

Strong Families – Safe Kids

Implementation Plan 2016-2020



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Strong Families-Safe Kids Implementation Plan – Compact

Ensuring the wellbeing of children and resilience of families in Tasmania is a collective and shared responsibility.

The Strong Families-Safe Kids Implementation Plan outlines actions the Tasmanian Government will take to build an integrated system that can respond innovatively and effectively to ensure the safety and wellbeing of children and to support families and communities in doing so.

This compact further recognises that to ensure child wellbeing and to build strong families requires an all of government, all of service system and whole of community approach.

It requires a shared understanding of the important role we all play in building, maintaining and protecting the wellbeing of children, while strengthening the capability of families in need and building community cohesion.

It recognises that as leaders of key government agencies who play important roles in safeguarding children, we can build a brighter, safer future for children through a shared commitment to common principles that underpin work in this important area of collective responsibility.

In progressing the work outlined in this Implementation Plan, it is our shared and joint commitment to work within our Agency's areas of expertise to achieve individual accountabilities while at the same time working collaboratively to achieve joint accountabilities.

We will work together to embed a culture of reciprocity and collaboration within and between our respective workplaces, that encourages and facilitates the sharing of knowledge across teams and disciplines.

We can and we will continue to promulgate the shared understanding across all levels of government and the community that we all have a role to play in child safety and wellbeing.

We have a shared commitment to foster a culture of continuous improvement, and to ensure that the needs of children are placed at the centre of the decision-making process as we move forward to achieve the best outcomes for children and families.

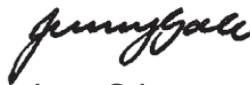
Signed



Michael Pervan

Secretary

Department of Health and Human Services



Jenny Gale

Secretary

Department of Education



Darren Hine

Commissioner of Police

Summary of Investment and Major Initiatives

The Tasmanian Government will invest \$20.5 million over four years into the implementation of the first phase of the redesign. This investment includes:

- **\$3.6 million** to refocus the current child protection intake service into an Advice and Referral Service. This will include:
 - \$1.2 million to employ three senior practice consultants to support decision-making;
 - \$630 000 to employ two additional unit coordinators to provide administrative support for the service;
 - \$1.1 million to allow the Advice and Referral Service to respond to notifications made after hours; and
 - An additional \$660 000 to employ two Aboriginal Liaison Officers to be co-located within the Advice and Referral Service.
- The establishment of a cross government service coordination model for children at risk.
- As part of the whole of government commitment to providing services to children at risk:
 - **\$2.5 million** over two years to identify and purchase additional intensive family support services for children and families on the brink of entering the statutory service system and to design an assertive family support model.
 - **\$5 million** in the Department of Education to provide services and support for children in government schools and child and family centres.
- **\$722 000** to employ two additional Child Protection Liaison Officers in public hospitals across the north and north west of Tasmania.
- **\$7.0 million** to provide additional administrative and practice support to frontline child protection staff. This will include:
 - Seven additional senior practice consultants to support decision-making within teams (\$2.95 million);
 - Four additional unit coordinators to ensure that processes run smoothly and to provide administrative support for teams (\$1.34 million);
 - Five additional support workers to support the case management role of child safety units (\$1.17 million); and
 - Four additional resources to support IT training and workforce development (\$1.53 million).
- **\$840 000** to provide additional psychological support to ensure staff wellbeing and respond to concerns around staff resilience and critical incident debriefing.
- **\$550 000** to improve information technology to support frontline child safety staff. This will include further expansion of the current KIDZ data warehouse to support professional decision making and improvements to the current Child Protection Information System (CPIS).

To support the redesign, the Tasmanian Government will also implement the following key initiatives:

- Promote the use of the Common Approach framework across the service system.
- Develop a statewide risk assessment framework to build a greater understanding across the child and family service system of when government services and authorities need to intervene to keep a child safe, and to build strength and resilience in a child.
- Develop and implement a statewide multi-service Child Wellbeing Plan to be utilised by all services involved with the child.
- Review existing family support services to ensure that services continue to meet the changing needs of the Tasmanian community.
- Develop and consider future investment in assertive family support, in consultation with the non-government sector, which enables children to remain safe in their family home where possible, without the need for removal and entry into the out of home care system.
- Restructure the current Child Protection Service into small child safety units who will work together for a group of children.
- Whole of government commitment to identify and implement a suitable tool to measure child wellbeing.
- Support the Commissioner for Children and Young People to develop an annual report on child wellbeing in Tasmania, including children within the Child Protection system.
- Establish a cross-sectoral Child Wellbeing Consultation Committee that will enable cross sectoral collaboration and ongoing planning. This Committee will form part of the governance structure which will inform implementation of the redesign.

Implementing a Redesigned Child Protection System

The Tasmanian Government is committed to delivering better outcomes for children and their families through the redesign of the child protection system. The *Strong Families-Safe Kids Report* into the redesign of the child protection system clearly identified a wide range of issues that prevent the committed and hardworking teams across government and non-government sectors to deliver the outcomes that we seek in terms of keeping children safe and building strength in families to support our next generation.

Redesigning the child protection system will take time and will require strong leadership and unwavering commitment from a broad range of government and non-government stakeholders. This Implementation Plan articulates how government agencies will build a strong coalition focussed on the wellbeing of the child, and how the Tasmanian Government will invest over \$20 million towards the implementation process.

This Implementation Plan not only addresses the specific recommendations of the *Strong Families-Safe Kids Report*, but also articulates the steps required to fundamentally change the way government and non-government agencies work collaboratively to deliver services to improve the wellbeing of all Tasmanian children.

The Implementation Plan articulates five key strategies that together form the architecture of the redesign of the child protection system. They are:

Strategy 1: *Placing the wellbeing of children at the centre of our services*

Strategy 2: *Building a common, integrated risk assessment and planning system*

Strategy 3: *Creating a single front door*

Strategy 4: *Providing better support for children and their families*

Strategy 5: *Redesigning the Child Protection Service (CPS) with additional support*

The Implementation Plan outlines how the Tasmanian Government will support the above strategies through strong leadership from key government agencies, robust governance and a clear commitment to measuring, reporting on, and evaluating, the outcomes for children and their families.

The Tasmanian Government supports all of the recommendations of the *Strong Families-Safe Kids Report*. The final section of this plan “Addressing the Recommendations within the Report” describes how the specific actions outlined in the Implementation Plan contribute to each of the recommendations of the report.

A copy of the final *Strong Families-Safe Kids Report* on the redesign of the child protection system is available at <http://www.dhhs.tas.gov.au/children/strongfamilies-safekids>

Strategy One: Placing the Wellbeing of Children at the Centre of Our Services

What the Report said

“Child Safety and Wellbeing is Everyone’s Business”

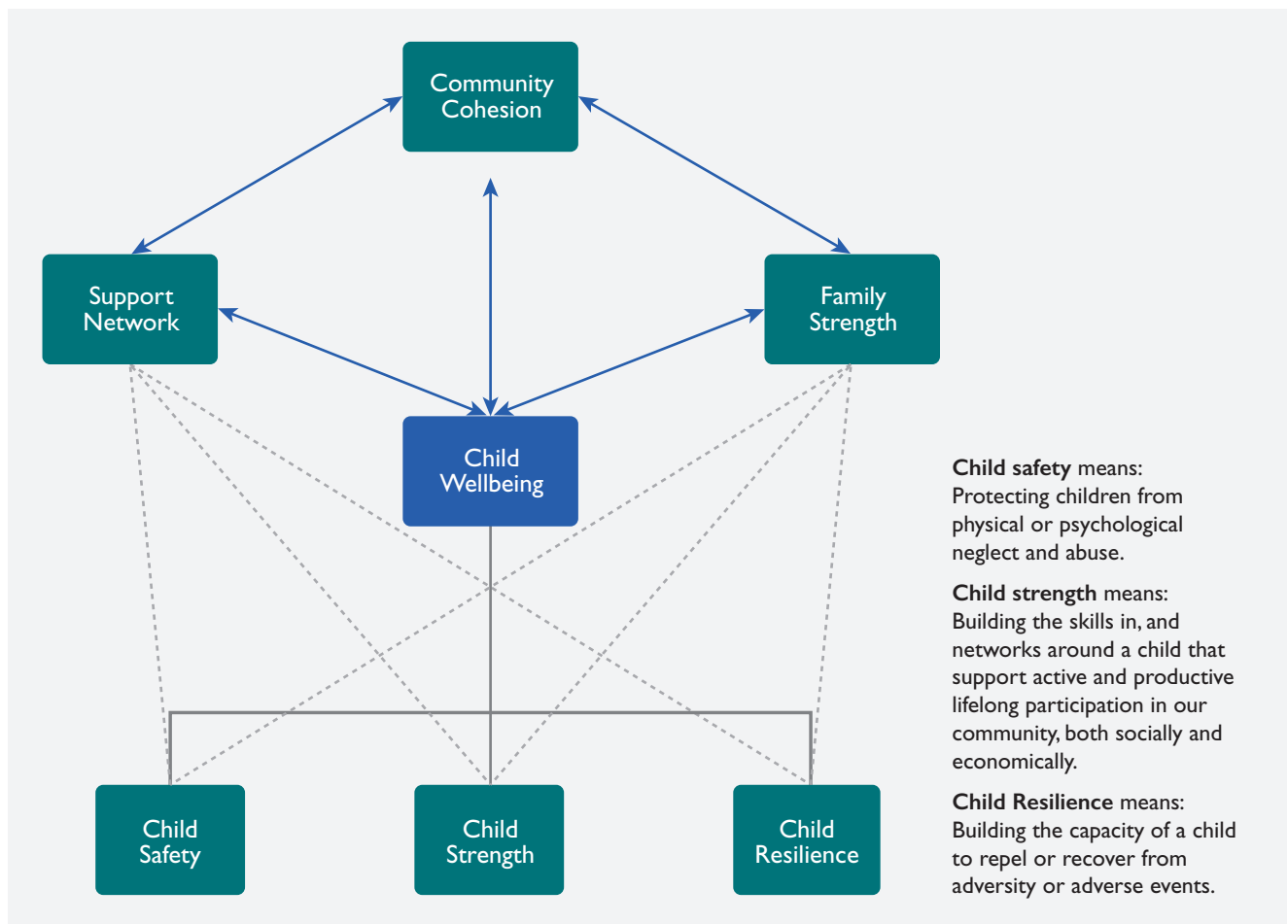
For the system for protecting children in Tasmania to work effectively, all parts of the system have to focus on support for children, young people, families and communities to promote health and wellbeing, prevent problems and enable early and effective intervention when problems do escalate. These include services designed to support children at risk of neglect and include income support, housing assistance and nurse home visiting services.

Statutory child protection must be seen as one small, albeit important part of this broader network of services.

What the Tasmanian Government will do

The wellbeing of a child critically relies on the strength of the family, the cohesion of the community relevant to the child and the effectiveness of formal and informal support networks that surround a child. Child safety is just one component of child wellbeing, along with strength and resilience (see Figure 1).

Figure 1 - Critical Elements of Child Wellbeing



In recognition of the need to place the wellbeing of the child at the centre of everything that we do, the Tasmanian Government will:

Action 1: Rename the Child Protection Service, within the Department of Health and Human Services, to the Child Safety Service, which will include Child Safety Teams.

The *Strong Families-Safe Kids Report* emphasised the need to shift the focus from a singular child protection response, to recognise that child safety is just one critical component of the wellbeing of children. Renaming the Child Protection Service into the Child Safety Service, within which there will be Child Safety Teams, makes it clear that it is only one part of the child/young people and family support network/system involved in the wellbeing of the child or young person.

This action does not lessen the responsibility of the Secretary of the Department of Health and Human Services' (DHHS) role in responding to safety concerns for children, or as guardian of children in care. Rather, it emphasises that DHHS must collaborate with others to build strength and resilience in children, just like any other parent.

DHHS will implement the new title for the service in the first quarter of 2016-17.

Action 2: Work with all relevant stakeholders to build a robust and common understanding of child wellbeing, including developmental milestones that support lifelong strength and resilience.

Our understanding of the developmental needs of children, particularly in their early years, has advanced significantly over the last few decades. We need to ensure that all parts of the service system share and understand this growing body of knowledge, and can apply it to their part of the service system.

Everyone, in all parts of our service and support system, should have a strong understanding of the needs of children and how to identify key risks to their wellbeing. DHHS will work with the Commissioner for Children and Young People, key government agencies and non-government partners to develop and make available, in the second quarter of 2016-17, an accessible and easily understood guide to the core elements of child wellbeing, including critical developmental milestones that must be considered in the design and delivery of service and support systems.

As children move from infancy to young adulthood, they go through distinct periods of development where multiple changes in the brain are taking place. These changes and progressions are strongly influenced by events during prenatal life, quality of relationships and environmental circumstances during early childhood. Brains are built over time, beginning before birth and continuing into adulthood. Experiences and environmental influences prenatally and in the first few years of life impact upon the foundations of the brain architecture which form the foundation for future learning, health and behaviour of the child.

Areas of child development include:

- Cognitive development (ability to learn and problem solve);
- Social and emotional development (interacting with others and self-control);
- Speech and Language development (understanding and using language, reading and communicating); and
- Physical development (fine and gross motor skills).

Problems in development may arise due to genetics, prenatal issues, medical problems or due to a lack of exposure to a supportive and stimulating environment. Early detection of developmental problems allows early intervention which can minimise the impact of problems on developmental trajectories and minimise the developmental gap between the child and peers of their same age.

The following stages are key periods in a child's development across their physical, intellectual, language and social-emotional domains.

Pre-birth – 5 years:

Early infancy is a time for developing attachment and bonds with caregivers that will assist children in developing their self-esteem and their ability to relate positively with others. Early experiences and relationships impact on brain development during infancy and can have a long-term effect on the overall well-being of the child.

The toddler years include rapid developmental phases in a child's motor skills, language development and social-emotional regulation. Children learn to walk and develop their fine motor skills. They rapidly acquire the ability to verbally communicate, modulate their emotions and how to interact with their peers in preparation for

starting school. The first three years are also the period of most rapid brain development, which occurs as a result of interactions with the environment. By the time a child is three years old, 90 per cent of their brain has been developed.

School Age Children (6-12 years):

School age children gradually gain their independence during these formative years of development. They learn how to make good choices, exercise self-discipline and fine tune their gross motor and fine motor skills. As the brain matures it has a reduced capacity for plasticity as it becomes more specialised in order to deal with more complex tasks. Chronic stress in early childhood has been shown to be toxic to the developing brain and adversely shapes the developing architecture of the brain and the associated developmental processes of the child. Early intervention is critical to ensure that children achieve the best outcomes possible.

Adolescents (13-18 years):

Adolescence is characterised by a surge in independence, changes to body shape and an influx of hormonal changes. Teenagers start to define who they are and develop their skills in preparation for university or the workforce. Although still developing, an adolescent's brain is less flexible and harder to alter than that of a younger child. Intensive therapies are required to deal with behaviours and developmental problems that have become entrenched.

Center on the Developing Child (2007). The Science of Early Childhood Development (In Brief). Retrieved from
<http://www.developingchild.harvard.edu>
<http://www.childdevelopment.com.au/home/17#problems>
<http://childdevelopmentinfo.com/ages-stages/>

Action 3: Ensure that the entire redesign of the system for protecting children is based on a foundation of understanding of the wellbeing of the child.

The Tasmanian Government will, through members of the Oversight Committee (see Action 26), require all agencies that contribute to the wellbeing of children to outline how they will ensure that the wellbeing of the child, including support for critical developmental milestones, is built into the design and delivery of the service system. This focus will also underpin outcomes-based reporting across government (see Actions 23-25) and performance information required from agencies that provide services to support children and their families.

Action 4: Develop materials that are accessible for the general public, as well as professionals and service providers, to ensure that everyone understands the role they can play in child safety and wellbeing.



The wellbeing of the child requires an ongoing commitment from families and the community, as well as those involved in the service networks. DHHS will ensure that the information produced as part of Action 2 is produced in a range of formats that are targeted to the needs of the general public, as well as professionals and service providers.

What does this mean for children and families?

Embedding a shared commitment that all services focus on the wellbeing of the child will mean that services are less fragmented and that fewer children will fall between the cracks in the service system. A strong commitment to wellbeing across the community, service networks and in the family will empower everyone to take action to better support the needs of the child and to ensure that children receive the support that they need to meet the critical developmental milestones required for lifelong wellbeing.

Timeframe for action

Actions	2016-17				2017-18				2018-19				2019-20			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1. Rename the Child Protection Service to the Child Safety Service, which includes Child Safety Teams																
2. Work with all relevant stakeholders to build a robust and common understanding of child wellbeing, including developmental milestones that support lifelong strength and resilience																
3. Ensure that the entire redesign of the system for protecting children is based on this foundation of understanding of the wellbeing of the child																
4. Develop materials that are accessible for the general public, as well as professionals and service providers, to ensure that everyone understands the role they can play in child safety and wellbeing.																

Key:  Planning and implementation phase
 Ongoing rollout and embedding of action

Strategy Two: Common Risk Assessment and Planning System

What the Report said

Building a Common Understanding of Risk

Child protection services were initially formed to enable the state to intervene to rescue battered children from dangerous parents, primarily through the separation of the child from the perpetrator. We are now more acutely aware of the psychological and emotional harm to children both in the home, and importantly, when children are taken out of the home.

Through initiatives such as the implementation of a common assessment framework (such as the Common Approach framework¹), Tasmania can build greater cohesion, a common language, and a shared understanding of risks across the network of services that make up the system for protecting children.

Growing Capacity and Getting Help Early

Building strength in children and their families will require a coordinated effort. Services must work together in planning for, and delivering services. Tasmania needs to build more effective mechanisms for collaboration across service networks and promote joint training and learning opportunities across sectors.

What the Tasmanian Government will do

In recognition that the current service system is fragmented and has a number of different professional frameworks, practices and approaches to the safety and wellbeing of children and families, the Tasmanian Government will develop a common risk assessment and planning system. It is not envisaged that statewide frameworks will take the place of current service specific risk assessments, but rather they will support more effective collaboration and a multi-agency approach by enabling service providers to have a common language, common understanding of risk thresholds across agencies, and defined referral pathways depending on the level of risk. The statewide system will have five key components:

Action 5: Promote the use of the Common Approach across the service system.

All states and territories, together with a wide range of child wellbeing experts, collaborated to develop the Common Approach to support professionals to focus on the wellbeing of children and their families. The uptake in Tasmania has, to date, been limited and fragmented.

DHHS will take the lead in working with professionals across the government and non-government sector to promote the uptake of the Common Approach and to support a holistic focus of professionals that work within the service system to focus on aspects of child wellbeing. Such an approach would sit alongside service specific tools, such as the Signs of Safety framework used within Children and Youth Services. The Common Approach is not a risk assessment tool, but rather provides a common language and consistent way that relevant service providers can evaluate and discuss the strengths and needs of a family, child or young person, enabling them to work more collaboratively and effectively with families and other service providers to provide early interventions as required.

¹ <https://www.aracy.org.au/projects/the-common-approach>

What is the common approach?

The Common Approach was developed by the Australia Research Alliance for Children and Youth (ARACY) in collaboration with Governments and non-government experts across the nation. The approach is a flexible framework to help professionals have a quality conversation with a child, young person or family about all aspects of their wellbeing, including those outside the professional's area of work and consists of four evidence-based practices:

1. A holistic understanding of the strengths and needs of children and their families
2. A strengths-based approach that focuses on building the strength of families
3. Working in partnership with families and other professionals
4. A child-centred philosophy with the wellbeing of the young person as the primary focus.

In 2010, an independent, formative evaluation found that the Common Approach helped:

- Increase the number of practitioners making earlier identification of needs among children and families

- Increase practitioners ability to identify family strengths and needs, including those outside the professional's core area of expertise or work
- Increase the levels of support and follow up for vulnerable families
- Improve referral patterns for vulnerable families
- Improve client relationships
- Increase the use of services to improve child wellbeing.

The Common Approach is currently being implemented across education, health, allied health and social service organisations throughout Australia. Take-up in Tasmania has, however, been limited.

Users of the Common Approach include teachers, family mental health workers, school leadership teams, youth workers, nurses, counsellors and family support workers.

It utilises six domains to enable children, parents and practitioners to assist in identifying and verifying early signs that a child or family needs support. The model is best represented by the following image:



The Common Approach was originally funded by the Australian Government under the National Framework for Protecting Australia's Children 2009-20. The wellbeing wheel is part of a suite of Common Approach resources. For more information see ARACY's website: www.aracy.org.au

Action 6: Develop a statewide risk assessment framework to build a greater understanding across the service system of when government services and authorities need to intervene to keep a child safe, or to build strength and resilience in a child.

All agencies, formally or informally, assess risk as a part of the process of decision-making regarding whether to intervene in the life of a child to keep them safe, and to build strength or resilience. This process is related to, but is different from, the focus of the Common Approach, which supports a holistic discussion with the child or their family.

It is important that all professionals working within the system for supporting child wellbeing understand how government considers various risks to the wellbeing of the child and makes decisions on whether it is necessary to intervene.

DHHS will work with relevant government agencies to produce, by quarter four of 2017-18, a statewide Common Risk Assessment Framework for Risks to the Wellbeing of the Child. The framework will build on the elements of the Common Approach and the material developed through Action 2.

The risk assessment framework will provide consistent and evidence based guidance for use across agencies on the most appropriate interventions for children and families. The risk assessment framework will enable all professionals to have the same understanding of risk, thresholds, and the relevant options for intervention across each level of the risk continuum.

It is envisaged that the risk assessment framework will be a useful tool for professionals working with complex clients to assess when intervention by other services may be appropriate and to foster collaboration and a multi-agency approach.

Action 7: Develop and implement a statewide multi-service Child Wellbeing Plan.

A wide range of services and authorities develop service level plans to keep children safe, and to build strength and resilience in the child. Whilst there is a level of collaboration, often services operate in isolation, unaware of the objectives and actions of other services.

The Tasmanian Government will require that all government services share information and current planning documents for vulnerable children identified through the statewide Common Risk Assessment Framework. These documents will be collated as required

into a single repository (or virtual repository) from which further case co-ordination and intervention planning can occur. This will allow services working with the family to obtain the historical context of the family and have a current understanding of the complexity of the family's needs, which services they access, or are involved with, and what type of interventions have been undertaken.

This will assist in reducing duplication, decrease the need for the family to repeat their story, and will provide a platform for multiagency collaborative work. The Child Wellbeing Plan could include information and actions relevant to the needs of the child in relation to areas such as education, child safety, youth justice, child and adolescent mental health services, child health and parenting services, alcohol and drug services, Tasmania Police early intervention, family violence, housing and other relevant services.

Whilst the sharing of information for the wellbeing of children will be a fundamental guiding principle, all the necessary safeguards will be activated to protect confidential information (as defined by various Acts) and privacy considerations. Work will also need to occur to determine the most appropriate data system to house the Child Wellbeing Plan and how common identifiers can be used across agencies to allow existing information and documents to be collated as required.

The initial priority for the Child Wellbeing Plans will be to consolidate plans from the Child Protection Service and the Department of Education. This will be completed by quarter four, 2016-17. Other services will be progressively brought into the Child Wellbeing Plan throughout 2017-18.

Action 8: Target cross-sectoral education, training and professional development.

All professional services across government invest heavily in learning and development. For example, Tasmania Police invests in a range of courses delivered, in part, at the Tasmania Police Academy, the Department of Education invests in ongoing professional development for teachers (including mandatory notification for child protection training), clinical services in the Tasmanian Health Service require ongoing professional development for individual clinicians and service-based accreditation and the Child Protection Service supports its workforce through ongoing learning and development.

The Tasmanian Government is committed to supporting its workforce to deliver quality services to children at risk, and is committing further resources for professional development in schools and in the Child Protection Service (see Actions 4 and 17). There is significant opportunity, however, to improve the quality of learning, and reduce barriers to collaboration by sharing training and development.

Agencies will collaborate to develop a schedule of common and cross-sectoral training and professional development opportunities. This schedule will focus on shared practice, quality standards, multidisciplinary working, inter agency collaboration, knowledge and evidence informed practice through the identification of collaborative, consistent, evidence based and accessible training and professional learning opportunities across the government and non-government sector.

Action 9: Convene a cross-sectoral Child Wellbeing Consultative Committee.

The *Strong Families-Safe Kids Report* identifies that Tasmania does not have a mechanism to support cross service and cross sectoral planning and collaboration with non-government organisations to support the wellbeing of the child. DHHS will, therefore, take the lead in establishing a Cross Sectoral Consultative Committee for ongoing collaboration and joined up planning. This Committee will also provide input into the delivery of strategies outlined in this plan and will be formally recognised as part of the governance structure established to activate and oversee the redesign.

What does this mean for children and families?

A common understanding of risk and a common planning framework will ensure that children and families receive services from government that are better targeted to their needs, and reflect the complexities of the lives of children and families and the issues that they face.

Vulnerable children and families will have a single coordinated plan which will link up all their needs, strengths and interventions to best target action and to provide continuity.

In situations where it is identified that children and families may require further support, there will be a consistent and universally applied understanding of risk thresholds and the interventions that are best suited to children and families based on that threshold.

There will be increased capacity within the sector to identify the strengths and needs of children and families at the earliest possible opportunity, and to link families with the supports they need before problems escalate into crises.

The evidence is clear; services that work together with a common objective and a broad understanding of need deliver better outcomes for the child and the family.

Timeframe for action

Actions	2016-17				2017-18				2018-19				2019-20			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
5. Promote the use of The Common Approach across the service system																
6. Develop a statewide risk assessment framework to build a greater understanding across the service system of when Government services and authorities need to intervene to keep a child safe, or to build strength and resilience in a child																
7. Develop and Implement a statewide multi-service Child Wellbeing Plan																
8. Target cross-sectoral education, training and professional development																
9. Convene a cross-sectoral Child Wellbeing Consultative Committee																

Key: Planning and implementation phase
 Ongoing rollout and embedding of action

Strategy Three: Creating a ‘Single Front Door’

What the Report said

Investment in the ‘front door’ is a significant part of the child protection redesign. The provision of capable and robust advice and referral services at the front door of a child and family service system has been shown to improve outcomes for children and reduce pressure on statutory services.

Five strategies are recommended for improving the state’s ability to manage the front door:

1. Refocus the current intake services of the Child Protection Service (CPS) to an Advice and Referral service that is connected to the broader government and nongovernment service network;
2. Build partnerships between the CPS and key notifying agencies to improve the management of, and where required, response to child safety concerns;
3. Review the relationship between CPS and Gateway intake services;
4. Manage advice and referral services on a statewide basis; and
5. Increase information and training for mandatory reporting.

What the Tasmanian Government will do

The Tasmanian Government is committed to providing better support at the front door to respond to issues raised with regards to the wellbeing of children. To achieve this, the Tasmanian Government will:

Action 10: Establish a statewide Advice and Referral Service.

The Tasmanian Government will provide an additional \$3.6 million to refocus the current intake capability in the Child Protection Service into an Advice and Referral Service. The establishment of the Advice and Referral Service, with strong links to the broader child and family service system, will contribute significantly towards refocusing the system away from statutory interventions of last resort, to a system that is more focused on providing early access and integrated support to vulnerable children and their families.

There are six key elements to the statewide Advice and Referral Service: a broadened risk focus, the provision of additional decision-making and coordination resources, increased after hours capacity, continued provision of culturally sensitive responses, development of a consistent statewide service, and an increased ability to gather information.

Broadened focus

The existing Child Protection Service (CPS) intake service has a narrow focus on assessing whether the risk to the child warrants further investigation by the CPS. This focus will be broadened under the redesigned Advice and Referral Service to include a capacity to provide advice on other services and responses that may support the wellbeing of the child. A call to the Advice and Referral Service will fulfil a mandatory reporter’s legal obligation to report a concern, however depending on the identified level of risk to the safety of the child, the response may be the provision of advice for low level concerns, referral to another service provider or in some cases where there is a high level of risk referral directly to the Child Safety Teams.

Additional resources

The new Advice and Referral Service will consist of a restructuring of existing intake resources and additional investment which includes:

- Three additional senior practice consultants to support decision-making in the Advice and Referral Service (\$1.2 million)
- Two additional unit coordinators to ensure that processes run smoothly and to provide administrative support for the service (\$630 000)

Increasing after hours capacity

The Tasmanian Government is committed to extending the Advice and Referral Service after hours, including being able to respond to child safety concerns made over the weekend. This will require both additional resources and a review of existing rostering to align resources with demand.

Three additional FTE will be provided in the first instance to extend the service.

Culturally sensitive responses

Aboriginal children are over-represented in both notifications of child safety concerns to the CPS and in children currently in out of home care. It is important that the service is able to connect with the Aboriginal community, respond in a way that is culturally sensitive and provide services that are linked with existing support networks and services available in the Aboriginal community.

The Tasmanian Government will provide an additional \$660 000 to employ two Aboriginal Liaison Officers to be co-located with the Advice and Referral Service. The Tasmanian Government will consult further with the Aboriginal community regarding how best to utilise these additional resources.

Statewide consistency

The Advice and Referral Service will be structured as two teams (one covering the south and the other covering the north/northwest) under a single management structure. The teams will operate under common practices and procedures and will be supported by a single state-wide call-queue. Notifications will be directed to the local service in the first instance, but redirected as required at times of peak activity to maximise the opportunity for notifiers to talk directly to an Advice and Referral consultant.

Information gathering

The Advice and Referral Service in the south will be co-located with Safe Families Tasmania (a cross agency initiative under the Tasmanian Government's *Family Violence Action Plan*) to utilise, and where possible build upon, the existing processes of this hub for information gathering in order to share and access information from relevant government databases for vulnerable children and their families. Initially this will involve the Advice and Referral Service having access to statewide summary reports for high level family violence cases that involve children; with reciprocal provision of information from the Advice and Referral Service to Safe Families Tasmania as required.

This will allow a more informed assessment process for these high priority notifications, better identification of risk and cumulative harm within families, and a more efficient and integrated service response.

The service covering the north and north-west will operate in existing facilities initially with consideration given to appropriate fit-for-purpose facilities over time, including consideration of co-location opportunities where there are identified benefits.

Refocussing existing resources to provide a broader advice and referral service will take time and careful planning. This work will include protocols for linking up services, and the development of assessment and guided decision making tools. The process of redesign will commence immediately and progress throughout 2016-17.

The fully functional Advice and Referral Service will be established by the first quarter of 2017-18.

What does this mean for children and families?

A statewide Advice and Referral Service allows all incoming child safety concerns for children and their families to be assessed in an efficient and consistent manner, using the most up to date information from across agencies and utilising key contacts to assist in integrated service responses. All levels of child safety concerns will have a pathway and level of response, whether this is an immediate response to high level safety concerns, the provision of integrated multi-agency support for a family, or the provision of advice to the notifying party.

A consistent, multi-agency assessment of family needs will allow referral to an appropriate service network, working together based on the same case co-ordination plan, to address the needs of the child and their family. There will be fewer service gaps, and families will have appropriate and earlier service intervention when it is required, and not left to reach the point of crisis.

Timeframe for action

Actions	2016-17				2017-18				2018-19				2019-20				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
10. Establish a statewide Advice and Referral Service	▶				●	▶											

Key: ▶ Planning and implementation phase
▶ Ongoing rollout and embedding of action

Strategy Four: Better Support for Children and their Families

What the Report said

Intensive Support for Children and Families at Risk of Statutory Action

Feedback received during the consultation process made it clear that there remains a cohort of children and families that have a level of assessed need which exceeds the services provided by the Gateway portal, but do not meet the threshold for a CPS response. Families who are in real crisis, approaching the point of crisis, or are unwilling to receive help through traditional service networks, are often unable to be assisted in the current CPS system. These families may ultimately end up in the statutory system, simply due to the cumulative effect of their failures to access help at an earlier point.

The medium term objective of redesign will include a capacity to deliver assertive support for families reaching crisis point. That is, either existing services refocused or new services developed that can work alongside CPS under the clear context that more assertive protective intervention is imminent. The focus of the services will be to build increased strength and capability in parents to provide a safe, nurturing environment for the child.

In the interim, CPS will be provided with capacity to broker support services directly for families in crisis. Such services may be brokered on the basis of a case plan, which identifies the risks and the outcomes desired as a result of the intervention.

What the Tasmanian Government will do

In recognition that there are currently limited options for families approaching the point of (or actually in) crisis, who are unwilling or unable to receive help through the traditional community based service networks, the Tasmanian Government will establish alternate case coordination frameworks and additional support options to support multi-service responses to children and families in crisis. This strategy has the following four key components:

Action II: Develop a cross-government coordination model.

Building on the success of the Integrated Case Coordination (ICC) model as part of Safe@Home, DHHS will lead the development of a new coordination mechanism, which will include a lead practitioner model. The model will focus on the developmental stage of the child, and provide for a multi-disciplinary response across safety, strength and resilience domains. The model will be targeted at complex children and families who have been unable to have their needs met through the normal provision of services.

At the planning level, key services will form case coordination teams and will meet regularly in each region to discuss and find solutions for priority children at risk.

The case coordination teams will be empowered to:

1. Collaborate and direct services to children with exceptional needs that are not being met within the existing service network, including determining an appropriate course of action and assigning a Case Coordinator, noting that the Case Coordinator is generally the service provider who is most likely to have ongoing contact with the child and their family in the context of addressing their presenting need;
2. Provide advice on evidence-based models of care for clinical and non-clinical services to ensure that the government is investing in services that actually improve the outcomes for children and their families; and
3. Provide a point of escalation for policies or practices across the system to improve outcomes for children and their families.

Planning and response will be based around developmental stages. For example, the response for children pre-birth and in early years will need to focus on providing effective antenatal, perinatal, post-natal and early years support. The response to children until around the age of 13 will need to focus on prioritising education engagement as a key aspect of building strength in the child. The response for youth may need to include consideration of more direct therapeutic interventions to support the needs of the young person. These groups will promote across

government a culture of openness and transparency which prioritises information sharing in the interests of the wellbeing of children and their families.

At the operational level, the common Child Wellbeing Plan (Action 7) will enhance collaboration in the first instance with all services required to contribute to a common plan for service intervention for children at risk.

Collaboration at this level will be between those officers actually responsible for delivering the service, who will be able to work directly with each other as part of supporting the child and their family.

Building on the cross-government coordination model, DHHS, in collaboration with other government agencies, will explore opportunities to co-locate key service liaison officers to promote greater service collaboration over the medium term. Consideration will be given to the identified benefits of co-location, noting there may be situations where the links services already have with their existing surroundings mean that co-location should not occur. Priority will be given to considering co-locating the following liaison points:

- Child Safety Teams
- Youth Justice Services
- Child and Adolescent Mental Health Service
- Child Health and Parenting Service
- Tasmania Police Early Years Intervention (as appropriate)
- Alcohol and Drug Services

DHHS, DoE, Justice, Tasmania Police and the Tasmanian Health Service will partner in the establishment of the new care coordination framework for priority children at risk. The non-government school sector will be invited to participate in this collaborative process if they wish to, or as cases arise.

DoE will invest \$1.25 million per annum (\$5 million over four years) to provide additional support for children and young people at risk, with a focus on supporting children and young people to remain engaged or re-engage in education.

This new capability will include the appointment of an additional eight FTE to establish a student wellbeing team within each Learning Service (based in the north and south). Each Learning Service will have a dedicated senior principal to lead the wellbeing team and an additional three social workers. Each social worker will be attached to one of the six networks of schools.

The DoE student wellbeing teams will develop strong links with the new statewide Advice and Referral Service. They will also participate in the multi-agency case coordination/collaboration mechanism established to assess needs, and to make decisions about a lead coordinating agency for each case.

This new capability will be integrated with the six additional psychologists and social workers appointed within DoE as part of the Family Violence Action Plan and will also be integrated with DoE's existing school based psychologists and social workers.

Where DoE is identified as the most appropriate agency to lead the multi-agency coordination, the student wellbeing teams will be responsible for case management of students and will liaise with and coordinate actions between Safe Homes, Safe Families and will also liaise with other agencies and non-government organisations in relation to student and family needs and services.

This new DoE support for children students will build on existing capabilities within schools and Child and Family Centres. DoE's focus will be better coordinated with other agencies and their services, including services for young people provided through DHHS.

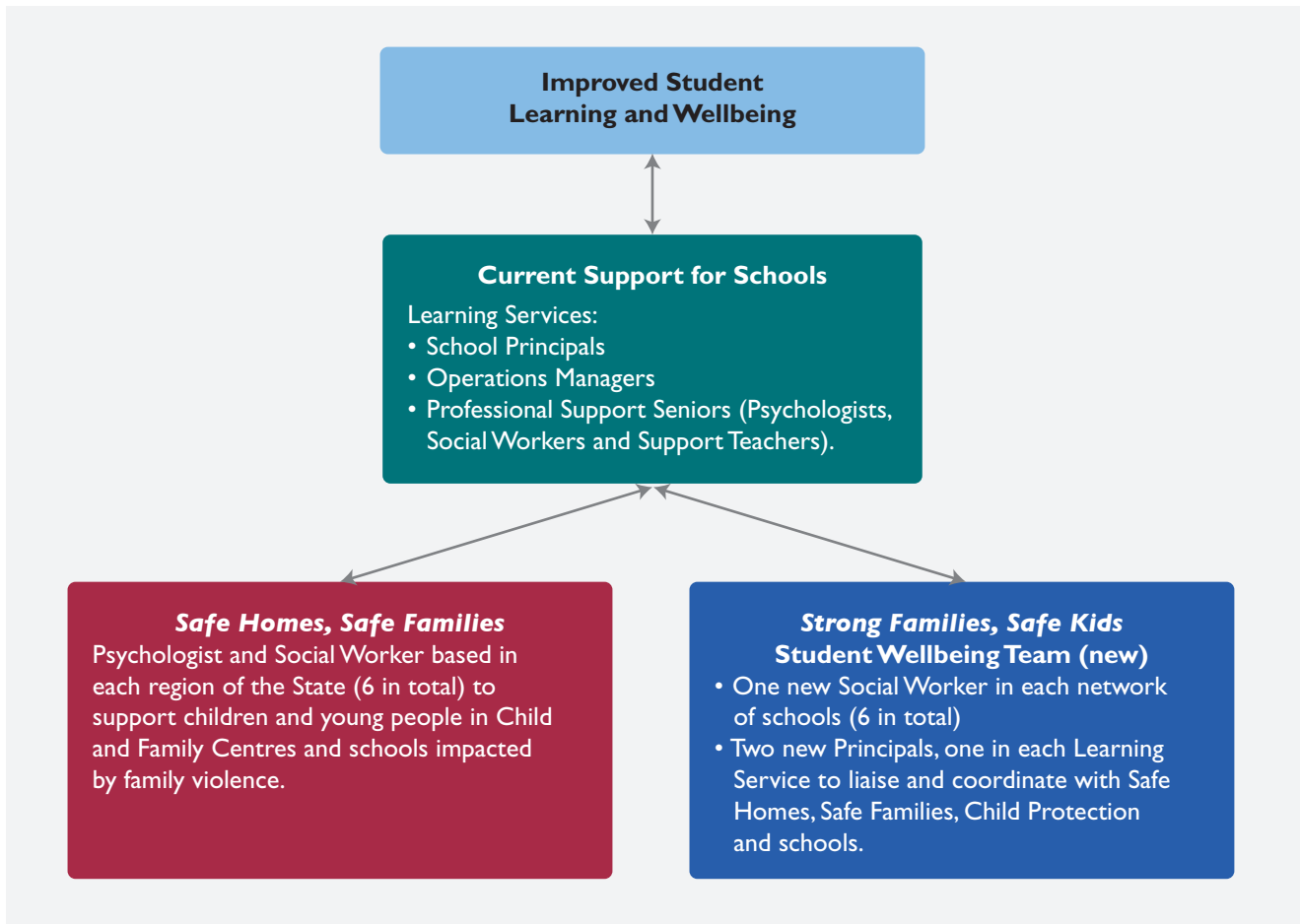
Scenario One:

Ronnie – 7 years old

Ronnie is always tired and often hungry at school, he rarely brings his lunch, or when he does eats it all at recess. Other children often complain about his personal hygiene and he is sometimes called names because of this. Ronnie says his Mum doesn't have much money and sometimes is out at night and Ronnie stays at home with his sister (13 years old). Other parents have suggested that Ronnie's mum is always at the local pub and that Ronnie is often home alone.

Mrs Wilson (another parent at the school) has made a report to Child Protection (CP) due to her concerns with Ronnie's presentation at school which indicates neglect issues.

CP investigate the circumstances for Ronnie and the family and find that the threshold for their involvement has not been met. However, while no action through CP will be taken at this time, due to the potential wellbeing concerns, the Learning Services Student Wellbeing Principal is contacted and the Network social worker case manages an intervention plan with Ronnie's school.



Scenario Two:

David – 12 years old

David is 12 years old and lives with his father, while his siblings live with his mother. David is not attending school regularly and is coming to the attention of Tasmania Police. These behavioural changes have caused David's father to seek additional support to manage his behaviour, but his father is often frustrated and David often stays with friends to avoid his father. David's behaviour is also disrupting his mother's home, and having a negative influence on his siblings, meaning he is no longer able to visit there. David often refuses to engage with any supports offered by a range of services, is alienated from his father and is frequently notified to child protection, who are now at the point of seeking a statutory order as a last resort, but which will not necessarily offer a solution to David's situation.

Under the proposed redesign, David will be eligible for referral to an Integrated Case Coordination group. This referral will result in the multiple services who are aware of David's situation coming together to jointly develop an intervention plan (based on an initial common assessment and in consultation with David and his family if possible) and identify a lead coordination agency. The plan will also identify the other service components necessary to achieve improved outcomes for David, including support for his family so that he can rebuild relationships with his family and can continue to live at home. Identified agencies will meet regularly to discuss progress within their areas of responsibility and the plan can be implemented accordingly until the identified case goals (stable home environment and continuing engagement with school) have been achieved.

Action 12: Review existing family support services to ensure that services continue to meet the changing needs of the Tasmanian community.

The Child Safety Service needs to be supported by appropriate universal and secondary support services. These support services will span a continuum of need, ranging from general advice to more assertive engagement with intensive support services. As part of a redesigned service system, we will review the Tasmanian Government's current investment in family support services to ensure it continues to meet the needs of the Tasmanian population and complements the broader change agenda of the redesign.

Action 13: Develop and invest in assertive family support, in consultation with the non-government sector.

Investment in assertive family support will enable children to remain safely in their family home where possible, without the need for removal and entry into the out of home care system. Establishment of an evidence based model will address a significant gap in service provision which is currently placing increasing pressure on the child protection service.

The development of this model will be supported by an additional interim investment of \$1.5 million over two years to allow for the short-term purchase of additional intensive family support services for children and families who are on the brink of entering the statutory service system. These funds are to be brokered on the basis of Child Wellbeing Plans developed through the cross-government coordination model (see Action 11) and will enable the delivery of tailored support packages to high risk families. An additional \$1 million will be made available over two years to broker the additional services and to design an assertive family support model for the State.

Action 14: Invest \$722 000 in additional Child Protection Liaison Officers in public hospitals across the north and north west of Tasmania.

Child Protection Liaison Officers will provide increased support and collaboration across DHHS and the Tasmanian Health Service.

The current Child Protection Liaison Officer (CPLO) position at the Royal Hobart Hospital provides an example of the merits of investing in better liaison with key service partners. An evaluation of the role of the CPLO found that it fostered better working relationships across the two

services, improved communication pathways, facilitated information sharing and improved client outcomes by enabling more efficient and effective responses of both services to child protection issues. Investment in additional liaison positions across public hospitals will build on this successful model and improve integration and the sharing of relevant information, particularly for children at risk of entering the statutory child safety system. Such a link is a vital part of the service system, which can lead to more targeted responses and a better use of diversionary options for children in need.

What does this mean for children and families?

For many families truly in crisis due to issues such as addiction or mental health, the only solution has been to establish a robust case for court intervention and to remove the child from their homes, or wait until a family's situation deteriorates, the threshold is reached, and then act to remove the child. As a result, too many children continue to live in unsafe and risk laden environments, have multiple notifications, and/or end up in out of home care when more assertive, intensive and earlier child and family focused intervention may have resolved or mitigated the key concerns.

We know that removing children from their homes often delivers poor outcomes for the child. We must therefore ensure that this is done as a last resort. Intervening early, including providing earlier intensive interventions with families in crisis, will also allow children to remain safe in their family home where possible with appropriate, sustained, and intensive supports and services. It will also have the long term effect of reducing the cost of providing out of home care placements for children who have entered care simply due to the lack of other service options.

This will significantly improve the child's outcomes and reduce the likelihood of entering adult tertiary services, where they are significantly over represented. We also know that leaving vulnerable children in unsafe environments has profound impacts on their development, and makes placement stability more unlikely due to entrenched or maladaptive trauma based behaviours.

Timeframe for action

Actions	2016-17				2017-18				2018-19				2019-20				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
11. Develop a cross-government coordination model	▶				●	▶											
12. Review existing family support services to ensure that services continue to meet the changing needs of the Tasmanian Community.	▶				●	▶											
13. Develop and invest in assertive family support, in consultation with the non-government sector	▶				●	▶											
14. Appoint additional Child Protection Liaison Officers	▶	●	▶														

Key: ▶ Planning and implementation phase
 ● ▶ Ongoing rollout and embedding of action

Scenario Three:

Toby - 11 years old

Toby attends school regularly. Today Toby's mother has come into school very distressed. She is unable to manage Toby's behaviour and says he is kicking and punching her all the time. She states that his behaviour has become unmanageable, and she does not know how much longer she can put up with the situation. Toby's behaviour is also impacting on and frightening his little sister, Samantha, who is three years old. Toby's mum indicates that Toby's dad left the marital home three months ago to start a new relationship and has had no contact with the family since.

Toby's teacher makes a referral for Toby's mother to speak with the school social worker to develop a behaviour support plan and counselling support for Toby and his mother to utilise at home and at school.

Strategy Five: Redesigning the Child Protection Service with additional support

What the Report said

Refocussing the Safety Response

Irrespective of the services available to assist families to keep their children safe, there will inevitably be circumstances where children are unsafe and where timely statutory intervention is therefore required. The obligations of the State to protect children at risk remain paramount (within appropriate moral and legal parameters) as well as to comply with national and international covenants.

The redesign of the child protection system must deliver improved outcomes for responding to and managing children that are the subject of a child protection order. This can be achieved by focussing on three areas:

1. Restructuring CPS to ensure that teams are accountable and empowered to drive effective outcomes for children and families.
2. Supporting effective decision-making in CPS.
3. Minimising non-productive time through improvement to core systems and fit-for-purpose infrastructure.

There are a number of critical enablers that will be essential to the success of implementation. One of these is the recognition of the need to support staff as well as developing their expertise to undertake the difficult work involved in supporting families and keeping children safe. The building and maintenance of workforce capabilities, skills mix and professional standards within CPS and its service network are integral to the redesign.²

Implementation of the redesign will require systematic management of change that will, of necessity, be incremental and which will need to be monitored as to the impact of every initiative on the final product of an effectively redesigned system. The temptation to invest only in more child protection workers is one that many jurisdictions have succumbed to. The inevitability of this latter strategy will be maintenance of the status quo of discontent that marks the current professional environment alongside an increase in costs.

As a small jurisdiction, Tasmania is ideally placed to work differently and build an innovative system response which responds to these challenges and better meets the needs of Tasmanian children and their families.

What the Tasmanian Government will do

In recognition of the changing nature of what has been traditionally called 'child protection' and the need for the service system to adapt in response to increasing complexity and demand driven by mandatory reporting and changing community understanding of child abuse, the Tasmanian Government will invest \$8.39 million to build a more contemporary service. This strategy will have the following key components:

Action 15: Restructure current child protection resources into small child safety teams.

Child safety teams will incorporate a team based approach, where staff will work together for a group of children. This restructure will be developed in consultation with staff and unions and will reflect the recommendations of the *Strong Families-Safe Kids Report*, such that the units will be focused on one of three areas: court tasks; short term (reunification) case management; or long term (permanency) case management. These teams will receive referrals from the proposed Advice and Referral Service (see Action 10) where a safety response was assessed as necessary. Planning will build on any existing Child Wellbeing Plan (see Action 7).

Such a structural change will need to be progressed over time, but it is proposed, as a first step, to develop role descriptions for members of the three proposed teams and map levels of service demand across the functions and implement the Court Teams by quarter four in 2016-17. We will trial the rollout of the other teams and develop associated practice manuals in 2017-18 and fully implement new team structures during 2018-19.

² Mc Donald, M. (2010) Building the capacity of professionals through post-qualification development and training, CAFCA Practice Sheet, Australian Institute of Family Studies. Canberra; Lonne, B. Harries, M. & Lantz, S. (2013) Workforce Development: A Pathway to Reforming Child Protection Systems in Australia, *British Journal of Social Work*, 43, 1630–1648.

Child safety teams explained

- **Court Teams** will provide a liaison, coordination and support function between short term reunification, or permanency teams, the Child Protection Legal Group (CPLG) within Crown Law and the Magistrates Court (the Court). Members of this team will become familiar with each care application which is to come before the Court, ensure the collation of relevant documentation and provide quality assurance for material provided to CPLG and the Court.
 - **Reunification Teams** will be tasked with working with families to safely return children home. Success in this process relies on a strong capability to work with the child, their carer/s and the family, and a capacity to engage appropriate services to address the issues that led to the removal of the child in the first place. The establishment of dedicated teams will allow workers within those teams to focus on this task. As noted in the report, these teams will be structured to reflect the intensive nature of reunification tasks and will be working in partnership with other services that are supporting or assisting parents with dealing with the areas of identified risk, as well as those services working directly with the child to resolve or heal the consequences of their trauma and harm. This should include services across both the government and non-government sectors, in some cases coordinated through the coordination meetings discussed in section 4.
 - **Permanency Teams** will be tasked with securing and maintaining permanent (or to 18 years) arrangements for the care of the child where a child is not able to safely return home. Dedicated teams will assist in building the capabilities and capacity required to managing this process compassionately and professionally.
-

Action 16: The Tasmanian Government will invest \$7.0 million in additional resources to provide necessary administrative and practice supports to enable frontline staff to focus on their critical role.

This will include new unit coordination positions, additional support workers, additional training support and senior practice positions. This additional investment supports the establishment of multidisciplinary team structures that have been shown in other jurisdictions to have a positive influence on staff morale, reduce bureaucratic burden and promote consistency and continuity of care for children.

The additional investment under this action includes:

- Seven additional senior practice consultants to support decision-making within teams (\$2.95 million)
- Four additional unit coordinators to ensure that processes run smoothly and to provide administrative support for teams (\$1.34 million)
- Five additional support workers to support the case management role of child safety teams (\$1.17 million)
- Four additional resources to support IT training and workforce development (\$1.53 million)

These additional positions will be phased in over two years with senior practice positions and training roles to be recruited as soon as practicable and other positions to be recruited as teams are implemented.

Action 17: The Tasmanian Government will invest \$840 000 in additional psychological support resources for staff wellbeing, support and skill development.

This investment will ensure staff wellbeing and support needs are met, with the additional ability to respond to concerns about staff resilience and critical incident debriefing. These additional positions will be phased in, with recruitment to commence immediately and a second process to follow in 2017-18.

Action 18: The Department of Health and Human Services will invest in mobile computing and other flexible technology options.

The provision of flexible technology will support frontline staff in their work with children and families by providing integrated and mobile case recording and data access options which are intuitive, responsive and fit for purpose. The roll out of this new technology will commence by Quarter two in 2016-17.

Action 19: Establish shared working arrangements with key services.

This will initially occur with Tasmania Prison Service and Community Corrections, to promote shared planning through the identification of common client families as a forerunner to similar arrangements with other services for adults.

Action 20: The Tasmanian Government will invest \$550 000 in improvements to information technology to support frontline child safety staff.

This will include further expansion of the current KIDZ data warehouse to support professional decision making and improvements to the current Child Protection Information System (CPIS).

Action 21: Consider legislative reform necessary to support the ongoing redesign efforts, to ensure that the *Children, Young Persons and Their Families Act 1997* reflects contemporary approaches and practice.

This will include an examination of national and international best practice and relevant legislation in other jurisdictions.

Action 22: Review current child safety complaints and reporting processes, particularly for children in care, in line with best practice and relevant recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse.

It is critical that any redesigned system provides a mechanism for complaints and liaison with children in care and it is anticipated that the current Royal Commission will make recommendations on how such processes should operate and such recommendations can inform complaint processes for Child Protection Services.

What does this mean for children and families?



For children and their families, this will mean a system which recognises that families are the primary carers for their children, and that the role of the service system is to support and assist families to safely carry out that primary responsibility, with a statutory safety intervention being a last resort taken when safety in the home can no longer be assured.

This will appropriately focus the tertiary statutory service response on the highest risk group of clients most in need of protection; and provide the necessary structure and supports to enable those professionals to be child focussed with clear case directions which promote stability for children, either in their families if safety can be achieved or in alternative care arrangements if necessary – with greatly improved outcomes for children as a result.

Such a system is open and transparent in its dealing with families, is responsive and accountable, and promotes a culture where decisions are made based on the best interests of the child and an awareness of the inherent vulnerability of children in their care.

Timeframe for action

Actions	2016-17				2017-18				2018-19				2019-20			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
15. Restructure current child protection resources into small child safety teams	PHASE I				PHASE 2				PHASE 3							
16. Invest \$7.0 million in additional resources to support multi-disciplinary teams and provide necessary administrative support	PHASE I				PHASE 2											
17. Invest \$840 000 in additional psychological support resources	PHASE I				PHASE 2											
18. Invest in mobile computing and other flexible technology options																
19. Establish shared working arrangements with key services																
20. Improvements to information technology																
21. Consider Legislation Reform necessary to support the ongoing redesign efforts																
22. Review current child safety complaints and reporting processes, particularly for children in care																

Key:  Planning and implementation phase
 Ongoing rollout and embedding of action

Commitment to reporting on outcomes

The fundamental objective of the redesign of the child protection system is to improve outcomes for children and their families. The Tasmanian Government is committed to collecting, sharing and releasing information on progress towards this goal. In order to deliver on this commitment the Tasmanian Government will:

Action 23: Secure a cross-sectoral commitment to sharing information.

Collaboration across services relies on a positive information sharing culture; where the sharing of information across key service agencies is the default and where retaining information within a service is clearly based on protecting the interest of the child.

To promote a positive information sharing culture, DHHS will work with relevant agencies to develop a common statement on information sharing for the wellbeing of children, and protocols for agencies to use to judge whether information should be shared routinely, on a case by case basis, or only in exceptional circumstances where the safety of the child is a concern. This work will build on and complement the whole of government protocols for information sharing and the State Government's Stats Matter Strategy.

DHHS will also review the funding agreements of all services funded to provide support services to children to ensure that appropriate sharing of information is a condition of funding. The non-government sector will also be invited to participate in collaborative processes that promote the sharing of information.

Action 24: Implement a system to assess the wellbeing of children and their families.

The Tasmanian Government will work with key partners to identify and implement a system for measuring the wellbeing of children as a tool for objectively assessing the effectiveness of support for children and families at risk, as well as other government initiatives that seek to improve the wellbeing of children.

The Tasmanian Government will also seek to work with non-government schools to explore whether this approach can be applied universally across all children aged 5 -12 in Tasmania.

The Tasmanian Government will also continue to work with the University of Tasmania to investigate the utility of statistical linkage keys or other similar methods for assessing the broad outcomes for families and children associated with the Child Protection System.

Action 25: Commit to reporting on outcomes.

DHHS will support the Commissioner for Children to develop, within six months, an annual report on child wellbeing in Tasmania, including the wellbeing of children within the Child Safety System. This report will be a key tool for relevant agencies to focus their investment on better outcomes for children and families and will be a key source of information for the Tasmanian Government and the community to identify both successes and ongoing challenges.

All agencies will agree, through the Oversight Committee to detailed data reporting arrangements that support the delivery of the report by the Commissioner for Children and Young People

Timeframe for action

Actions	2016-17				2017-18				2018-19				2019-20			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
23. Secure a cross-sectoral commitment to sharing information	▶		●	▶												
24. Implement a system to assess the wellbeing of children and their families	▶				●	▶										
25. Commit to reporting on outcomes			●	▶												

Key: ▶ Planning and implementation phase
▶ Ongoing rollout and embedding of action

Governance

Redesign of the Child Protection System will require ongoing attention from relevant agencies throughout the four years of the implementation plan and beyond.

As identified in the *Strong Families – Safe Kids Report*, success will rely on the following:

- Strong ongoing collaboration across a broad range of Government and non-government stakeholders
- Clear governance that includes clear accountabilities and transparent reporting
- Dedicated resourcing to drive change
- A commitment to renewed manuals of practice
- Sustained commitment to cultural change and
- Time

In recognition of the above, the Tasmanian Government will:

Action 26: Establish a high-level Child Protection Redesign Oversight Committee with membership common to the Safe Home, Safe Families Steering Committee.

A Child Protection Redesign Oversight Committee (the Oversight Committee) will be established and will comprise Heads of Agency from DHHS, the Department of Education, the Department of Justice, and the Department of Police, Fire and Emergency Management. Meetings will be aligned with meetings of the Safe Homes – Safe Families Steering Committee where possible to ensure congruity between the two reform processes.

As part of their role the Oversight Committee will oversee and publish a register of reforms that build increased strength in children and families and will ensure that these reforms are progressed collaboratively and with a shared vision and purpose. The Oversight Committee will report directly to their portfolio Ministers on implementation progress, with any significant cross-portfolio decisions and/or changes to be referred to Cabinet for consideration.

Action 27: Invest in an implementation team, led by dedicated Project Manager, that transitions into building capability within the Child Protection System.

Two full time officers will be appointed to lead the implementation of the redesign. These officers will be supplemented with resources from relevant agencies as required to support the implementation of the redesign.

Any significant change process, such as the proposed redesign, requires both leadership and commitment from within the workforce. The project team leading the redesign will be supported by additional FTE in Children and Youth Services and the Department of Education that will have responsibility for sustaining the reforms once the project is closed. This includes the Senior Practice Consultants and Support Workers who will be engaged in the Child Safety Service and the Principals and social workers who will be engaged in the Department of Education.

Action 28: Incorporate the Cross Sectoral Consultative Committee as a reference group to inform the implementation of the redesign.

As noted in the *Strong Families–Safe Kids Report*, implementation of the redesign will require significant input from across the non-government sector. Action 9 proposes the establishment of a Cross Sectoral Consultative Committee to build networks and encourage collaboration across the sector. This committee will be formally included in the governance for the implementation of the redesign.

Action 29: Establish an employee based reference group to support the implementation of the reforms and to provide ongoing recommendations regarding actions to support cultural change in CYS.



Redesign of the Child Protection System, particularly Strategy 5 requires significant input and a commitment from the staff within the current Child Protection Service. An employee reference group, with representatives of staff from across the state, will be established to support the implementation of the redesign and to provide a key conduit of advice and information both from staff to the Oversight Committee and from the Oversight Committee to staff. The reference group will meet at times and with a frequency that is sympathetic to the significant work-based demands on members of the Child Protection Service.

Action 30: Develop a robust monitoring and evaluation framework.

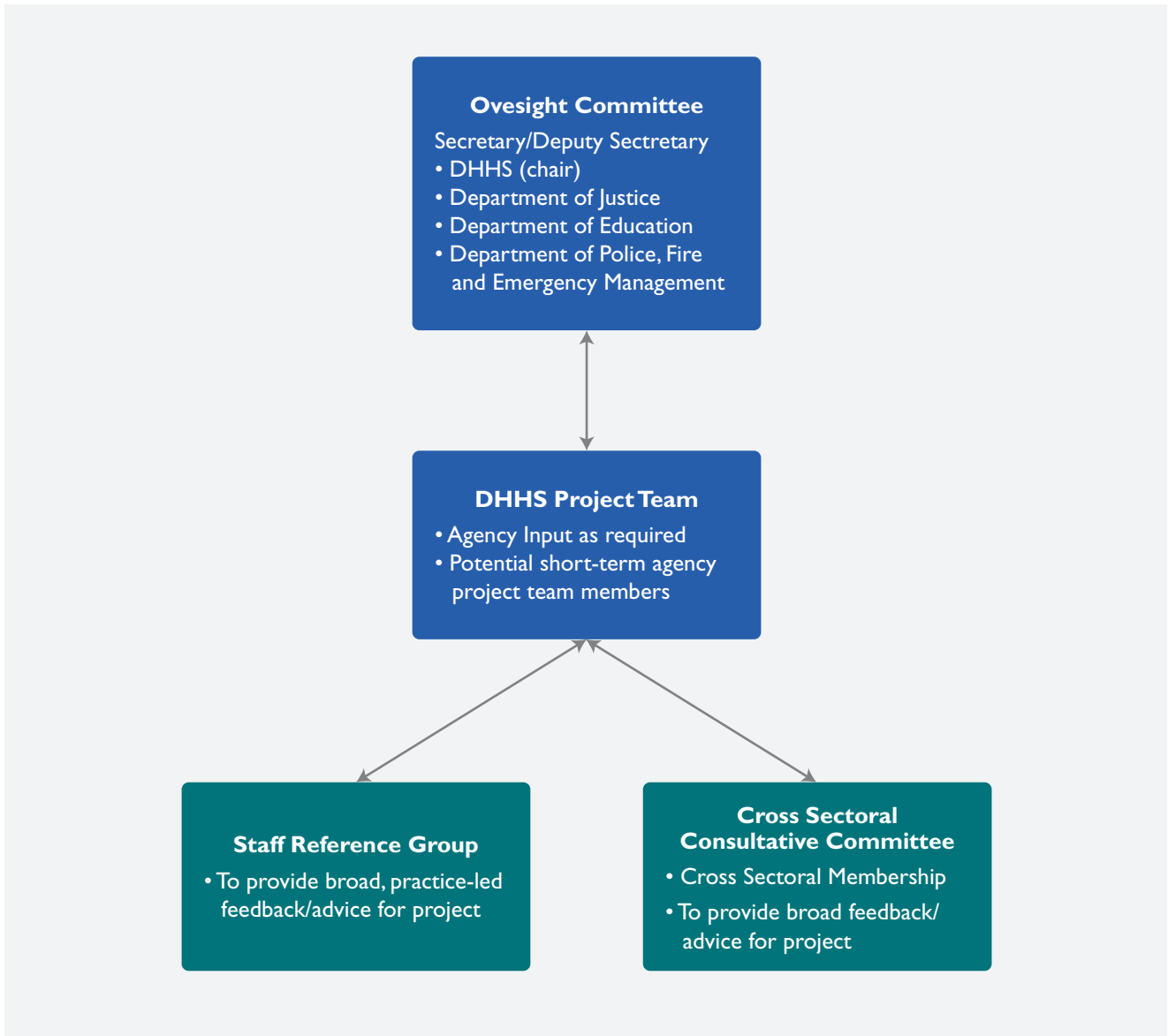
In addition to the commitment to measuring the outcomes of children on an ongoing basis (see Action 24 and 25), the Oversight Committee will develop a robust framework for tracking the implementation of the redesign and measuring its impact at a system level. The Oversight Committee will, within three months of the commencement of the project, develop a suite of indicators and reporting arrangements that inform government on the progress in implementing the redesign and whether the actions are delivering the intended system level improvements for managing issues related to children at risk.

Timeframe for action

Actions	2016-17				2017-18				2018-19				2019-20			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
26. Establish a high-level Child Protection Redesign Oversight Committee with membership common to the Safe Home, Safe Families Steering Committee.	[Ongoing rollout and embedding of action]															
27. Invest in an implementation team, led by dedicated Project Manager, that transitions into building capability within the Child Protection System.	[Ongoing rollout and embedding of action]															
28. Incorporate the Cross Sectoral Consultative Committee as a reference group to inform the implementation of the redesign	[Ongoing rollout and embedding of action]															
29. Establish an employee based reference group to support the implementation of the reforms and to provide ongoing recommendations regarding actions to support cultural change in CYS.	[Ongoing rollout and embedding of action]															
30. Develop a robust monitoring and evaluation framework	[Planning and implementation phase]															

Key:  Planning and implementation phase
 Ongoing rollout and embedding of action

Proposed Project Implementation Governance:



Appendix I: Addressing the Recommendations within the Report

Child Safety and Well Being is Everyone’s Business	
Recommendation 1 – That the Tasmanian Government work with the wider community to promote the concept of shared responsibility for the safety of children and to clearly articulate the role of the Child Protection Service as one part of a broader service system for the safety and wellbeing of children.	Refer Actions 1, 2, 3, 4
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Building a Common Understanding of Risk	
Recommendation 2 – That the Tasmanian Government and non-government services work together to implement and embed the Common Approach framework across the service system to increase the capacity of practitioners in first contact with children and families to identify both their strengths and needs, build on these strengths within families, and link families with the supports they need before problems escalate into crises.	Refer Actions 2, 5, 6
Recommendation 3 – That the Common Approach be supported by the development of community education capacity which supports and empowers community members to better respond to child safety and wellbeing concerns.	Refer Actions 4, 5, 6
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Growing Capacity and Getting Help Early	
Recommendation 4 – That the Tasmanian Government considers establishing joint forums for training and other professional learning opportunities between sectors which promote shared professional understanding relevant to promote child safety and wellbeing.	Refer Action 8
Recommendation 5 – That the Tasmanian Government works with the non-government sector to identify an appropriate mechanism, such as a cross sectoral consultative committee, for ongoing collaboration and planning.	Refer Action 9, 28
Recommendation 6 – That, in parallel with the implementation of the redesign, the Tasmanian Government conducts a review of family support and coordination services to ensure that the investment delivers the right balance of primary and secondary support for children and their families.	Refer Action 11
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Managing the Front Door	
Recommendation 7 – That the current Child Protection Intake Service be refocused into an advice and referral service that can work with notifiers to both assess the need for a child protection response, as well as considering other options for building strength in children and families.	Refer Action 10
Recommendation 8 – That, as part of the review of family services, the Tasmanian Government considers the effectiveness of the current arrangements between CPS and Community Based Intake Services, with a view to minimising duplication and improving service accessibility.	Refer Action 12
Recommendation 9 – That the Tasmanian Government establish a comprehensive training package for mandatory reporters and others, which provides guidance on the concepts of risk and harm as it applies to child wellbeing and clarifies what to report and to whom.	Refer Action 8

Recommendation 10 – That, in developing the Child Protection Advice and Referral Service, the Tasmanian Government consider how best it can build on the Safe Families Tasmania initiative (Safe Families Coordination Unit and Safe Choices) and Safe at Home to provide cross Agency and cross sectoral support for children at risk and their families.	Refer Action 11
Recommendation 11 – That Child Protection Services and Tasmania Police continue to build a strong partnership in responding to the needs of children at risk, including through Child Protection Services providing additional support for responding to the needs of children and youth at risk after hours.	Refer Action 19
Recommendation 12 – That Child Protection Services and the Department of Education continue to build a strong partnership in supporting and responding to the needs of children at risk, including options available to support the needs of the child and their families.	Refer Action 11, 24
Recommendation 13 – That the Tasmanian Government explores the option of replicating the current Child Protection Liaison Officer function which exists at the Royal Hobart Hospital to other public hospital sites in Tasmania.	Refer Action 14
Recommendation 14 – That Aboriginal liaison officers be engaged and co-located at the 'front end' where concerns are first recorded and notifications made.	Refer Action 10
Recommendation 15 – That the Tasmanian Government ensure that key community infrastructure, such as child and family centres and neighbourhood houses, are appropriately integrated within a broader system for promoting child safety and wellbeing.	Refer Action 28
Recommendation 16 – That the Tasmanian Government transitions the current intake (future advice and referral) service to being managed under a single state wide management structure with a single state wide call-queue.	Refer Action 10
Intensive Support for Children and Families at Risk of Statutory Action	
Recommendation 17 – That the Tasmanian Government work with the non-government sector to develop an assertive family support service and consider interim measures to allow Child Protection Services to broker services directly for families in crisis.	Refer Action 13
Recommendation 18 – That Child Protection Services work with other partners across the services system to assess the range of services available and whether there are opportunities to introduce new, evidence based interventions to support children and families in crisis.	Refer Action 19
Re-Focus of Protection and Safety within Child Protection Services	
Recommendation 19 – That Child Protection Services and the Department of Justice collaborate on a joint approach to Government to improve the efficiency and timeliness of child protection proceedings.	Refer Action 15, 19
Recommendation 20 – That the Department of Health and Human Services (DHHS) review the manner in which legal services are provided to the Secretary, DHHS in child protection matters.	Refer Action 15, 21
Recommendation 21 – That the existing Child Protection Service is restructured into dedicated Court, Permanency and Reunification Teams.	Refer Action 15

Recommendation 22 – That mechanisms be established which promote a joint working relationship between CPS and relevant adult support services, including the Tasmanian Prison Service.	Refer Action 19
Recommendation 23 – That the Child Protection workforce be supported through increased professional mentoring, support and development and access to personal, professional counselling and support services.	Refer Action 16, 17
Recommendation 24 – That mechanisms be established, consistent with the work of the current Royal Commission, which provide for robust complaints and reporting processes, particularly for children in care.	Refer Action 22
Recommendation 25 – That the Child Protection workforce is supported through increased investment in fit-for-purpose information systems and hardware, as well as process support that allow workers to spend more time with children, families and support services.	Refer Action 18, 19
Recommendation 26 – That the Tasmanian Government includes, as a core design principle, that the sharing of information across Government is a priority in redesigning or replacing case management systems.	Refer Action 23
Recommendation 27 - That the Tasmanian Government ensures that the system for protecting children and promoting the well-being of children and their families is supported by a commitment of system partners to collect, share and analyse data and report on outcomes for children and their families.	Refer Actions 23, 25
Directions for Government	
Recommendation 28 – The Tasmanian Government publishes a register of reforms that are seeking to build increased strength in children and families for the purposes of ensuring that reforms are progressed collaboratively and with a shared vision and purpose.	Refer Action 26
Recommendation 29 – That the Tasmanian Government consider a broad review of the <i>Children, Young Persons and Their Families Act 1997</i> , to ensure consistency with the objectives of the redesign project.	Refer Action 21

Appendix 2 – Summary of Action Items

- Action 1:** Rename the Child Protection Service, within the Department of Health and Human Services, to the Child Safety Service, which will include Court Teams and Child Safety Teams.
- Action 2:** Work with all relevant stakeholders to build a robust and common understanding of child wellbeing, including developmental milestones that support lifelong strength and resilience.
- Action 3:** Ensure that the entire redesign of the system for protecting children is based on this foundation of understanding of the wellbeing of the child.
- Action 4:** Develop materials that are accessible for the general public, as well as professionals and service providers, to ensure that everyone understands the role they can play in child safety and wellbeing.
- Action 5:** Promote the use of the Common Approach across the service system.
- Action 6:** Develop a statewide risk assessment framework to build a greater understanding across the service system of when government services and authorities need to intervene to keep a child safe, or to build strength and resilience in a child.
- Action 7:** Develop and implement a statewide multi-service Child Wellbeing Plan.
- Action 8:** Target cross-sectoral education, training and professional development.
- Action 9:** Convene a cross-sectoral Child Wellbeing Consultation Committee.
- Action 10:** Establish a statewide Advice and Referral Service.
- Action 11:** Develop a cross-government coordination model.
- Action 12:** Review existing family support services to ensure that services continue to meet the changing needs of the Tasmanian community.
- Action 13:** Develop and invest in assertive family support, in consultation with the non-government sector.
- Action 14:** Invest \$772 000 in additional Child Protection Liaison Officers in public hospitals across the north and north west of Tasmania.
- Action 15:** Restructure current child protection resources into small Child Safety Teams.
- Action 16:** The Tasmanian Government will invest \$7 million in additional resources to provide necessary administrative and practice supports to enable frontline staff to focus on their critical role.
- Action 17:** The Tasmanian Government will invest \$840 000 in additional psychological support resources for staff wellbeing, support and skill development.
- Action 18:** The Department of Health and Human Services will invest in mobile computing and other flexible technology options.
- Action 19:** Establish shared working arrangements with key services.
- Action 20:** The Tasmanian Government will invest \$550 000 in improvements to information technology to support frontline child safety staff.
- Action 21:** Consider legislative reform necessary to support the ongoing redesign efforts, to ensure that the *Children, Young Persons and Their Families Act 1997* reflects contemporary approaches and practice.
- Action 22:** Review current child safety complaints and reporting processes, particularly for children in care, in line with best practice and relevant recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse.

- Action 23:** Secure a cross-sectoral commitment to sharing information.
- Action 24:** Implement a system to assess the wellbeing of children and their families.
- Action 25:** Commit to the sharing of information across government services.
- Action 26:** Establish a high-level Child Protection Redesign Oversight Committee with membership common to the Safe Home, Safe Families Steering Committee.
- Action 27:** Invest in an implementation team, led by dedicated Project Manager, that transitions into building capability within the Child Protection System.
- Action 28:** Incorporate the Cross Sectoral Consultative Committee as a reference group to inform the implementation of the redesign.
- Action 29:** Establish an employee based reference group to support the implementation of the reforms and to provide ongoing recommendations regarding actions to support cultural change in CYS.
- Action 30:** Develop a robust monitoring and evaluation framework.

Appendix 3 – Implementation Schedule Summary



Actions	2016-17				2017-18				2018-19				2019-20			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1. Rename the Child Protection Service to the Child Safety Service, which includes Child Safety Teams	●															
2. Work with all relevant stakeholders to build a robust and common understanding of child wellbeing, including developmental milestones that support lifelong strength and resilience	▶ ●															
3. Ensure that the entire redesign of the system for protecting children is based on this foundation of understanding of the wellbeing of the child	▶ ●															
4. Develop materials that are accessible for the general public, as well as professionals and service providers, to ensure that everyone understands the role they can play in child safety and wellbeing	▶ ●															
5. Promote the use of The Common Approach across the service system	●															
6. Develop a statewide risk assessment framework to build a greater understanding across the service system of when Government services and authorities need to intervene to keep a child safe, or to build strength and resilience in a child.	▶ ●															
7. Develop and Implement a statewide multi-service Child Wellbeing Plan	▶ PHASE 1 ● ▶ PHASE 2 ●															
8. Target cross-sectoral education, training and professional development	▶ ●															
9. Convene a cross-sectoral Child Wellbeing Consultation Committee	▶ ●															
10. Establish a statewide Advice and Referral Service	▶ ●															

Key: ▶ Planning and implementation phase
 ● Ongoing rollout and embedding of action

Actions	2016-17				2017-18				2018-19				2019-20				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
11. Develop a cross-government coordination model	▶				▶				●	▶				▶			
12. Review existing family support services to ensure that services continue to meet the changing needs of the Tasmanian Community.	▶		▶		▶		▶		●	▶				▶			
13. Develop and invest in assertive family support, in consultation with the non-government sector	▶		▶		▶		▶		●	▶				▶			
14. Appoint additional Child Protection Liaison Officers	▶	●	▶				▶				▶						
15. Restructure current child protection resources into small child safety teams	▶ PHASE I ●				▶ PHASE 2 ●				▶ PHASE 3 ●				▶				
16. Invest \$6.99 million in additional resources to support multi-disciplinary teams and provide necessary administrative support	▶ PHASE I ●				▶ PHASE 2 ●				▶				▶				
17. Invest \$840 000 in additional psychological support resources	▶ PHASE I ●				▶ PHASE 2 ●				▶				▶				
18. Invest in mobile computing and other flexible technology options	▶	●	▶				▶				▶						
19. Establish shared working arrangements with key services	▶		▶		▶		▶		●	▶				▶			
20. Improvements to information technology	▶		▶		▶		▶		●	▶				▶			
21. Consider Legislation Reform necessary to support the ongoing redesign efforts	▶				▶				▶				▶ ●				
22. Review current child safety complaints and reporting processes, particularly for children in care	▶				▶				▶				●	▶			
23. Secure a cross-sectoral commitment to sharing information	▶	●	▶				▶				▶						
24. Implement a system to assess the wellbeing of children and their families	▶		▶		▶		▶		●	▶				▶			
25. Commit to reporting on outcomes	●	▶				▶				▶				▶			

Key: ▶ Planning and implementation phase
▶ Ongoing rollout and embedding of action

Actions	2016-17				2017-18				2018-19				2019-20			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
26. Establish a high-level Child Protection Redesign Oversight Committee with membership common to the Safe Home, Safe Families Steering Committee.																
27. Invest in an implementation team, led by dedicated Project Manager, that transitions into building capability within the Child Protection System.																
28. Incorporate the Cross Sectoral Consultative Committee as a reference group to inform the implementation of the redesign																
29. Establish an employee based reference group to support the implementation of the reforms and to provide ongoing recommendations regarding actions to support cultural change in CYS.																
30. Develop a robust monitoring and evaluation framework																

Key:  Planning and implementation phase
 Ongoing rollout and embedding of action