, the need to inform the natural parents that the child has been interviewed may compromise the investigation.

More than half of the JIT/JIR officers (60%) indicated that conflict was generally ‘easily resolved’, but 18% said it was ‘frequently unresolved’. Conflict is not necessarily a problem as long as it does not affect the capacity of the officers involved to carry out their own role and to work together. Indeed, some conflict is to be expected and can be a healthy sign, indicative of the ongoing need to find a balance between different and sometimes conflicting goals (Scott, 1993). Just over a third (36%) felt that conflict ‘sometimes’ disrupted the effectiveness of the investigation but nearly two-thirds (60%) said it did not. Where it was seen as unproductive, the most commonly mentioned effects were increased stress, lower morale, and the development of an ‘us and them’ mentality.

3.3.2 Joint briefings and planning

Good preparation and planning for the interview and the investigation is essential to develop teamwork and to improve practice. Joint briefing and de-briefing meetings, the vehicle for information sharing and planning, were found to be ‘mostly helpful’ by about 60% of JIT/JIR staff with another 30% or so saying they were ‘sometimes helpful’. JIR DoCS officers commented on the lack of pre-interview briefings and de-briefings with ‘fly in, fly out’ visits by CPIT staff because of the workload and the need to conduct multiple interviews one after another.

No data were obtained on the actual number of cases in which Protection Planning Meetings (PPMs) or other case meetings were conducted to discuss and plan the child protection response to meet the child’s needs. Estimates by DoCS and police JIT/JIR officers of the percentage of their cases in which PPMs were held indicated significantly different estimates. DoCS respondents estimated 28% of cases (JIT : 24%; JIR: 31%) but Police estimates were markedly lower – at 14% (JIT, 15%; JIR, 11%). Most respondents suggested that PPMs should happen more often, and that the meetings needed to be more focused. They suggested the need for clear guidelines as to their purpose, a tight agenda, as well as some training in how to chair and run a time efficient meeting.

3.3.3 Collaboration with other agencies

The two main agencies with key roles in joint investigations outside Police and DoCS are NSW Health and the Office of the Director of Public Prosecutions (ODPP). NSW Health staff provide medical examinations and treatment, counselling and court preparation. ODPP staff are responsible for prosecuting alleged offenders.

NSW Health staff were generally clear that their role in relation to the work of the joint investigation units was to safeguard the health, well-being and rights of the children involved and to provide counselling, court preparation and support, information, advocacy and emotional support throughout the process. They were

critical, as indicated earlier, of the delays and the low rate of referrals of children from JITs to child sexual assault services for counseling and court preparation.

While about half the Health staff were mostly satisfied with their inter-agency relationships with JIT/JIRs, a number cited the need for greater continuity / reduced staff turn-over, better communication, and earlier contact between the agencies. Another consistent theme was the need for closer links and more consultation especially in relation to the rate of PPMs and planning to meet the needs of children. Some Health staff suggested joint training and planning, regular informal gatherings, and forums where teams can clarify issues quickly. Country staff also referred to the problems of communication and in convening meetings as a result of the distances and travel involved.

Office of the Director of Public Prosecutions (ODPP)

ODPP solicitors see the results of joint investigations in the briefs that are prepared for prosecution. As outlined earlier (3.2.4), they were generally satisfied with the quality of joint investigation briefs and believed that prosecutions tended to be more successful as a result. Some ODPP solicitors, however, commented on the need for additional evidence (mainly, evidence of complaint, medical evidence, and corroborative evidence) to be requisitioned in a fairly high proportion of briefs from both JIT and JIR.

On the other hand, JIT/JIR officers commented on the need for ODPP solicitors to have specialist knowledge of child abuse issues and to become familiar with the brief, communicate with them and ask for more information, if required, earlier in the process.

The DPP have a habit of changing prosecutors just before the court matter is to be heard. Therefore the “new” prosecutor is taking on prosecutions with very limited preparation.

3.4 To what extent are JIT/JIR resources and procedures adequate and appropriate?

The key issues in relation to the adequacy and appropriateness of JIT/JIR resources and procedures were :

- staff perceptions of the adequacy of staffing and recruitment
- staff turnover
- work satisfaction
- satisfaction with the supervision and support they receive
- the implications of co-location versus co-working.

3.4.1 Staffing levels

JIT/JIR staff were consistent in their comments about inadequate staffing levels and excessive work-loads. Police expressed more concern than DoCS staff and cited the lack of availability and high staff turnover of DoCS officers as a continuing problem.

The 1999 figures on staffing levels and the number of notifications per office indicated considerable disparity in the number of DoCS and police officers in JITs, and in the number of supervisory and administrative positions, especially for some of the highest workload offices. They also supported concerns about understaffing in comparison with UK figures.¹⁹

¹⁹ For example, the Avon and Somerset Region of the UK had at that time 70 police working on child protection in a region with a population of 1.4 million people whereas NSW has about the same number of officers to serve a much larger population distributed over a very much larger area (figures provided by Superintendent Gould).

Table 7
Perceived adequacy of staffing levels to meet workload demands

	Always understaffed	Barely sufficient	Appropriate
JIT Police	75%	25%	0%
JIT DoCS	40%	53%	7%
JIR Police	67%	33%	0%
JIR DoCS	37%	53%	11%

Recruitment

There have also been concerns about recruitment and staff turn-over. A substantial number of JIT/JIR staff (with the exception of JIR police) said that the recruitment processes and the selection of staff for the role of joint investigation officer was ‘inadequate’ (38-50% overall). Consistent suggestions for improvements included the need for staff in this area to have more experience, demonstrated skills, especially in investigation for police, and a commitment to this particular type of work.

Intended tenure

A substantial number of JIT/JIR staff (39% overall), including half the JIT police and JIR DoCS officers, were unsure how long they were going to stay in their position. Over a third of the remaining staff were intending to stay less than 2 years. The potential loss of so many trained staff clearly warrants close attention.

Table 8
Expected stay in current position for JIT/JIR officers

	<u>JIT – Police</u>		<u>JIT – DoCS</u>		<u>JIR - Police</u>		<u>JIR – DoCS</u>		<u>Total</u>	
	n	%	n	%	n	%	n	%	n	%
Up to 12 months	5	25.0	4	26.6	-		-		9	14.1
12 - 24 months	4	20.0	6	40.0			4	21.1	14	21.9
More than 2 years	1	5.0	3	20.0	7	70.0	5	26.3	16	25.0
Unsure	10	50.0	2	13.3	3	30.0	10	52.6	25	39.1
Total	20		15		10		19		64	

The main reasons, also reported in other jurisdictions,²⁰ for the low numbers of staff intending to remain in their positions for any length of time are likely to be the high workload, inadequate supervision, the isolation from the rest of their department, and the lack of opportunities for career development in the child protection field.

3. 4. 2 Supervision and support

Supervision, support and training are likely to be key factors in helping newly appointed joint investigation officers and team leaders understand their roles and responsibilities, improve their skills, and feel supported in a stressful area of work.

Nearly two-thirds (63%) of JIT/JIR staff said they were receiving some supervision although this varied considerably in frequency and regularity. DoCS officers (43%), and particularly those in the country, were more likely than police (20%) to indicate they wanted more supervision. DoCS officers were also more likely to say that the quality of the supervision was inadequate than police officers were, and again, the least impressed were DoCS officers in rural JIRs (Table 9).

²⁰ These were also the reasons given by staff in the Avon & Somerset joint investigation teams, and in Scotland (Lloyd & Burman, 1996).

Table 9
Perceived quality of supervision provided

	Inadequate	Adequate	Very adequate
JIT Police	21%	42%	37%
JIT DoCS	38%	25%	38%
JIR Police	30%	40%	30%
JIR DoCS	42%	33%	25%

The main perceived barriers to effective supervision were the workers’ and supervisors’ workloads and the supervisors’ lack of skill and commitment to supervision, as well as the distances and travel involved for JIR staff.

Overall, just over half (54%) said they were not satisfied with the level of emotional support they received in relation to work-related stress. This was a problem for police more than DoCS officer, with stress reactions tending to be seen by police as weakness and a sign of not coping.

3.4.3 Work satisfaction

About half the JIT/JIR respondents reported being ‘mostly satisfied’ with their work. Only a small percentage were ‘mostly dissatisfied’ though this was up to a fifth of the police officers in JITs. The qualitative comments indicated their commitment to making the world a safer place for children, to community service and inter-agency collaboration.

Table 8
Reported job satisfaction of JIT/JIR officers (n = 64)

	Mostly satisfied	Sometimes satisfied	Mostly dissatisfied
JIT Police	45%	35%	20%
JIT DoCS	53%	40%	7%
JIR Police	50%	40%	10%
JIR DoCS	53%	37%	11%

The aspects of their work they were dissatisfied with included:

- the lack of supervision and support from senior management
- the high workload and pressure to get through cases quickly
- feelings of isolation and being removed from their departments
- physical isolation from other co-workers in rural areas
- the lack of opportunities for career development in the child protection field

A common complaint of police who work in child protection is the lack of recognition by other police of the complexity of their work, and the trivialisation of their role, indicated by labels such as the “Nappy Squad” (Lloyd & Burman, 1996). The difficulty of the work and the lack of respect and recognition for this probably contribute to the difficulty of recruiting and retaining staff for these positions (Cant, Downie & Cant, 1996; Lloyd & Burman, 1996).

3.4.4 Co-location, and co-working in rural areas

While the introduction of both models (JIT and JIR) in the same state at the same time provides an opportunity to compare and contrast their operation and effects, the fact that JITs are located in major urban centres while JIRs function in rural areas clearly confounds the JIT vs JIR comparison.

Two differences between JIT and JIR staff suggested that co-location may have had some effect on joint working relationships over above the less formal co-working arrangements in JIRs.

- JIT officers, and especially police in JITs, saw the investigation and child protection roles of the two agencies as being more compatible than JIR officers did.
- JIT officers were more interested than their JIR counterparts in further training, especially in working in an interdisciplinary team.

Clearly, working together in either the JIT or JIR arrangement did not eliminate the differences between police and DoCS officers in approach or focus, and there were some tensions and conflict arising from differences in focus and the timing of particular procedures. Police were clearer about their role and tended to see their role in the criminal investigation and the assessment of the child's protection needs as being more compatible than DoCS officers did. Indeed, the most common outcome following investigation, apart from no further action, was arrest and charging, with an application for an AVO or Children's Court intervention much less frequent.

Other differences between police and DoCS officers, regardless of co-location, were structurally and resource related, with some concern about the lack of available DoCS staff, especially after-hours. DoCS staff were also less satisfied with the quality and frequency of their supervision, especially in rural areas. The lack of recognition ("nappy squad") and support in relation to work-related stress was, however, more of a problem for police than for DoCS staff.

There were therefore more marked differences between DoCS and police than between JIT and JIR staff. Relatively few measures in this evaluation revealed significant differences between the JIT and JIR versions of the joint investigative model but some issues, notably the 'tyranny of distance' and feeling like the 'poor country cousin', were unique to the joint investigation response in the country.

- Distance and the associated travel and communication problems made working jointly more difficult in the country than in co-located JITs.
- JIR staff felt disadvantaged by a lack of resources, and in particular, by the delayed introduction of audio- and video-recorded interviewing.

SUMMARY

The findings indicate that joint investigation provides for better collaboration and information sharing between the two agencies, and results in more effective investigations and prosecutions. There is little evidence from this evaluation, however, that the joint investigation leads to better protective intervention other than the prosecution of the alleged offender. The main contentious issues were the level of staffing and the availability of an after hours response, the need for additional and realistic training and feedback, supervision and support, the appropriateness and rate of referrals to JIT/JIR and from JIT/JIR to health services, and the provision of ongoing support for children and families after the investigation is finalised.

RECOMMENDATIONS

It is recommended that a sample of representative cases from 1999, 2000 and 2001 are examined to provide data on the number of cases in which children were interviewed once, twice or more often and the reasons for any repeat interviews.

It is recommended that a sample of representative cases referred back to CSCs after joint investigation is followed up to determine how the child's safety and welfare needs are met.

It is recommended, following Young, Gain and Baker (1998), that effective databases and data standards be developed to reflect the inter-agency approach to service provision and in particular to allow the monitoring and evaluation of the performance of joint investigations and the child protection system.