

REPORT
MARCH 2016

Redesign of Child Protection Services Tasmania

'Strong Families – Safe Kids'



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I FOREWORD

The Tasmanian Government is to be congratulated for its initiative to redesign and build a new and more contemporary child protection system to provide for the safety and protection of children and to do so as a matter of urgency. As a small jurisdiction, Tasmania is ideally placed to build an integrated system that can respond innovatively and effectively to the challenges presented to all jurisdictions in Australia and elsewhere, to ensure the safety and wellbeing of its children and to support families and communities in doing so. We are in an era when our child protection systems internationally are floundering. They are generally demonstrating poor outcomes alongside ever escalating financial and human costs and acknowledging the desperate need to find new solutions to how we work together differently to care for our kids. Additionally, recent and contemporary evidence from commissions and inquiries as well as child and family advocacy groups are helping us to embrace the imperative to care better for the children who do need to be removed from their families and placed into the care of the State.

A prerequisite for the redesign was the incorporation of input and feedback from a wide-ranging group of people and organisations who are involved in or have a stake in the wellbeing of Tasmania's children. The consultation process was statewide, comprehensive and intense. In this report we document the consultations, provide the data and link it to international and national evidence to define a new architecture at the centre of which is the need to embrace a whole of government/community integration of services all of which assimilate a focus on the needs of children and young people. Herein we present an evidence-based, robust design that addresses the lacunae identified by stakeholders and capitalises on the wisdom of young people in care, birth families, foster families, extended families, practitioners and agency leaders.

While there are a range of services within government and non-government that hold a mandate to care for the wellbeing of children and support adults and families, these services tend to be fragmented and often operate in silos. In this environment, dedicated Child Protection Services often become the default service for all concerns about children regardless of the level of risk to the child. This is particularly so when the requirements to report any risk to children to a statutory authority becomes mandatory. Despite earlier initiatives to introduce another point of referral for services in Tasmania in the form of Gateway Services, it is apparent from the consultations and the data that the Child Protection Service within the Department of Health and Human Services has become the default option and that managing the associated burden of escalating reports is unsustainable and dangerous for children, families and the workforce.

Central to the design is the need for a new architecture that capitalises on the many initiatives already underway in Tasmania. Early Childhood Services, Child and Family Centres, Departments of Education, Health, Police and Family Violence services, the Youth at Risk Strategy and a range of non-government initiatives are all essential elements of this integrated strategy. The overriding goal is to secure the safety of children by doing the very best we can all do to support their families and communities. If intergovernmental and interagency as well as dedicated support services for families are not provided before families reach a crisis point, the levels of demand within the statutory system will continue to increase, be more costly and there will continue to be poor outcomes for vulnerable children and families in Tasmania.

I take the opportunity to again thank the Minister for Human Services, the Hon Jacqui Petrusma MP, for her initiative and ongoing support; the members of the Reference Group and Steering Committee for the time they took out of already busy schedules; the remarkable three person Project Team who punched way above their weight and who worked when most of us were on leave over Christmas; the large number of professionals, carers, advocates and other stakeholders who, while often dispirited about the likelihood of much needed change, made the time available at short notice and alongside heavy workloads to present their views. Particular thanks go to the young people and families of Tasmania who live their lives amidst the turmoil of family troubles and crises and who took the time to air their views and plead a case for

a better system. Four other people require our personal thanks, Mrs Barbara Hingston who, due to the immediacy of need and short time frames, worked with the Project Team and undertook a lot of the early consultation work; Professor David Thorpe and Mr Steve Goodman who provided international expertise and evidence; and Emeritus Professor Dorothy Scott AM who was always available to share her wisdom and whose professional life, like mine, has been dedicated to finding solutions to the adversities that impact so profoundly on the wellbeing of children.

Professor Maria Harries

March 2016

2 EXECUTIVE SUMMARY

In a statement to Parliament on 27 August 2015, the Minister for Human Services, the Hon. Jacqui Petrusma MP, stated that

“...despite the best efforts of all involved, the [child protection] system faces potential collapse if comprehensive reform action is not taken ...Tasmania now has the opportunity to pursue a program of system redesign that will address the entrenched culture, processes and structures of the current Child Protection Services”.

Despite numerous reports, reviews and inquiries, and a variety of incremental changes Tasmania has not been able to achieve the level of reform required to dislodge the entrenched issues these reports identified.

The Tasmanian child protection system, like similar systems nationally and internationally, is facing increasing pressure from rising notification rates, increased complexities and growing costs in terms of children being placed into out of home care.

While previous investments in earlier intervention and support services, in the form of Community Based Intake Services (known as Gateway Services), and related family support services were intended to provide an alternate pathway for reporting and accessing services where there were lower level concerns, the outcome has been the creation of an *additional* pathway, with reports to statutory Child Protection Services (CPS) continuing to increase due in large part to increasing community awareness and mandatory reporting requirements.

With a limit to the capacity of the Gateway Services and non-government support model, the pressure on CPS has continued to increase, driving: a) an implicit increase in the threshold for children and families that receive active support and attention from CPS; and b) a related emergence of a significant service gap for families and children that are above the threshold of services accessible through Gateway Services, and below the threshold of active intervention by CPS.

Equally, there is a significant gap for families that do meet the statutory threshold but who do not get the intensive protective supports they require due to a lack of current service options. As a result, there is evidence of ‘churning’, that is, an increasing number of families and children in adversity receiving limited or no help, and who are subject to multiple notifications before receiving a service response. By the time this point is reached all too often the only available service response for CPS is the child’s removal from a family environment which generally leaves the family in further turmoil and the child with no guarantees of a more nourishing trajectory in life.

The cost of CPS and the costs to the community increase significantly as early identified needs and risks are not addressed and as families reach the crisis point at which a child is removed. Costs in out of home care represent about 50% of the costs of child protection nationally and equates to around \$49 million per year in Tasmania. All evidence points to the importance of early intervention to support children and families to improve outcomes for children and reduce costs.

The longer term or indirect financial cost associated with child maltreatment is also substantial, with adverse impacts of child abuse and neglect being associated with significant financial and other costs for individuals and the communities in which they live, such as future drug and alcohol abuse; mental illness; poor health; homelessness; juvenile offending; criminality; and incarceration.

Failure to address the demand, structural and service issues identified during the redesign process will result in ongoing growth in the number of children requiring the attention of CPS. This means that resources would need to continue to increase for both CPS and Out of Home Care without any associated improvement in the protection of children or the strengthening of families, or improvements in outcomes for those children who become connected to the child protection system.

To address issues faced by CPS in Tasmania, the Redesign Reference Group recommends action across six key domains:

Child Safety and Wellbeing is Everyone's Business

For the system for protecting children in Tasmania to work effectively, all parts of the systems have to focus on support for children, young people, families and communities to promote health and wellbeing, prevent problems and enable early intervention 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.

Building a Common Understanding of Risk

Child protection was once a service dedicated to preventing the physical abuse and harm of children, 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 the Common Approach Framework, Tasmania can build greater cohesion 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 services networks, promote joint training and learning opportunities across sectors and review all family support services to ensure that they deliver the correct balance of primary and secondary services.

Managing the Front Door

A very significant part of the redesign is to invest in the 'front door'. International evidence shows that robust and capable advice and referral services at the front door of the child protection system can improve outcomes for children and their families and reduce the pressure on statutory protection services.

In Tasmania there are two portals for notification, these being Gateways services and CPS. Gateway Services¹ have been seen to be critical as an opportunity for the all-important non-government agencies to provide early support to families and children in need. As is true for other jurisdictions, these portals are being increasingly inundated with reports, many of which are not and, arguably, do not need to lead to forensic statutory investigation. It was reported during a number of the consultations that, while well-intentioned, and in part successful, the 2009 diversionary service system in Tasmania aimed at providing a single entry point for 'integrated family support services' and enabling a 'common access service point' for child protection reports, is under serious stress.

Five strategies are recommended for improving the ability of the State to manage the 'front door':

1. Refocus current intakes services to an advice and referral service that is connected to the broader government and non-government service network.
2. Build partnerships between the CPS and key notifying agencies to improve the management of, and where required, response to notifications.
3. Review the relationship between CPS and Gateway intake services.
4. Manage advice and referral services on a statewide basis.
5. Increased information and training for mandatory reporters.

Intensive Support for Children and Families at Risk of Statutory Action

Despite previous investments, feedback received during the consultation process made it clear that there remain 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 must 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

¹ http://www.dhhs.tas.gov.au/service_information/services_files/gateway_services

under the clear context that the removal of the child is imminent. The focus of the services should be to build increased strength in parents to provide a safe, nurturing environment for the child.

In the interim, consideration should be given to providing CPS with some capacity to broker services directly for families in crisis. Such services could be brokered on the basis of a case plan which identifies the risks and the outcomes desired as a result of the intervention.

Refocusing Child Protection Services

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 required. The obligations of the State to protect children at risk remain paramount (within appropriate moral and legal parameters) as well as 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 in 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 redesign².

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.

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.

3 RECOMMENDATIONS SUMMARY

Child Safety and Wellbeing 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

Recommendation 14 That Aboriginal liaison officers be engaged and co-located at the 'front end' where concerns are first recorded and notifications made.

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.

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.

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.

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.

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.

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.

Recommendation 21 That the existing Child Protection Service is restructured into dedicated Court, Permanency and Reunification Teams.

Recommendation 22 That mechanisms be established which promote a joint working relationship between CPS and relevant adult support services, including the Tasmanian Prison Service.

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.

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.

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.

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.

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.

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.

Recommendation 29 That the Tasmanian Government consider a broad review of the *Children, Young Persons and Their Families Act 1997*, to ensure consistency with the objectives of the redesign project.

4 INTRODUCTION

In a Ministerial Statement to Parliament on 27 August 2015, the Hon Jacquie Petrusma MP stated that the Government was “committed to fixing Tasmania’s broken child protection system to better protect our most vulnerable children”³. The Minister also stated that:

“... there is a long history in Tasmania of reviews, reports and analyses of the child protection system, most of them pointing towards a requirement for systemic, structural reform. Unfortunately, Tasmania has not been able to achieve the level of reform required to dislodge the entrenched issues identified in the reports.

Despite the best efforts of all involved, the system faces potential collapse if comprehensive reform action is not taken, regardless of the level of any additional resources that are added to it...Tasmania now has the opportunity to pursue a program of system redesign that will address the entrenched culture, processes and structures of the current Child Protection Services. Therefore, I have been given the full support of the whole Government in undertaking significant redesign of the child protection system to deliver long-term sustainable improvement.”

This announcement was in line with the State Government’s 2014 election policy to rebuild essential services, which included the following election commitment to radically redesign the child protection system:

*“A majority Hodgman Liberal Government wants Tasmania to lead the nation in best practice by ensuring workers are well-resourced and feel valued and supported in one of the hardest jobs by gradually introducing a **new model of child protection** that will provide greater back-up and support to workers, by creating small child protection teams who work together for a group of families or children. This collaborative approach to decision-making will have an emphasis on values-based and respectful practice. In the UK this model has resulted in a 50 per cent reduction in staff sickness, a reduction in the bureaucratic burden, a 40 per cent reduction in children going into care, and better consistency and continuity of care”⁴*

Minister Petrusma’s announcement of the re-design project coincided with heightened public concern and media attention surrounding the identification of a number of unallocated or assessed files for children who had been referred to Child Protection Services. This significant matter lent increased urgency to what was already a government agenda for action relating to ongoing observations of systems failure over recent years.

³ http://www.premier.tas.gov.au/releases/child_protection_redesign_to_deliver_better_outcomes

⁴ Tasmanian Liberals Election Policy Commitment, *Children, Young People and Families* <https://www.tas.liberal.org.au/sites/default/files/policy/Children.pdf>

5 GOVERNANCE

The Hon Jacquie Petrusma, MP advised Parliament of the establishment of:

“...a Redesign Reference Group, that will develop, within six months, a comprehensive redesign of child protection services in Tasmania, from the bottom up, based on international best practice, to fundamentally change the way we deal with families at risk, and the way we apply protective intervention”.

The group was to provide expert advice on the proposed redesign of Child Protection Services (CPS), and on the direction of a long-term reform agenda for the broader system for protecting children. The Reference Group was set up as a collaborative endeavour with a membership consisting of the Commissioner for Children and senior representatives from relevant government agencies.

Alongside the Chair, Professor Maria Harries, the Redesign Reference Group comprised:

- Michael Pervan, Secretary DHHS
- Kate Kent, Director, Communities, Sport and Recreation, Department of Premier and Cabinet
- Mark Morrissey, Commissioner for Children
- Scott Tilyard, Deputy Police Commissioner
- Robert Williams, Deputy Secretary, Department of Education
- David Nicholson (Deputy Secretary, DHHS) attended in the absence of Michael Pervan
- Donna Adams (Assistant Commissioner of Police) attended in the absence of Scott Tilyard

Terms of Reference for the Reference Group are outlined in Appendix 1. Key elements of the Terms of Reference required that the process include:

1. Development of a comprehensive 'bottom-up' strategy to redesign the Tasmanian CPS and a case for an investment to be considered in the 2016-17 Budget process.
2. Direction to Government on longer term reform of the system for protecting children.

The entire redesign project was overseen by a four-person Project Team which included the Deputy Secretary of Children and Youth Services (CYS) which is the directorate in which CPS are situated. This team provided the initial, ongoing and organising framework for the consultations, discussions, analysis and report.

The governance and reporting arrangements are outlined in Appendix 2.

6 BACKGROUND AND CONTEXT

International Context

The protection of children is a significant matter of international concern. Child welfare agencies in most countries have experienced dramatic increases in reports of child maltreatment and neglect over the last thirty years – and particularly so in the recent ten years. There are multiple reasons for this increase including the expansion of mandatory reporting, an increase in matters that are required to be reported, increased family fragmentation and complexity of family problems, and changes in the appreciation of areas of risk to children. In this environment where costs are blowing out and where outcomes of investigations of families and statutory intervention with children are at best unconvincing, all jurisdictions are grappling with how to provide better and more integrated service systems that do much more than direct all concerns about the welfare of children into a child protection portal.⁵

Internationally, models for how governments provide protective services for children differ along a continuum from highly intrusive and forensic mandated systems to those that are family service and community focused⁶. Whatever the choice of framework, each system is embedded in its own complex cultural, social and legal history.

The most recent estimate of costs in the highly mandated and forensic system in the United States is \$29.4 billion per annum.⁷ Most Anglophone countries, Australia included, have adopted variations of forensic rather than family service oriented approaches. Eileen Munro's seminal review of such a system in the United Kingdom has prompted reconfiguration of safety and protective policies in that country and many countries are following these developments with interest.⁸ International evidence and recommendations from Munro and most reviews highlight the problems with overly defensive systems that confine efforts to protect children through the efforts of a highly forensic, investigative and proceduralised team of workers who work in isolation from other agencies and the community.

International efforts are increasingly focusing on the collective responsibilities of communities for the safety of children. All reviews have driven shifts to a more relationship based service orientation⁹ that focuses on helping children - and they report "ample evidence of positive outcomes" in areas where it has been developed.¹⁰

5 Lonne, B., Parton, N., Thompson, J., and Harries, M. (2009) *Reforming child protection*. London & New York: Routledge.

6 Price-Robertson, R., Bromfield, L. and Lamont, A., (2014) *International approaches to child protection*, Child Family Community Australia (CFCA) No. 23, Australian Institute of Family Studies.

7 DeVooght, K. & Cooper, H. (2012). *Child Welfare Financing in the United States*, State Policy and Advocacy and Reform Centre (SPARC), <https://childwelfareparc.files.wordpress.com/2013/02/child-welfare-financing-in-the-united-states-final.pdf>

8 Munro, Eileen (2011) *The Munro Review of Child Protection: Final Report. A child-centred system*, Department for Education, UK.

9 McAuliffe D., Tilbury C., Chenoweth L., Stehlik D., Struthers K. & Aitchison R. (2015); (Re)Valuing Relationships in Child Protection Practice, *Journal of Social Work Practice*, DOI: 10.1080/02650533.2015.1116437

10 McLeigh JD, Katz C., Davidson-Arad B, & Ben-Arieh A. (2016) The Cultural Adaptation of a Community-Based Child Maltreatment Prevention Initiative, *Family Process*, **Nov** 16. doi: 10.1111/famp.12193.

National Context

The Australian Report on Government Services (2014) defines child protection services as “Services funded to perform the functions of government that receive and assess allegations of child abuse and neglect, and or harm to children and young people, provide and refer clients to family support and other relevant services, and intervene to protect children”.¹¹

In Australia there have been more than 42 state and territory inquiries into child protection services since 1997 and each have identified ongoing and chronic systemic problems. Simultaneously with the finalising of this Tasmanian report, the Australian Newspaper highlighted the “soaring rates of child abuse and neglect pushing the Northern Territory’s child protection system to breaking point and identified this as the fault of successive governments failing to implement recommendations of a string of reports¹².

Earlier Senate inquiries such as those leading to the *Bringing them Home, Lost Innocents and Forgotten Australians*¹³ reports and the current *Royal Commission into Institutional Responses to Child Sexual Abuse*, have already provided salutary insights into the failure of Australia’s historic attempts to safeguard children.

It remains very clear, and to Australia’s shame, that historic and contemporary attempts have failed and continue to fail Indigenous children, families and communities in a highly disproportionate way.¹⁴ In a similar vein, recent research evidence is confirming the high links between investigation and removal of children into state care and socio-economic disadvantage (poverty).¹⁵ Additionally, costs keep escalating as the reporting and investigation trajectories climb and as children remain in care longer.¹⁶ In 2013-14, around \$3.3 billion was spent on child protection (includes out-of-home care services) in Australia. This reflects an average annual increase over recent years of around 5% per annum. It is important to note that in most Anglophone countries expenditure for out-of-home care services generally accounts for well over half the annual costs of child protection funding.¹⁷

In 2013-14, 198,966 children were notified to Australian statutory authorities. Of these, 40,844 were assessed to be ‘substantiated’ and 13,171 children were ‘admitted to orders’.¹⁸ During this period there were 45,538 children on care and protection orders, most of whom were in foster care or kinship care.

11 Report on Government Services (Steering Committee for the Review of Government Service Provision 2014:15)

12 The Australian (2016) ‘Abuse grows as officials fail to heed warnings’, *The Australian (Editorial)*, January 20, p. 4.

13 Australian Senate Community Affairs Reference Committee (2005), ‘Protecting vulnerable children; a national challenge’, Canberra: Human Rights and Equal Opportunities Commission (1998) *Bringing them home: report of the National Inquiry into the separation of Aboriginal and Torres Strait Islander Children from their families*, HREOC, Sydney.

14 Australian Government (2015) Driving change - intervening early:

National Framework for Protecting Australia’s Children 2009-2020: third three-year action plan, 2015-2018

<https://www.dss.gov.au/families-and-children/programmes-services/children/protecting-children-is-everyones-business-national-framework-for-protecting-australias-children-2009-2020-third-action-plan-2015-2018>

15 Bywaters, P., Brady, G., Sparks, T., & Bos, E. (2014). Child welfare inequalities: New evidence, further questions. *Child & Family Social Work*, 45(91), 6-23.

16 Tilbury, C. (2009), A stock and flow analysis of Australian child protection data, *Communities, Children and Families Australia*, 4(2), 9-18.

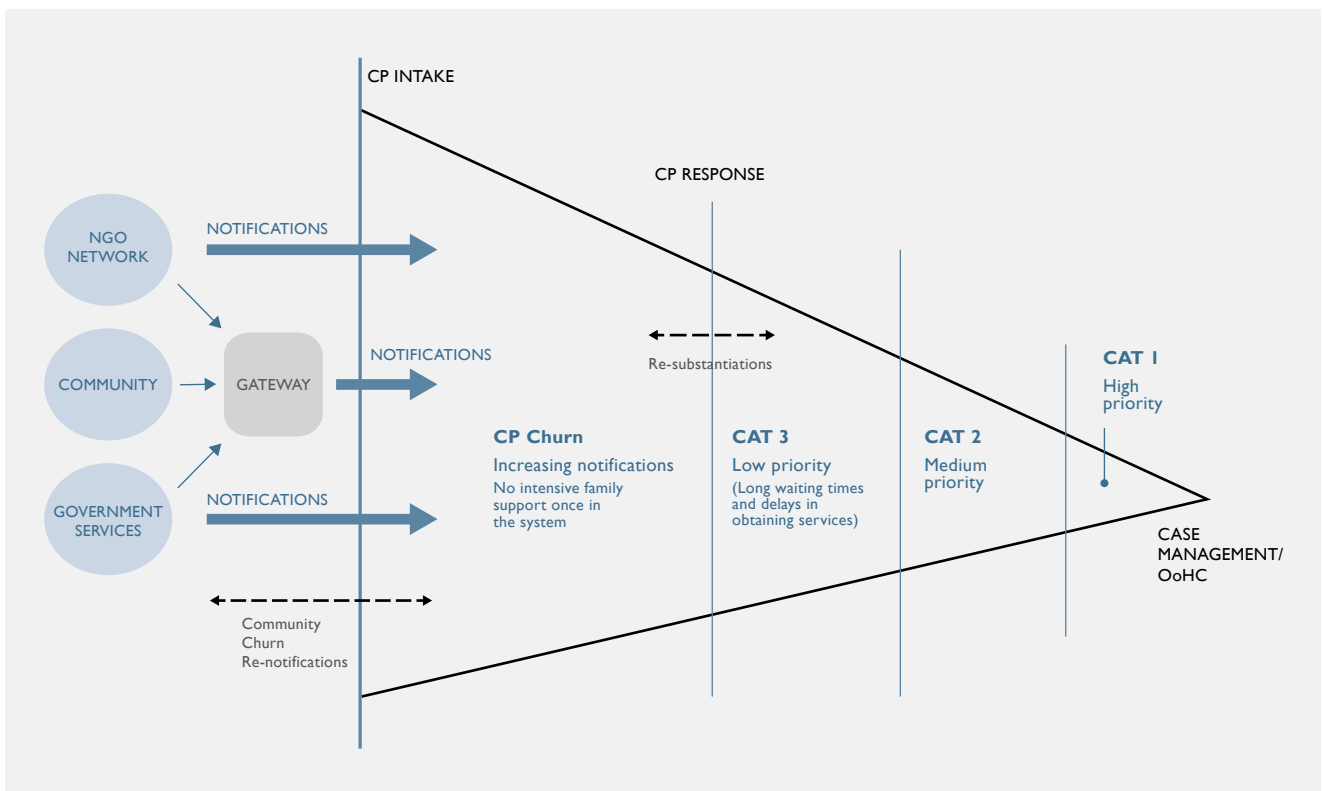
17 Steering Committee for the Review of Government Service Provision. (2015). *Report on government services 2015*. Canberra: Productivity Commission.

18 Steering Committee for the Review of Government Service Provision (SCRGSP) (2015), *Report on Government Services*, Productivity Commission, Canberra.

Figure I below captures the core processes and the experiential trajectory for children and families who are notified to child protection authorities in Australia and in most countries that have adopted mandatory reporting or similar arrangements. It provides a picture that represents but still belies the complexity and limits of current services aimed at protecting children. Implicit within it are the following important issues relevant to this re-design:

- There is an ever growing number of children and families who are notified to child protection services.
- Although all these children and families are likely to be in need of assistance, most of these notifications are not accepted as reaching the 'threshold' for investigation.
- Many children are notified a number of times until they reach a threshold of concern to authorities.
- Workers within this system are constantly called on to investigate ever increasing numbers of reports that understandably are all considered priorities by reporters.
- The majority of notifications that are accepted as necessary to investigate are not substantiated.
- Of those that are substantiated, a small number of children are admitted into statutory care.
- Those children coming into statutory care are remaining longer in care and the outcomes of this care are uncertain at best.
- Many families receive no assistance before they are investigated and many report receiving no assistance after investigation.
- By the time children enter the formal care system, that is, orders are taken, they have generally 'churned through' the notification portal and investigation processes a number of times.

Figure I Current Child Protection System



*The National Framework for Protecting Australia's Children (2009)*¹⁹ and the Australian Research Alliance for Children and Youth (ARACY) report, *Inverting the Pyramid (2009)*²⁰ recognised the problems inherent in the workflow design represented in this picture. In these reports, they name child protection as a 'wicked problem'²¹ that requires strong, agile, multi-focused and creative thinking to generate different multi-level responses. The focus of both reports is on the need to intervene with families earlier, help children and families more intensively, and reduce the unnecessary flow and churn of children and families in a system that is unintentionally harmful. They challenge commonly held community and media beliefs about there

being easy solutions to the escalating reports of children at risk which require only that more child protection workers are employed to investigate such reports and remove children to a safe environment. Most importantly, they provide a philosophical rationale and a compelling case for the development of integrated, community and cross government services that, utilising a public health framework, operate together to prevent abuse and intervene early to assist children and families. Promising results of newer endeavours resulting from these policy directives have led to a number of initiatives in Tasmania including the *Stronger Families and Communities* and *Safe at Home* strategies that focus on early intervention.

Tasmania's Services

Tasmanian services for the care, wellbeing and protection of children are associated with a range of legislation enabling relevant cross government and cross community delivery of these services. Central to these is the *Children, Young Person's and Their Families Act, 1997* (the Act) which guides the statutory responsibilities of the government. In so doing, it provides the rationale and framework for the protection of children who are reported to be at risk of abuse or neglect. Progressive ideas and evidence from New Zealand about the importance of culture, community and family²² had a significant influence on professionals and legislators at the time this legislation was framed and introduced – as evident in the identical naming of the Tasmanian Act with its New Zealand counterpart.

The most recent Tasmanian data (2014-15) show that Tasmanian authorities received 13,598 notifications of children considered to be at risk in relation to 8,811 children. Of these, 1,629 notifications reached the threshold for investigation. 992 children were substantiated and 196 children were admitted to out of home care.²³

Importantly, the Tasmanian Act echoes the view promoted

in nearly all contemporary policy research that the support of families and communities is an essential element of ensuring the safety, wellbeing and protection of children and young people. As well as enabling statutory/legal action for intervention in families and the removal into state care of children who are assessed to be at risk, the Act promotes prevention and early intervention and partnerships with community-based services.

The problems currently facing the Tasmanian Government and community in relation to the care, wellbeing and protection of children are not unique. As has occurred in other jurisdictions, Tasmanian child protection services have been the subject of numerous inquiries and reports over recent years, including the *2006 Report into Child Protection Services in Tasmania*²⁴ and the *2011 Parliamentary Select Committee Report into Child Protection*²⁵. Persistent observation from later reports is that these reviews had been accompanied by "hundreds of recommendations" many of which had been addressed²⁶ or compromised by later inquiries, and in what appears to have been in an ad hoc and pragmatic way, albeit likely to have been in part resource-based.

19 Council of Australian Governments (2009) *Protecting children is everyone's business: National Framework for protecting Australia's children 2009-2020*. Canberra,

20 Australian Research Alliance for Children and Youth (ARACY) *Inverting the Pyramid: Enhancing Systems for Protecting Children*, ACT, ARACY.

https://www.aracy.org.au/publications-resources/command/download_file/id/107/filename/Inverting_the_pyramid_-_Enhancing_systems_for_protecting_children.pdf

21 Lonne, B. (2013) Reshaping our Protective Systems: Issues and Options, *Communities, Children and Families Australia*, 7 (1), 9-20.

22 Connolly, M. (2004) A Perspective on the Origins of Family Group Conferencing, *American Humane FGDM Issues in Brief*, www.americanhumane.org

23 Children and Youth Services, Internal data sources

24 Jacob, A & Fanning D. (2006) Report on Child Protection Services in Tasmania.

25 Tasmanian Parliament, House of Assembly, Select Committee on Child Protection

26 Between 2005 and 2011, 13 reports or reviews were held into child protection or related matters resulting in 605 recommendations.

In Tasmania, as in other parts of the world, crises that occur leading to the harm or death of children are generally sheeted home to those operating under the Act and either the legislation or personnel or both are, to some degree, targeted as being at fault. Strident media attention often highlights problems and challenges associated with crises to do with harm to children and the perceived failure of protective services and personnel. And indeed, such challenges do often reflect services inadequacies. However, as a senior government official said at the commencement of this re-design, “the system is perfectly designed to get the results we get”. The veracity of that observation was amplified throughout the consultative period as stakeholders highlighted problems in their part of the patchwork of services that comprise child safety and protective services in Tasmania.

As with other jurisdictions, much of the service patchwork is likely due to ad hoc decision making and the false economies that relate to ‘cherry picking’ of inquiry

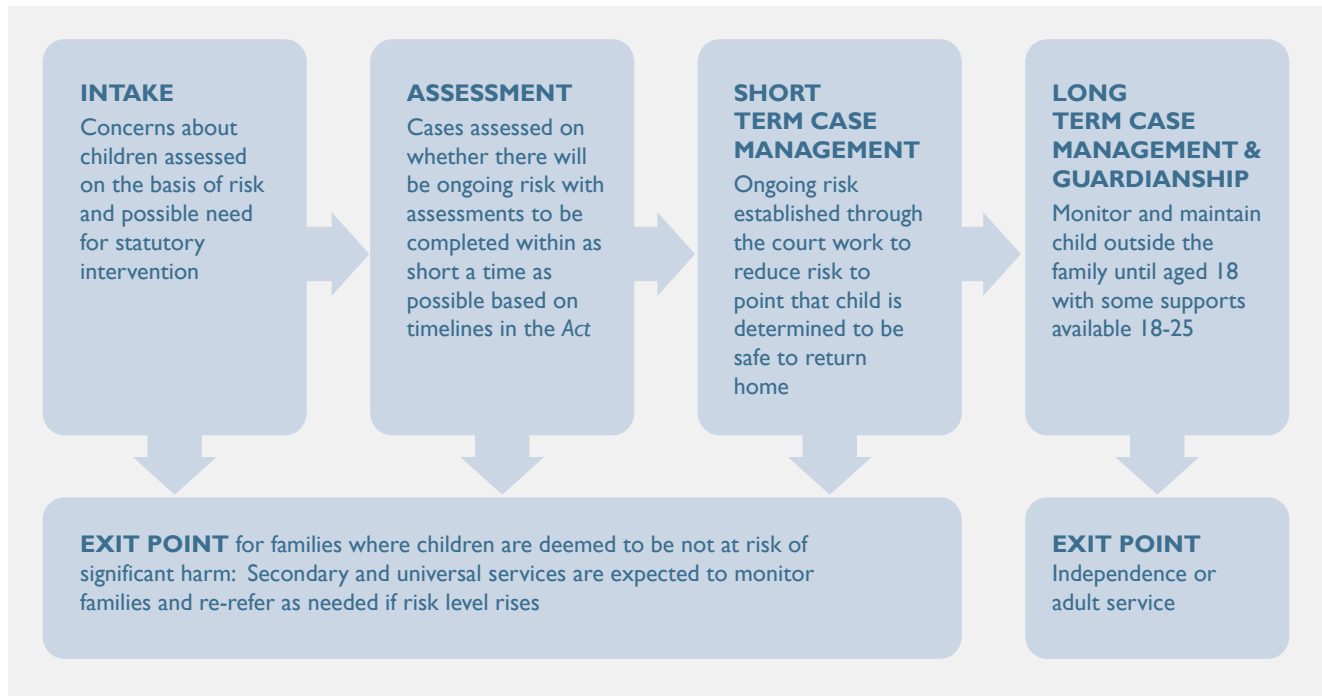
recommendations instead of developing and implementing an integrated architectural framework and platform of services.

The tapestry of services providing for the safety, wellbeing and protection of children and young people in Tasmania is complex and, as with other states, is delivered via a range of government and non-government services some of which are directly or indirectly funded under Commonwealth government initiatives.

Organisational Structure for Child Protection Services

Formal child protection services are focused on receiving reports, assessing, investigating and intervening to protect children, sit within the appropriately named Child Protection Service. Within this service there are four teams: Intake, Response, Case Management, and Out of Home Care (As shown in Figure 2).

Figure 2 - Current Structure of the Child Protection Service

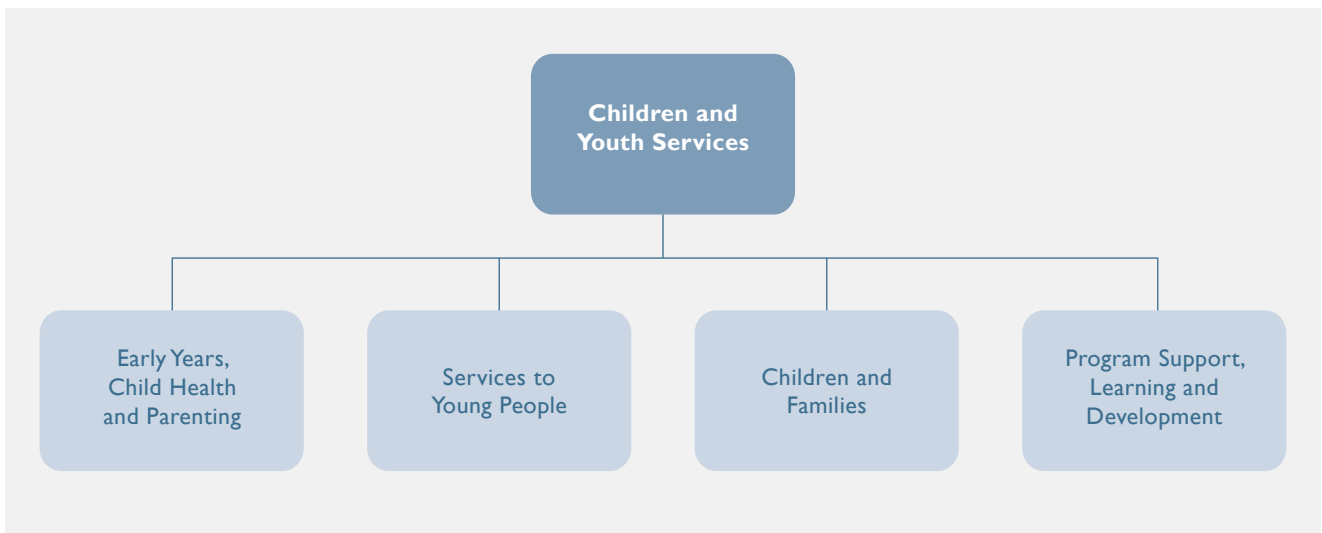


The Child Protection Service sits within the directorate of Children and Youth Services (CYS), which in turn sits within the Department of Health and Human Services (DHHS).

In 2015, the directorate of CYS moved to a four column program structure (As shown in Figure 3). Child Protection sits within the program area of Children and Families in

this new structure and constitutes one of the four program areas within Children and Youth Services. The other three program areas are Services to Young People; Child Health and Parenting Services (CHAPS) and Early Years; and Programme Support, Learning and Development.

Figure 3 - Organisational Structure of Children and Youth Services



The four-column programme structure for CYS as described above is still in an implementation phase. Practices and policies within these services have been changing and developing in recent times due in some part to the requirement to rationalise structures and also due to the implementation of significant and exciting service initiatives at a state level – such as the Safe Homes, Safe Families initiative.

Guiding the development of consistent policies and procedures within CYS are five policy pillars, which reflect the core objectives that all CYS program areas share. They provide the policy foundation and structure within which CYS practice guidance and operational procedures are developed.

The current policy pillars for CYS are:

1. Keeping children and young people safe, secure and well
2. Working together
3. Developing and strengthening our people
4. Building a strong accountable system
5. Committing to a strong effective legal system

These policy pillars fit synergistically with the following five Strategic Priorities of DHHS:

1. Promoting health and wellbeing and intervening early when needed
2. Planning and delivering services guided by evidence-based policy
3. Delivering the benefits of reform
4. Strengthening sustainability
5. Shaping our workforce to be properly educated, trained and developed

The result of recent and ongoing changes provide a complex context for conceptualising a re-design of child protective services which have been constantly in a state of change. Recent initiatives of significance to this re-design project include:

1. The ongoing introduction of 'Signs of Safety' as a tool for assessment
2. Out of Home Care Reform that is ongoing and has reached its second and final stage
3. The development of a Youth at Risk Strategy that is underway
4. The Family Violence Action Plan that has been implemented across Tasmania
5. A new structure for service delivery that is ongoing
6. A focus on joining up Human Services

Simultaneously with the implementation of these initiatives and with the recent change of government, there has been a change in leadership and structure in CYS and ongoing concerns about support for the workforce and the safety of children. All of these potentially provide instability in any service system.

Up to this time, what has been missing from these important and interesting projects is an appreciation of how all of them can be integrated into a whole of government and community architecture that leverages off and capitalises on individual initiatives to support families and protect children.

7 REDESIGN PRODUCT AND OUTCOMES

As foreshadowed the strategy for the redesign of Child Protection Services (CPS) included three outputs:

1. A strategy for the redesign of CPS, including areas for early action;
2. Reforms required outside the CPS identified as critical to the functioning of CPS;
3. Recommendations on how the Government can move beyond the redesign of the CPS to broader reforms to the system of protecting children.

Outputs 1 and 2 are the focus of Chapter 9 of this report. Output 3 is provided in Chapter 11.

The following **outcomes** for the re-designed service itself were identified as essential components and the minimum “to be achieved through any service interaction” that was developed as the final working structure:

1. The safety and wellbeing of children is the paramount concern
 - i. Families are supported to fulfil and maintain their primary responsibility for a child's care and protection, reducing the need for further protective intervention.
 - ii. Children and their families receive interventions and services that are supported by evidence that they can make a difference.
 - iii. Children and their families are partners in problem solving, preventing harm, preserving and strengthening family relationships, and promoting children's development and life chances.
2. Safety outcomes for children are achieved
 - i. Our interventions are provided expeditiously, with due regard to the degree of urgency or the assessed level of present or imminent threat to the safety of a child.
 - ii. Children and their families experience professionals and organisations working well together to promote their wellbeing and safety.
 - iii. Children and their Families are aware of what needs to happen for safety to be achieved.
3. Services are delivered in the least intrusive manner possible
 - i. Children and their families receive responses and services which engage them as partners in problem solving, preventing harm, preserving and strengthening family relationships, and promoting children's development and life chances.
 - ii. Children and families are listened to, ensuring their full participation in discussions, where decisions are being made that affect them.
 - iii. Children are not withdrawn unnecessarily from their familiar environment, school, culture or neighbourhood.
 - iv. Statutory proceedings are used as a last resort.
4. Multi-disciplinary assessment of the child's past and present circumstances is undertaken to achieve sound ethical, evidence informed and cost-effective outcomes and services needed to prevent re-abuse
 - i. Decision making is timely and informed by accurate and well analysed assessments.
 - ii. A dependable professional relationship is central to the intervention.
 - iii. There are structured, guided and collaborative processes of case decision making.
5. Children experience the out of home care service as safe, nurturing and stable, promoting ongoing family and community connections
 - i. Ethnic, religious or cultural identities are preserved and enhanced throughout our involvement.
 - ii. Where applicable, the length of time taken to achieve permanency for children in out-of-home care is as short as possible.

These outcome goals for the re-designed services informed the thinking of the Reference Group throughout and the principles that buttressed them informed all discussions and the consultative process that followed.

8 COMMITTEE PROCESSES

Reference Group members were constantly alert to the sensitivity and importance of the matters under review, and in particular the risks associated with further disturbing an already distressed workforce that was trying to manage overwhelming demands in the complex arena of child and family vulnerability. Redesign of any human service is a heroic task and certainly so in a jurisdiction which has a limited resource reserve and where the focus on the needs of and risks to vulnerable children is paramount.

The first concern we had to settle was the breadth of the re-design intent. Were we to focus on the forensic/statutory services, the broader arena of services providing for the safety and protection of children or both? The question was debated seriously. There was a compelling public concern evident in media attention. There were urgent matters that needed immediate consideration and it was clear that Child Protection Services (CPS) needed to be augmented in a timely way to ensure the safety of children being referred and to ensure adequate staffing and support for already stretched teams. At the same time, it was evident that shoring up the CPS programme area alone by developing an updated model of practice in these teams would not meet the output or outcome goals of the re-design. We needed to address “reforms required outside the CPS as critical to the functioning of CPS”.

The mandate for the Reference Group was both broad and narrow: to conceptualise an infrastructure or an architecture that would enable children at high risk to be protected; and, ensure a range of integrated government and community support and intervention services for families and children experiencing adverse circumstances.

It was useful at this early point to be reminded by a member of the Reference Group that **“99% of people and families do a great job”**.

Eight principles were identified to guide the design work of the Reference Group, which were:

- Focus on outcomes for children and families
- Integrate thinking across agency and across government
- Be consultative
- Be transparent
- Be practice-led
- Be multidisciplinary in focus
- Pursue fundamental change
- Be evidence informed

Other principles that informed the final design were identified and refined in an iterative process throughout the period of consultation and meetings. These are listed in the discussion on elements of re-design in this report as they informed the design philosophy and architecture.

It was also agreed at the outset that we needed to start the consultative process with an affirmation of the need to have a clear conduit to the workforce and to start with a statewide consultation with them.

The full Reference Group met on six occasions from November through to January 2016 and all of these meetings were informed by the outcomes from a large number of individual and group consultative meetings throughout this period (Refer to Appendix 3 for a list of Reference Group Meetings). In consultation with the Reference Group, a comprehensive list of agencies, advocacy groups and individual stakeholders was developed by the Project Team and arrangements made and expedited to meet in one-to-one or group arrangements.

The importance of engaging with the frontline workforce in CPS was given priority at the commencement of the re-design. We were aware of the inevitable distress

facing a staff group who had been subject to public and media condemnation and of the need to reassure them and to enable them to contribute their expertise to the re-design at the start of the process. Indeed, this was a requirement of the Terms of Reference. Consultations with staff throughout Tasmania commenced in October 2015 and the output from these fora were summarised and provided to the first full meeting of the Reference Group on 3 November 2015 (Appendix 4). An all staff fora in this early period were conducted by the Project Team with the support of members of the Reference Group.

As part of the project process a Communication Strategy was developed. The key objectives of this strategy were to inform target audiences about the project, provide ways for target audiences to contribute to the process and maximise stakeholder engagement and feedback. Communication methods included development of a website, a generic email address for project feedback, newsletters, internal videoconferences, meetings and briefings.

Consultation Process and Analysis

The Redesign Project was tasked to “direct and conduct a program of engagement and consultation with stakeholders, including staff, service providers, children and their families regarding directions for change toward a more integrated and responsive system for the protection of children and strengthening of families”. The following consultative strategies were adopted and implemented:

- Initial ‘roadshow’ and consultations with staff
- Meetings with stakeholder groups and individuals
- Statewide NGO fora
- Government forum in the South
- Consultation with international experts – Professor David Thorpe and Steve Goodman
- Meeting with the Executive Leadership Team (ELT) of CYS
- Summary papers and discussions

Consultations and information sessions that were held included meetings with members of Opposition parties; a group of young people in care organised by the Commissioner for Children and CREATE; staff groups in the north and south of the State consisting of workers in the four programme areas of CYS; all relevant unions; senior government and non-government leaders; representatives from the Tasmanian Aboriginal Centre;

support and advocacy groups; and, individual stakeholders who requested interviews. Although interviews were adjusted to meet the particular agenda and interests of individual stakeholders, the generally uniform configuration of the semi structured consultations was to invite responses to the following questions:

1. What is working well in the area of protective services for children?
2. What is not working well?
3. What would need to change in order to improve services in this area?
4. What is likely to get in the way of improving services?

All interviews were manually recorded. All group consultations were immediately and publicly recorded on a spreadsheet. These were then returned to those who contributed, authenticated or challenged, analysed and summarised for the Reference Group.

The consultation process was statewide and intense. It was conducted over the limited period from October 2015 to January 2016 due to the immediacy of the concerns and to ensure that the outcomes could be considered in the context of the 2016-17 State Budget. Volumes of reports were provided by those consulted and these were digested by the Project Team. Some interviews were conducted by

phone and written and email submissions were accepted. In total over 300 individuals were consulted and/or provided input into the redesign process via interviews, attendance at forums, submissions or emails to the Redesign team. Appendix 5 provides a full list of stakeholders that were consulted or provided information to the redesign process.

Appendix 6 provides a matrix of outcomes for all stakeholder consultations. From these findings, broad themes were developed and these were shared with the Reference Group and checked with a number of individuals and groups to confirm all views and issues were represented and, as far as possible, that themes that were developed captured the essence of the vast quantity of evidence that had been gleaned.

When the bulk of consultations had been concluded,

a small cohort of experts, including members of the Executive Leadership Team of CPS met with the Project Team and available members of the Reference Group in a workshop to assist to analyse data, reflect on current operating structures and scope options for a re-design. Professor David Thorpe provided important input to this workshop on a matter raised by many stakeholders and that was the entry portal to services – that is, the process by which children and families are referred or reported or indeed, self-refer to CPS.

The important elements of a proposed re-design that resulted from this work were presented to the Reference Group who reviewed and endorsed many of them. The finalised elements of the re-design consequent to this process were then reviewed at length by the Project Team and presented again to the penultimate meeting of the Reference Group in January 2016 where they were ratified.

Consultation and Outcomes

Issues raised at stakeholder forums and other consultations were entered into a spreadsheet using a matrix (Appendix 6). These issues were analysed and the following key themes were identified across the four elements of the matrix.

What is working well in the area of protective services for children?

- Optimism that Tasmania can create a more effective system for safeguarding and protecting children
- A lot of good work occurring in Tasmania in relation to the safeguarding and protection of children and youth and support of families
- Multiple overlapping initiatives that could be capitalised on much better (family violence, child and family centres, police etc.)
- Dedicated and committed staff
- A government committed to change as represented by a redesign team with influence
- Universal agreement of the need to work better together across agencies and departments
- Liaison positions that are currently in place are working well (eg. Child Protection Liaison Officer at RHH)
- When services come together with a shared understanding of the family and their needs

What is not working well?

- CPS portal overloaded with notifications along a continuum from minor to critical

- Opacity of CPS – “a mystery to most people”
- Attitudes of CP; middle class approach; controlling and heavy handed;
- Need for multiple notifications before a response is achieved from CPS
- Fragmentation of services in non-government sector
- Confusion around nexus between Gateways services and CPS
- Lack of services and strategies for at risk youth who are not accepted within CPS
- Lack of communication between CPS and other services and agencies (both internal and external)
- Lack of support for kids in care, foster carers and kinship carers/grandparents
- Multiple concerns about foster care recruitment, support and outcomes
- Staff are overworked, stressed and feel undervalued
- Disconnect and barriers to information sharing with NGO service providers
- Adversarial court processes, lengthy delays, poor interface between courts and Child Protection
- Lack of support services for complex families on the brink on entering the Child Protection system
- Gateways services are unable to address the needs of complex families who are unwilling to engage
- Barriers/Silos across government and between government and NGOs

What would need to change in order to improve services in this area?

- Work better together across agencies and departments (and programmes)
- Address the court and CPS nexus and the bottleneck there
- Importance of CPS working well and with other services
- Improve the understanding about the criteria for CPS accepting notifications
- Improve understanding about the criteria for determining thresholds for investigations
- The Gateway/CPS nexus
- Generate stronger leadership
- Significance of data, information and research sharing
- The Importance of uncoupling re-design from current staffing problems
- Provide leadership, support and development opportunities for staff
- Listen to children and their families
- Improve community perception of Child Protection
- Need for a longer term strategic vision (proactive rather than reactive)
- Improved Human Resource processes
- Build community capacity to protect children
- Improve Child Protection interface with the court system
- Appropriate facilities and system infrastructure to support Child Protection workers
- Need for better support, supervision and mentoring of Child Protection staff
- Co-location of services all working together for family/child; more liaison positions
- Develop multidisciplinary teams to provide assertive, intensive family support
- Capacity for flexibility and creativity in how Child Protection and other services work together

What is likely to get in the way of improving services?

- History of inquiries and ad hoc implementation of recommendations
- Workforce is 'battle weary' and staff morale is low
- Resource limitations
- Leadership deficit
- Regional differences
- Current culture within Child Protection
- Resistance to change and innovation
- Lack of central support, red tape and bureaucracy

In conceptualising the redesign, the Reference Group was guided by the above themes from its consultations and incorporated these with expectations articulated during earlier meetings and in consultations with staff and other stakeholders where the following indicators of a successful redesign were articulated.

The expectation was that a redesigned CPS needed to demonstrate it was:

- An employer of choice, recruiting and retaining a professional, highly skilled and trained workforce as part of a multi-disciplinary team approach to the protection and safety of children.
- Supported by well-defined and contemporary practice models that include decision-making process which are structured and transparent, and robust case coordination approaches.
- Supported by a user-friendly integrated case management data system that enables the sharing of information seamlessly across services, both internal and external including non-government organisations and other Government Agencies.
- Part of an integrated support system focused on protecting children and supporting families.
- Supported by a clear, robust and flexible legislative framework.
- Supported by an enabling environment which provides the necessary infrastructure to support the service.

- Managed through well-defined governance arrangements (including clinical governance) that promote a culture of support, accountability, peer review and continuous improvement.
- Works in partnership with carers to provide an out of home care service that is safe, nurturing and stable, promoting ongoing family and community connections.

These outcomes for the redesigned services were noted and accepted. It was also noted that achieving such outcomes would have to be predicated upon the development and acceptance of a major structural and functional change system. Axiomatic is that the achievement of these outcomes would be dependent on the acceptance of the rationale for the re-design as well as an ongoing investment in an action research implementation process that could monitor progress and outcomes. Implementation of any change will require resources not just for the change but the processing of change and “strong and inspiring leadership at a number of levels”.

The following design architecture is structured around critical success factors and is presented as an integrated design. Further work needs to be undertaken to develop key indicators for success factors that must be measured at critical points. Strong oversight and advice to the Minister will be an essential element of any process along with an implementation process that is planned, staffed, funded, that reports to the Steering Committee and that is monitored in terms of activities and outcomes.

Principles informing the design were augmented with

the following additional principles identified during the consultative process:

CPS redesign must produce a design that:

- Is evidence informed
- “Is a real game changer” and captures the need for fundamental change
- Focuses on outcomes for children and families
- Recognises cultural differences and needs
- Captures the essence of a cooperative enterprise and avoid building more silos
- Integrates across agencies and governments
- Recognises the need for a multidisciplinary skill set
- Is relational and is built on teamwork and good communication
- Has competent leadership and high level governance
- Capitalises on the information and knowledge available in the workforce
- Is not implemented “off the side of the desk”
- Provides a forum for staff, children, families and other stakeholders to have a say

9 THE ARCHITECTURE FOR A REDESIGN

Consideration of all of the major themes from the consultations alongside a deliberation of evidence from experts who presented to the Reference Group and international best-practice literature coalesced around the following core directions for a redesigned system for protecting children:

Child Safety and Wellbeing is Everyone's Business

An effective system for protecting children from harm requires the fostering of an overarching conceptual approach that is variously called a public health, a community development – or even a 'New Public Health Approach'. The well accepted World Health Organisation definition of health refers to emotional and mental wellbeing and not simply the absence of disease²⁷.

There are five internationally recognised principles of a public health approach:

- **population focus** – aims to improve the overall health of the community;
- **focus on prevention, promotion and early intervention** – tackles the things that add capacity;
- **work in partnership** – sharing information with local communities, other agencies that are not 'core business';
- **reduction of inequalities** – reducing impact of relative or absolute disadvantage; and
- **effective and sustainable action** – do what works and work out what doesn't.²⁸

The National Framework for Protecting Australia's Children²⁹ is based on such a public health approach. Its strategy recommends action focus on six main areas:

- **primary services**, which are universal services available and theoretically accessible to all children and families;
- complementing **targeted child protection strategies**;
- **secondary services**, which are targeted to children, families and communities where there are known risk factors;
- **tertiary services**, which focus on responding to children who have been harmed or are at risk of harm;
- **addressing the over-representation of Aboriginal and Torres Strait Islander children** in the child protection system;
- **national standards**; and research, evaluation, dissemination and service data.

For the system for protecting children in Tasmania to work effectively, all parts of the systems have to focus on support for children, young people, families and communities to promote health and wellbeing, prevent problems and enable early intervention 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.

27 <http://www.who.int/about/en/>

28 Gruszin, S., Hetzel, D. & Glover, J. (2012) *Advocacy and action in public health: lessons from Australia over the 20th century*. Canberra: Australian National Preventative Health Agency.

29 <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>

At a secondary level services must respond to the needs of children who are or have been neglected, and include counselling services and alcohol and drug services for parents who neglect their children. Community oriented prevention and early intervention services include family support for families facing the numerous incidents and crises that accompany typical family life. They include the concept of child wellbeing teams, infant health services, well-being programs in schools, education campaigns such as those encouraging mothers to breast feed and parents to read to their children, and immunisation strategies.³⁰

At a tertiary level, services include not only statutory child protection services, but also those services that interact with Child Protection Services (CPS), particularly with regard to the support of children in State care. For many parents and children within the care system, child protection services are only one of a number of services they are clients of, and it is imperative that these services, such as education, mental health, alcohol and drug services and prison services have effective mechanisms to communicate with, and work alongside, CPS.³¹ As highlighted in the *Dropping off the Edge Report*, local government with its community development capacity, has an important role to play in supporting families and communities and preempting entry to the CPS system.³²

When the very broad *system for protecting children* is appropriately conceptualised, it is very clear that the *statutory child protection system* plays a very small, albeit important, role. The statutory workforce authorised to make important decisions about the need or otherwise to remove and protect children is an essential but 'end

of line' resource. Understanding this difference between protecting children and CPS is most critical to a redesign that has any chance of delivering better outcomes for children and their families.

The importance of this understanding was evidenced during the consultation process, which highlighted a reluctance by some organisations to engage with CPS because they consider it a significant statutory intervention for the family. Instead the role of CPS should be seen as a small part of the broader service system responsible for the safety and wellbeing of children and families.

Synergistically with the above focus, there needs to be a re-branding to enable a shift of focus from the singular end message of child protection to one of child wellbeing - keeping children safe, protecting children and young people and supporting families. Broadening this focus will enable the safety and wellbeing responsibility to be accepted as a collaborative endeavour between families, communities, non-government and government agencies. In adopting this approach it frees those authorised as government statutory authorities to identify, intervene more effectively in families and protect children who need and require statutory protection.

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.

30 Scott, D. (2014) *Understanding Child Neglect*, CFCA Paper 20, Australian Institute of Family Studies
<https://aifs.gov.au/cfca/publications/understanding-child-neglect/responses-neglect>

31 *ibid*

32 Vinson, T., Rawsthorne, M., Beavis, A. & Ericson, M. (2015). *Dropping off the Edge: persistent communal disadvantage in Australia*. Richmond, Vic. Jesuit Social Services / Catholic Social Services Australia.

Building a Common Understanding of Risk

Nationally and internationally, our understanding of both the risks for the child and the interventions that work to build strength in children and families has changed significantly over the past few decades. Child protection was once a service dedicated to preventing the physical abuse and harm of children, 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.

We also understand that our service system can often be fragmented and that service gaps and overlaps exist for a variety of reasons. We know that different professional frameworks, practices and approaches can result in opportunities for early intervention being missed, or children and families falling between services as their needs change. Likewise, different understandings of risk can contribute towards increased reports to statutory services of children whose needs are better met through community based services. During consultations we were told statutory services were overloaded with notifications that stretched along a continuum from minor to critical and that there was a need for a common language between services across sectors which would support an integrated system response to the needs of children and their families.

This redesign has identified significant changes to the structure of the child protection system in Tasmania. It must, however, be supported by a renewed and shared understanding of the risks for children (both in and out of the home) and contemporary evidence of interventions that are shown to deliver positive outcomes for children and their families. This should include both collaboration at the professional/service level and by identifying opportunities for shared training across services and sectors.

One example is the 'Common Approach'. The 'Common Approach'³³ was developed in response to the pivotal Australian Research Alliance for Children and Youth (ARACY) report, *Inverting the Pyramid: Enhancing Systems for Protecting Children*, which was the first major report calling on the need to take a 'public health' approach to

reducing child abuse and neglect. The nationally evaluated *Common Approach* seeks to increase the capacity of practitioners in first contact with children and families to identify both the strengths and needs, build on strengths to help families progress their own goals, and link families with the supports they need before problems escalate into crises.

With the support of DHHS and the Department of Education, the Common Approach was comprehensively piloted with an across agency consortium in the north of Tasmania.³⁴ It is currently used across Australia by workers in the early childhood, family support, mental health, family relationships, health and education sectors. It also provides tools that can assist all members of the community to respond to keeping vulnerable children safe and well in the community.

Promoting the widespread adoption of the Common Approach across the system for protecting children will have two very significant benefits. Firstly, it will promote a common language across the service system and help services to more effectively collaborate. Secondly, it reinforces the need for the service system to look beyond the question of whether a child requires the intervention of CPS. It focuses the enquirer on the question of *what is required to build strength in this family to protect this child*, with only one option being to seek the intervention of CPS.

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.

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.

33 Australian Research Alliance for Children and Youth *Common Approach* <http://www.aracy.org.au/projects/the-common-approach#Resource>
34 <http://www.togetherforchildren.net.au/presentations/Fri%20GB3%201040%20Gardiner.pdf>

Growing Capacity and Getting Help Early

Almost unanimously, people who were consulted on this redesign proposed and wanted to promote a less forensic approach to the work of keeping children safe and ensuring their wellbeing and healthy development. Unequivocally, they made the point that to do so required an augmenting of the networks of non-government organisations and local government to strengthen capacity to support children and families in need without them having to await a notification to CPS before they could access services. They argued for a more integrated system of support workers to provide assistance to families and children in need as well as those at risk of statutory intervention. These included support for relationship based services that are location-based and respectful of the diversity of cultures, particularly but not only Aboriginal cultural requirements.

Growing capacity was not always or even generally predicated on an expectation of increasing resources. There were many observations made about duplication, churning and resource waste in what was called a continuing 'silo mentality' and fragmentation of services. Research is clear that capacity is developed when internal government agency networks as well as non-government ones, that are either adult or child focused agencies, work together. Recent research evidence has emphasised the importance of working between adult focused and child focused silos.³⁵ It is salutary to include here the now oft quoted UNICEF maxim, "*The challenge of ending child abuse is the challenge of breaking the link between adult problems and children's pain.*"³⁶ As is so exquisitely highlighted in the Australian research based practice evidence from Newpin, the core issues of drugs and alcohol, family violence, homelessness and poverty are the key drivers of problems that leave children vulnerable and on the cusp, if not in the centre, of child protection service activity.³⁷ Quite simply, engaging with this challenge requires connecting adult and child services by capitalising on the multidisciplinary skills across agencies and in the community *for the sake of the children.*

Tasmania, like other states and territories, has an extensive network of primary support services for families and

children. It lacks, however, a robust mechanism for primary services to work together to build strength in families and children and to reduce the number of families that require more direct interventions to protect the child. This is a barrier to avoiding duplication in the service system and for ensuring that the investment from Government and non-government sources is well targeted. It also presents a barrier for secondary and tertiary services to inform and influence the delivery of primary services and ensure that issues impacting on families and children are identified early and addressed.

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.

Building Collaborative Networks

A number of States and Territories have established peak bodies to assist with collaboration across child protection related services. For example, Child Protection Peak Ltd in Queensland is a non-government peak body working to improve the safety and wellbeing of Aboriginal and Torres Strait Islander children, young people and their families. Peak Care provides a similar collaborative service for Queensland non-government organisations involved more broadly in the delivery of child protection, out-of-home care and related services.

Establishing a dedicated peak body for child protection services is not the only option and may not represent the best option for Tasmania. The Government should, however, work with the non-government sector to identify and build an appropriate mechanism for collaboration.

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.

35 Arney, F. & Scott, D. (2013) (Eds) *Working with vulnerable families : a partnership approach* (Second edition). Cambridge Port Melbourne, Vic. Cambridge University Press.

36 *Ibid.*, p. 1

37 Mondy, L. & Mondy, S. (2008) (Eds) *Newpin: Courage to change together: Helping families achieve generational change*, UnitingCare Burnside, NSW.

Reviewing Family Services

Since 2009, the Tasmanian Government has made a significant investment in family support services, including approximately \$2 million within the Gateway Services and approximately \$5 million to fund associated integrated family support services. During the consultation process, the reference group was made aware of the experience of service users and providers in the period since 2009. To progress a public health approach to the wellbeing of children in Tasmania, it is critical that the statutory CPS is supported by appropriate universal and secondary support services. These services should range along a continuum, from centre based less intensive advice and support services through to assertive engagement services which

provide intensive in home support to children and families who are on the cusp of the out of home care system. There is an opportunity as a result of the redesign project to ensure that the current investment provides the right balance of primary and secondary support services to families and children and compliments the broader change agenda of the redesign.

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.

Managing the Front Door

During consultations and in listening to the two experts who presented to the Reference Group³⁸, as well as attending to national and international literature, it became clear that much attention is now being paid to the importance of what are called 'Front Door Services'.

The Australian Institute of Family Studies (AIFS) notes the importance of 'Investment in the Front Door'³⁹ and draws attention to the report by KPMG which identifies the contemporary significance of 'creating the right Front Doors' to 'facilitate pathways to service', 'align costs to workers-based activities' and 'improve client outcomes'. In the work KPMG are doing and have done they identify the value of re-aligning the 'Front Door' of services to those of improving effectiveness and reducing operating costs for the state and 'reduced duplication' (p. 2).

The redesign identified a number of issues with the front door in Tasmania that is significantly impacting on the capacity to support children and families, including:

- The current child protection intake services focus solely on whether the circumstances warrant statutory intervention to protect the child. This approach misses opportunities to provide support for families in need, to build strengths in parents and children and to avoid the need for statutory intervention.
- The current intake service is managed regionally, leading to differences in the approach to managing and responding to notifications.

- There are limited services available after hours, creating tensions between some notifying agencies and the Child Protection Service.
- There is a duplication of effort, with notifications being directed to both CPS intake services and the non-government Gateways service.

The 'Front Door' for the Australian child protection system is variously structured and constitutes the point at which 'notifications' are made regarding concerns about children at risk – generally now associated with mandatory reporting. All jurisdictions are grappling with how to manage this 'Front Door'.

Importantly, across jurisdictions the legal definition of risk which governs child protection intervention varies. In some jurisdictions it is mandatory to report suspicions of each type of abuse and neglect (i.e., physical abuse, sexual abuse, emotional abuse, and neglect). In other jurisdictions it is mandatory to report only some of the abuse types (e.g., Vic., WA). Some jurisdictions, such as Tasmania, also require reports of exposure of children to domestic violence.⁴⁰ While these definitions are useful for promoting the identification of children at risk, they also result in a culture of what was described in consultation as 'posting your concerns' – relying on the statutory child protection service to respond, regardless of the level of concern. Regardless of the definition used, mandatory reporting tends to increase both reporter's and the community's

38 Professor David Thorpe and Mr Steve Goodman

39 KPMG (2015) *Integrated Services Delivery: Finding the "Right Doors" for Your Clients*, CFCA, Australian Institute of Family Studies.

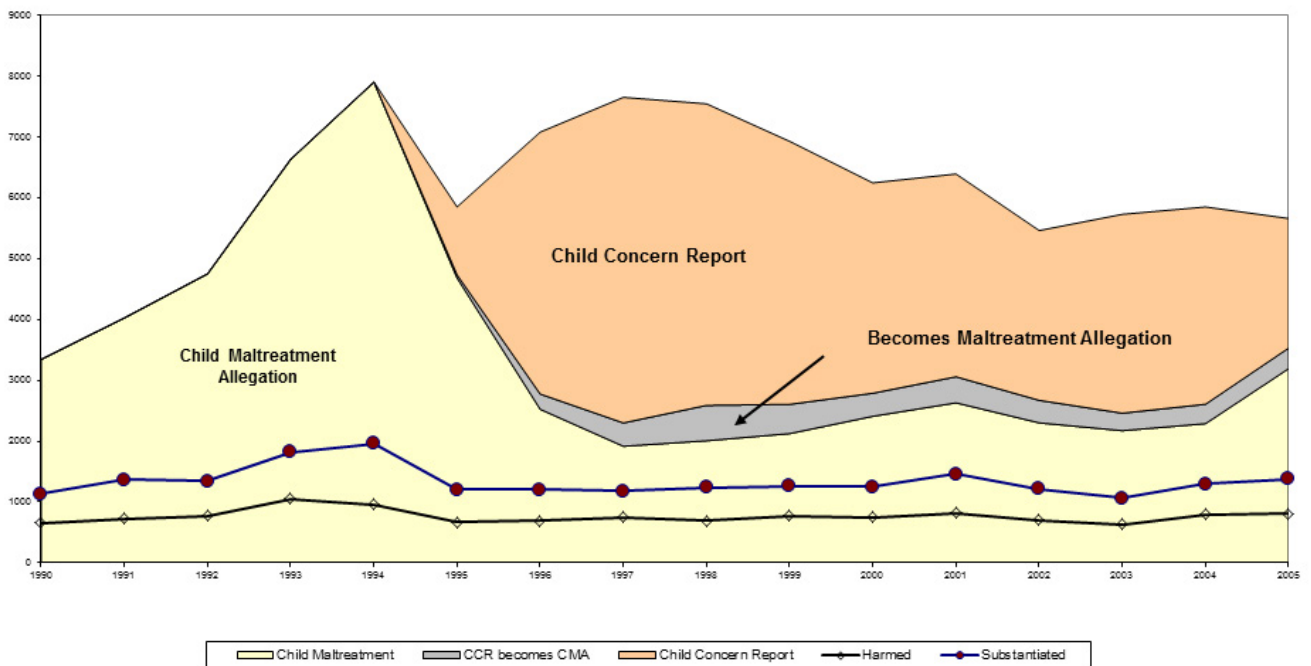
40 <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

awareness of child abuse and neglect and it can result in a dramatic increase in reporting. Figure 4 shows the results of a 2005 study of the rate of notifications to child protection in Western Australia. This study found that, despite a very significant increase in the rate of notifications to child protections services, the underlying harm for children remained relatively stable over the period. Without some controls, this increase in notifications arising from community awareness and mandatory notification requirements can and does overwhelm any child protection entity. Therefore, it is important that mandatory reporting is supported through the existence of comprehensive and accurate training and other

information sources for both professionals and members of the broader community to ensure that it is clear what circumstances should be reported and to whom, and what alternatives there are for advice and referral rather than reporting. The State Government should also consider lessons learnt nationally and internationally from mandatory notification processes to ensure that statutory and non-statutory guidance on the thresholds for notification are appropriate and deliver the best outcomes for the system for protecting children.

The Issue at a Glance

Figure 4 - Initial Responses to Information, Substantiation and Harm in Western Australia.⁴¹



⁴¹ State Child Welfare Services, Western Australia 1990-2005. Reference in Transforming the "Front Door", presentation by Professor David Thorpe to the Redesign Reference Group, 2016.

In Tasmania there are two portals for notification, these being Gateways services⁴² and CPS. Gateway Services have been seen to be critical as an opportunity for the all-important non-government agencies to provide early support to families and children in need. As is true for other jurisdictions, these portals are being increasingly inundated with reports, many of which are not and, arguably, do not need to lead to forensic statutory investigation. It was reported during a number of the consultations that, while well-intentioned, and in part successful, the 2009 diversionary service system in Tasmania aimed at 'providing a single entry point for 'integrated family support services' and enabling a 'common access service point' for child protection reports, is under serious stress. Indeed, it is seen to be experiencing similar problems to those in other jurisdictions.

Five strategies are recommended for improving the ability of the State to manage the front door:

1. Refocus current intake services to an advice and referral service that is connected to the broader Government and non-government service network.
2. Build partnerships between the CPS and key notifying agencies to improve the management of, and where required, response to notifications.
3. Review the relationship between CPS and Gateway intake services.
4. Manage advice and referral services on a statewide basis.
5. Increased information and training for mandatory reporters.

Refocussing Intake to Advice and Referral

It is apparent from data received and evidence supplied from reporters that notifications to Child Protection Services and Gateways services include a range of concerns that relate to a need for advice and referral to support services rather than just access to a forensic child protection focussed investigation. Professionals and other stakeholders that were consulted throughout the redesign process said that access to early advice and action was their priority, rather than simply 'posting their concerns about

children' so that child protection can initiate statutory intervention.

These and other matters challenge us all to re-consider how to enable a 'Front Door' that provides advice and referral opportunities for children who are deemed to have been abused or to be significantly at risk, including but not limited to direct access to immediate child protection response. Jurisdictions worldwide are increasingly debating options for improving referral and reporting at intake and there are promising trends.⁴³

The establishment of Community Based Intake Services (known as 'Gateways') in 2009 was, in part, an attempt to provide a broader service-based response to notifications that did not require statutory intervention. This alternate notification pathway would direct families towards an appropriate service and allow CPS to focus on those cases that required the authority of the State to protect the child. The evidence suggests that this reform has, at best, been only partially successful. In Tasmania, a combination of mandatory reporting and lack of service options has resulted in a steady growth each year in the notification rate for concerns about abuse and neglect. Since 2008-09, the number of notifications to CPS has increased by approximately 27 per cent from 10,728 to 13,598.

Amongst a range of concerns, families and services reported a constant 'churn' between Gateways services and Child Protection Services with families being referred constantly between both portals. That is, the Community Based Intake Service has developed as an additional rather than an alternative pathway; and, worries about mediating and managing risk dominate decision-making about who should provide services. This needs to change. Tasmania needs one capable and integrated advice and referral service. It needs a service that can rapidly respond when presented with evidence of children in imminent danger. It needs a service that can also activate a broader strength-based response where removal of the child is not necessary, but where work is required to ensure that the home is a safe, nurturing environment for the child.

42 http://www.dhhs.tas.gov.au/service_information/services_files/gateway_services

43 Thorpe, D., Regan, S., Mason, C. and May-Chahal, C., 2012. Making a case for common assessment framework responses to concerns about children. *Social Work and Social Sciences Review*, 12(3), pp.40-56.

A redesigned child protection system doesn't mean simply amalgamating the Community Based Intake Service into the new advice and referral service. There remains a need for service coordination and for supporting families that are displaying the early signs of dysfunction that could lead, over time, to risks for the child. Early intervention remains the most cost effective approach to building strength in children and families and has the greatest chance of success. As noted previously, however, the Tasmanian Government should review existing family services, including Gateways services, to ensure that the investment delivers the right balance of primary and secondary support for children and their families (see Recommendation 6).

Central to the success of this intake system is placing highly skilled professionals at the front door. Workers on the phones must be both skilled in identifying the appropriate service-based response to concerns raised, and have access to professional advice where the complexities of a notification are beyond the skills of the person on the phone.

Recommendation 7 – That the current Child Protection Intake Service be refocussed 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.

Recommendation 8 – That, as part of the review of family services, the Tasmanian Government considers the effectiveness of the current arrangements between Child Protection Services and Community Based Intake Services, with a view to minimising duplication and improving service accessibility.

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.

Building Partnerships

Accepting the responsibility for assessing the broader service response needs of a family is a significant step towards an effective redesigned child protection service. It will, however, rely critically on collaboration with services that are available to support the child and the family.

We also know that many children and families are presenting with more entrenched and complex risks and needs, requiring a multi-layered response, which is not always available in a timely manner. Family violence, mental health issues, parental drug use and the impact of intergenerational poverty and neglect are significant challenges.

A presentation from Professor David Thorpe also provided the reference group with an understanding of co-location approaches within the United Kingdom, which provided child safety officers in that jurisdiction with the ability to access advice and information from key partner agencies, such as police. Such co-location arrangements can sit alongside advice and referral teams and support multi-systemic responses to complex cases, as well as providing a key first reference point for staff within partner agencies who have concerns for a child's welfare.

It is strongly recommended that any advice and referral service established in the State be linked either through collaboration or colocation to the main service providers across Government. Further consideration should be given to mechanisms to link to non-government services as well.

A recent State Government initiative of *Safe Families Tasmania* included the development of a Safe Families Coordination Unit. This new collocated unit will share relevant information about high risk perpetrators and families with the objective of improving the response to incidences of family violence. It is noteworthy that the recent research publication by ANROWS emphasises the need to "care for mothers experiencing DFV and their children as an alternative to reporting all DFV to child protection services".⁴⁴ Over 70% of notifications to child

⁴⁴ Australia's National Research Organisation for Women's Safety (ANROWS) (2016), Domestic and family violence and parenting: Mixed methods insights into impact and support needs: State of knowledge paper, <http://anrows.org.au/publications/landscapes/>

protection involve family violence. The duplication of referrals to CPS and Safe Families services was a matter raised by a number of those consulted. This information will be highly relevant for child protection services and further consideration should be given to how the redesign can benefit from, and build on the capabilities being established under Safe Families Tasmania.

Similarly, Integrated Case Coordination (ICC) established under the State's Safe at Home initiative, includes regional meetings and cross Agency planning to support victims of domestic violence. An evaluation of the Safe at Home initiative in 2009 found that the "...ICCs are considered to be a particularly effective part of Safe at Home because they bring together previously separate government organisations and allow effective information sharing and case management"⁴⁵.

Cross service and cross sectoral planning will be critical to effectively supporting the needs of children at risk and their families, and for reducing the number of children that are removed from their homes. The State Government should consider how the State can build on the successes of the ICC Teams to provide a multi-Agency, multi-service based response as part of the system for protecting children.

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.

Tasmania Police and schools are, by far, the most significant sources of notifications into the child protection system. Any improvement in managing the front door will rely on effective partnerships, particularly between CPS, Tasmania Police and the Department of Education.

In 2014-15, 43% of all notifications received were from Tasmania Police, primarily related to family violence incidents. It is critical therefore that CPS and Tasmania Police work together, along with dedicated family violence support services to respond to children appropriately.

Similarly, Tasmanian Police often interact with Child

Protection Services with regard to children and young people who are engaging in behaviour that places them at risk of entering the statutory system, in either a child protection, or youth justice context. In this context, feedback was received as part of the consultation regarding the limited service response from Child Protection Services after hours. Currently, Child Protection Service provides an intake service during working hours and a limited (on call) crisis service after hours. Tasmania Police and others provided feedback that a broader advice and referral capacity after hours would enable a better service response for children and young people at risk. The reference group was also made aware of early work on the development of a 'Youth at Risk' strategy in Tasmania, which is needed to ensure that this vulnerable group receive the appropriate service response.

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.

A guiding principle of the reform is to ensure that the interests of the child are at the centre of all decision-making. Schools are perhaps the service system that is closest to the child for a significant proportion of their life, and are often in a unique position to identify when a child may be at risk and to provide advice on the needs of the child and their families.

A stakeholder during the consultation stressed the importance of empowering decisions to be made by those closest to the child. This is critical and should be the strong guiding principle in building on the current partnership between Child Protection Services and the Department of Education.

Significant improvements to the child protection system could be made through building capability in schools, or within the Department of Education more broadly, to work with families where there are welfare concerns that impact on a child's ability to actively engage in education. Schools represent significant place-based community infrastructure and interact with the vast majority of Tasmanian children.

45 Department of Justice, (2009). *Integrated Response to Family Violence: Final Report*. P. 32. available at http://www.safeathome.tas.gov.au/pubs/legislation_and_reviews/SAH_Final_Report_FINAL_240609.pdf

In other jurisdictions there are examples of units which exist for such a purpose. In New South Wales, for example, as part of their child protection reforms in 2010, Child Wellbeing Units were established with education and others within the major mandatory reporting agencies – so that when teachers, support staff, principals, social workers etc. have concerns, they could seek advice from the “Child Wellbeing Unit”, especially where they had worries their concerns did not meet the threshold of significant harm but were more broadly related to the safety and wellbeing of a child.

Such units help staff, who are mandatory reporters, identify the level of suspected risk to a child or young person, including whether matters require a report to the statutory Child Protection Services. They also provide advice to agency mandatory reporters about possible service responses by the agency or other services to assist children, young people, families, and in some cases initiate direct referrals.

A 2014 evaluation of the NSW *Keep them Safe* initiatives found that mandatory reporters used the service and considered it valuable in assisting with dealing with concerns regarding children at risk, with some evidence that the units were diverting calls away from Child Protection Services⁴⁶.

Formal structure such as Child Wellbeing Units may not be the answer for Tasmania. Serious consideration should, however, be given to how schools can best manage concerns regarding the safety of children and to support local judgements about whether alternative solutions, other than child protection services, are appropriate.

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.

Similarly, Government primary services such as public hospitals can be the first touch point for children and families in crisis. Often, a visit to the emergency room of a public hospital will illustrate areas of concerns for a child’s wellbeing. In those circumstances, a close working relationship and mutual professional understanding between CPS and medical staff is critical to ensure that the child and their family receive the appropriate service response.

During the consultations it became clear that one example of well-developed arrangements that could be built on to augment capacity was the presence of a hospital liaison officer at Royal Hobart Hospital. This provides an example of opportunities for getting assistance in a timely manner thus reducing the churn and agitation that accompanies failure to access services and that, in turn, leads to inappropriate or ineffective referral to dedicated CPS.

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.

⁴⁶ Cassells R, Cortis N, Duncan A, Eastman C, Gao G, Giuntoli, G, Katz I, Keegan M, Macvean M, Mavisakalyan A, Shlonsky A, Skattebol, J, Smyth C and valentine k (2014), *Keep Them Safe Outcomes Evaluation Final Report*, Sydney: NSW Department of Premier and Cabinet. P. 71

Many stakeholders raised their concerns about how services in Tasmania could be improved to enable better engagement of Aboriginal communities and services before Aboriginal children and families were caught up in the child protection service system. Importantly, these matters were raised strongly by Aboriginal agencies and advocates and their concern was generally to propose the far reaching strategy of legislating for an autonomous jurisdiction that could deal with the needs of Aboriginal children.⁴⁷ It was beyond the scope of the redesign to explore further this important long term issue and proposition. However, the Reference Group was in no doubt that serious attention needs to be paid in the short term to augmenting services to support Aboriginal children, families and communities. Auspiciously, the 'cross-cutting focus area' of the recently released 2015 Third Action Plan of the National Framework for Protecting Australia's Children, focuses on improving outcomes for Aboriginal and Torres Strait Islander children and reducing the number of these children who are brought into protective care. This is an imperative for all States and Territories including of course, Tasmania. Increasing access to preventive services, providing family support services, improving partnerships and participation, community led and place-based services are amongst those recommended for urgent attention. Interestingly, these are all elements of the redesign architecture. In the redesign we propose that, in the first instance and as a matter of priority, Aboriginal liaison officers be engaged and co-located at the 'front end' where concerns are first recorded and notifications made.

Recommendation I4 – That Aboriginal liaison officers be engaged and co-located at the 'front end' where concerns are first recorded and notifications made.

In the management of the 'Front Door' there are additional opportunities as well as complications in Tasmania as elsewhere. Amongst these is the major reform implemented in 2009 - a new community based common access service called Child and Family Centres⁴⁸. The Tasmanian Government made a whole of government commitment to addressing early intervention needs as well as inter-agency collaboration with the introduction of Child and Family Centres. Amongst the goals of this initiative was the importance of "building connections between children, families, communities and service providers in an effort to make a real and lasting change for families and children with greatest need" (p. 74). It also talks to the significant need for parents to be able to transition to other services such as community/neighbourhood houses. These linkages, along with those associated with initiatives already in place such as the previously mentioned Safe Families Tasmania, provide great opportunities alongside but potentially complicate the avenues to the appropriate front door.

Recommendation I5 – 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.

47 Sculthorpe, H. (2014) *Iuwutina mana-mapali krakani waranta - Keeping our children with us: Report to Government and the Aboriginal Community about changes needed to the child protection system in Tasmania*, Tasmanian Aboriginal Centre

48 Taylor, C. T., Jose, K., Christensen, D. & van de Lageweg, W. I. (2015) *Engaging, supporting and working with children and families in Tasmania's Child and Family Centres. Report on the impact of Centres on parents' use and experiences of services and supports in the Early Years*. Perth, WA> Telethon Kids Institute.

Managing Advice and Referral on a Statewide Basis

An additional complication is that in Tasmania as well as in many jurisdictions, this 'Front Door' is managed in regional centres where 'local practices' and the significance of local understandings dominate decision making.

During the consultation process, we were told on a number of occasions about the challenges that regional variations and a lack of consistency can present. Equally, managing staffing and other resources on a regional basis in response to changing demand often exposed remaining staff to increased workloads and stress.

Many jurisdictions have adopted or are adopting central intake systems that enable handling of referrals in more systematised ways that is important for consistency ('local practices').⁴⁹ The accumulating evidence is that a single site front door can achieve a number of outcomes. As long as it provides skilled people and the co-location of allied services at its interface, it is currently seen to achieve a number of outcomes. These include:

- providing assistance to families early and reducing the numbers of families entering an investigative pathway
- the development and consistent application of criteria for assessment
- strengthening early intervention and partnerships by

- engaging people in conversations about need versus risk
- enabling rotation of workers and thus reducing burnout for workers engaged in crisis work
- capturing the opportunities for more structured professional decision-making
- early completion of inquiries and a decrease of high demand escalation of cases and
- increased clarity about who takes responsibility for what

Importantly, in "moving the intake point back" and reducing the burden on professional staff at the statutory end of services, these highly skilled practitioners can then be freed up to deal with children most highly at risk or who are already in care.

Evidence from the review and consideration of interstate experience suggests that the State should transition the intake (or advice and referral) service to being managed under a single statewide management structure, including a single statewide call-queue. While regional presence may be appropriate in the short to medium term, consideration should be given to creating a single service at some point in the future.

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.

Intensive Support for Children and Families at Risk of Statutory Action

Improved management of the 'Front Door' will reduce the number of notifications that result in churning and unnecessary investigation.⁵⁰ There remains, however, a very clear and significant gap in the ability of CPS to support families who are approaching the point at which children may need to be removed from the care of their family.

Despite previous investments, feedback received during the consultation process made it clear that there remain 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 report previously referenced a remark that 'the child protection system is perfectly designed to get the results we get'. The difficulties in providing services to this cohort of families are a major part of this 'system design'. The absence of intensive and assertive support services for families that are largely disengaged from the service system means that the only suitable response is to all too often wait until the family crisis reaches a crescendo and warrants the removal of a child. In a sense, the system is working towards the removal of some children from their families, not on working towards pulling back from crisis by building strength in families.

49 Lamont, A., Price-Robertson, R. & Bromfield, L. (2010) Intake, investigation and assessment – Background Paper, AIFS, Melbourne. data/assets/pdf_file/0005/49820/Appendix_7.2_Intake_investigation_and_assessment_-_Background_Paper_Australian_Institute_of_Family_Studies_Melbourne_2010.pdf.

50 Thorpe, D., Regan, S., Mason, C. and May-Chahal, C., 2012. Making a case for common assessment framework responses to concerns about children. *Social Work and Social Sciences Review*, 12(3), pp.40-56.

In 2014-15 there were 1033 substantiated notifications to Child Protection Services, involving 947 children. During the same period, and as a result of those notifications, 267 children were admitted to Child Protection Orders. While it is not possible to report figures, it is assumed that the remaining substantiated notifications (involving 680 children) were responded variously by community based or other support services, if further assistance was sought.

The individual circumstances of families are complex and change over time. Advice received during the consultation process however, indicated that it is reasonable to assume that around 50% of these families are not actively engaged in services and, therefore, receive little or no support until such time as the crisis reaches a point that warrants a statutory intervention to protect the child. It was noted by the reference group that over the last three years (2012-13 to 2014-15) the average number of notifications prior to a child's first admission into care has effectively doubled.

As a result, many children are ending up in out of home care due to circumstances that could be avoided if they and their families received earlier intensive and, at times, assertive support. The evidence is unequivocal: removing children from their homes tends to deliver poor outcomes for many children.⁵¹ We must therefore, ensure that this is done as a last resort.

Out of Home Care costs for the cohort of children entering care (and increasingly remaining in care) constitute almost 50% of the CPS budget. Costs for Out of Home Care in Tasmania have been increased by around 9.5% per annum for the last 7 years, rising from \$25.0 million per annum in 2008-09 to \$49.1 million in 2015-16. This is unsustainable.

The medium term objective of redesign must include a capacity to deliver assertive support for families reaching crisis point. That is, either existing services refocussed or new services developed that can work alongside Child Protection Service under the clear context that the removal of the child is imminent. The focus of the services should be to build increased strength in parents to provide a safe, nurturing environment for the child.

In almost all instances, a parent does not want to have their child taken out of the family home. An assertive family support service can present the imminent realities to parents, articulate the inevitabilities if nothing improves and work intensively with the family (and other support services) to overcome the personal or environmental barriers required to build a safe home.

There are many government and non-government models available for providing assertive family support to parents in crisis. The scope and duration of the redesign has prevented the analysis required to recommend an appropriate model. The State should continue to work with the non-government sector on this issue.

In the interim, consideration should be given to providing CPS with some capacity to broker services directly for families in crisis. Such services could be brokered on the basis of a case plan which identifies the risks and the outcomes desired as a result of the intervention.

Recommendation 17 – That the State 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.

51 For a series of references see <https://theconversation.com/we-remove-kids-from-abuse-and-neglect-but-are-they-better-off-in-the-long-run-32686>

Further consideration should also be given to the range of services available for families in crisis and whether alternative models could deliver improved outcomes for families and children.

One approach that could be considered further in Tasmania is Multi-Systemic Therapy for Child Abuse and Neglect (MST-CAN). This program is designed to treat children and young people aged 6-17 and their families who have come to the attention of child protective services due to physical abuse and/or neglect. This program is currently available in the Netherlands, Switzerland, the United Kingdom and the United States of America and is showing very promising results.

In one study, MST-CAN treatment delivered significantly greater improvement for children than some alternate treatments. Parents in MST-CAN reported significantly greater improvements in psychiatric distress, which decreased by 75 percent, compared with some other approaches.⁵² Other studies have found that:

- Immediately after treatment, youth in the MST-CAN group showed substantial improvements in school/work, home, community and mood/emotional functioning.⁵³
- After 13 weeks of treatment MST-CAN youths reported significantly less aggression and use of alcohol and marijuana. Families also reported greater cohesion.
- After 59 weeks, significantly fewer MST-CAN participants had been arrested and participants spent fewer days in incarceration (a result which continued 4 years after treatment began).⁵⁴

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.

Refocusing Child Protection Services

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 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.

Once in the care of the State, the imperative is that a child's safety and wellbeing is maintained and, at the very least, that they are more secure than in the homes from which they will have been 'rescued'. While the reforms outlined above will relieve some of this pressure, there remains a critical imperative to refocus and empower the statutory child protection service in the interests of

improving outcomes for children in care.

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 in three areas:

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

52 Swenson, Cynthia Cupit, Cynthia M. Schaeffer, Scott W. Henggeler, Richard Faldowski, and Amy Marie Mayhew. 2010.

"Multisystemic Therapy for Child Abuse and Neglect: A Randomized Effectiveness Trial." *Journal of Family Psychology* 24(4):497–507.

53 Timmons-Mitchell, Jane, Monica B. Bender, Maureen A. Kishna, and Clare C. Mitchel, "An Independent Effectiveness Trial of Multisystemic Therapy with Juvenile Justice Youth," *Journal of Clinical Child and Adolescent Psychology*, Vol. 35, No. 2, 2006, pp. 226-236.

54 Henggeler, Scott W., Charles M. Borduin, Gary B. Melton, B. Mann, Linda A. Smith, J. Hall, Lynn Cone, and Bethany Fucci, "Effects of Multisystemic Therapy on Drug Use and Abuse in Serious Juvenile Offenders: A Progress Report from Two Outcome Studies," *Family Dynamics of Addiction Quarterly*, Vol. 1, No. 3, 1991, pp. 40-51. Henggeler, Scott W., Gary B. Melton, and Linda A. Smith, "Family Preservation Using Multisystemic Therapy: An Effective Alternative to Incarcerating Serious Juvenile Offenders," *Journal of Consulting and Clinical Psychology*, Vol. 60, 1992, pp. 953-961.

Henggeler, Scott W., Gary B. Melton, Linda A. Smith, Sonja K. Schoenwald, and Jerome H. Hanley, "Family Preservation Using Multisystemic Treatment: Long-Term Follow-Up to a Clinical Trial with Serious Juvenile Offenders," *Journal of Child and Family Studies*, Vol. 2, 1993, pp. 283-293.

Restructuring Child Protection Services

Intervening to protect children who are at imminent risk is the core business of the CPS and should remain so. Regardless of how effective the network of support services for the family and children is, there will continue to be occasions where the safety of the child requires removal from the home.

There are three core processes that are critical to this function:

1. Applications to the court for a Child Protection Order.
2. Capacity to work with the family and the service network to address concerns so that the child can be returned to the family home.
3. Capacity to identify and support alternate permanent arrangements where it is deemed that the family home will not provide a safe environment for the child.

As outlined earlier, the current organisational structure of CPS requires workers to be involved in all (or most) stages of the intervention. They are required to support the Director of Public Prosecutions (DPP) in seeking an order for the Court, working with families to return the child, or finding alternate permanent arrangements.

This mix of roles and responsibilities results in significant pressure on the current workforce, limits the ability for the service to invest in specialised capabilities and undermines processes to both empower and hold accountable the workforce for delivering positive outcomes for the child and the family.

A critical component of the redesign is restructuring the CPS to allow the service to:

- Clearly define the roles and responsibilities of each component of the workforce
- Invest in targeted capability development that allows individuals to specialise in areas that suit their skills
- Establish meaningful and achievable performance targets that promote incremental service improvement
- Provide job diversity to assist with workplace stress and fatigue and
- Create attractive career progression opportunities to assist with recruitment and retention.

To achieve this, it is recommended that CPS is restructured into three focus units: court teams, reunification teams and permanency teams.

These teams should be structured to reduce the administrative burden on workers and to provide additional mentoring, advice and support to frontline child safety workers. During the consultations, we were told that teams should be multi-disciplinary in nature and receive the appropriate administrative and other supports to enable frontline staff to focus on their critical role. We were also told that teams should be allocated cases, rather than individual workers, to provide for greater continuity and stability for children and families.

Successful alternative team structures in other jurisdictions have resulted in reductions in staff sickness, the bureaucratic burden on professionals and better consistency and continuity of care. More generally, structures which utilise small units have been shown through evaluations to promote better practice, higher levels of staff morale and, ultimately, improved outcomes for children.

Court Teams would provide a stronger and more professionalised nexus between CPS and the legal system that facilitates timely and highly professionalised decision-making in relation to the need to take statutory orders on children.

These teams would retain the responsibility for working with the DPP and the Magistrates Court to secure well targeted and timely orders required to protect children. These teams would be skilled in collecting the evidence required for the consideration of the Court and presenting that evidence in a way that supports the work of the Director of Public Prosecutions.

The establishment of Court Teams would address two significant issues raised during consultation with key stakeholders.

Firstly, stakeholders in the justice system raised concerns regarding the quality and timeliness of information supplied for the consideration of the Courts. The creation of Court Teams would assist with targeted capability development in this area and in building stronger relationships between the child protection and justice systems.

Secondly, workers in the child protection system raised concerns that the court process often conflicts with their objective of building a constructive working relationship with the family. Furthermore, the time taken to support the court process takes them away from working with

children and their families. These issues will be addressed through the creation of dedicated Court Teams.

Further, feedback received during the consultation process highlighted the impact that lengthy court processes can have on children, with examples of children remaining on interim orders for lengthy periods due to long adjournments in court proceedings. Such arrangements, while often unavoidable, have the effect of creating instability for the children concerned and, in some cases, adding to the trauma experienced by the children as a result.

Concerns were also raised about the lack of transparency associated with the legal process, particularly from a child's perspective. It was noted that the legislation governing child protection proceedings dealt with two types of legal representation for children that are the subject of proceedings – namely direct and best interests representation. However, we were told that children are not told they can have direct representation. The default position – when and if a legal representative is actually ordered- is for appointment of a separate representative operating in accordance with the best interest's principle.

It is the understanding of the reference group that the arrangements for supporting CPS legal applications through a dedicated team within the DPP have been in place for a number of years and may benefit from a review to ensure that processes and procedures are supporting the best possible outcomes for children.

Court Teams also need to be supported through an effective working relationship with the Court system, which promotes an efficient and timely process for child protection matters. In Tasmania, child protection matters are dealt with through the Children's Division of the Magistrates Court. In other jurisdictions such matters are dealt with through separate Children's Courts, or in some cases, through tribunals or other mechanisms which promote inclusive and therapeutic decisions for the protection of children.

In a jurisdiction the size of Tasmania it may not be appropriate to establish a separate Children's Court, but consideration should be given to ensuring that the Court process which determines child protection applications is as timely and effective as possible to minimise the possible traumatic effect of such a process on the children involved.

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.

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.

Given the known impacts of removing children from their families, the first priority of child protection services is to return the child to the family home where it is safe to do so.

Success in reunification relies on a strong capability to work with the child 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. A dedicated **reunification team** should be established to focus on this task.

While this team will be leading the reunification process, they will also be working in partnership with other services that are supporting or assisting parents with dealing with the areas of identified risk. This should include services across both the Government and Non-Government sectors. Therefore, this dedicated team will need to be structured to reflect the intensive nature of reunification tasks, including the coordination of support services and contact that are factors important to the achievement of successful reunification.

There inevitably will be occasions where the issues associated with the family home are unlikely to be resolved and, objectively, the best interest of the child is served by securing permanent (or to 18 years) arrangements for the care of the child. Once this decision is made, the interests of the child are best served through the creation of dedicated **permanency teams** that can work with the child and the carers. A dedicated team will assist in building the capabilities and capacity required to managing this process compassionately and professionally.

Across both the reunification and permanency teams, there is a need to ensure that there are effective working relationships with services that provide support to adults who are parents to children in care, particularly where the areas of support (such as mental health, or alcohol and drug rehabilitation) relate to risks identified for the children

concerned. For example, for parents incarcerated within the prison system, a range of services are available to assist them with issues such as drug dependency, mental health concerns or anger management. However, for such services to be effective it is critical that there is a close working relationship between statutory child protection services and medical and other support professionals working within the prison system.

As noted previously, restructuring the Child Protection Service will allow for better targeting of key performance indicators across the system. Critically, this work must be done in a way that *supports* the workforce, as opposed to being used as a *punitive* tool for managing the workforce.

There are few industries that contain a workforce as dedicated to delivering better outcomes for children and families. Incremental improvement through robust and purposeful data collection is an empowering process that can deliver on the shared objectives of the service and its workforce.

Recommendation 21 – That the existing Child Protection Service is restructured into dedicated Court, Permanency and Reunification Teams.

Recommendation 22 – That mechanisms be established which promote a joint working relationship between Child Protection Services and relevant adult support services, including the Tasmanian Prison Service.

Supporting Effective Decision-Making

Child Protection is not an exact science and requires competent judgement within a robust, evidence-based decision making framework.

Many years of pressure on the child protection system has directed investment in the workforce toward case-load bearing workers that work directly with families and children at risk. This has significant merit in terms of investing in the 'front line' but has come at great expense to the ability to support the 'front line' professionally and personally.

Effective decision-making also needs to be informed by the experience of children and families within the system. A well-functioning system, including a child protection system should provide mechanisms which encourage 360 degree feedback for service providers, to promote continuous quality improvement and, ultimately better outcomes for children.

The current Royal Commission into Institutional Response to Child Sexual Abuse provides a timely reminder of the vulnerability of children in care and the need to provide safe environments for children who can no longer live in the care of their family. A key consideration of the Commission has been the ability of children in care to be able to report their concerns, and more importantly, to have those concerns listened to and acted upon.⁵⁵ It is critical that any redesigned system provides a mechanism for complaints or liaison with children in care as part of the broader system design.

Internationally, attempts to fundamentally change the way child protection services are delivered have focused on reorientating the system around the relationship between professionals and their clients. Such service models are intended to:

- enable child-centred practice
- be relationship-based (recognising the importance of family and the long term best interests of children)
- encourage reflective practice to continuously improve how services are delivered
- achieve a balance between identifying the risks to a child and the strengths of a family
- operate as part of a broader system response to child safety
- use evidence-based practice to work with families
- provide early intervention where appropriate

It is very clear from an analysis of the current structure of the CPS and from the passionate views of stakeholders within and outside of the CPS that there is an urgent need to invest in greater level of support for 'front line' workers. This includes:

- support for decision-making through an increase in the number of professionally qualified staff that can provide guidance and mentoring support for front-line workers
- support for professional development of staff to ensure that they have the skills required to make the correct decisions with regard to the needs of children and their families
- professional support targeting the health and well-being of 'front line' workers immersed in a highly emotional and distressing field of work.
- support which reduces the administrative and bureaucratic burden on front line staff.

55 Munro, E and Fish S. Hear no evil, see no evil: Understanding failure to identify and report child sexual abuse in institutional contexts. <http://www.childabuseroyalcommission.gov.au>

It is hard to find another field that relies more heavily on the judgement of its front line workers. Support for, and development of this workforce must be of highest priority for the redesign of the child protection system.

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.

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.

Minimising Non-Productive Time

It is clear from the evidence that better outcomes are delivered when more time is available for a 'front line' worker to spend with a child, their family or the service network.

Consultation with staff and stakeholders that are very familiar with the working arrangements of child protection workers clearly points to issues within the work place that prevent child protection workers from focussing their time on working with children and their families. The two most significant issues relate to a case management system that is inefficient and forces workers to spend longer at their desks, and the absence of support workers who can take on responsibilities that do not require the attention of 'front line' workers.

In terms of inefficiencies in the case management system, staff of CYS often cited issues such as:

- difficulties in navigating the system, resulting in duplication of information
- difficulties in accessing information, particularly in summary form
- lack of integrated access to other CYS systems for common clients (such as Youth Justice Services or the Child Health and Parenting Service) – similar issues exist with key partners, such as Tasmania Police and the Department of Education.
- lack of remote access capability which necessitates doubling handling of information.

Feedback from consultations suggested that up to 20% of a child protection workers time is spent on non-productive tasks or in overcoming inefficient processes required by the current case management system. This level of inefficiency is having a significant impact on the ability of the service to meet the needs of children and their families. By addressing these inefficient processes 'front line' workers will be able to spend more time supporting children and their families.

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 allows workers to spend more time with children, families and support services.

Recommendation 26 – That the State Government includes, as a core design principle, that the sharing of information across Government is a priority in redesigning or replacing case management systems.

Governance and Accountability

As reflected throughout this report, the system for protecting children and promoting child and family wellbeing is complex, involves a very broad array of partners and very significant resources from Government and other sources. Successful redesign of the child protection system will require that efforts are directed (potentially redirected) towards supporting families before the point of crisis whereby children are removed from the home.

Success for the redesign will critically rely on ensuring that everyone is accountable for the outcomes achieved for children and their families. This accountability framework should be empowering for Governments and for partners across the system. It should allow success to be celebrated and for resources to flow more readily to areas that are shown to be working. Efforts that have limited success should be regularly reviewed and, in a positive and constructive way, redirected either to evidence –based interventions or innovative practice that show great promise.

There are four core ingredients to a robust accountability framework:

1. Clarity in terms of roles and responsibilities
2. Robust evidence regarding outcomes for children and their families
3. A positive culture that accepts regular review and feedback as a constructive process
4. Quality review that is free from inevitable internal bias.

Roles and Responsibilities

The redesign recommended in this report will significantly contribute to clear roles and responsibilities across the system. As mentioned previously, the focus of existing Child Protection Services on three core responsibilities is a significant enhancement to existing arrangements. Refocusing intake services towards advice and referral provides clarity in terms of purpose and direction. The work recommended in terms of partnerships contributes to improved understand of respective roles. Finally, the review of family support services will, undoubtedly include maintaining clarity in terms of the role of services across the system.

Robust Evidence Base

There have been significant achievements inside and outside of Government in terms of measuring outcomes for children and families both within the statutory child protection service and for those accessing broader services. This includes approaches to assessing the well-being of children, as well as methods that allow information from across Government to be used to provide a more complete picture of the circumstances surrounding a child and their family.

It is recommended that the redesign builds into the system for protecting children a robust foundation that includes the collection of data and the use of proven methods to assess on an ongoing basis the wellbeing of children and their families across the service system. This is not a capability that can be created immediately. Rather it will require a strong, early commitment from Government and ongoing commitment and collaborative effort from system partners.

Recommendation 27 – That the State 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.

Positive Culture

Regular review and feedback is critical to establishing the capacity for self-reflection and learning; these skills will be critical in the progression of the redesign as it establishes new ways of working across a system for child safety and wellbeing. A culture of trust and collaboration needs to be established; this can be done through the provision of support, peer review and continuous improvement across and within the system. There needs to be a shared understanding of the collective goal, the safety and wellbeing of children and their families. Consultation undertaken throughout the redesign highlighted culture as an area requiring further attention. It is envisaged that the implementation of this redesign model will provide greater role clarity and a commitment to collaboration.

Quality Review

An ongoing and consistent quality review of the progress of the redesign will be integral to achieving positive outcomes over the longer term. The role of an independent person within this process should be considered to provide an impartial point for measuring the progress of the redesign. The establishment of such a role will provide assurance to the Government, and to the community, that the change that occurs within the redesign is resulting in better outcomes for children and their families. This should be an ongoing process, as change will take time. Consideration should be given to the role of the Commissioner for Children as part of such a process.

10 IMPLEMENTATION

The Terms of Reference for the redesign do not extend to the implementation of the redesigned system. There are, however, a number of very important principles that should be factored into the implementation arrangements. They are:

Collaboration

As outlined in many areas in the last chapter, the success of the system for protecting children relies heavily on the cooperation and, at times, collaboration of a very broad network of Government and non-government services and authorities. It is critical to the success of the redesign that this network is fully engaged in the implementation of the redesign.

The redesign process to date has been progressed over a period of six months, with consultation over a period of four months (including Christmas). The reference group, primarily through its Chair and through the project team has consulted very broadly and has considered the perspectives of many stakeholders inside and outside of the child protection system.

Despite the breadth of consultation, it is clear that stakeholders from across the network have the capacity to add significantly more value to the detailed arrangements that will need to be developed throughout the implementation of the reform. Key design elements, such as the relationship between the CPS advice and referral service and the current Gateway Services will need to be developed and will require close collaboration with internal and external stakeholders.

Governance

In designing the implementation of the redesign, it is essential there are clear lines of accountability and reporting to ensure that change is driven consistent with the broad directions agreed. In order to ensure this occurs, there needs to be a robust governance architecture, including criteria for assessing whether the redesign delivers the resource, cultural, and service changes required to deliver better outcomes for children and families.

A key success factor for the Government's Safe at Home project has been strong commitment from senior executives across agencies to deliver on the reforms. Consideration should be given to replicating this style of governance.

Resourcing of Change

No constructive change is achieved by chance. Change requires leadership, management, careful planning, communication, engagement and time.

CPS have demonstrated a capacity and skill to drive multiple reforms from within existing resources. This redesign, however, is far too large and ambitious to be driven 'off the side of the desk'. Its success will rely on dedicated project management and project team resources that can access the expert knowledge and capacity within and outside of the CPS.

Renewed Practice

The redesign is as much about culture and practice, as it is about structure. Every objective of the redesign is underpinned by a shift in focus away from forensic, court-based intervention to a greater emphasis on building strength in children and their families. This shift will require a complete review of the current manuals of practice across the child protection service and a process for building consistency in the understanding of risk and best practice across the network. This should be acknowledged and progressed as part of the broader redesign implementation plan.

Culture

The energy, enthusiasm and passion of the child protection workforce is a great asset for the State and will help drive the redesign if it can be harnessed. Equally, however, a great risk for the project is change fatigue and a perception (correct or otherwise) that the workforce has been blamed for issues that have arisen over the past few years.

It was particularly troubling during the consultations to hear that, internally, it is perceived that the important work of the CPS is neither appreciated nor understood.

Successful redesign will require considerable and sustained efforts to demonstrate that the service is highly valued and that there is appreciation that the work makes a difference in the lives of children and their families. Success must be celebrated, risks managed and inevitable mistakes corrected and used to inform continuous practice improvement.

Child protection is not an exact science and there will be times when the power of hindsight shows that different decisions could have been made. The culture of CPS must be one that treats, in the majority, these occasions as system-based learning opportunities and not ones where individuals are blamed.

Time

Time is a critical ingredient to driving successful change. Too little time and the redesign will be rushed and poorly implemented. Too much time and the momentum will be lost. The implementation arrangements should balance early success for those changes that are clear and easy to implement. Other changes will take time.

It is suggested that dedicated resourcing for change should be provided for a period of at least two years, particularly given the cultural changes that will be required to support the redesign.

11 DIRECTIONS FOR GOVERNMENT

The redesign of the Child Protection System outlined in Chapter 9 clearly outlines a new direction for child protection services in Tasmania. It can, however, be only part of the picture for improving the outcomes for children and families in the State.

Firstly, there are other very significant areas of reform underway in Tasmania that will contribute significantly to delivering better outcomes for children and their families. They include:

- Ongoing Out of Home Care Reforms that seek to significantly improve the management of, and support for carers of children outside of their home.
- Development of the Youth at Risk Strategy, to better target support for youths that are being managed through and around the youth justice system.
- The review of family support services (as referenced in Chapter 9).
- Ongoing efforts to develop a lead coordination model in Tasmania to provide support for individuals and families with complex needs.
- Implementation of the family violence initiatives, including Safe Families Tasmania.

Together, this suite of reforms will reshape the way that services are made available to children and their families in Tasmania. It is therefore, important that the reforms are progressed through collaboration across Government and the non-government sector, and have a shared vision and sense of purpose.

There are likely to be many other initiatives across Government that were not visible to the Redesign Reference Group. It is recommended, therefore, that the State Government establish a register of reforms that are seeking to build strength in families and children, and that this suite of reforms is openly discussed through the mechanisms identified in response to Recommendation 3.

Recommendation 28 – The State 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.

Fundamental to the objectives of this redesign process is an enabling legislative framework. During its consultation, the reference group were mindful of the unexplored

opportunities within the current legislation, as well as possible barriers already identified through more recent reviews of elements of the legislation, such as the 2013 report of the Legislative Amendments Review Reference Committee (LARRC).

As noted in the LARRC report, The Tasmanian *Children, Young Persons and Their Families Act 1997* was proclaimed in 2000. It provides a framework and mandate for government and non-government services, community members and families to respond to concerns about the wellbeing of children. However, the report also noted that there were areas that could be improved to reflect contemporary approaches and practice.

The reference group acknowledge that many of the recommendations from that LARRC process, as well as other aspects of the Act, should be reconsidered in light of the redesign process. The implementation of this redesign should therefore be supported by further consideration of the current legislative framework and how that can be improved to ensure that it is consistent with the intent of the redesign project.

Recommendation 29 – That the Tasmanian Government consider a broad review of the *Children, Young Persons and Their Families Act 1997*, to ensure consistency with the objectives of the redesign project.

Tasmania generally ranks poorly among Australian states across a number of socio-economic indicators, such as: employment, education, literacy, chronic disease, obesity and teenage pregnancy. It is therefore clear that the Tasmanian government and people face quite unique challenges as they try to meet the needs of the community in general, as well as the needs of vulnerable populations, such as children and young people.

There are a number of factors that can impact on the life chances of children. These include personal characteristics such as health status and educational ability; family characteristics such as parenting style; and cultural and community factors such as socio-economic status and housing conditions. Therefore, it is clear that, beyond the current reform program, it is important that the State continues to highlight that strength in families and children must be a priority for all areas, and all levels of Government.

APPENDICES

- Appendix 1:** Child Protection Redesign Reference Group Terms of Reference
- Appendix 2:** Governance and Reporting Arrangements
- Appendix 3:** Reference Group Meeting Dates
- Appendix 4:** Findings from Staff Regional Forums
- Appendix 5:** Stakeholder Consultation List
- Appendix 6:** Matrix of outcomes for all Stakeholder Consultations

Appendix I: Redesign Reference Group Terms of Reference

Background/Context

In a statement to Parliament on 27 August 2015, the Minister for Human Services, the Hon Jacquie Petrusma MP, announced the immediate establishment of:

"...a Redesign Reference Group, that will develop, within six months, a comprehensive redesign of child protection services in Tasmania, from the bottom up, based on international best practice, to fundamentally change the way we deal with families at risk, and the way we apply protective intervention.

The Group will be led by independent Professor Maria Harries, Adjunct Professor at Curtin University and a Senior Honorary Research Fellow in Social Work and Social Policy at the School of Population Health at the University of Western Australia."

Role and function of the Redesign Reference Group

The Reference Group will:

Provide quality, expert advice to the Department of Health and Human Services to support the development of a strategy and business case for the re-design of the Child Protection Service that produces benefits for vulnerable children and their families in Tasmania.

In undertaking this task the Reference Group will:

- seek input on and consider the need for the broader reform across the system that is required for protecting children
- direct and conduct a program of engagement and consultation with stakeholders, including staff, service providers, children and their families regarding directions for change toward a more integrated and responsive system for the protection of children and strengthening of families
- Identify principles that should inform the re-design.

The outcomes will be to advise the Minister on:

- fitness for purpose, and any observable gaps or omissions, of the redesign strategy
- key elements required for the success for a redesigned system

- workforce capabilities, skills mix and professional standards
- impediments to implementation of the redesign and how best these can be overcome
- strategies to improve the collection, integration and sharing of information that supports the best outcomes for vulnerable children and their families.

Arrangements:

The Reference Group Chair will consult directly with the Minister for Human Services and the Chair of the Steering Committee as she considers appropriate.

In progressing with their work the Reference Group and Steering Committee are likely to be combined meetings for a significant proportion of the Project. The Steering Committee may need to meet separately if decisions need to be made about, for example, internal Agency resourcing or if formal, internal to government advice is required for relevant Ministers or Cabinet.

General

Membership

The Reference Group shall be comprised of:

- Professor Maria Harries (Chair)
- Mark Morrissey, Commissioner for Children
- Michael Pervan, Secretary, DHHS
- Kate Kent, Director, Community, Sport and Recreation, DPAC
- Scott Tilyard, Deputy Police Commissioner
- Robert Williams, Deputy Secretary, Department of Education

Tony Kemp, Deputy Secretary, Children and Youth Services and Project Director will attend Reference Group meetings to provide advice on the development of the Action Plan.

The reference group may invite other representatives to attend meetings from time to time.

Convenor/Chair

Professor Maria Harries will chair the Reference Group meetings. The Project Team will provide secretariat support to the Reference Group.

Agenda Items

The Reference Group agenda, with attached meeting papers will be distributed at least three working days prior to the next scheduled meeting.

Minutes and Meeting Papers

Each meeting will be minuted by the Secretariat and full copies of the minutes, including attachments, shall be provided to all the members no later than seven working days following each meeting.

By agreement of the Reference Group, out-of-session decisions will be deemed acceptable. Where agreed, all out-of-session decisions shall be recorded in the minutes of the next scheduled meeting.

Frequency of meetings

The Reference Group shall meet as required.

Videoconferencing facilities will be available.

A teleconference can be held as required for out-of-session decisions. Where complex and urgent issues arise requiring decisions on this basis, additional face to face or videoconferencing meetings may be required.

Alternates to Meetings

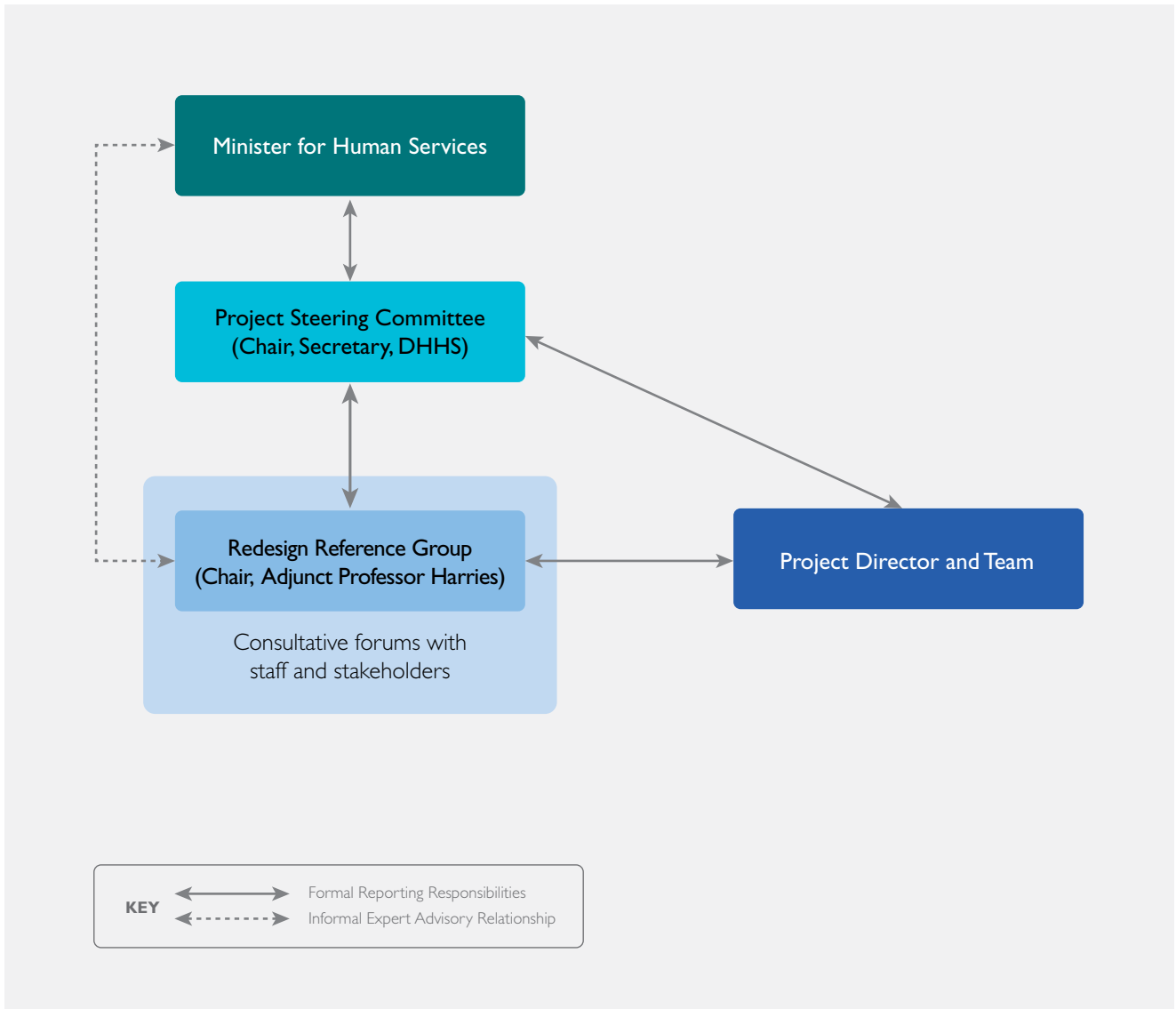
Alternates are to be considered and approved by the Chair prior to a meeting. Approval is required for persons formally acting in a position that has membership of the Reference Group. The Chair will be informed of the intended substitution at least four working days prior to the scheduled nominated meeting.

Quorum and Decision Making Requirements

Three members are required for the meeting to be recognised as an authorised meeting for the recommendations or resolutions to be valid.

Decisions will be reached by way of consensus. Any differing views may be recorded in the meeting outcomes or reports if required.

Appendix 2: Governance and Reporting Arrangements



Appendix 3: Reference Group Meeting Dates

	Date	Project Stage
Meeting 1	4 November, 2015	Project Foundation
Meeting 2	16 November, 2015	Project Foundation
Meeting 3	30 November, 2015	Consultation and Engagement Meeting with CYS Executive Leadership Team
Meeting 4	8 December, 2015	Consultation and Engagement Meeting with David Thorpe and Steve Goodman (Redesign Options)
Meeting 5	16 December, 2015	Consultation and Engagement Meeting with CYS IT and Performance Management Presentation by Tasmanian Aboriginal Centre Demonstration of Emergency Services WebEOC
Meeting 6	18 January, 2016	Drafting Direction Architecture of a Redesign Areas of investment for Child Protection Redesign

Appendix 4: Findings from Staff Regional Forums

Department of Health and Human Services
CORPORATE POLICY AND REGULATORY SERVICES - STRATEGIC PROJECTS



For Noting
 For Decision

File No.:

Meeting Paper

Committee Name: CPS Redesign - Reference Group Meeting

Prepared by:

Date Prepared: 2 November 2015

Cleared by:

Subject: Staff Regional Forums

Recommendation/s

1. To note the key issues and feedback obtained from Staff Regional Forums for the Child Protection Service Redesign.

Background

- Regional staff forums were conducted during the last week of October 2015. All child protection staff were invited to attend from across all areas of the service. This included administrative staff, child protection workers, team leaders, Directors and support staff. Approximately 80 child protection staff (42% of staff invited) attended the regional forums. The aim of the forums was to engage and seek feedback from child protection staff at an early stage of the Child Protection Redesign process. There will be further consultations with staff throughout the Redesign process.
- Staff discussed what would be required if they were to build an ideal, well-functioning child protection service. They were asked to consider the outcomes they would like to achieve, and what processes and enablers would be required in order to achieve this.
- To facilitate discussions, suggested outcomes and key elements/enablers were presented to staff. These were derived from evidence based national and international research into child protection and were put forward as a starting point for discussion.
- Staff provided their thoughts on the outcomes and the seven key elements, identified how the current service system was performing in relation to these elements, and what was required to achieve these outcomes and elements / enablers. Any missing elements or additional ideas were also captured.

Summary of Key Issues

- Staff agreed to the following outcomes in principle and acknowledged that they were child focussed and measurable.
 - The safety and wellbeing of children is the paramount concern
 - Safety outcomes for children are achieved
 - Our services are delivered in the least intrusive manner possible
 - Multi-disciplinary assessment of the child's past and present is undertaken to achieve ethical, evidence informed and cost-effective outcomes and services needed to prevent re-abuse.
 - Children experienced the out of home care service as safe, nurturing and stable, promoting ongoing family and community connections.
- Staff provided their thoughts on each of the seven key elements and identified how the current service system was performing in relation to these elements. Some elements generated more discussion than others, however staff generally agreed that each of the seven elements were of high importance and a requirement to achieve a well-functioning child protection service. Common themes identified across each forum are summarised under each element below :

I. The Child Protection Service is an employer of choice, recruiting and retaining a professional, highly skilled and trained workforce as part of a multi-disciplinary team approach to the protection and safety of children.

- The HR process for staff recruitment has improved but it is not implemented well and needs to be smoother and faster to meet demand. We need to recruit quality staff, who have the skills and values that match the job, and want to work in Child Protection.
- In order to retain quality staff their skills need to be recognised and remunerated accordingly. Additional annual leave, flexible working options and pathways for advancement could assist in retaining staff and avoiding staff burnout.
- There needs to be regular supervision and support for all levels of workers which identifies and addresses any issues in a timely manner. The PASE model of supervision is currently being rolled out across the Child Protection Service (CPS) and could be useful if staff had the time.
- Child Protection has good foundations for training but this needs to be supported and planned for on a continuous basis. Embedding highly skilled workers into teams as mentors would be beneficial.
- Child protection has committed workers who genuinely care and believe in what they are doing. However, staff are overloaded with cases and are working excess hours within a system that does not value or support them.
- Perceptions of the CPS are negative. Educating the broader community around positive change the CPS can make in a child's life would be useful. A dedicated role to community education could be beneficial.
- This element generated a lot of discussion and staff identified a wide range of issues across recruitment, retention, supervision, training and development and workplace culture. Staff generally thought the CPS was doing "very poorly" against this element.

2. The Child Protection Service is supported by well-defined and contemporary practice models that include decision-making processes which are structured and transparent, and robust case coordination approaches.

- The CPS has the start of good practice frameworks. The implementation of Signs of Safety has had some positive outcomes and is working well when staff are supported and have the time to commit to it.
- The CPS currently putting in place updated procedures and practice models within a new Practice Manual. There needs to be better education and reflection opportunities for best practice to flourish.
- Need transparent decision making that is timely, evidence based and streamlined. Decision making is currently compromised by overloaded staff with no time.
- This element had a number of positive aspects, especially around the implementation of Signs of Safety and the development of a CYS Practice Manual. There are issues around using multiple framework models rather than one consistent framework, and there is still a long way to go in achieving timely and transparent decision making. Staff generally thought the CPS was doing a "fair" job against this element.

3. The Child Protection Service is supported by a user-friendly integrated case management data system that enables the sharing of information seamlessly across services, both internal and external including non-government organisations and other Government Agencies.

- The Child Protection Information System (CPIS) is an OK system that has good support staff. However, lack of funding and human resources has resulted in system upgrades not occurring and a lack of ongoing education and training for staff.
- CPIS is not user friendly, it is difficult to find (and therefore easy to miss) critical information when writing court reports. It needs to be updated to better reflect current practice eg. Signs of Safety.
- Workers spend up to 20% of their time trying to navigate and enter information into CPIS. There is a lot of duplication of effort and a lack of linkage between different areas of the database.
- Need a system that is better integrated with other relevant data systems and allows automatic updates of information
- Workers require access to technology that supports their work, allows flexibility and reduces duplication of effort (eg. laptops, tablets, mobile phones).
- Information systems were seen as important enablers for staff to do their work, however the current system is cumbersome, duplicates work and requires upgrades and additional training for staff. There is also a high need for technology resources to be rolled out to staff to enable them to effectively do their work. Staff generally thought the CPS was doing "poorly" against this element.

4. The Child Protection Service is part of an integrated support system focused on protecting children and supporting families.

- For the CPS to work well, non-statutory systems around it need to be working well and communicating effectively with each other. Currently the non-statutory systems around the CPS are fragmented, lack role definition, have unclear service agreements, are not fit for purpose and are unable to meet the increased complexities of children and their families. "There is no integrated support system."
- Signs of Safety is fostering better engagement with service providers, however most relationships are person dependent. There is currently a disconnect between the CPS, Gateway Services and NGO's which blocks information sharing and communication. "Services don't like the CPS and don't want to work with the CPS"
- There needs to be guidelines and training around collaborative case work with other agencies and NGO's as there is currently a lack of robust case co-ordination.
- This element highlighted the disconnect between statutory and non-statutory services and the lack of

a continuum for families. The North West identified a number of regional issues with this element and rated this element lower than other regions. Overall staff thought the CPS and the surrounding non statutory support system were doing “poorly” against this element.

5. The Child Protection Service is supported by a clear, robust and flexible legislative framework.

- The legislation supports keeping children safe in their home and has flexibility if options are utilised. However there is a lack of consistency in applying the legislation and it doesn't always support new ways of working eg. Signs of Safety.
- Court processes are adversarial, lengthy and CP workers spend too much time in court and within court processes. A Child Protection tribunal or court has been talked about but hasn't happened.
- There were a number of positives around the legislation itself, including that it was child focused and supported keeping children safe in their home. However, the legislation does not always match current practice and there are issues with timeframes around orders for children coming into care. The court process was seen to be lengthy and adversarial and not in line with child protection processes. Staff generally rated the CPS as “fair” for this element.

6. The Child Protection Service is supported by an enabling environment which provides the necessary infrastructure to support the service.

- Staff require appropriate infrastructure and resources to undertake their job effectively. Staff identified issues with old or poorly designed buildings, lack of access to stationary, mobile phones and laptops.
- Child Protection staff spend a lot of time on administrative tasks and support worker tasks such as transporting children. Teams require dedicated child protection administrative support and an increased number of support workers.
- This element generated a lot of discussion, especially around the areas of adequate physical infrastructure and resources to support workers. Staff felt that denying them adequate resources to do their job showed a lack of respect for them and devalued them as workers. Team structure, including lack of administrative and support workers, was also a key issue. Staff generally rated the CPS as doing “very poorly” against this element.

7. The Child Protection service is managed through well-defined governance arrangements (including clinical governance) that promotes a culture of support, accountability, peer review and continuous improvement.

- Human and Health Services sit within same department. Child Protection competes for funding and attention against a costly acute health system. “CP is the red headed stepchild of DHHS”
- Clinical governance – requires Senior Practitioners within teams to develop culture of support and continuous improvement
- Workplace health and safety discussions have improved and there is now an increased awareness of the effects of stress and burn out. However there is a lack of support for staff when things go wrong and a “blame culture” where staff are held accountable for poor systems.
- This element looked at some big picture governance and where CYS sits within the Agency. There were some positives around workplace health and safety initiatives, flexible work conditions, and introduction of a supervision model. However, there were also a number of concerns regarding accountability and lack of support from management. Staff generally rated the CPS as “fair” for this element.

- In addition to the seven key elements the following were identified as missing or needing to be further explored in order to achieve desired outcomes for children:
 - The out of home care system – recruitment and retention of carers, accreditation, ongoing training and support, consultation with carer's on what they require within an ideal child protection system.
 - Clarity on how the service system fits together
 - Regional differences – culture, lack of services available, different community needs
 - Early interventions and education to break down the cycle of intergenerational abuse
- Attachment 1 provides a full list of feedback received from staff across all three forums. These include issues, improvements required, ideas and what the CPS is doing well for each of the seven elements.

Attachments

Full list of feedback from Regional Staff Forums

Attachment I: Regional Staff Forums: Feedback on the Seven Key Elements

- What we are doing well / positives / what is working
- Areas that need to improve and ideas for improvement

I. The Child Protection Service is an employer of choice, recruiting and retaining a professional, highly skilled and trained workforce as part of a multi-disciplinary team approach to the protection and safety of children.

Staff Recruitment and Retention

- Currently recruit people from a variety of backgrounds which provides diversity
- HR process has improved and selection panels now have people with appropriate skills to assess applicants
- HR process is OK but not implemented well, need more of a focus on “Right person, Right job”
- Need to recruit quality staff, skill match to job, with appropriate values and who want to work in child protection
- Recruitment of resilient staff who can manage relationships
- Look to build Child protection teams that include other workers eg. Nursing, mental health
- Need smooth and faster HR process to meet demand
- Probation process that assesses staff fit within CPS
- Procedures to move, relocate or terminate staff not suited to child protection work
- Relief pool – applications were never reviewed
- Utilise experience of other jurisdictions recruitment processes (eg. Psych testing)
- Need to recognise and respect worker skills with more opportunities/pathways for advancement and recognition
- High staff turnover means it is hard to maintain an experienced workforce
- Flexible leave arrangements and adequate remuneration for skill level
- Undertake exit interviews and follow up areas of concern

Staff Supervision

- More controlled, reflective and regular supervision for all levels of workers
- Early identification and addressing of issues
- Use of PDA process for staff reviews – asking clients for feedback in this process
- Staff need continuous, ongoing support and need to feel supported by management
- Supervision needs to include best practice

Training and Development

- CPS has good foundations for training but need more trainers
- Need better on-boarding process – is “Beginning Practice” meeting our needs?
- Could run a Child Protection Academy for induction (similar to Police)

- Require support for Team leaders and CPW around mentoring, probation and emotionally supporting staff
- Education for workers to understand all roles within CPS - 12 month secondments to gain experience in different areas
- Better links with Uni – specific unit dedicated to child protection
- Embedding highly skilled workers into teams as mentors
- Recognition, support and better planning for ongoing training
- QIWD is detached from the rest of the service
- Carers need appropriate ongoing training and support

Perceptions of CPS as a place to work

- Committed workers who believe in what they are doing
- “I love my job, the people, the carers, the system needs to support this”
- Need to rebrand CPS to attract the right staff cohort
- Improve CPS reputation so it is seen as a place of positive change for children
- Incentives to attract staff (eg. salary packaging, danger pay, relocation costs)
- Change student perception of CPS as an employer – cadetship for students

Healthy Workplace and Workplace Culture

- Staff are committed, want to make a difference and genuinely care
- Good social capital and strong relationships within the service centre
- Overloaded staff with high case loads and working excess hours
- No focus on safety of staff either within or outside of the workplace
- Require adequate backfill
- Additional annual leave to cope with stress, refresh, avoid burnout
- No focus on self-care (physical and emotional) leading to burnout and fatigue
- Access to flexible work options – leave without pay, study leave
- Better critical incident debriefing for staff
- Better emotional care of staff – acknowledge the impact of stress
- Stamp out abusive behaviour in workplace.
- Creation of communities of practice – the space between us and the child, that can help us move away from culture of bullying and blame towards appreciative inquiry and reflective practice
- Currently staff are overworked, undervalued, under resourced and unsupported
- Endemic lack of care and respect for staff
- Treated like children not professional workers
- Never any feedback that you’ve done a good job, system focussed on criticism and blame
- Staff are sitting ducks , vilified on the floor of parliament finger pointed at us and we have no right of reply, negativity prevails
- Need honesty and transparency from the top down

2. The Child Protection Service is supported by well-defined and contemporary practice models that include decision-making processes which are structured and transparent, and robust case coordination approaches.

Practice Frameworks

- CPS has the start of good practice frameworks
- Signs of Safety has helped give us a good framework for practice and better communicate with families. Has had positive outcomes and is working well but there is a lack of time to commit to Signs of Safety due to high caseloads
- Care teams are good when run properly
- Need a consistent framework for assessment rather than multiple models. Consistency required between individuals as well as across regions. One document that combines CAAG, TRF etc.
- Continuum of case co-ordination
- Difficult to articulate our practice model
- Children should be allocated to a team not a worker
- Need on site clinical psychologist for staff as well as cases

Procedures and Policies

- CPS currently putting in place updated procedures and practice models within a new Practice Manual.
- Need less prescriptive policies and processes need to be put into practice
- Better education and reflection opportunities on best practice models
- Regular refreshers on policies, procedures and best practice
- We should all be working in similar ways and sending the same messages to our clients
- The system does not allow good practice to flourish
- Need consistency in practice, advice and worker continuity
- Need clear directives that are not open to interpretation

Decision Making Processes

- Where we have liaison positions in place able to have a smooth process with other agencies (eg. RHH, Centrelink, Police)
- Need transparent decision making that is evidence based and streamlined
- Timeliness of decision making is important - takes too long to make decisions that affect families/children
- Respect for worker judgement
- Realistic amount of work for staff – evidence via a time and motion study
- Decision making is compromised by overloaded staff with no time and high caseloads
- Inconsistent CAAG processes and decision making across the state
- Appropriate recording of how decisions were made (eg. CAAG decisions noted in CPIS)
- Families need to be more involved in decision making processes

- Confusing, not always transparent, open to interpretation
- Decrease the SILOS to improve flow along the continuum
- Hierarchy further removed from knowledge of the reality of a child's life - no uniform understanding, demonstration of accountability and responsibility and what that means in practice.
- Culture of questioning decision
- Reunification not supported - case managers need scope to be able to stay in a child's life

3. The Child Protection Service is supported by a user-friendly integrated case management data system that enables the sharing of information seamlessly across services, both internal and external including non-government organisations and other Government Agencies.

Child Protection Information System

- Is an OK system which has good CYS IT support "CPIS support staff are fantastic"
- Changes to CPIS for placements have been useful
- System needs fine tuning and appropriate funding for upgrades
- Staff need further training in using system and its capabilities (reports, referrals)
- Out of Home Care is not within system
- Different program areas use the system differently and don't link up
- Information is everywhere and it is easy to miss important things when writing reports for court
- Duplication of work, clients
- Flagging of things that are due or missing for child would be useful (eg. Carer checks, medical checks)
- Workers spend a large amount of time using CPIS
- Individual child report – limited information from education, youth justice and CHaPS
- Need better network speed
- Need a system that is better integrated with other relevant systems and allows automatic updates (eg. Police, Gateways)
- Case and Care Plans need to be better integrated within system – currently cumbersome, repetitive, miss important information, not dynamic to reflect changes
- Some features are not useful eg. when a child is "open" the family should be "open"; carer concerns currently go on the child's file not the carers resulting in further placements with potentially unsafe or inadequate carers.
- Need a set structure on how case notes are entered into system
- Hard to find critical information in system (eg. legal orders, carers, birth certificates)
- Signs of Safety needs to be integrated into the system

Other Technology

- Workers need to access to technology that supports their work and allows flexibility (eg. mobile phones and laptops)
- Ability to have remote access to systems

4. The Child Protection Service is part of an integrated support system focused on protecting children and supporting families.

Support system

- Need to ensure the systems around CPS are working well
- Disconnect between Gateway, CPS, NGOs which blocks information sharing
- Family Support needs to be part of CPS to help keep families together
- Community education around CPS and appropriate parenting – role dedicated to community education
- Build community capacity to protect children
- Should be able to share frameworks
- Education around mandatory reporting and what is/isn't CPS work
- Dwindling support services in the community due to lack of funding
- NGO's need to communicate with each other and CPS
- Gateway system not fulfilling its role – needs major improvements
- Some services only available to children once they are on an order – no preventative focus

Service Agreements with other Providers

- Current Service Agreements are too restrictive
- Clarity around contracts with NGOs – what services are they meant to be offering?
- Need guidelines/training on how to engage with other services
- Gateways and Child Protection need defined roles
- Need accountability, clarity and transparency in how we connect internally and externally with other service providers
- Ongoing accredited training program for carers

Relationships with Service Providers

- Fragmented service system
- Person dependent relationships
- Often services don't like CPS and don't want to work with CPS
- Other services need a better understanding of the CPS role
- Need a continuum and a strong non statutory system, currently Government and NGO's working in silos (internally and externally)
- Need a streamlined referral process
- Better resources for families
- Revisit what Community Based Intake does
- Services need to better engage families rather than relying on families to engage with them
- In house referrals for Psych Assessments

Collaboration / Integration

- Teams on the ground work well together
- Interagency Meetings for common clients are working well
- 3 and under process works well and fosters collaboration
- Need guidelines/training around collaborative case work with other agencies and NGO's. Lack of robust case co-ordination.
- There is no integrated support system
- Centralise funding of Gateways and ACF, Pathways home. Run them from CPS

5. The Child Protection Service is supported by a clear, robust and flexible legislative framework.

Legislation

- Flexible if options are utilised
- Legislation supports our intention to keep children safe within their home
- Lack of consistency in applying legislation
- Language could be clearer
- Needs to acknowledge the spectrum of risk
- Needs to better align Gateway and CPS
- Lack of clarity on adoption and transfer of guardianship
- Needs more of a focus on permanency
- Needs to support Signs of Safety approach
- Timeframes are ineffective, unrealistic and lead to delays for children
- Need for longer earlier intervention options eg. supervision orders, 12 month assessment orders
- Does not always match current practice
- Legislation gets in way of achieving support outcomes - can't get the services until they're in care
- ?Introduce national legislation for Child Protection
- UK separate Child Protection and Child Support legislation

Court Process

- Adversarial and combative
- Need to be in line with CP processes
- Lengthy, often have multiple adjournments and interim orders
- Courts are case managing instead of decision making
- Courts should be the last place CP goes to
- Unable to be transparent in affidavits – hiding behind confidentiality
- Rules of evidence too strict
- Need less court involvement – CP spends too much time in court and court processes
- Courts are ordering access that cannot be supported by CPS
- CPW evidence not recognised in court
- Have been discussion about a CPS tribunal but hasn't happened - Children's court specific to CPS
- Education for lawyers around CPS (child rights vs parent rights)
- Improve relationship with Magistrates
- Need more lawyers

6. The Child Protection Service is supported by an enabling environment which provides the necessary infrastructure to support the service.

Community / Social Needs

- Need earlier interventions that address community and social needs
- Regional variations in ability to access service providers
- Increase understanding of other service providers and community around CPS
- Increase understanding of what is child abuse, what is acceptable parenting
- Understanding of developmental trauma

Team Structure / Human Resources

- Need Family support workers, support workers, case managers and team leaders
- Better supervision and support of workers
- Succession planning
- Senior Practitioners to improve culture and allow continuous improvement
- Currently there is not adequate administrative support
- Need dedicated CP admin as CPW spend too much time on administrative tasks
- Adequate support workers for transporting children and access visits
- Better using mix of skills across teams

Physical Infrastructure and Resources to support CP

- Need adequate meeting rooms and venues – family friendly and safe indoor and outdoor spaces for access visits
- Notifications taken within reception area – no privacy
- Building structure doesn't facilitate a team environment – split offices / split teams
- Need adequate access to stationery, petty cash and other workplace essentials
- Denying staff adequate resources devalues them and shows lack of respect
- Access to Financial resources to support children – petty cash, delegation of some finances to team leaders
- Restructure the funding panel
- Access to mobile phones and laptops to allow flexibility and safety
- Headsets and double monitors
- Healthier workplace
- Recognition it is a necessary service and fund it accordingly
- Significant paperwork required for simple processes
- Control exercised outside boundaries of roles
- Work priorities – time and motion study
- Map a case from notification to reunification and determine processes, resources required, what is missing etc.

7. The Child Protection service is managed through well-defined governance arrangements (including clinical governance) that promotes a culture of support, accountability, peer review and continuous improvement.

Governance Arrangements

- Human Services and Health Services sit within same department. Child Protection competes for funding and attention against a costly acute health system. "CP is the red headed stepchild of DHHS"
- Clinical governance – requires Senior Practitioners within teams to develop culture of support and continuous improvement

Support

- Discussions around workplace safety and reporting are done well
- Leave and use of TOIL is supported within some CP teams allowing workers to refresh. Flexibility for workers with family commitments.
- An increased awareness of the effects of stress, burn out and conversations on how to reduce this
- Currently good peer support within CP teams
- Lack of support for staff when things go wrong
- Need a better EAP program with clear and structured responses and debriefs
- Training has increased but still need more
- Need to recognise that CP role is often unsafe – especially when visiting some communities
- Support lacking from management
- Locating teams together would assist with peer support

Accountability

- Blame culture – accountability is expected within a system without adequate processes and support. Held accountable for a poor system.
- Lack of trust
- Need clear roles and responsibilities

Peer Review

- PASE model is being implemented and could work well if staff could find the time
- Difficult to challenge poor practice – bad behaviour rewarded or not addressed
- Supervision inconsistent, variable quality and too task focused

Continuous Improvement

- System reviews are reactive and need to ensure improvements from reviews are sustained
- Once policies are in place can use file auditing to educate/learn
- Need to create an environment that encourages continuous improvement
- Need a better resourced training unit
- Feedback loop from / to management is missing

Appendix 5: Stakeholder Consultation List

Name	Organisation	Type of Consultation
Regional Staff Forum	Child Protection staff (North)	Staff Forum (approx. 20 staff)
Regional Staff Forum	Child Protection staff (South)	Staff Forum (approx. 50 staff)
Regional Staff Forum	Child Protection staff (NW)	Staff Forum (approx. 10 staff)
Jacque Petrusma MP	Minister for Human Services Minister for Women	Interview
Rebecca White MP	Shadow Minister for Human Services Shadow Minister for Health Labor Spokesperson for Children	Interview
Ros Cornish	CEO, Lady Gowrie Tasmania	Interview
Mike Pervan	Secretary, Department of Health and Human Services	Interview
Tim Jacobson	State Secretary, HACSU	Interview
Child Protection Staff (Statewide)	Child Protection Staff (Statewide)	Statewide Videoconference (approx. 10 participants)
Greg Barnes	Lawyer	Interview
Cassy O'Connor	Greens Leader, Tasmania	Interview
Liz Banks	Deputy Secretary, Early Years and Schools	Interview
Elizabeth Daly	Retired Chair, Early Years Foundation	Interview
Jane Douglas 2 Youth Justice Team Leaders	Area Manager Community Youth Justice North North Youth Justice Team Leaders	Group Interview
Heather Malerbi	Team Leader, Family Violence	Interview
Libby Dawson	Nurse Unit Manager, Child Health and Parenting Service	Interview
Leonie Watson	Director, Custodial Youth Justice Services and Reform	Interview
CYS Program Support, Learning and Development Staff	CYS Program Support, Learning and Development Staff	Group Interview (19 participants)
Fae Robinson	PDF Management	Interview
Non Government Forum (South)	NGO representatives (South)	Forum (48 Participants)
Government Forum (South)	Government Agency Representatives	Forum (36 Participants)
Non Government Forum (North)	NGO representatives (North)	Forum (36 Participants)

Name	Organisation	Type of Consultation
Jane Wood	Manager, Manual of Practice Project	Interview / Demonstration of Practice Manual
Louise Newbery	Manager, Performance Monitoring and Evaluation	Interview / Demonstration of Data Warehouse
Heather Sculthorpe	CEO, Tasmanian Aboriginal Centre	Interview
Susan Diamond Stuart Oldfield Susan Price	Director, Program Support Learning and Development Acting Director, Children and Families Acting Nursing Director, CHaPS and Early Years	ELT discussion with Reference Group
Children and Young People	CREATE	Group Interview (10 participants)
Professor David Thorpe	International Social Work Researcher	Met with Reference Group
Steve Goodman	Developer of Reclaiming Social Work Model	Skype meeting with Reference Group
Thirza White Sue Darcy Tammy Munro Mat Holloway	CPSU ANMF HACSU HACSU	Group Interview with Unions
Kath Kerr Siobhan McDonald Liz Clark	Team Leader, Adult Program, Family Violence Team Leader, Family Violence Team Leader, Family Violence	Group Interview with Family Violence
Jodie Stokes Chris Demeyer	Area Manager, NW Mission Australia Area Manager, Baptistcare (Nth)	Group Interview with Gateway Providers
Tom Lynch	CPSU	Interview
Child Protection Team Leaders/Managers (South)	Team Leaders and Managers, Child Protection (South)	Group Interview (7 participants)
Michelle Williams Anagha Jayakar Peter May Melissa Thomas Chris Fox Jen Heffernan Anne Easther Fiona Wagg	Paediatrician Community Paediatrician Sergeant, DPEM Constable, DPEM Mental Health; Alcohol & Drug Policy Analyst, DPAC Team Leader, CAMHS Child and Adolescent Psychiatrist	Intra-agency group meeting
Suzanne Pennicott-Jones Justine Griffiths Suzanne Purdon Amanda Beams	Assistant Manager, Curriculum Policy Curriculum -Child and Family Centres Early Years and School	Department of Education Intra-agency group meeting
Child Protection Staff (Nth)	CP Staff North	Group Interview (5 participants)
Child Protection Staff (Burnie)	CP Staff, Burnie	Group Interview (9 participants)

Name	Organisation	Type of Consultation
Child Protection Staff (Devonport)	CP Staff, Devonport	Group Interview (11 participants)
Kym Goodes	TASCOSS	Interview
Phil Paterson	Previous staff member of CP and CP Legal Group	Interview
Jenny Gale	Secretary, Department of Education	Interview
Ted Sherrin	CPW Nth	Email Comments/Submission
Pamela Cornish	Chaplain, LGH	Email Comments/Submission
Tracey Newman	CYS	Email Comments/Submission
Zaharenia Galanos	CP Manager South	Email Comments/Submission
Jane Wood	Program Support Unit - CYS	Email Comments/Submission
Verity Brown	Information Management Technology - CYS	Email Comments/Submission
Claire Williams	QIWD Nth	Email Comments/Submission
Naomi Gelston	School Social Workers	Email Comments/Submission
Phil Patterson	Previous CPLG	Email Comments/Submission
Lou Hollingbery	CPW NW	Email Comments/Submission
Deb Quarmby	CPW OoHC Sth	Email Comments/Submission
Naomi Gelston	School Social Workers	Email Comments/Submission
Julie Duniam	Glenhaven	Email Comments/Submission
Dr Kim Backhouse & Dr Julian Watchorn	Foster & Kinship Carers Association of Tasmania	Interview

Appendix 6: Matrix of All Stakeholder Responses

The Current Situation

Working Well:

- Committed workers who believe in what they are doing and genuinely care
- Good social capital and strong relationships within the service centre
- Good start of practice frameworks
- Signs of Safety has had positive outcomes and is working well, but there is a lack of time to commit
- Care teams are good when run properly
- Currently recruit people from a variety of backgrounds which provides diversity
- HR process has improved and selection panels now have people with appropriate skills to assess applicants
- CPS has good foundations for training
- New CYS practice manual is currently putting in place updated procedures and practice models, allows online access to all CYS procedures
- Liaison positions have enabled smooth processes with other agencies
- CYS IT support works well
- Changes to CPIS for placements have been useful
- Legislation is flexible if options are utilized
- Legislation supports intention to keep children safe within their home
- Workplace safety and reporting are done well
- There is an increased understanding of the effects of stress, burn out on workers and how to reduce this
- Good peer support within some CP teams
- Flexible use of TOIL and leave is supported in some CP teams
- PASE model of supervision is being rolled out and could work well if staff have the time
- Interagency meetings for common clients work well
- 3 and under process works well and fosters collaboration
- NGO collaborative networks work well
- Good partnerships between Family Violence, CP and Police
- CP is good at acting on physical and sexual abuse notifications

The Vision for a Working System

- Recruit quality staff who have the skills and values that match the job and who want to work in CP
- Flexible work environment that reduces stress and burnout
- Recognition of staff skills and qualifications
- Regular supervision and support for all levels of workers
- Senior Practicing Consultants are embedded into teams as mentors to develop culture of support and continuous improvement
- Dedicated community education role
- Transparent decision making that is timely, evidence based and streamlined
- Integrated case management data system across CYS
- Access to flexible technology (iPad, tablets, mobile phones)
- Clear continuum of services for children and their families
- Child protection tribunal or court
- Appropriate infrastructure to support the role of CP – fit for purpose buildings, facilities
- Dedicated administrative support and support workers within CP teams
- Multidisciplinary teams
- Creation of communities of practice – allows appreciative inquiry and reflective practice
- Psychologists are available for staff and for complex case support
- Community has capacity and recognizes its role in protecting children
- Environment that encourages continuous improvement
- Ability to make and act on strategic decisions
- Proactive rather than reactive
- Adequate funding
- Better information sharing
- Reprioritise service response towards supporting families
- Better recognition and accountability across services that “Child Protection is everyone’s business”

- Works well when services come together and have a shared understanding of the family – can communicate to family what they need to do and services stay involved to make sure it is happening
- CPLO at RHH works really well
- CFC's – currently 12 in Tas and are working well
- Potential for NGOs and government to work in partnership to a greater extent – real partnership (real collective impact approach).
- Work together to achieve best outcomes (but not often enough)
- Community infrastructure (e.g. child and family centres) provide an opportunity to work together).
- Lot of examples of formal and informal partnership work
- Community based child protection team leaders in liaison role is effective.
- Pathways home program is particularly effective (when reunification is plan) – but not all can access
- Growing understanding of trauma informed practice – sector wide
- Examples of long term relationships for children in care (and the importance of that consistent relationship) – when workers are dedicated and passionate and promote change – signs of safety – when done well those are the moments we want to celebrate.
- Supportive workers – long term carers – siblings being kept together, connected to culture – good communication and relationships.
- Service communication has improved.
- Child and family centres / community houses
- Family support workers
- Children more aware of rights
- Therapeutic programs (SYP Nests and Others)
- NGOs having dedicated works for children in long term care.
- Strength-based focus/capacity building
- Less fear to reach out for help
- Family at the centre of case planning
- Community want to help/care more
- Families and workers have clearer referral pathways.
- Shared recognition of importance of keeping children safe.
- Integrated family support
- Better outcomes for children
- Apprenticeship Model – ease new workers into the system with good role models
- Rotation within the workplace to prevent burnout
- Child Protection is professionalized and seen as a career pathway
- Peak body for Children and Families
- Greater early intervention and secondary support for families
- Community education around role of Child Protection and Family Support Services
- Regular Monitoring and Assessment of the quality of contracted services
- Family Violence expert within the Child Protection team
- Integrated database for CYS
- Ability to undertake Child Protection work in a flexible and innovative way
- Attitude shift to community role in child safety
- Focus on child (within their family).
- Act that can be altered at times of social change (eg. safe at home).
- Early intervention (child care for example)
- Sustainable initiatives that are not dependent on political cycles
- Collaborative multidisciplinary teams to work with children, young people and their families
- Liaison roles with other services (or co-location)
- More support workers
- Clear connections and pathways with other new services (eg. Family Violence HUBS)
- Put the majority of services in the entry point (intake) and support of families
- Team approach to casework
- Open disclosure
- Increased communication, collaboration and transparency
- Clear referral pathways
- Long term and consistent early intervention (inter-generational change takes time).
- Training, qualified workers, appropriate training for workers cross-cultural awareness
- Ethical and responsive, well resourced well understood – building capacity and independence – rather than dependence.
- Every child within CP system should have own independent advocate (therefore CP workers etc held to account) across service systems (education, health

Not Working Well:

- Individual relationships drive service relationships
- Those most at risk don't engage with voluntary services
- CP and Police are the only non-voluntary services
- Adversarial CP model – about proving guilt. Should be more collaborative, focused on what is best for child.
- System under stress which impacts on individual workers who leave CP, no relationships with children or other professionals
- Children/Young People are supposed to “self-protect”
- CP not coming to the table for inter-agency meetings and they are adversarial if they do come (IAST)
- Inexperienced workers within Gateway/Family Support
- When a case is with intake CP don't come to the table until it reaches response (crisis point)
- Need to make multiple notifications before it is acted upon
- Notifications from professionals not given sufficient weight
- How do you get CP to move out of the space when other professionals are undertaking the work with the family/child?
- Insufficient services to support child protection (family support, mental health etc.)
- No evaluation of current services within the system – how do we know they are effective/efficient/sufficient
- Kids falling through the gaps before they reach a crisis point – other services fail them before they get to CP
- Poor investment in Human Service information resources; poor understanding of the complexity of CYS services
- Reluctance to appoint appropriately skilled analytical staff
- Inability of NGO sector to support the increasing complexity of families
- Poor supervision and support for staff
- Poor community perception of CP
- Interface with courts – workers spending lots of time in court and on court processes.
- Court delays, adversarial approach
- Staff cuts, leadership changes, constant reviews
- Reactive rather than strategic
- Staff overloaded with cases, feel unsupported and devalued
- IT is under resourced and can't effect enhancements to systems or adequately roll out education to staff
- Collaboration with other services is very person dependent

etc.) to question case direction and outcomes.

- Advocate critical where there are language gaps other cultural considerations.
- Intensive family support important component and support should continue throughout journey through the system and this system can ease transition to care system
- Family court, preferred jurisdiction for CP matters. Able to better respond – better designed environment – but different framework applied.
- Advocacy and support for carers within the court process
- More sharing of information between services – overhaul of data management systems in that context.
- Less multiple placements – improved stability
- Tripartisan support for programs
- Non-linear support
- Tailored flexible service responses
- Risk or needs assessment to inform plans for children and families across services – includes recovery component (post intervention).
- One system that links in supports from a range of portfolios – not fragmented approach
- Voices rights and needs of children privileged, resources don't govern response
- Intensive case management – colocation – place based responses
- Structured coordination of family contact (as per family court approach).
- Accountability across the sector (parents, providers).
- If you were to walk in our shoes, you would for sure tie up our shoelaces.
- Timely court processes/systems linked to greater stability in placements.
- The long term solution would be long term funding for early intervention and family support programs working through communities.
- In the short term, specialist positions within child protection filled by suitably qualified social workers or youth workers
- Shared language – definitions of family – kinship as term important.
- Stronger community links built
- Permanent care arrangements/program
- Nothing about families without families
- CP is an employer of choice – support, training, valued, attractive career, rewarding.
- Community and social values that see importance of supporting families

- Adolescent support and options are lacking
- Better management of contracted services is required – including accountability of service providers and information sharing requirements
- Appropriate on-boarding of staff – including probation period, mentoring, training
- Intensive family support services are non-existent
- Relationship of CP service system with other service systems – not integrated/linked
- Lack of resources for training/professional development of skilled staff to respond to complex client needs; need to revisit structure of training to those in the sector.
- Poor response to referrals for young people at risk (homelessness for example).
- Youth homelessness should be included as risk factor within legislation.
- Education has an important role to play in reform
- School staff need to be aware of Mandatory reporting responsibilities.
- Children in lower-socio economic areas should be a particular priority.
- Children in higher socio-economic areas are also at risk due to complacency about risk.
- Lack of communication when placements change and involvement of education in that process.
- Staff within education system reluctant to report due to poor outcomes.
- Schools trying to manage, respond to needs of at risk children with poor outcomes.
- Lack of information provided to carers and the biological children of those carers – should be some form of training or preparation for those children.
- Not enough funding across the sector – crisis driven and reactive.
- More prevention and early intervention required
- Consent based information sharing lacking
- Lack of support for young people transitioning out of care
- No clear definition about the purpose of OOHC, problem saturated – not solution focused.
- Confusion about what is notifiable, what should be reported.
- Different interpretation of policy, practice across the state.
- Not focused on relationships – minimalized relationship of the carers, contact is inflexible and does not correspond to risk identified.
- Making sure that system is broadly understood and broadly valued – welfare of children and supporting families – value roles within system.
- Consistent policies and procedures across the state.
- Intensive service for parents with intellectual disability (amongst others).
- Clear and consistent reunification practices
- Focus on developmental stages
- Critical milestones where we can make a difference for children
- Very early intervention (before life)
- Definition of risk and how we understand risk
- Extend CPLO role to other regions
- Need to break down barriers and silos so that all services are working together for the family/child on the same framework for all areas (health, safety, education)
- Co-location of services all working together for family/child; need to be more than just located – partnership with info sharing and understanding of each other's roles and responsibilities
- Ability for all services to speak the same language, respect for each professional's skills
- Learning how to be parents from a really early age
- Collaborative work, communication across services, identification of problem
- Having CP on board with other services so that families understand they need to change/attend treatment etc.
- Break down funding barriers – best interests of child
- Services and organisations focusing on what we can do together (not what we can't do)
- Services with greater flexibility
- Capacity to work flexibly (resources to do this/mandate to do this)
- Right intervention at right time
- Accessible and timely interventions
- System driven by need and not process
- Overarching singular framework – with information available across all relevant services with data sharing capacity
- Information at centre – work smarter and more efficiently; able to evaluate and prove effectiveness of services
- Adequately trained staff – workforce skill and capability (and appropriate numbers)
- Appropriate supervision and support of staff
- Look after our staff in order to retain them

- Systemically, a risk averse system – throughout the system.
 - Drift in care system, lack of timely decision-making
 - Kids can't wait – fast with quality
 - Disjointed system, lack of flexibility
 - Lack of standards for state's responsibilities – in parental role.
 - Current programs linked to funding cycles – short term solutions to long term problems
 - Risk averse – not focused on keeping children safe
 - Evidence based model, best practice and quality assurance around education and training
 - Lack of leadership in this space
 - System ends on 18th birthday (or earlier) limited support past that point.
 - Gaps between housing connect and children's services – falling through the cracks
- Team around the child with early health assessment
 - Step up/step down approach which is tailored and flexible
 - Continuity of care for families
 - Transition and support for children leaving care (up to age 25)
 - Support and education of children to make them capable adults
 - Overarching 'family worker' to co-ordinate support between services
 - Providing a continuum of services
 - Individually developed plans for child at birth which grows with them and their families and includes siblings; backed up with data layering across specialties.
 - Data layering that flags different specialties eg. Education know of child likely to offend able to flag police for preventative intervention
 - Professional learning for the whole sector (CPW, carers and others).
 - Police, education and other key stakeholders are key areas to build on collaborative relationships
 - Exit support (transition) from child services to adult services
 - Communication and advocacy for children in care
 - Working in partnerships (vs them and us culture) – across sectors
 - Need for specialist crisis accommodation service for 13-16 olds – not in CP, not suitable for generic accommodation services (in loco parentis)
 - Reallocation of AYDC funding
 - Child and family centres – well placed to provide community based infrastructure – should be more of them
 - That children and families contribute to redesign of system (and ongoing engagement)
 - Easier and better access to existing programs (CFC, NH)
 - Change in attitude in CP towards family (child in context of family) – not as enemy
 - General appearance of CP – waiting room – welcoming environment – conducive to better relationships
 - Child health and parenting services should not be amalgamated with CP – fear of being notified
 - More child health services
 - More signs of safety training – should be extended across sector training opportunities (more open)

- Senior Practice Consultant roles – back into CP – was an important position for best practice and relationship building (capacity of CP worker etc. to build relationships based on trust)
- Improved care plans – workers able to focus on having in place and following (inclusive process of other services, carers) – collaboration – working in partnership
- Co-location of staff in CFCs for example – building relationships within communities – families will engage if worker is skilled and able to build relationships – need to be more open to that approach
- Children's Courts – more child reps
- Building fences at the top of the cliff – rather than ambulances at the bottom.
- Professionalizing carers – extending care through to 25 (rather than 18) – carers able to support
- Lower caseloads to allow for more intensive work with families
- Packages for children entering care (funding to follow the child) similar to NDIS model.
- Service integration – need to restart those conversation
- Need to be able to see how system is driving change in the lives of children and families
- Interchangeable data systems – exchange of data
- Joint collaborative assessments (such as signs of safety)
- Better placement options – different care models – professionalized care
- Focus on the child
- Resourcing community based family support systems
- Early intervention – not limiting the amount of support time available – allow for long term work with families
- Previous recommendations – implementing those (or reporting on them)
- Trauma screening – assessment at point of entry into the care system (overall health assessment)
- Training to all of the key stakeholders (courts, lawyers etc. – those making decisions) trauma informed
- Contact planning – child's interests and necessary supports
- Intensive case management unit – outsourced – to provide a higher level of support for children with high needs (those experiencing high level of placement instability)
- Transparency of expenditure – where spend and rationale
- Gaps for 13-16 age group – lack of appropriate

- services (self-selecting – not getting a service).
- Youth homelessness – people at risk (definitional issue – not children – young adults)
 - List of previous reports (and what work has been done – not done) rather than going back to square one
 - Pathway Home and structured reunification of families.
 - More signs of safety (training and use)
 - Recommendations implemented (parliamentary committee etc.)
 - Supportive carers
 - Kids have some choice where they live
 - Young people remain connected to their culture
 - Create power - equality in appearance and approach.
 - EPEC (training across the sector)
 - Area advisory groups back in use.
 - NGOS equal partners in collaborative forums (such as IASTs).

Enablers to progress

- Educating the broader community about CP
- Guidelines and training around collaborative casework with other agencies and NGO's
- Free up workers from administrative tasks to focus on children and families
- Access to resources to undertake job effectively (flexible technology, stationary, mobile phones)
- Better support from management
- Flexible work conditions (leave, rotation)
- Early interventions and education
- Smooth and faster HR process
- Probation process for new staff; better onboarding process
- Once consistent assessment framework
- Allocation of children to a team
- Integration of Signs of Safety into database and legislation
- Build community capacity to protect children
- Court processes that are in line with CP processes
- Change Community perception of Child Protection
- Let Child Protection Staff know they are doing a great job
- Dispel the myths around information sharing
- Commitment to fund the Redesign adequately
- Review of Family Support Services
- Adequate resourcing for the increasing complexity of families requiring services
- Calm the system down (less change, less reviews)
- Legislation that supports the family violence approach
- Better use of available data
- Greater ability to use/share data across CYS
- Recognition of staff qualifications and experience
- Better understanding of risk
- Co-location with other services or liaison roles
- Close relationship between intake and response
- Remove administrative burdens to free up workers to work with families
- Reinstate Senior Practice Consultant role (SPC) and/or separate professional mentor role
- Dedicated community education person attached to Child Protection
- Invest in more intensive family support services – where there is currently a gap
- Accountability of contracted services
- Police notifications could go directly to a family violence worker
- Rebranding Child Protection

Barriers to progress

- Staff not adequately supported or valued
- Unmanageable caseloads and work hours
- Perceptions of child protection
- Lack of funding and resourcing across CYS support services
- Non statutory support systems are fragmented, are not fit for purpose and unable to meet the increased complexities of children and their families
- Disconnect and lack of information sharing between CP, Gateways and NGOs
- Adversarial, lengthy court processes
- Blame culture
- Child Protection competes for funding and attention against a costly health system
- Regional differences
- Lack of robust case co-ordination
- Change Fatigue
- Increasing workload, staff under emotional stress
- Lack of supervision and support for CP staff
- Recruitment Delays, Lack of Flexibility
- Outsourced support services not adequately funded
- Lack of strategic direction for social outcomes in Human Services
- Reactive short term investment
- Viability of small NGOs
- Lack of Administrative Support
- Constant changes to structure, leadership within Government
- More human resources within IT to enable database enhancements, staff training etc. to be undertaken
- Lack of information sharing with Gateways
- Regional differences
- Gateway is not fit for purpose – is an additional pathway rather than an alternate one
- Caller defined notifications – no system distinction
- Adversarial, lengthy court processes
- No adolescent mental health services
- Family complexity
- Insufficient pro-active strategies to engage families
- Lots of time is spent on notifications that are not CP work
- Lack of relief staff
- Family Law Court work is an added workload
- Poor interface between CP and court
- Current culture within CP
- Relationships are person dependent

- Increased cultural awareness
- Clear governance structures and communication pathways
- Adequate induction and training of new staff
- Trauma informed training for all workers (Govt, Non Govt)
- Shared professional learning opportunities
- Co-location of departmental IT teams to facilitate information sharing
-
- Alliance partnerships and integration – collocated workers
- Empowering parents, empowering communities an example of success.
- Growing knowledge and understanding of trauma informed practice – carers and workers
- CREATE foundation – voices of young people
- Financial support when leaving care.
- Increased commitment to partnerships with NGOs
- Collegiality among the NGO sector
- Sophisticated research base – commitment to change
- Examples of programs that are working well (moving on program)
- Highly skilled individuals and organisations in the state able to make a contribution to system improvement and change.
- Good foster carers
- Young people able to have contact
- Case workers keep to their words
- Child's needs are met
- Sibling placement capacity
- Positive messages around a holistic care system
- Positive parenting programs – example of programs that are working well.
- Foster care peak is a key enabler
- Parental advocacy service
- Access to research
- Willingness to change, across the sector
- More training required for workforce to understand settlement issues
- Work on shared services between NGOs to capitalize on what we have.
- Out of home care reform
- Politics
- Investment in information systems and/or applications to analyse data and support information sharing
- Seeing projects through – sustainability
- Executive management and corporate management to
- Need for specific attention on carer recruitment and carer training and support – impact on placement stability.
- Need to change narrative for children exiting care – positives rather than negatives.
- No overall child and family peak body currently.
- Need cultural awareness training (youth awareness training) to understand the context for service delivery (for families and young people).
- City Child health centre moved closer to CP and this is impacting on parents willingness to engage
- Cultural silos between government agencies hampering collaborative responses.
- More resourcing required
- Lack of community awareness around care, foster care
- Need to incorporate trauma knowledge into practice
- Court system – not designed to resolve CP matters
- Courts – wrong forum to determine outcomes for children
- Courts – does not give children a voice (beyond Sep Rep) best interests model – need direct representation system.
- Lack of access to services due to geographic and other factors
- Funding, time and interest
- Poor use of resources, duplication of effort
- Size of services and capacity
- Not hurting people's feelings
- Lack of clarity around services available and lack of consistency in decision-making resulting in poor service outcomes.
- Shame – lack of transparency and honesty as a barrier to understanding
- Stigma as well
- Leadership – lack there of
- outcomes rather than outputs needed in funding agreements – outcomes should be linked to clients
- prioritization
- lack of faith in process (based on previous reviews and reforms - history)
- Level of engagement in the redesign process – and impact on successful implementation.
- Lack of responsibility for families
- Quality of legal advice for children, parents and the Dept are receiving
- How is risk assessed and communicated in the Court process.
- General geographic and socio-economic issues in

be called to account when they fail to deliver

- Resourcing staff to be able to access information and resources on the go (technology)
- Listen to children, young people and families
- Convince leaders what we are developing is a “good news story”
- Alternative education options
- Tasmania is small – easier to collaborate and know families
- Understanding this is a long term commitment
- De-politicise issue
- Training of education staff and others in effects of trauma / trauma informed practice
- Training of all relevant staff in child protection/trauma – part of undergraduate courses (social work, nursing, education, legal services, police)
- Shifting the paradigm and public messaging – nobody benefits from excluding children from school
- Unconditional positive regard for children; child based decision making
- Redefinition of what education is for our most traumatized children
- Rebuilding of relationships between services and leadership to help repair these relationships
- Buy in from Cabinet and across Government for this project
- Narrowing the gap between what is voluntary and what is mandatory
- Understanding of client readiness
- Nothing to lose
- Budget for implementation
- Realistic timeframes for implementation
- Need genuine commitment to work together – good will needed
- Commitment to reviewing this process – monitor change process and outcomes (continue to drive change) – 6 months and 12 months
- Move past rhetoric – less talk more action – less egos and start working together
- Bring both sectors together – as part of development and implementation
- More communications between NGOs and Govt
- Ongoing commitment to review and improve policies and protocols – to keep them live, rather than sitting on shelf – keep relationships current
- Worker inductions that promote relationships

Tasmania

- Politics
- Resistance to change and innovation
- Lack of understanding of neglect and abuse on development of the brain;
- Fragmented services developed from Minister's “good ideas” which are not linked to other existing services
- Non-willingness of services to work with CP – ostracising CP
- Lack of backfill for staff; flexible work environment/ conditions
- Personal priorities
- Lack of funding
- System Inertia
- High caseloads impacting ability to engage with client
- Red tape and bureaucracy
- Negative perceptions of CPS
- Narrow definition/perception of CPS being only “investigative”
- Lack of Central Support
- Children and Young People not engaging with school system
- Collaboration is lacking – them and us
- Politics out of it
- Professional learning
- Fear – fear of failure
- Resistant to change – previously only change in name only
- Need \$\$ to implement
- Timelines – expectations
- Financial risk of not addressing – band-aid approach costs more in the long run.
- Continued divide between sectors
- Government treats NGO as subservient – continues fragmented relationship and sector – competitive tendering has negative impacts – despite this sector works together well
- Lack of leadership – to maintain momentum for change
- Lack of forums such as area advisory groups (which previously existed).
- Need more support for co-located child protection team leader – would enable more communication and flow of information
- CP – not able to collaborate, build collaborative relationships with other services
- Legislative framework – role of police as authorized officers (not utilized) – also social workers in DoE

- Realistic timeframes – longer term consistency and longer term approach to workforce development and service delivery – sustainability of services. Limit confusion for families due to changing services.
- Collaborative arrangements can bring agencies (cross sector) together.
- Needs to be leadership to drive any change
- CFCs need to be utilized as place-based co-location hub for services
- Technology (web based solutions etc.)

/ CAMHS etc. – particularly for joint investigation scenarios

- Definition of risk – is the wording correct / usable / workable – given responses to notifications – often not harm.
- Does legislative framework reflect changes in families since 1997?
- Streamlined and interchangeable data systems
- Quality of risk assessment
- Need to be able to follow a child's journey through the system.
- More intensive family support required
- Poor transition from care
- Lack of engagement with Tas Uni
- Specialised supported accommodation
- At risk of homelessness fall between the cracks
- Service accommodation and the message that sends to clients (values).