Strong Families Safe Kids Summary Evaluation Report May 2020

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CONTENTS

List of Abbreviations

ARL – Advice and Referral Line

AIHW – Australian Institute of Health and Welfare

CARDI – Information system at ARL

CHaPS – Child Health and Parenting Service

CPCE – Clinical Practice Consultant and Educator

CPIS – Child Protection Information System

CPS – Child Protection Service

CSS – Child Safety Service

CWSLO – Child Wellbeing and Safety Liaison Officer

CYS – Child and Youth Services

DCT – Department of Communities Tasmania

DHHS – Department of Health and Human Services

DoE – Department of Education

DoH – Department of Health

DPFEM – Department of Police, Fire and Emergency Management

IFES – Intensive Family Engagement Service

IFFS – Integrated Family Support Services

NGO – Non-government organisation

OOHC – Out of Home Care

SFSK – Strong Families, Safe Kids

SHSF – Safe Homes Safe Families

Executive summary

Strong Families Safe Kids (SFSK) was and is an ambitious project designed to reform the child protection system in Tasmania. Adopting contemporary public health approaches to child protection and incorporating best practice principles, SFSK has aimed to change understandings of child safety by:

a) situating child safety concerns and 'risk' within the broader, holistic notion of child wellbeing and;

b) changing community understandings of its responsibilities with respect to supporting the wellbeing and safety of children.

Four years into the redesign of Tasmania's child protection system – now called the child safety system - this evaluation has revealed a system in the process of major cultural change as it moves to embed the public health approach to child safety across the whole system. The evaluation has found that SFSK has successfully begun this process but unsurprisingly for a systemic change of such magnitude, there is still work to be done if the new approach is to be embedded across the whole system and anticipated impacts on Tasmanian child wellbeing are to be realised. This evaluation outlines progress to date and makes 6 program wide recommendations and 43 specific recommendations to guide the ongoing development and implementation of SFSK.

Findings

Accomplishing the reforms intended in the Harries Report and the SFSK Implementation Plan required significant changes in attitudes towards child protection across government and non-government agencies and the community at large.

There is evidence that SFSK and outputs such as the Tasmanian Child and Youth Wellbeing Framework (the Wellbeing Framework) and the Child and Family Wellbeing Assessment Tool (the Wellbeing Assessment Tool) and Guide have built and are continuing to build a common understanding and language around children's wellbeing in Tasmania. There is evidence that this is contributing to enhanced collaboration across agencies and sectors in the support of Tasmanian families and children.

However, despite strong support for the principle of 'sharing responsibility' for children's wellbeing that underpins the public health approach, a clear pattern of how professionals and community members regarded their child safety responsibilities did not emerge during this evaluation. This appeared to arise from a lack of clarity around the new approach's role in supporting child wellbeing and safety. Indeed, at the time of this evaluation there was evidence of confusion and frustration around the concepts of safety, risk, notifications and mandatory reporting and the changing responsibilities of practitioners and a perception that sharing responsibility equated to shifting responsibility for safety to other agencies. Clearer understandings and accountabilities are required.

The establishment of the new statewide Advice and Referral Line (ARL) was one of the most significant changes undertaken as part of SFSK. The ARL is the first point of contact for anyone with concerns about child wellbeing and safety and the public health approach is embedded within its practice. The ARL aims to refocus the child safety system to early intervention and integrated support for children and families. This evaluation has focused on the experiences of those who are using and engaging with the service. While there was support for the inclusion of advice as well as referral functions in the ARL this evaluation found a mixed response from those who were interacting with the ARL on a regular basis. For those who worked directly with the ARL through weekly face-to-face interagency meetings or engaged with the regionally based Child Wellbeing and Safety Liaison Officers there were reports of enhanced collaboration, information sharing and joint planning to address the needs of children and families. However, as outlined above, the lack of clarity around the constituent parts of the child safety system and their respective responsibilities for child wellbeing and safety has led to confusion and frustration with the approach adopted by the ARL. The work of the ARL would be assisted by clearer understandings and accountabilities around roles and responsibilities with respect to child safety.

SFSK also intended to improve support to children and families. The development and introduction of the Intensive Family Engagement Service (IFES), a proactive family support program, is viewed as a positive addition to the child safety landscape in Tasmania. However, there was evidence that more needs to be done to support a wider cohort of Tasmanian families. Questions around how services such as the Integrated Family Support Services (IFSS) are linking and connecting with other services were raised, as were concerns about duplication of services. Gaps in services were commonly discussed, particularly for adolescents, children in Out of Home Care (OOHC), families with children in OOHC and mental health services. The Implementation Plan for SFSK listed a review of services as an action, but it was determined that this should not occur until after the establishment of the ARL. Hence this review had not been completed yet. This service review needs to be completed, with input from the community sector including Aboriginal Community Controlled Organisations and families, children and young people if the desired improvement in outcomes for all Tasmanian children and families is to be realised.

Conclusion

With the changed approach to child wellbeing and safety yet to be fully embedded into policy and practice across the sector this evaluation identifies the need for ongoing commitment and support if the momentum generated by SFSK is to be maintained and the associated benefits for Tasmanian children and families achieved. Structures and processes set up to guide the initial implementation phase of SFSK, such as the cross-agency steering committee and the cross-sectoral consultative committee, need to continue albeit following a review of their purposes, roles and functions. Additional processes, such as a mechanism for engaging with parents and children, need to be developed to ensure they have input into the ongoing redesign process. A review of services and supports is crucial at this point in time and a commitment to further developing these in partnership with parents and children appears necessary for the desired change in outcomes to be accomplished.

The four-year time frame of SFSK is not long enough to see any impacts on proposed outcomes, such as the number of children coming into OOHC, as the changes to practice and systems will require years to impact on the wellbeing of Tasmania's children. However, SFSK is moving in the right direction and encapsulates well the principles of child safety reform. To ensure the potential of SFSK to build a system that ensures the safety and wellbeing of Tasmanian children is fully realised there needs to be continued and renewed commitment and engagement with the redesign process.

Recommendations

The recommendations include broader project wide recommendations as well as those more targeted to specific outputs.

SFSK program wide recommendations

1. Review current governance of SFSK and incorporate governance mechanisms modelled on that of SFSK to support the child safety system on an ongoing basis. More specifically:

    a) Review the roles and purpose of the Oversight and Steering Committees for SFSK and consolidate this into one governance committee with a revised term of reference.

    b) Review the role and purpose of the Cross-Sectoral Consultative Committee and establish a mechanism for ongoing and regular engagement with non-government organisations involved in the child safety system.

2. Build an understanding of the public health approach, focusing on clarifying the roles and responsibilities of the different parts of the child safety system in supporting child wellbeing and safety. This may require strengthened engagement across the sector and the support of education and training.

3. Develop a mechanism for ensuring consumers of community services have a means of providing input into the services designed to support them. This mechanism could be specific to the Child Safety Service, but we recommend that the Department of Communities consider establishing a broader consumer representative body encompassing the whole of community services similar to the model of the health consumer group, Health Consumers Tasmania.

4. Strengthen engagement with key agencies beyond that of the Department of Education, particularly the Department of Health. The public health approach to child safety has a focus on prevention and early intervention and many of the structures that support this lie outside the Departments of Communities and Education within the area of health. Arguably, services such as Child Health and Parenting Services, Perinatal and Infant Mental Health Services and General Practice will be critical for achieving the desired outcomes for children and parents and yet their current engagement in SFSK does not reflect this potential.

5. Completion of the review of services is urgently required. The review needs to include the perspectives of consumers.

    a) The review should not only focus on family support services, but also review how these services are linking with other key services, such as Child Health and Parenting Services, Child Adolescent and Mental Health Services and Perinatal and Infant Mental Health Services.

    b) The review needs to include greater consideration of how the system and services are meeting the needs of Aboriginal and Torres Strait Islander families in Tasmania given the disproportionate representation of Aboriginal children in OOHC. The original Harries review into the child protection system, the SFSK Implementation Plan and this evaluation have not specifically addressed the needs of Aboriginal families.

    c) The review also needs to focus on services for older children and adolescents in Tasmania as there was clear evidence that there are challenges in availability and access to the services designed to support them. Again, any such review must include the perspectives of young people.

6. Realise the potential of data linkage for understanding pathways through the service system for parents and children. As an island state with a relatively stable population enhanced data linkage could be used to inform policy and practice.

Recommendations for the SFSK strategies:

The new approach to child protection in Tasmania

1. Clarify the roles and responsibilities of the different parts of the child safety system in supporting child wellbeing and safety, in partnership with those constituent parts. The approach undertaken by DoE in the development of its own Child and Student Wellbeing Strategy provides one model for undertaking this work.

2. Support this new clarification of the roles and responsibilities of the different parts of the child safety system through strengthened engagement across the sector, including education and training.

Tasmanian Child and Youth Wellbeing Framework

1. Encourage other agencies and the community sector to follow the example of DoE and develop policies and strategies that align with the Wellbeing Framework and articulate their role in supporting the wellbeing of Tasmania's children.

2. Support ongoing education around the Wellbeing Framework and its use for strategic planning and policy development.

3. Use the Wellbeing Framework as a guide to the development of a reporting framework for different agencies and organisations with respect to children's wellbeing.

Tasmanian Child and Family Wellbeing Assessment Tool and associated resources

1. Design and implement a process for building a common understanding of safety and risk, assessment and management across the sector.

2. Clarify expectations of use of the Wellbeing Assessment Tool and how it links to other tools currently in use across the system, particularly Signs of Safety.

3. Extend education and training about the Wellbeing Assessment Tool to other agencies and relevant organisations.

4. Ensure education about the Wellbeing Assessment Tool addresses the continuum of need and how this might be used when considering concerns relating to safety, risks and mandatory reporting. To support this goal, training and education in the Wellbeing Assessment Tool may be enhanced by inclusion of senior practitioners with experience in making assessments of safety concerns and who are also aware of other assessment tools used across the system.

5. Consider creating an interactive, online version of the Wellbeing Assessment Tool.

6. Ensure any development of information systems aligns with the Wellbeing Assessment Tool to support its adoption and use.

Advice and Referral Line

1. Provide ongoing education about the ARL and the public health approach, including the new language around notifications, concerns, safety and risks.

2. Provide targeted education and training for mandatory reporters, clarifying how the new processes at the ARL support this process.

3. Review recruitment of staff, including level of experience, qualifications and statement of duties.

4. Ensure rostering at the ARL includes the right mix of experience.

5. Consider the creation of more Child Wellbeing and Safety Liaison Officer positions.

6. Consider developing a mechanism that supports differentiation of calls of concern about child wellbeing and calls to notify about children in immediate danger as well as filtering calls so that more experienced practitioners receive a more targeted approach.

7. Clarify the relationship between the ARL and the Child Safety Service both internally and externally.

8. Ensure any development of information systems at the ARL align with and support practice frameworks and tools such as the Wellbeing Framework.

9. Clarify the expectations and responsibilities of NGO and Government staff at the ARL.

10. Strengthen the connection between the ARL and other key agencies, such as police, mental health and other relevant services.

Services and support

1. Complete the outstanding review of services and ensure that the review process involves consumer participation.

2. Evaluate the current IFSS, as well as other family support programs, with the intention of determining whether the range of IFSS covers the varying needs of families, and whether referrals to IFSS reflect a matching of programs to family needs.

3. Clarify the rationale for how IFSS articulates into IFES programs, and what family needs determine the scale of the service obtained.

4. Continue support for IFES such that it continues to be a key feature of the re-designed Tasmanian child safety system.

5. Develop a transition process for families when they move out of IFES into other support services.

6. Ensure IFES and specialised services are appropriately resourced to meet the needs of families and children.

7. Develop and resource specialty supports and services for adolescents.

8. Ensure services and workers are working in partnership with families in need of support and are responsive to their needs and concerns, particularly with respect to communication.

9. Review the Hospital Liaison Officer role in light of changing practice and the redesign of the Child Safety Service.

10. Develop and support systemic approaches to collaboration and information-sharing practices where appropriate and useful. Possible approaches include colocation, embedding collaborative practice into position descriptions, secondments across agencies and organisations, creation of intersectoral roles as well as training in collaborative practice.

11. Review contractual and funding arrangements to ensure they support collaborative and flexible service provision and enable service integration where appropriate for meeting the needs of families and children.

12. Continue to progress mechanisms for sharing information across administrative data systems, especially when implementing new systems.

13. Investigate current service access for children and young people in OOHC, particularly psychological support and develop mechanisms to increase capacity if appropriate.

14. Consider ways in which families with children in OOHC who are aiming to reunify can access supports and services to improve their functioning.

15. Consider supporting wellbeing roles similar to that created in DoE in other agencies such as Child Health and Parenting Services (CHaPS), given that the majority of children enter OOHC at a young age.

Support for the Child Safety Service

1. Ensure that the functions currently embedded within the role of the Clinical Practice Consultants and Educators (CPCE) – providing space for reflection and support formally and informally – be continued.

2. Continue to develop and support the liaison and connecting roles within CSS as these appear to be critical for facilitating collaborative practice and engagement with families. More positions may need to be considered.

3. Review some of the new roles in parallel with the anticipated reform within CSS to ensure they are 'fit for purpose'.

4. Progress the filling of the Aboriginal Liaison Officer roles as soon as possible.

5. Develop appropriate and effective training for Team Leaders and those transitioning into Team Leader roles to equip them with the specific skills needed in that position.

6. Instigate joint inter-agency training and networking opportunities.

7. Consider legislative reform, including:

    a) Sharing responsibility across government for the wellbeing and safety of children in Tasmania;

    b) A re-examination of the current flexibility of orders;

    c) A thorough examination of the fit of the legislation with the changing approach to child safety as embodied in the SFSK redesign;

    d) A re-examination and clarification of information-sharing across government and between government and contracted non-government services; and

    e) That any re-examination of legislation be undertaken comprehensively and not in a piecemeal fashion.

Summary of report findings

Chapter 1. Background

The Strong Families Safe Kids project (SFSK) was borne from the 2015-2016 review into the Child Protection Service (now renamed the Child Safety Service). The report from this review found that a more contemporary child protection system needed to be instituted as 'a matter of urgency' (Harries, 2016). In 2016 the development of the SFSK Implementation Plan outlined the Tasmanian Government's commitment to reforming the child safety system incorporating the recommendations in the Harries report. It specified 30 actions under the following 5 strategies:

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

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

Strategy 3: Creating a single front door

Strategy 4: Providing better support for children and their families

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

A commitment of $20.5 million was made over four years (2016-2020) to the SFSK work program by the Tasmanian Government.

A multi-layered cross-agency governance structure was established to support SFSK as it was clear that collaboration across government agencies and non-government stakeholders would be critical for the implementation and operation of the SFSK reforms. This comprised of executive level Oversight and Steering Committees – the former with Secretary level representation from the Departments of Communities Tasmania, Health, Justice, Education and DPEM, the latter with Deputy Secretary-level representation from the same departments, a Cross-Sectoral Consultative Committee, consisting of representatives from the non-government community services sector, an Employee Reference Group, a SFSK Reference Group and the SFSK Project Team. The representation from the Department of Health (DoH) originally sat with the representatives from the Department of Health and Human services (DHHS), with specific health representation on the relevant committees only occurring in 2019. The SFSK project itself was positioned in the Strategy and Engagement division of the Department of Communities Tasmania (DCT).

Chapter 2. Evaluation Methods

An evaluation working group was established at the outset of the evaluation, consisting of members of the research team from the University of Tasmania and representatives from Children and Youth Services (CYS) and the Strategy and Engagement team of DCT. The working group met monthly throughout the evaluation to discuss progress and findings, and there was regular informal communication as needed.

To help guide the evaluation, the evaluation team developed a program logic (Figure 1) and the following five key evaluation questions.

1. Are families better supported to provide safe and nurturing environments for children?

2. Has the SFSK system redesign, including the Child and Youth Wellbeing Framework resulted in common understandings of child wellbeing across the sector (government and NGO's)?

3. How are the new assessment and planning tools being embedded across the sector?

4. How are agencies and professionals in the child safety system working more collaboratively?

5. Has there been any change in the number of children and young people experiencing statutory involvement and entering Out of Home Care?

A mixed methods approach to data collection and analysis was adopted for this evaluation that embedded a statewide approach. Evaluation components included:

1. Interviews and focus groups with stakeholders across government and non-government agencies. 123 individuals from the Departments of Communities, Education, Health, Justice and DPFEM as well as non-government agencies took part in these consultations;

2. Interviews with CSS clients. Nine clients were interviewed. Nb. These numbers were limited due to the impact of the COVID-19 pandemic;

3. A survey was developed for key stakeholders across the Departments of Communities, Education, Health, Justice and DPFEM as well as non-government agencies. 134 respondents completed the survey beyond the demographic questions and were included in the analysis; and

4. Analysis of primary outcome indicators for out of home care.

In addition, literature relevant to the redesign was reviewed to inform the evaluation.

Interviews, focus groups and open-ended questions in the survey were analysed thematically. Survey analysis was descriptive and also involved chi-square tests to test whether there was any difference in the distribution of findings across the four categories of sector worked in; region; managerial or practice role and; length of time working in the sector). Few significant differences were found.

Figure 1. Program logic SFSK Evaluation
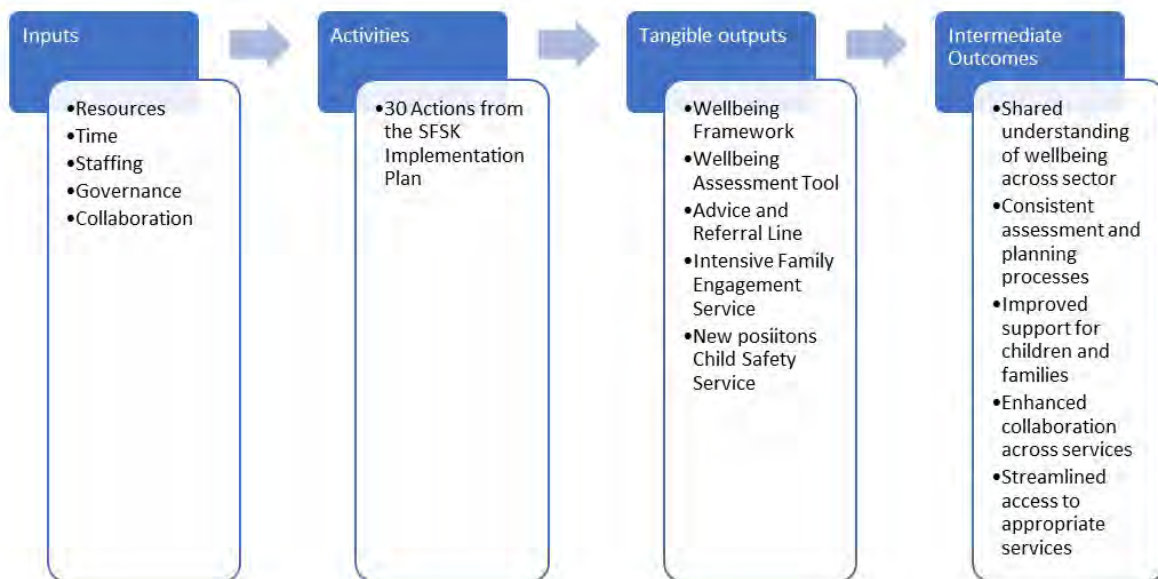
Chapter 3. The new approach to child protection in Tasmania

Key stakeholders understood the intention of SFSK as variously seeking to intervene earlier, instituting a better triaging of concerns, integrating the 'front door', adopting a family-centred and inclusive approach, changing the language around child protection, adopting a wider focus on child wellbeing and the operationalising of a 'public health' approach reflecting the idea that child safety is a shared responsibility across the community (see Figure 2). Participants were enthusiastic about these intentions.

I think the opportunity to work really differently with families is one of the most important things that the – the free rein to do that. The way of being able to work in a far more supportive way with families and have that ability to do our family engagement inter-agency meeting, and give them some responsibility in what that looks like. I think that's a really positive way, rather than having to react to the – and it's always been there but I think we've just, the pressure's always been to – from my observations – always been to do much more forensic approach as opposed to a more supportive approach. (DCT)

Figure 2. Public health approach

The Harries report clearly articulated the need to progress to a more effective and contemporary child safety system, adopting a public health approach and underpinned by the principle that child safety is everybody's business. This was encapsulated in a recommendation 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'* (Harries, 2016). Integral to this approach is that all parts of the system focus on supporting children, young people, families and communities to promote health and wellbeing, prevent problems and enable early intervention and effective intervention when problems do escalate. In essence, SFSK was attempting to achieve a cultural change with respect to children's safety and wellbeing not only within the CSS, but across the entire system of government and non-government organisations and, indeed, the whole Tasmanian community. Seen in this context, the CSS becomes just one of the offerings of a whole suite of services and support available to Tasmanian children and families.

The evaluation found broad support for the principle that child wellbeing and safety is everybody's business. A majority of survey respondents thought that SFSK had contributed to this understanding, with 58% of respondents agreeing that SFSK had contributed to an understanding that children and young people's wellbeing is everybody's business, 22% disagreeing and the remainder choosing neither.

> *Recognition that child safety is everybody's business. And one of the mantras to start with that really resonated with me is we don't want to shift responsibility from agencies, organisations or even families, we want to share it.* (DoE)

However, there were some concerns that the new shared responsibility approach was actually about shifting responsibility between agencies. These concerns around responsibilities were apparent with the common use of the terms 'push' and push-back' during discussions.

Concerns were expressed around community members external to the CSS taking on responsibility for child safety – these included the safety of those community members themselves in their attempts to take on that shared responsibility. There was also concern that school staff may be placed in vulnerable situations increasing the risk of a deterioration in their relationships with families. This in turn might impact negatively on those children and families' engagement with school.

Stakeholders felt that the new approach of shared responsibility across the community had not been adequately addressed with the community.

> *And if you - you're changing a whole community's way of viewing something, and so if you're making them sit with risk, it makes people feel really, really uncomfortable. And so, if you haven't done the work to support the community to be able to sit with a risk, then they're not going to ring if you're going to tell them that they have to manage it.* (DCT)

It was clear that each agency needs to clarify where their specific responsibilities lie in operationalising the concept: '*But we've got to be really clear on what's within my locus of control, and what's our clarity? What's in your locus of contro*l?' (DoE). The work undertaken within the DoE to identify how children's wellbeing and safety aligned with their primary purpose and work provides an example of how different agencies and organisations may go about clarifying their own roles in this agenda of shared responsibility. The DoE had identified their sphere of influence across all six domains of wellbeing, determining what it is they can and cannot do for children and young people. In order to contribute to building shared understandings of responsibility a follow-up stage would be useful where agencies, NGOs and key community organisations come together to share, discuss and clarify their conceptualisations of their 'sphere of influence'.

Chapter 4. Strategy One: Placing the wellbeing of children at the centre of our services

Consultations undertaken as part of the review into the CPS in 2015-2016 (Harries, 2016) highlighted the need for a common language between services and across sectors to support an integrated system-wide response to children and families. The SFSK response was to develop the Tasmanian Child and Youth Wellbeing Framework, following extensive consultations with a range of stakeholders (although not including children and families), in order to promote a shared understanding of the wellbeing needs of children and young people. The Wellbeing Framework is based on the Australian Research Alliance for Children and Youth's *The Nest* (ARACY, 2014) and incorporates the following six domains:

1. Being loved and safe

2. Having material basics

3. Being healthy

4. Learning

5. Participating

6. Having a positive sense of culture and identity

Awareness of the Wellbeing Framework among survey participants was high with 87% (n=134) indicating they were aware of it although awareness differed according to the sector in which the respondent worked. Workers in the Departments of Communities and Education were more likely to know about it than those in Health, Police or NGOs. In terms of the impact of the Wellbeing Framework on daily work practices, 43% said it does so regularly, 41% sometimes, 13% seldomly, and 4% never (n=108).

The Wellbeing Framework was helping to build a common understanding of wellbeing and a common language across Tasmania. This was facilitating collaboration across the sector.

But it gives us a commonality of language. It gives us a commonality of purpose, and it gives us an understanding of what we are all trying to work towards. (DoE)

The Wellbeing Framework was reported to: help focus attention on wellbeing; enhance collaboration and information-sharing; support working with children, young people and families; provide a clearer decision-making process; assist with contract management; support the referrals process; assist in the evaluation of programs; and help guide case management discussions and aid planning and care team meetings. Furthermore, it had informed the development of the student wellbeing strategy within DoE and has the potential to do so in other agencies and organisations. More agencies could follow the example of DoE and develop policies and strategies that are informed by and/or align with the Wellbeing Framework to better support the wellbeing of children in Tasmania.

There was some confusion evident among evaluation participants about the purpose of the Wellbeing Framework, how it could be used and how it aligned with existing frameworks, such as the Tasmanian Risk Framework. This was exacerbated by the informal implementation and dissemination approach adopted by SFSK. Training and education on the Wellbeing Framework would address many of these concerns.

Chapter 5. Strategy Two: Common risk assessment and planning system

A key finding of the review into CPS in Tasmania in 2015-2016 was confusion about the concept of risk, what should be reported to CPS, how determinations of thresholds for initiating investigations were made and how best to manage and respond to the needs of children considered 'at risk'. To improve the system, it was clear that that there needed to be a greater understanding of risk. Indeed, 'Building a common understanding of risk' was one of the key elements identified as necessary to support the system redesign. The SFSK response was to develop the Child and Family Wellbeing Assessment Tool (Wellbeing Assessment Tool). The Wellbeing Assessment Tool identifies four levels of 'need' and links these to the response and support required. The Wellbeing Assessment Tool uses the six domains of wellbeing from the Wellbeing Framework to assess a child's wellbeing. It is not a diagnostic tool but designed to ensure a 'broadly consistent approach to the assessment of wellbeing across different services working with children'[5].

At the time of this evaluation a number of agencies, regions and service providers had yet to receive training in the use of the Wellbeing Assessment Tool. Hence, awareness was lower than for that of the Wellbeing Framework (70%) and was higher for those in management than practice positions (86% compared to 64%) (n = 125). However, where it is being used there is evidence that it is informing practice and decision making around the support needs of children and families as well as enhancing collaborative practice. There were indications that the Wellbeing Assessment Tool and the continuum of need was assisting some practitioners and services to identify what factors may require a child safety intervention, but this was not widespread at the time of the evaluation. In some cases, the Wellbeing Assessment Tool is being used with families and children, but it is too early to say what impact this is having on the interactions between families and service providers.

Consultations for this evaluation revealed ongoing confusion about the language, application and determination of 'risk', 'safety', 'needs', 'notification' and 'mandatory reporting' even among those who were aware of and using the Wellbeing Assessment Tool. There remained confusion about how risk and safety concerns fitted within the broader wellbeing agenda and how the Wellbeing Assessment Tool connected to and aligned with other tools in use.

We love the wellbeing framework as a whole, but we feel that sometimes the risks aren't being talked about as the forefront. To me, the wellbeing comes after addressing the risks, and I feel like sometimes the risks aren't being heard. (NGO)

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5. Department of Health and Human Services (DHHS) (2016) Strong Families - Safe Kids. Implementation Plan , 2016 - 2020 (May, 2016). Hobart, Department of Health and Human Services.

While the Wellbeing Framework appeared to be assisting the system to develop a common language and understanding of wellbeing the Wellbeing Assessment Tool had not achieved the same level of understanding with respect to risk and safety at this time. At this stage, it is unclear if the Wellbeing Assessment Tool will address the confusion that exists around risk and safety and their relationship with wellbeing. Its continued use depends on training to support its use in practice.

Chapter 6. Strategy Three: Creating a single front door

The Harries review into CPS in 2015-2016 found that the entry point for CPS in Tasmania was overloaded with notifications ranging from minor to critical. Similarly, the Gateway service, established as the mechanism by which non-government agencies could provide early support to families and children in need, was under considerable stress. At the time confusion existed about the connection between the Gateway service and CPS. Consequently, under SFSK a new statewide Advice and Referral Line (ARL) was developed as the first contact point for child safety and wellbeing concerns (see Figure 3). The purpose was to provide a single entry point for those with concerns regarding the safety and wellbeing of children with a focus on early access and integrated support for children and families. This in turn would improve outcomes for children and reduce pressure on statutory services.

Six key elements were identified for the new Tasmanian Advice and Referral Line: 1) broadened risk focus; 2) additional resources; 3) increasing after hours capacity; 4) culturally sensitive responses, 5) statewide consistency, and; 6) information gathering.

This evaluation has found general support for the introduction of a single entry point for those who may have concerns about children's wellbeing and safety.

> *Actually, being able to shift to an approach that says we're not measuring against the threshold of harm before we take action. We're actually understanding what the problem is and finding the right solution there and then. Whether that be the risk is too great, we need a more assertive assessment. Or, in fact, we bring people together to respond better to those families.* (DCT)

Extending the entry point to an advice as well as a referral service has been welcomed as has the co-location of government and non-government staff at the ARL. Having one number to call meant the caller did not have to make a determination of level of concern and associated risk where that might have been unclear. CSS staff reported a decrease in referrals for child safety assessment, but that the referrals they are receiving appeared to be appropriate.

Those based in other agencies who worked closely with the ARL reported that the service was supporting and promoting collaborative practice via weekly cross-agency meetings. These could be extended to include staff from other agencies, for example including police or DoH employees. The regionally based Child Safety and Wellbeing Liaison Officer roles were universally supported and identified as critical for facilitating engagement with families as well as practitioners.

However, survey results reflected a broad range of opinions and experiences of the ARL – of those who had contacted the ARL (n=67) 36% were satisfied or very satisfied with the interaction, 45% were dissatisfied or very dissatisfied and 19% were neutral. Levels of satisfaction were not significantly different across agencies. Respondents were aware this was a new service and expected some issues associated with its establishment, but a number of concerns remained 12 months following commencement of the service. These are outlined below.

Concerns were raised about high workloads at the ARL leading to high staff turnover and a focus on the more significant cases at the expense of the wellbeing or early intervention aims of the ARL. Concern was expressed about possible inequities between government and non-government workers at the ARL and a possible loss of specialised knowledge contributed by non-government workers over time. The connection between the ARL and CSS needs clarification as there is confusion about this.

For some, the ARL was a source of frustration and confusion as contact processes and procedures appeared to undermine their expertise and generate unrealistic professional practice expectations with no discernible increase in support for children and families. This has created a level of distrust amongst some practitioners.

> *I had to make that phone call, but I'd lost that trust with advice and referral. I didn't feel safe in my communication or what I was sharing.* (DoE)

Similarly, parents indicated they would not call the service about their own children due to mistrust. With the centralisation of the service in Hobart, some concern was also expressed about the loss of local knowledge of services and supports. Some respondents wanted more feedback on actions undertaken by the ARL with respect to initiating family support or other actions taken.

Disappointment was expressed with the lack of after-hours capacity and capacity to provide culturally sensitive responses. At the time of this evaluation an increase in capacity outside of the hours of 8.30am to 5pm had not occurred. There was inconsistency reported about ARL staff asking and/or recording whether children and families were Aboriginal and Torres Strait Islander. There was concern that in this case, appropriate referrals and support might not be made. In addition, the planned Aboriginal Liaison Officer roles had not been filled.

Many participants expressed concern that the two information systems used at the ARL, CPIS and CARDI, did not communicate effectively with each other. It was felt this could lead to information getting lost. Some CSS staff were frustrated with their lack of access to the CARDI system used by ARL workers, commenting that it created a sense of mistrust and contributed to a sense of disconnection between the two units.

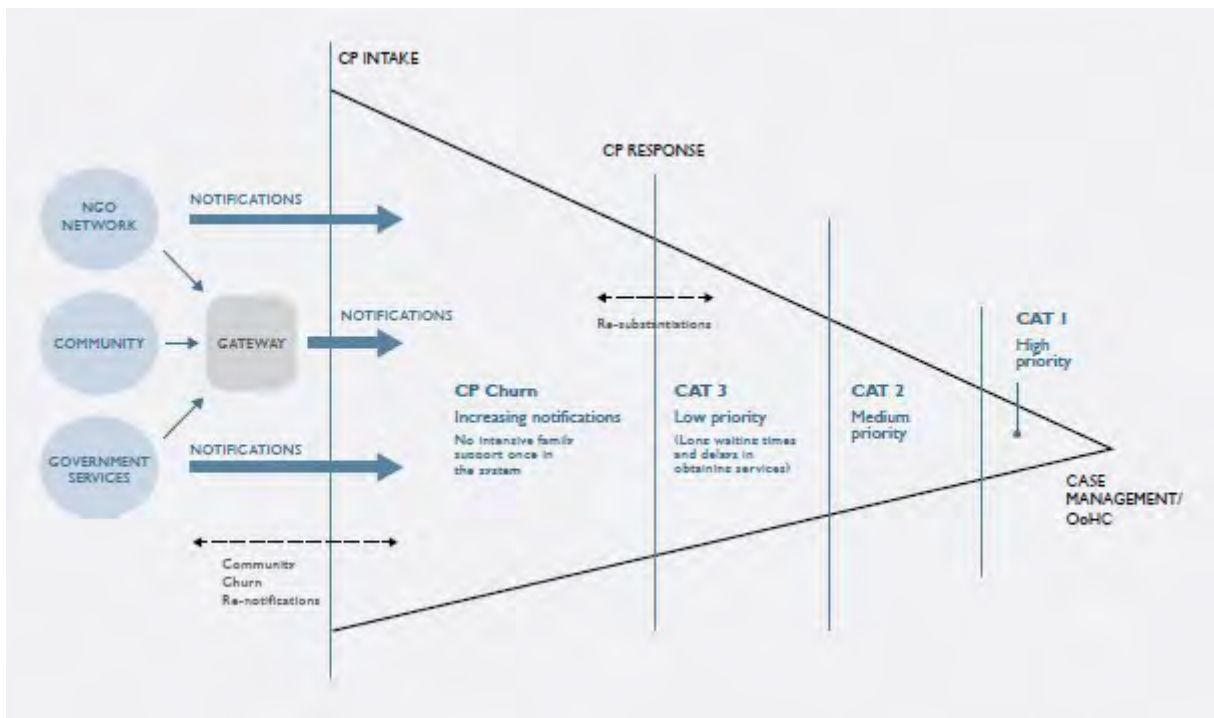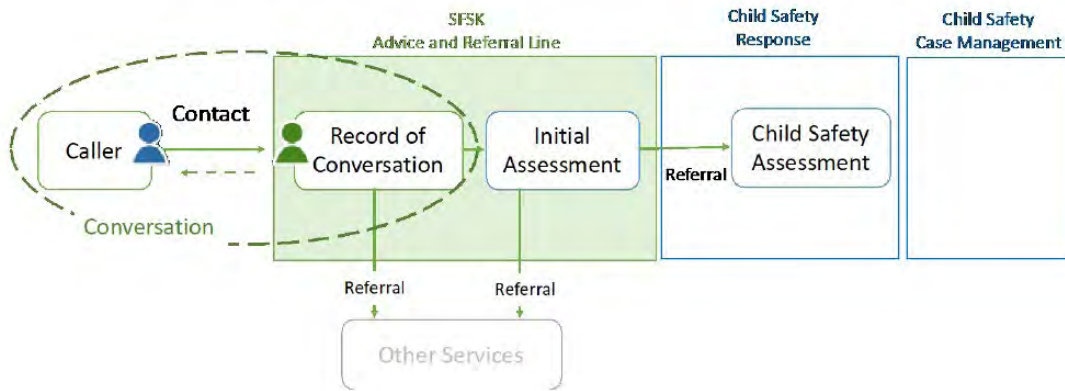## Figure 3. Previous child protection service

Figure 4. New ARL service

Chapter 7. Strategy Four: Better support for children and their families

The consultations undertaken as part of the Harries review into child protection identified a lack of services and strategies for at risk youth and for children in care and their carers. A lack of support services for complex families on the brink of entering the CSS was also identified. In addition, communication between CSS and other agencies, information sharing and the connection between government and NGOs were all identified as areas not working well at the time of the review. The SFSK *Implementation Plan* committed to a review of existing support services for children and their families, the introduction of an intensive support service for vulnerable families and the appointment of Hospital Liaison Officers in the north and northwest. Furthermore, SFSK aimed to support collaborative practice and 'a positive information sharing culture' (DHHS, 2016, p. 27).

Due to the prioritisation of the implementation of the ARL, the review of current services has not yet occurred. Concerns remain in 2020 about services and supports meeting the needs of young people at risk of or already connected to CSS and their families with survey results showing that 69% of respondents believe that the current system is meeting the needs of children, young people and their families to some extent, 4% to a great extent, and 27% not at all (n=98). There were particular concerns expressed about lack of services in the north west. Concerns were raised about the capacity of family support services to meet the needs of Tasmanian families and children, long waiting lists and a lack of access to more specialised support services, such as mental health and adolescent services. The lack of access to and long-wait times for services for adolescents was a widespread concern across participants.

> So there's a lot of gaps that need to be filled and it worries me that if something isn't done about some of those gaps, number one, you won't be able to do what Advice and Referral was all about which is to try to redirect kids and families earlier. (DCT)

Questions remained around how services such as Integrated Family Support Services (IFSS) were linking and connecting with other services and some were concerned about potential duplication of services. Links were made between a lack of service access and connection and children needing to come into care. The development and implementation of the Intensive Family Engagement Service (IFES) had addressed the identified gap in support services for complex families on the brink of entering the CSS. IFES was considered a positive addition to the service system, but many identified a need to increase capacity within this service to meet the need.

Concerns were raised by participants regarding the availability of placements, services and supports for children in OOHC and services and supports for their families. Strong support was expressed for better access to therapy for children in OOHC. This was expressed as crucial early intervention for 'breaking the cycle'. There were frustrations that for families, once children are admitted into care, they are prevented from accessing the support that might contribute to reunification. Currently, contract conditions stipulate that once families are referred to Response, they are no longer eligible to engage with support services.

SFSK did not directly engage with OOHC, but it did aim to reduce the number of children coming into OOHC. Similar to the national trend, there has been an increase in the daily average number of children on Care and Protection Orders in Tasmania for the period 2015 - 2019 from 1200.7 in 2015-16 to 1392.2 in 2018-2019. This change reflects an increase in the number of children on short term and interim Child Protection Orders. However, the rate of children entering OOHC has remained relatively stable at around 2 children per 1,000 children for the past four years. As of June 2019 the number of indigenous Tasmanian children in OOHC was almost five times the rate of non-indigenous children (AIHW, 2020).

Parents reported a lot of variability depending on the support service and workers allocated; they felt their concerns were not considered, and; they reported poor communication and a lack of information with support services, including CSS. Parents wanted to be able to discuss their issues with other CSS workers if their allocated case worker was not available.

> *The other big thing is - lack of communication. You try and ring the office then your case manager's not in, you go to [their] manager, there not in. Who do you go to next? If any thing to happen you've got no one to go through.* (Parent 6)

Parents revealed a sense of powerlessness and lack of control over their lives. Widespread support was expressed across stakeholders, including from parents, for a mechanism through which families could provide regular feedback on services.

Opinions were divided on the benefits of the Hospital Liaison Officer role, with many commenting that is has been a helpful go-between for frontline CSS and hospital staff, rather than directly supporting children and their families. It is anticipated that this role will be reassessed during the upcoming redesign of the CSS.

A majority (88%) of survey respondents (n = 108) agreed that collaboration is important and can lead to better outcomes for children and families. Many respondents indicated that their workplaces support formal modes of collaboration, although there is clearly scope for more such support with 60% of respondents indicating that their organisation encourages staff to collaborate. A little over half (57%) of respondents' workplaces have developed formal arrangements with other organisations and 56% provided opportunities for collaboration (n = 108). A lack of time or opportunity was cited as the most common factor impeding collaboration (48%). Participants often felt like collaboration and information-sharing was dependent on relationships and on individual personalities, rather than being systemic.

Stakeholders were divided on whether SFSK had facilitated an increase in collaboration and information-sharing. Some felt that there was less collaboration than before. This was particularly the case for those working in schools and some NGOs. Those who attend interagency meetings, felt there had been a definite increase. Survey results reflect this variation. Respondents were asked whether there had been an increase in the last 12 months in the frequency of cross-sector meetings to discuss children and families. Half of respondents said there had not been an increase, 31% said there had been and the remainder were unsure (n=98). Responses differed somewhat between regions but this was not significant. Strategies such as interagency co-location, secondments, shared data systems, interagency training and embedding collaborative practices in position descriptions could enhance collaboration and information-sharing.

As part of SFSK the DoE was resourced to provide additional support for children in government schools and child and family centres, through the establishment of new positions and the creation of the Interagency Student Support Teams (formerly the Student Wellbeing Teams). These teams have a connecting role, liaising and coordinating across a range of agencies and organisations as appropriate. Team members consider themselves '*a bridge between what is now the ARL and schools*' (DoE) as well as working with children, families and school staff where '*school staff have concerns around wellbeing*' (DoE). Others too see their contributions to collaborative practice across the sector as valuable. Participants suggested that resourcing other agencies would facilitate greater collaboration and enhance capacity to respond to the needs of children and families who require more intensive support.

Chapter 8. Strategy Five: Redesigning the Child Protection Service with additional support

The Harries review into CPS services reported that the child protection workforce was feeling 'undervalued' (p. 22), 'overloaded with cases' and staff morale was noted as 'low' (p.23). Community perceptions of CPS were noted as 'poor' (p. 72). These challenges had been compounded by unstable leadership (p.72). The provision of better support, supervision and mentoring and development opportunities for CPS staff were identified as key factors that needed to change to improve services and outcomes. Consequently, SFSK provided additional resources for a range of positions, roles and training opportunities that were designed to support CSS staff as well as training opportunities.

At the time of this evaluation the proposed restructure of CSS outlined in SFSK was yet to be fully implemented. Hence, our findings relate to how the new roles and positions function within the current structure of CSS. The proposed changes may impact on how these new positions, as well as the CSS more generally, function in the future.

In terms of the new support roles designed to enhance frontline workers' decision-making and practice and free up time to work with families, there was universal support for the functions and support provided by the new Clinical Practice Consultants and Educator (CPCE) positions among CSS staff. Workers agreed that formal and informal consults with CPCEs, as distinct from their managers, fostered openness and enabled objectivity and bigger picture thinking to be applied to cases.

> *I guess from my perspective what it means is when CPCEs are talking, they're talking I guess from a perspective of best practice and linking that directly with theory, the practice manual, and can really engage in those conversations probably in a way that would be difficult for people with a manager.* (DCT)

There were mixed responses to the impact of other new roles (Unit Coordinators, Health and Wellbeing Officers, Court Coordinators) on CSS staff functioning. Some of these roles had only been operating for 12 months at the time of this evaluation and their functions may develop and become more embedded within CSS over time. The yet to be filled Aboriginal Liaison Officer roles were anticipated as being potentially supportive for ensuring CSS staff were responding in culturally appropriate ways to the needs of Aboriginal children and their families and facilitating direction to appropriate services and supports. Some concerns were raised about the creation of new roles prior to the anticipated restructure of CSS, but potential benefits were identified for staff along with a need to further develop them in parallel with the planned changes in CSS.

Despite the introduction of new support roles, widespread workforce issues in CSS were nevertheless reported. High turnover of staff and the subsequent challenges to building trust for families, along with attracting and retaining the right staff remained. The high caseload for frontline staff was seen as preventing collaboration with other professionals and impeding access to training and implementing learnings from training into practice. Widespread support for improving support for workers was articulated.

Across the board, training including inter-agency training, was seen as integral to a functional and healthy workforce. Amongst survey respondents 58% had received cross-sectoral training in the past twelve months while 42% had received none (n=98). Training needs identified in consultations included use of the Wellbeing Framework and Wellbeing Assessment Tool, information on service availability in regions, reflection on alternatives to children coming into care, attachment, and suicide prevention. Specific training for the role of Team Leader was also seen as important.

Legislation was raised as a potential enabler to support child safety frontline staff in their work and outcomes for families. Many stakeholders across the system are unsure of whether or not they can share information. There is particular confusion over whether government agencies can share information with non-government agencies contracted to do government work. Furthermore, participants stated that if the intent is to make child wellbeing and safety everybody's business then this needs to be reflected in the legislation. There was strong support for a comprehensive and meaningful review of legislation.

Oh, look, the Harries report had some things in it about changes to the legislation and I would like to see that happen, but I would like to see that happen in a very, I guess a way which captures our vision. Not in a way where we're just administratively tweaking little bits and pieces for our own ease. (DCT)

Chapter 9. Implementation and Governance of SFSK

The review into CPS in 2015-2016 outlined key principles that should guide the implementation process (Harries, 2016, pp.45-46). These were: collaboration of a broad network of government and non-government services and organisations; governance that has strong commitment from senior executives; adequate resourcing by way of leadership, planning, communication, engagement and a dedicated project team; renewed practice with a move away from forensic approaches to a focus on building strength in children and families; building a culture that values and appreciates the work undertaken by CSS and the difference it makes in the lives of children and families and; timely processes such that the implementation is neither rushed nor loses momentum. This evaluation has found that SFSK did largely adopt these guiding principles for its implementation.

However, some aspects of the implementation process did not reach their full potential. This may be partly due to changes to key structural and leadership roles in DCT across the past four years of the project, including the division of DHHS into two new departments (DoH and DCT) and four Deputy Secretaries. The positioning of the SFSK project within DCT created some tension throughout the project.

While there was strong interagency support for a child wellbeing agenda this did not translate to the desired strong whole-of-government commitment to SFSK. In general, SFSK remained a Child Safety Service initiative being supported by rather than driven by senior executives from across government. Some evaluation participants identified a need for an ongoing cross-agency management process and accountability and reporting measures for agencies outside of DCT to drive greater cross-government buy-in. Cross-sector engagement, including with the formation of the Cross-Sectoral Consultative Committee, occurred at key timepoints in SFSK, but many participants felt that such a function should be ongoing, to facilitate ongoing communication between government and non-government agencies.

The informal dissemination approach chosen for the Wellbeing Framework and Wellbeing Assessment Tool has led to confusion and fragmented uptake and use. There was widespread agreement that not enough education and promotion of the ARL and its approach had occurred across the sector and community. ARL staff reported having to undertake a lot of education around the new service with callers and stakeholders.

> When you're having such a huge change it [education] needs to be ongoing for quite some time. ... so they've got to keep having that ongoing professional learning I suppose around what this looks like, and it needs to be somehow mandated so that it needs to happen. (DoE)

This lack of education was further exacerbated by the need to prioritise and sequence the implementation of some aspects of the SFSK redesign process, which impacted on momentum and led to some parts of the system now operating within the new public health approach while other parts of the system are yet to commence this process. This has led to confusion among different parts of the sector who have not yet been taken on the public health approach 'journey' embedded at the ARL.

Chapter 10. Conclusion

SFSK has begun the process of situating child safety within a broader landscape of child wellbeing, supporting earlier intervention and promoting shared responsibility for child wellbeing and safety. This evaluation found strong evidence that the Wellbeing Framework and the Wellbeing Assessment Tool are facilitating a common understanding and language around child wellbeing and therefore contributing to this new approach to child safety in Tasmania. However, the use of these well-regarded innovations could be more strongly supported. The ARL is working within the parameters of the new approach but many evaluation participants were frustrated and confused by the approach. The work undertaken as part of SFSK had not adequately prepared the sector nor broader community for the changes operationalised at the ARL. Contributing to the confusion has been the partial implementation of SFSK with the introduction of the ARL but corresponding changes yet to be made within CSS. The frustration and confusion could be ameliorated by further education and embedding of the new approach, adoption of a mechanism to better respond to concerns from those working in the sector and clarification of roles and responsibilities of the different parts of the child safety system in supporting child wellbeing and safety.

With the exception of IFES, which has been accepted as part of the child safety landscape and the Interagency Student Support Teams in DoE, no discernible improvements have been made to the service offerings available to vulnerable children and families. The review of services needs to be progressed as soon as possible. Collaborative practice and information-sharing have been somewhat enhanced under SFSK, but this needs to continue to be supported. Workforce issues in CSS remain, but we note that forthcoming changes aim to address some of these. The introduction of the new support roles, particularly the CPCEs, is widely appreciated. The evaluation uncovered a desire for increased support of frontline staff and more training opportunities as well as support for a thorough review of legislation.

Implementation and governance issues have impacted across all aspects of the SFSK project. At this time there exists a need for continued and increased cross-agency and cross-sector engagement to ensure the community focus on child wellbeing and safety, including earlier intervention results in improved outcomes for children and a corresponding decrease in statutory intervention. It is too early to ascertain if SFSK has resulted in families being better supported or impacted on the number of children coming into Out of Home Care.

While there is no doubt that much work needs to be done to achieve all the aims of the SFSK project, there was strong evidence of support for its intent. There was universal support for the notions that children and families can be better supported in Tasmania and that providing earlier support, supporting families to keep children in the home where possible, and supporting child safety workers to undertake their important work effectively, are all critical to achieve this. There was also strong evidence of a common understanding of child wellbeing being built and more effective collaboration and information-sharing between agencies. However, this evaluation highlights that while SFSK is making good progress and encapsulates the principles of child safety reform the work of SFSK is not yet complete. To ensure the potential of SFSK to build a system that ensures the safety and wellbeing of Tasmanian children is fully realised it is imperative that there needs to be continued and renewed commitment and engagement with the redesign process and ongoing support of the system.

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