

Submission by the Tasmanian Government

Select Committee on Child Protection

November 2010



Tasmania
Explore the possibilities

Table of Contents

List of abbreviations	5
1 Introduction.....	7
2 Background	12
3 Terms of Reference (a)	17
3.1 A statutory ‘Child Protection System’ and a ‘system for protecting children’	17
3.2 National Framework for Protecting Australia’s Children	20
3.3 Department of Health and Human Services	21
3.3.1 Disability, Child, Youth and Family Services	25
3.3.2 Housing Tasmania	37
3.3.3 Non Government Services Funded by the Department of Health and Human Services	39
3.3.4 Statewide and Mental Health Services	45
3.4 Department of Justice	49
3.5 Department of Education	52
3.6 Department of Police and Emergency Management	55
3.6.1 Tasmania Police.....	56
3.7 Department of Premier and Cabinet	59
3.7.1 Community Development Division	60
3.7.2 Social Inclusion Unit	61
3.8 Summary	62
4 Terms of Reference (b)	64
4.1 Integrative Policy Mechanisms.....	65
4.2 Integrative Service Delivery Mechanisms	73
4.3 Improvements, New or Planned Integration Mechanisms	77
4.4 Summary/Conclusions	79
5 Terms of Reference (c)	82
5.1 Background.....	82
5.2 Phase One Amendments	84
5.3 Phase Two Amendments	85
5.4 Advice from a former Commissioner for Children	86
5.5 Summary	87
6 Terms of Reference (d)	88

6.1	Kids Come First Project – A Lever for Change	90
6.2	Tasmania – A statistical picture of contributors to child abuse and neglect	91
6.3	Summary	95
7	Terms of Reference (e)	98
8	Terms of Reference (f).....	102
8.1	Consultation undertaken to inform the Social Inclusion Strategy	102
8.2	Key Reports/Reviews	103
9	Attachments.....	105
9.1	<i>National Comparison of Child Protection Systems</i> , National Child Protection ClearingHouse, 2005	105
9.2	Data Package Child Protection Services, Disability, Children, Youth and Family Services, November 2010 (partially embargoed until January 2011)	105
9.3	<i>Child Protection Workforce Tasmania</i> , Disability, Children, Youth and Family Services, November 2010 (unpublished).....	105
9.4	Youth Protocol: An agreement concerning referral, assessment, case management and support for homeless and unsupported young people, September 2004.....	105
9.5	DHHS Agency Collaboration Strategy	105
9.6	Information Sharing Fact Sheet, Department of Health and Human Services	105
9.7	Working together - the Child Protection - Youth Justice Services protocols updated 2010 (DCYFS Policy and Programs)	105
9.8	Service Provision to Children & Young People who have Disabilities & Child Protection Concerns 2009 (DCYFS Policy and Programs).....	105
9.9	Children and Young Persons' Program (CHYPP) and Child Protection Services (CPS) - collaborative referral pathways protocol, 2010 (DCYFS Policy and Programs).....	105
9.10	Memorandum of Understanding between Department of Police and Emergency Management (Tasmania Police) and Department of Health and Human Services (Child Protection Services) 2010.....	105
9.11	Partnering Agreement between Department of Health and Human Services and Department of Education - December 2008	105
9.12	A Protocol for the Sharing of Information between the Commonwealth and Child Protection Agencies, December 2008.....	105
9.13	A Protocol for the Sharing of Information between the Commonwealth and Child Protection Agencies, December 2008 – Appendix 1 Centrelink.....	106
9.14	A Protocol for the Sharing of Information between the Commonwealth and Child Protection Agencies, December 2008 – Appendix 2 Medicare Australia.....	106
9.15	Child Protection & Gateway Services Memorandum of Understanding – Nov 2009 (DCYFS Policy and Programs)	106
9.16	Memorandum of Understanding between Youth Justice Services and Mental Health Services, March 2009	106

9.17	Draft consolidated list of issues for possible amendment to the CYPTF Act	106
------	---	-----

List of abbreviations

AAG	Area Advisory Group
AIHW	Australian Institute of Health and Welfare
ARACY	Australian Research Alliance for Children and Youth
AYDC	Ashley Youth Detention Centre
CAAG	Court Application Advisory Group
CAMHS	Child and Adolescent Mental Health Services
CAPO	Care and Protection Order
CDD	Community Development Division
CFC	Child and Family Centre
CHAPS	Child Health and Parenting Services
CHYPP	Children and Young Persons Program
CMD	Court Mandated Diversion
COAG	Council of Australian Governments
COPMI	Children of Parents with Mental Illness
CRO	Community Respect Order
CYPTF Act	<i>Children Young Persons and Their Families Act 1997</i>
DCYFS	Disability, Children, Youth and Family Services
DHHS	Department of Health and Human Services
DIAC	Department of Immigration and Citizenship
DoE	Department of Education
DPAC	Department of Premier and Cabinet
DPEM	Department of Police and Emergency Services
EIPP	Early Intervention Pilot Program
EIYAU	Early Intervention Youth Action Unit
ENI	Educational Needs Index
FGC	Family Group Conference
FVCSS	Family Violence Counselling and Support Services
FVOIP	Family Violence Offender Intervention Program
IDDI	Illicit Drug Diversion Initiative
IFSS	Integrated Family Support Services
ILO	Interstate Liaison Officer

Justice	Department of Justice
LiL	Launching into Learning
MOU	Memorandum of Understanding
NGO	Non-government Organisation
OOHC	Out-of-Home Care
PCYC	Police and Citizens Youth Club
RIB	Reportable Incident Brief
SAG	Statewide Advisory Group
SLA	Statistical Local Area
SMHS	Statewide and Mental Health Services
TRF	Tasmanian Risk Framework
UN CROC	United Nations Convention on the Rights of the Child

1 Introduction

The single most important influence on a child's life is the quality of their relationships with parents and caregivers. What occurs in families when children are very young is a powerful determinant of their future growth and development. Sadly, many Tasmanian children grow up in families suffering domestic violence, alcohol and drug misuse, social exclusion, poverty and mental health issues.

This submission clarifies the complex and broad nature of services provided to vulnerable children as comprising two separate but integrally linked spheres of service provision: a broad 'system to protect children'; and the targeted statutory 'Child Protection System'.

Intervening early with a system to protect children is the shared responsibility of families; local communities; local, state and Commonwealth government agencies; and non-government organisations (NGOs). Families, communities, levels of government and NGOs provide a mix of universal and targeted services to vulnerable children, young people and their families referred to as primary and secondary level services.

The statutory Child Protection System is bound by legislation (the *Children Young Persons and Their Families Act 1997* (CYPTF Act)) and provides highly targeted and specialised tertiary services. The lead and central agency in this sphere is the Disability, Children, Youth and Family Services (DCYFS) Division in the Department of Health and Human Services (DHHS). However, the Departments of Education, and Justice; Tasmania Police; the Magistrate Court; other work units within DHHS (including Hospitals, Child and Adolescent Mental Health Services, Statewide Alcohol and Drug Services, and Housing), as well as specific NGOs all provide targeted services.

The statutory Child Protection System is at the acute end or tertiary level of service delivery. At this level government and non-government agencies work with vulnerable and often resistant families, children and young people at the intersection of social work and the law.

These two spheres do not operate independently from one another. Rather there is an open and integrated relationship between the different levels of services. Services are layered and work together to meet the best interests of the child. The statutory Child Protection System is not the only level of intervention, nor is it merely a residual or passive system.

Statutory intervention through the Child Protection System is both a safety net to ensure children at risk are protected and a springboard to direct children and families back to primary and secondary services as necessary. In reality though it must be recognised that there will be cases where children and

young people cannot return to their families and the Tasmanian Government must continue to provide appropriate services and protection in such cases.

Together parents, families, communities, governments and service providers share responsibility for the wellbeing of Tasmania's children. Improving the health and wellbeing of children and reducing the number of vulnerable children that are referred to the statutory Child Protection System requires all sectors to take responsibility to develop a combined approach across the whole community.

The Tasmanian Government has identified the development of improved legislation, policies and integrated service delivery arrangements for children, young people and their families as a high priority.

The establishment of portfolio responsibility for matters related to children under a single Minister for Children (who is also the Minister for Education and Skills, and Minister for Police and Emergency Management) brings together Ministerial responsibilities for education, police, children and youth services and provides a focus for decision making at the highest levels of government.

The Minister for Children has responsibility for bringing greater policy coherence to children's services and all Departmental Heads are expected to work together effectively to deliver cross-agency services. This is consistent with the objective and principles of the CYPTF Act which (inter alia): places an obligation on the Minister and Departments to promote cooperation across services; acknowledges the family as having the primary responsibility for their child's care and protection; and states that in any exercise of powers under the CYPTF Act the best interests of the child must be paramount.

Tasmanian Government Agencies accept that service delivery structures based around single services operating in isolation from each other do not work and all Agencies are working to reorient services around the needs of children, young people and their families. Evidence is provided throughout this submission of the many steps taken in this regard including for example: new Child and Family Centres; establishment of the Gateway Services and Intensive Family Support Services; development of a whole-of-government Collaboration Strategy; the Inter-Agency Support Teams; and the release of the Agenda for Children and Young People consultation paper.

Front-line service workers in government and non-government agencies in the statutory Child Protection System and across the wider universal service system are responsible for implementing an 'on the ground' inter-agency services to ensure children's safety and wellbeing. This must stem from an administratively mandated, duty of care vested in Departmental Secretaries and in funding or service agreements with non-government agencies.

Inherent in the reform agenda is the necessity to change cultures, both within and outside the service system. The mechanisms and systems that have

been implemented as part of the reform agenda provide the tools for better service responses to vulnerable Tasmanian children and families. However, it is an acknowledged fact among researchers and leading practitioners that, even with the best prevention strategies in place, there will unfortunately still be some children who are abused or neglected. For statutory Child Protection Systems the effort should be to ensure that those children receive best practice responses, care and support.

The comprehensive *Report on Child Protection Services in Tasmania, October 2006*¹ (*Report on Child Protection Services*) identified the deeper systemic issues in child protection and noted that the reform process must be undertaken in a systematic and planned way.

While the *Report on Child Protection Services* concluded that the CYPTF Act is in keeping with current 'best practice' for child protection systems and remains a sound basis for child protection services in Tasmania, it also noted that it could be improved by some minor amendments. A more recent assessment notes that in comparison with other states and territories, the CYPTF Act is of similar standard and content.

The *Report on Child Protection Services*' criticism of the CYPTF Act was not directed at the Act's legal provisions and policy objectives but rather, focused on the underdeveloped implementation of the Act into 'current practice and culture'.

One of the 'high impact' strategies for reform identified in the *Report on Child Protection Services* was to strengthen family support and early intervention services so that involuntary or legal intervention was reserved to protect children whose parents were unwilling or unable to change their behaviour. The rationale was to provide an alternative service for those children and families that require a level of support, perhaps even statutory intervention, but not the removal of the child from his or her family.

In November 2006 the Government released *A Way Forward, Implementation of actions in response to the Review of Child Protection Services in Tasmania*² (*A Way Forward*). *A Way Forward* detailed 12 actions to be implemented. These 12 actions consisted of immediate and longer term initiatives to both build the capacity of the wider system for protecting children and improve the capability of the statutory Child Protection System to perform its core function (to intervene, where necessary, to protect children and fulfil the role

¹ Report on Child Protection Services in Tasmania, October 2006, A. Jacob and D. Fanning.
Access via: http://www.dhhs.tas.gov.au/disability/family_support_services

² *A Way Forward – Implementation of actions in response to the review of Child Protection Services in Tasmania*, Child Protection Services November 2006

of 'exemplary parent' for children who are admitted to the care of the State).

In June 2008, the Tasmanian Government released *New Directions for Child Protection in Tasmania*³ (*New Directions*) which outlined the reforms required to deliver Child Protection, Family Support and Out of Home Care (OOHC) systems that are able to meet the needs of vulnerable children and their families. Implementing the proposed reforms has and will continue to require a significant shift in terms of culture, practice and service delivery over a five year reform period.

The move towards the new service system will require considerable collaborative work, some of which is already in place or being progressed. A significant shift has come from repositioning the Government as a purchaser of services from the non-government sector rather than taking the role as direct provider of services. The reform agenda provides a secondary service system to respond to children and families earlier in the causal pathways of neglect and abuse.

The reform agenda has provided room for the statutory Child Protection Services to move to a true tertiary service response. This requires continuing efforts to ensure that organisational structures, staff recruitment and training, ongoing professional development and learning and performance management fit the new paradigm.

The Tasmanian Government has acted on these reports (and others as detailed in Chapter 2) and is making strong progress in:

- supporting and training a professional child protection workforce;
- delivering services to children, young people and vulnerable families that are open, accountable and of high quality;
- entrenching integrated and co-ordinated responses across all government and non-government front line services; and
- implementing a balanced service continuum spanning the wider system for protecting children and the statutory Child Protection System.

At one level, progress is more than adequate. At another level progress, as measured by continuous service demands and case complexities, necessitates unremitting effort, professional development and performance management.

Child abuse and neglect is a complex social problem with many causes that requires a broad range of interventions. There is some evidence of increasing

³ *New Directions for Child Protection in Tasmania: An Integrated Strategic Framework* - January 2008

incidence of parental alcohol and drug misuse, family violence and parental mental illness or disability. All these factors are associated with child abuse and neglect, and are factors that increase the difficulty working with these families to protect children.

These factors are often generational in nature and represent a significant challenge to overcome. Families facing these issues often do so in silence, unaware that the situation can be any different. Responding to these problems requires a combined effort of government, business and community. They are clearly not problems that a statutory response, such as Child Protection, can respond to alone.

For some of these children, the intervention will reduce the level of risk to a point where these children can return home. Such decisions rely on professional judgement and competency and are not a guarantee that the level of risk for those children will be eliminated, or indeed, not return to a level requiring a statutory response.

Like most complex social problems there are no simple answers. However, successful prevention and intervention can be cost effective given the longer term economic costs to the community.

A further inquiry, including but not limited to a Commission of Inquiry, as established under the *Commission of Inquiry Act 1995* is unnecessary. It is four years since a former Commissioner for Children and a current Deputy Secretary, DHHS, provided a thorough and systematic analysis of the statutory Child Protection legislation, policies, practices, data relating to Child Protection Services and human resource issues.

The Tasmanian Government has implemented significant reforms since *The Report on Child Protection* was released to put in place a broad and responsive system for protecting children and enable Tasmania's Child Protection System to focus on those cases that require statutory intervention. While the reforms are in the early stages of a longer term agenda, the system is very different to what it was four years ago.

There are existing sufficient review and accountability instruments at a Parliamentary, statutory, judicial and administrative level to examine and report on systemic performance and individual case or client level decisions. A further inquiry beyond the present Select Committee of Inquiry will not add value but instead impose an unnecessary drag on Tasmania's progress and commitment to reform.

2 Background

A number of reviews and reports both internal and external to the Tasmanian Government have been undertaken into various aspects of the statutory Child Protection System. A chronology is provided in this Chapter that sets out the key documents and their recommendations, as well as an outline of the Government's response and the progress made on implementing the accepted recommendations.

November 2006

Four reports related to the Child Protection System in Tasmania were released. These were:

- *Report on Child Protection Services in Tasmania;*
- *Review of the Tasmanian Family Support Service System⁴;*
- *Recommendations of Review Conducted in Relation to the Death of a Child involved with the Child Protection System in Tasmania⁵;* and
- *A Child Death Review Process for Tasmania⁶.*

These reports collectively provided details of serious shortcomings in the statutory Child Protection System in Tasmania, but also provided a clear vision of a high functioning system and recommendations for the major system reform required to achieve this vision.

Of the 208 recommendations contained in these reports – 183 have been implemented to date. The remaining recommendations relate mainly to further amendments to the CYPTF Act.

The Government released *A Way Forward* in response to the above reports. *A Way Forward* is an action plan with 12 high level actions that clearly illustrated the Government's commitment to fixing the problems identified in Child Protection.

May 2007

⁴ KPMG Review of the Tasmanian Family Support Service System, 2005. Access via: http://www.dhhs.tas.gov.au/disability/family_support_services

⁵ Recommendations of Review Conducted in Relation to the Death of a Child involved with the Child Protection System in Tasmania, DHHS. Access via: http://www.dhhs.tas.gov.au/disability/family_support_services

⁶ A Child Death Review Process for Tasmania, Commissioner for Children, September 2006. Access via: http://www.dhhs.tas.gov.au/disability/family_support_services

In response to an action identified in *A Way Forward*, KPMG was contracted by DHHS to redesign elements of the statutory Child Protection and Family Support Services System in Tasmania with the aim of implementing an efficient system that meets the needs of, and improves outcomes for, vulnerable children, young people and their families.

October 2007

The then Minister for Health and Human Services requested the then Commissioner for Children to:

- inquire into the circumstances of children living in disability respite facilities including those under the guardianship or custody of the Secretary of DHHS; and
- provide advice in relation to the policy and practice arrangements for the care of such children in the future.

December 2007

Following extensive consultation and research, KPMG provided DCYFS with three strategic frameworks (Child Protection, Family Support Services and OOHC) and accompanying implementation plans and business cases.

June 2008

The Government released *New Directions* as an amalgam of the December 2007 KPMG documents. This document provides a publicly accessible document which outlines the broad aims, components, evidence and projected outcomes of the reform package.

July 2008

The then Minister for Health and Human Services requested an investigation into the circumstances surrounding a serious injury suffered by a child known to Child Protection Services in the North West.

The objective of the investigation was to:

- review assessment and decision making processes related to the involvement of the statutory Child Protection System of the child and her siblings;
- examine the response of Child Protection Services in the North West to safety concerns regarding these children and the reunification of the children with their parents; and
- review and evaluate the staff, governance and supervision arrangements as they relate to decisions and actions taken by staff in this case.

The investigation was conducted by Mr Luppó Prins. The investigation included: reviews of relevant case files; examination of relevant legislation and policy documents; and interviews with foster carers, the parents of the child, current and former staff and other professionals involved in the case.

September 2008

Mr Prins provided his report to the Minister. It contained 12 recommendations.

October 2008

Public release of the Prins Report was cancelled on legal advice, as the release of even a de-identified version of the report would prejudice criminal proceedings. All 12 of the Prins Report recommendations have subsequently been addressed and/or implemented.

February 2009

The then Commissioner for Children provided the Minister with his report into children living in respite '*Parens Patriae*' *Who Will Take Responsibility? Inquiry into the circumstances of certain children living in disability respite facilities*⁷. Given the time taken to complete the report, the children who informed its development were no longer within respite. Similarly, the reform agenda within DCYFS had overtaken many of the areas under consideration. This fact was acknowledged by the then Commissioner in his report.

May 2009

Parens Patriae was released with the Government's response⁸. The recommendations from the report were incorporated into existing reform plans, including plans for the review of the *Disability Services Act 1992* and amendments to the CYPTF Act.

Recommendations were in the following areas:

- Government Disability Respite Services booking system;
- unmet demand for respite services for children with disabilities;
- early intervention strategies and disability service provision models;
- statutory intervention and legislative issues;
- external monitoring of residential services to children; and
- Disabilities, Child Protection and Education workforce.

⁷ *Parens Patriae* – Who Will Take Responsibility? 2008 (P. Mason)

⁸ DHHS Response – Commissioner for Children's Report (May 2009) access via:
<http://www.dhhs.tas.gov.au/disability/publications/general>

August 2009

Amendments to the CYPTF Act come into effect. The amendments, informed by recommendations contained within the *Report on Child Protection Services*, introduced (among other things) pre-natal notifications, greater powers for the sharing of information, established the Gateway Services and provided for these Services to receive notifications. The Integrated Family Support Services (IFSS) was also established.

May 2010

An internal review was completed regarding the circumstances of a 12 year old child under the guardianship of the Secretary.

The internal review identified a number of elements of poor practice within the case files and highlighted the inter-agency nature of services involved with the family in question. Consequently, an external review was recommended.

On 12 May 2010, the then Commissioner for Children was appointed by the Minister for Children to undertake a review of the circumstances of a 12 year old child under the Guardianship of the Secretary.

Pursuant to section 79(1)(c) of the CYPTF Act, the then Commissioner was requested to inquire and report on this matter in accordance with the following terms of reference:

- the history and circumstances of the child and her immediate family up to the 30 October 2009;
- the adequacy of the services provided by government and non-government agencies to the child and her family; and
- as a result of the learnings from this case, recommendations are sought as to any changes to practice, policy, inter-agency procedure, legislation or governance that has the capacity to reduce the likelihood of a similar situation existing or arising in the future.

July 2010

The then Commissioner for Children provided the Minister with his report *Inquiry into the circumstances of a 12 year old child under Guardianship of the Secretary*⁹.

⁹ 'She will do anything to make sure she keeps the girls' *Inquiry into the circumstances of a 12 year old child under the Guardianship of the Secretary*, access via http://www.dhhs.tas.gov.au/news_and_media/report_on_case_of_12-year-old_under_guardianship

The Minister for Children announced that the Auditor-General would undertake a performance audit of the OOHC system in Tasmania. The audit objective is to express an opinion on the effectiveness, and some aspects of efficiency, of OOHC as an element of Child Protection.

October 2010

The Minister for Children released the then Commissioner for Children's report *Inquiry into the circumstances of a 12 year old child under Guardianship of the Secretary*.

Of the Commissioner's 45 recommendations: 15 were accepted by the Tasmanian Government; 19 were accepted with qualifications; and 11 were not accepted.

Work has commenced on the development of an implementation plan for the recommendations accepted or partially accepted by the Government.

3 Terms of Reference (a)

“early identification, intervention and prevention strategies currently in place within all relevant agencies including the Department of Health and Human Services (including Family Support and Child Protection Services), the Office of the Commissioner for Children, Department of Education, Department of Justice, Tasmania Police, and the non-government sector including Gateway service providers, and including child protection regimes in other Australian jurisdictions”

The Minister for Children has responsibilities covering the significant portfolio areas relating to the health and wellbeing of children. This approach acknowledges the need for greater integration across the services provided by agencies responsible to the Departmental Heads for Health and Human Services, Education, Police and Justice.

This section attempts to define services involved in protecting vulnerable and at risk children. It discusses the significant national efforts underway in this area, sets out the responsibilities and roles of agencies and work units within agencies, and describes the services and programs provided or funded by the Tasmanian Government. While this information is provided on an agency by agency basis, there are strong linkages between agencies and within agency units that support the system. Further information on these linkages is provided in the response to terms of reference (b).

3.1 A statutory ‘Child Protection System’ and a ‘system for protecting children’

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. For some children and young people, risk factors appear early in life. They may be subject to an environment which involved exposure to family violence or other forms of abuse. For other young people risks may be first evident in teenage years as a result of exposure, for example to alcohol and drugs or the lack of appropriate accommodation or supervision. Without early intervention there is a high likelihood that many of these young Tasmanians will enter either the Child Protection or Youth Justice Systems.

Coupled with universally based prevention and early intervention programs, well coordinated and highly targeted support for young people at risk may help to address these issues at an early stage and divert them from more formal institutional responses.

The Australian Research Alliance for Children and Youth (ARACY) report *Inverting the pyramid: Enhancing systems for protecting children (Inverting the Pyramid)* highlights the fact that complex policy problems, such as Child

Protection, are sometimes called 'wicked' problems in an attempt to describe the fact that they are highly resistant to resolution¹⁰. *Inverting the Pyramid* took the public health model as a conceptual model and classified child protection interventions into three levels which were depicted as a pyramid.

The *National Framework for Protecting Australia's Children*¹¹ (the *National Framework*) utilises this approach and further developed the pyramid diagram. The *National Framework* noted the following when answering the question 'What needs to change?'.

Australia needs to move from seeing 'protecting children' merely as a response to abuse and neglect to one of promoting the safety and wellbeing of children. Leading researchers and practitioners – both in Australia and overseas – have suggested that applying a public health model to care and protection will deliver better outcomes for our children and young people and their families (Holzer 2007; O'Donnell, Scott, & Stanley 2008; Scott 2006; ARACY 2007).

Under a public health model, priority is placed on having universal supports available for all families (for example, health and education). More intensive (secondary) prevention interventions are provided to those families that need additional assistance with a focus on early intervention. Tertiary child protection services are a last resort, and the least desirable option for families and governments.

Just as a health system is more than hospitals so a system for the protection of children is more than a statutory child protection service.

¹²

Figure 1: A system for protecting children¹³

¹⁰ Australian Research Alliance for Children and Youth *Inverting the pyramid: Enhancing systems for protecting children* 2009

¹¹ Protecting Children is Everyone's Business *National Framework for Protecting Australia's Children* 2009

¹²Ibid page 7

¹³ Ibid, page 8

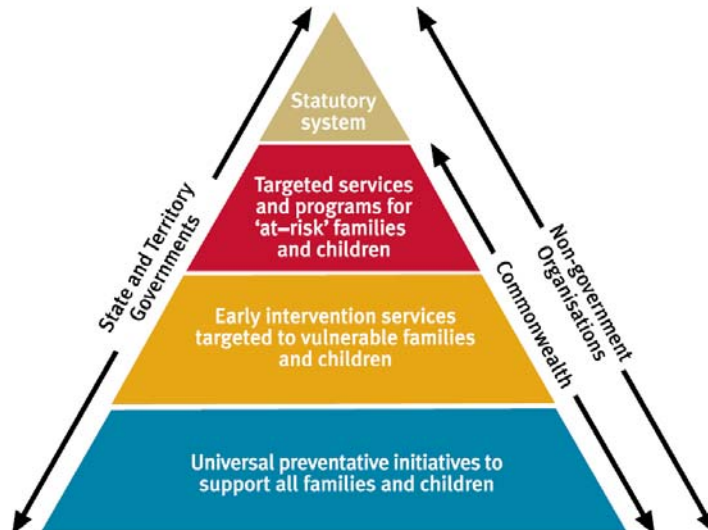


Figure 1 shows the various tiers of service delivery that apply in a 'system for protecting children'. These include primary and secondary interventions, which are described as:

- Primary (or universal) interventions are strategies that target whole communities or all families in order to build public resources and attend to the social factors that contribute to child maltreatment. The lowest tier (shaded blue) represents primary services.
- Secondary or targeted interventions target vulnerable families or children and young people who are at risk of child maltreatment. That is, those with special needs or those who require greater support. The middle two tiers (shaded orange and red) represent the secondary services available.
- Tertiary interventions target families in which child maltreatment has already occurred. Such interventions seek to reduce the long-term implications of maltreatment and to prevent maltreatment recurring. They include statutory care and protection services. The peak of the pyramid (shaded light brown) represents tertiary services.

Using this public health model approach, it becomes clear that the majority of services involving vulnerable children will be provided in the primary and secondary tiers. These are the tiers that cover preventative strategies, early identification of at risk families and children, and implementation of appropriate intervention strategies to reduce the risk. This is a 'system for protecting children'.

The tertiary level of services is reserved for a smaller number of cases where statutory intervention through the Child Protection System is required.

There is no clear boundary between the levels of services. Rather there is an integrated relationship where a child may draw on services from different

levels, or after receiving focused and targeted services at the tertiary level is referred to secondary level services. This is depicted in Figure 2.

Figure 2: The Australian Centre for Child Protection Public Health Model¹⁴

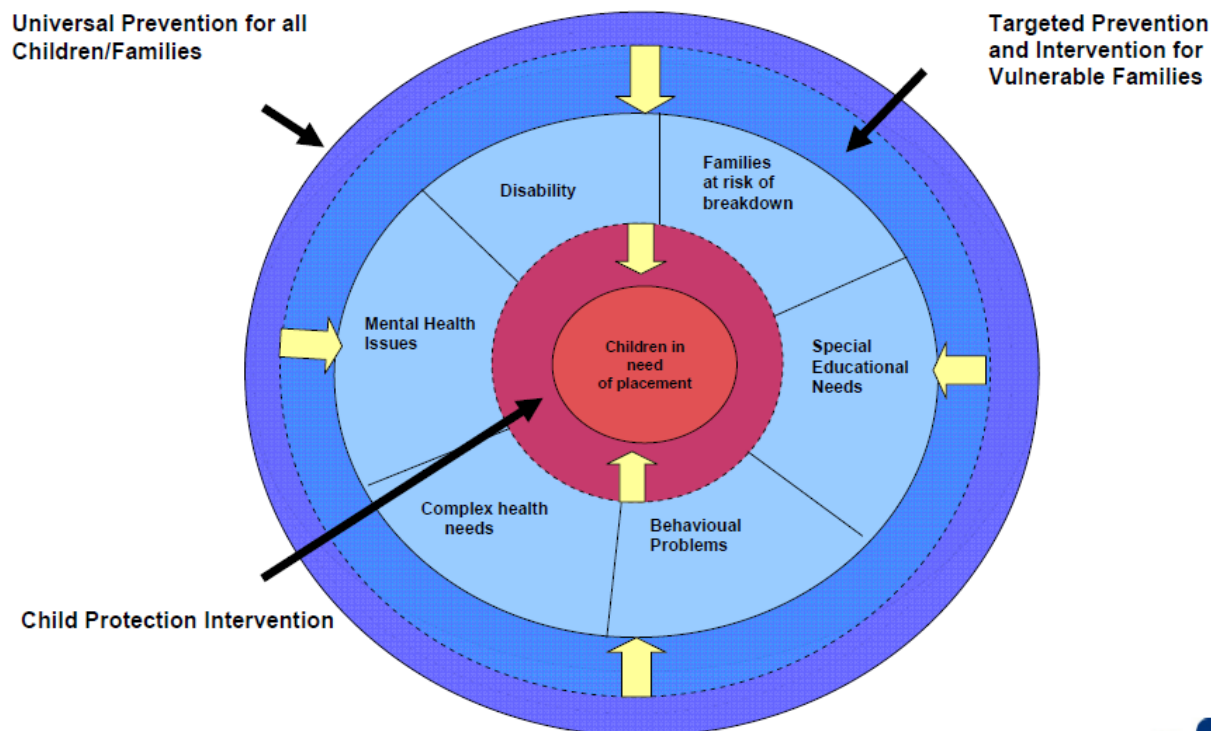


Figure 2 shows the primary, secondary and tertiary level services in concentric circles with indications of the types of risk factors or triggers that are observed and responded to through early interventions.

The establishment of new or enhanced services as part of the Tasmanian reform agenda (such as Gateway Services) has been informed by this public health model approach. So too, the practice of these services is consistent with this model. For example, the Gateway Services and Integrated Family Support Services (secondary services) have a collaborative working relationship with Child Protection Services (tertiary services) and Child Health and Parenting Services (universal service).

The Tasmanian agencies involved in providing services at any of these levels are acutely aware of this public health model approach and utilise it for training and educating workers and developing appropriate policy and practical responses.

3.2 National Framework for Protecting Australia's Children

Over the past decade, reported levels of child neglect and abuse across Australia have increased. In 2008 the Australian Institute of Health and

¹⁴ Australian Centre for Child Protection University of South Australia, Presentation by Professor Dorothy Scott *A Public Health Model of Child Protection*

Welfare (AIHW) reported that substantiated notifications had more than doubled over the past ten years¹⁵. Child abuse and neglect has become an issue of national concern, and statutory Child Protection Systems have been struggling under the load.

For a comprehensive overview of the evolution of Child Protection Services in Australia, see the Australian Institute of Family Studies, 'History of child protection services'¹⁶.

Productivity Commission figures reveal that nationally, approximately \$2.2 billion was spent on Child Protection and OOHC services in 2008-09, which was an increase of \$123 million (6.0%) from 2007-08¹⁷. Of this expenditure, OOHC services accounted for the majority (66.0% or \$1.4 billion). For an overview of the cost of Child Protection Services in Australia, see the Australian Institute of Family Studies, 'The economic costs of child abuse and neglect'¹⁸.

In an attempt to address this situation, on 30 April 2009 the Council of Australian Governments (COAG) endorsed the *National Framework* in which the Commonwealth and all state and territory governments agreed to work together to implement a comprehensive national approach to protecting children.

During the consultations to develop the approach, it was agreed that it would be important to ensure that the Australian community understood that keeping our children safe requires a communal effort. To promote this message the title: 'Protecting Children is Everyone's Business' was selected. As well as this, it was agreed that the overall approach needed to be about 'protecting Australia's children' in the broad sense, as opposed to 'statutory Child Protection' which, as discussed earlier, is defined by legislation.

Underpinning the *National Framework* was the ARACY report *Inverting the Pyramid*. This report identifies national and international best practice in organisational change strategies and processes that are effective in reducing demand on tertiary Child Protection Services, that is, moving toward prevention of child abuse and neglect.

The *National Framework* outlines an ambitious, long term national approach to ensuring the safety and well-being of Australian children. It aims to deliver a substantial and sustained reduction in levels of child abuse and neglect.

3.3 Department of Health and Human Services

¹⁵ AIHW Child Welfare Series Number 45, Child protection Australia 2007-08

¹⁶ History of child protection services, Alister Lamont and Leah Bromfield. Access via: <http://www.aifs.gov.au/nch/pubs/sheets/rs22/index.html>

¹⁷ Report on Government Services 2009, Chapter 15 Protection and support services

¹⁸ The economic costs of child abuse and neglect, Leah Bromfield, Prue Holzer and Alister Lamont. Access via: <http://www.aifs.gov.au/nch/pubs/sheets/rs2/rs2.html>

Statutory role

DHHS is responsible for the administration of the CYPTF Act. Delegations associated with the CYPTF Act place the powers regarding the care and protection of children (within the family environment) with staff employed within Child Protection Services in DCYFS. Child Protection Services exercises these powers with regard to receiving reports (Part 3), undertaking assessments (Part 4), seeking Care and Protection Orders (Part 4, Part 5) and exercising Guardianship and/or Custody responsibilities for children who are subject to orders under the CYPTF Act (Part 7).

The CYPTF Act also includes provisions (from August 2009) which establish Community Based Intake Services (Part 5B) to receive reports from mandatory reporters and members of the public who are concerned about the welfare of a child (including before birth); and provide capacity for the sharing of information between government and non-government services involved in the protection of children.

Section 14 of the CYPTF Act provides for mandatory reporters to notify Child Protection Services or a Community Based Intake Service such as Gateway Services of their belief, suspicion or knowledge of a child who has been or is being abused or neglected or that there is a reasonable likelihood of a child being killed, abused or neglected. The CYPTF Act allows reports to be made orally or in writing.

The National Child Protection ClearingHouse undertook a comprehensive study in 2005 comparing statutory child protection systems across Australia (Attachment 9.1). The paper found that 'Despite different legislative frameworks and some operational differences, Australian state and territory statutory child protection systems are providing very similar models of intervention.' A brief update of that comparison is provided below as legislative changes have occurred in several jurisdictions since 2005.

- Victoria

The Victorian *Children, Youth and Families Act 2005* provided the platform for a whole-of-government responsibility for protecting children and an 'early intervention' approach. The implementation of local level community intake services (known as Child FIRST) enabled a differential response to concerns about the wellbeing of children. Mandated reporters are able to report concerns about children to Child FIRST agencies. These agencies have capacity to support vulnerable families through the provision of family support services. The Child FIRST service system is coordinated with child protection intake services.

The Tasmanian model (implemented in August 2009) of a differentiated pathway for referrals with concerns about children in vulnerable

families being referred to the Gateway Services and more serious concerns being referred to Child Protection Intake Services is based on the Victorian approach.

- New South Wales (NSW)

A Special Commission of Inquiry into Child Protection Services in NSW (known as the Wood Inquiry) was released in late 2008. The NSW Government response *Keep Them Safe: A shared approach to child wellbeing* recognises the need to support families earlier and to prevent children requiring statutory child protection intervention. The *Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009* was passed in 2009. Aspects of the Act are being proclaimed in stages. For instance provisions allowing agencies to exchange information relating to child safety, welfare or wellbeing were proclaimed in October 2009. In January 2010, the mandatory reporting threshold was changed from 'risk of harm' to 'risk of significant harm'. An alternative reporting process for mandatory reporters through Child Wellbeing Units is being implemented. This will divert low risk matters away from tertiary child protection services.

The Act has also been amended to recognise that a series of acts or omissions when viewed together represent significant risk. This is referred to as the 'cumulative impact' or cumulative harm.

- Australian Capital Territory (ACT)

Child protection in the ACT is managed under the *Children and Young People Act 2008*. The ACT legislation has a significantly broader scope than the Tasmanian Act, including objectives related to:

- responding to the needs of young offenders (including rehabilitation and reintegration);
- the provision of whole-of-government assistance to children and young people, families and communities; and
- ensuring the protection of children and young people in employment.

In addition the ACT legislation establishes a range of additional powers not provided for in the Tasmanian Act. Among these is the creation of a therapeutic protection order to provide for the confinement of a child or young person in order to implement a therapeutic intervention, establishing a Children and Youth Services Council and providing for the appointment of Official Visitors.

- Western Australia (WA)

Child protection in WA continues to be managed through the *Children and Community Services Act 2004*. The Act came into operation on 1 March 2006. Following the release of the Ford Review in January 2007, the Department of Child Protection was established to manage child protection matters.

WA does not operate under the differentiated referral pathway that now exists in Tasmania and Victoria and is being established in NSW.

- Queensland

The *Child Protection Act 1999* remains the platform for child protection interventions. The Department of Child Safety is now part of the Department of Communities.

- South Australia

The *Children's Protection Act 1993* remains the platform for child protection interventions.

- Northern Territory (NT)

The *Care and Protection Children Act 2007* was passed in November 2007 and commenced in stages throughout 2008. The Department of Health and Families' website states that a Differential Response Framework has been developed in the NT. The elements of the Framework include capacity to divert 'high needs, low risk families' away from tertiary child protection interventions. The Framework also includes Targeted Family Support Services to case manage vulnerable families. Out-posted child protection workers and the provision of brokerage funds are also features of the Framework.

Thus the NT Framework has many of the features of the Tasmanian model. The recent inquiry into child protection services in the NT (Growing Them Strong Together) recommended the public health approach that included a differentiated pathway/response for family concerns and abuse and neglect concerns. The report cites the Tasmanian Gateway Services and the Victorian Child FIRST models.

Non-statutory role

DCYFS also funds a number of services within the non-government sector to deliver support services which have the express intent of intervening early with families to address problems before a crisis requiring statutory intervention is reached.

These services include the Gateway Services (Community Based Intake Services), Integrated Family Support Services (which provide family support based on an assessment of need conducted by the Gateway Services).

Similarly, an Early Years Parenting Support Service is funded to provide targeted support to families with children aged 0-5 and a Targeted Youth Support Service has been funded for children aged 10-18.

3.3.1 Disability, Child, Youth and Family Services

DCYFS provides or funds the provision of a significant number of services targeted at protecting children, either through supporting families to better care for their children, or through supporting alternative care arrangements for children in need of care and protection.

As with all Government employees, DCYFS staff are 'prescribed persons' for the purposes of the CYPTF Act. This means that these employees are required to report any belief, or suspicion, (on reasonable grounds) that a child may be at risk of abuse or neglect¹⁹. These provisions also apply to staff within non-government funded services that deliver 'health, welfare, education, child care or residential services wholly or partly for children'.

Child Protection Services

Child Protection Services receives reports regarding concerns for a child's welfare, undertakes investigations and risk assessments and, where necessary, pursues protective arrangements for children for whom the home environment presents too great a risk.

For children who are placed under the Guardianship of the Secretary (DHHS), Child Protection Services provides support for alternative care arrangements for those children. These arrangements include placements with approved extended family members (kinship care), placement with approved carers (foster care), or placement within Therapeutic Residential Care where a child requires such care. As Guardian, the Secretary (or delegate) exercises all powers reasonably expected of any parent, including providing for access to health and education services.

Child Protection Services has primary responsibility for the delivery of statutory child protection services, in accordance with the CYPTF Act. This Service's primary role is responding to the risk to children of abuse or neglect from their primary caregiver.

As at June 2010, there were 1 115 children on a Care and Protection Order (CAPO) of which 895 children were in OOHC²⁰.

Child Protection Services is delivered on an area basis (South East, South West, North and North West).

¹⁹ *Children, Young Persons and Their Families Act 1997, s.14*

²⁰ DHHS Quarterly Performance Report

The structure of Child Protection Services was varied as part of the implementation of

New Directions to represent a response team model. This model involved the creation of Intake, Response and Case Management Teams. This was in addition to the existing OOHC teams in each region.

Intake Teams have the responsibility for the initial receipt, evaluation and assessment of reports of child maltreatment made to Child Protection Services. All calls are acknowledged, documented and, where appropriate, forwarded for further action by the Child Protection Response teams or other services relevant to the needs of the child.

Response Teams have the responsibility for investigating reports of abuse or neglect of children. Investigations must occur within defined time frames and in accordance with specific powers established under law.

Case Management Teams are responsible for managing the provision of services to children where a concern of maltreatment in regard to a child has been determined, by the court, to be serious enough to warrant the transfer of custody and/or guardianship of the child to the Government for a period of time.

OOHC relates to the provision of accommodation for children unable to live at home as a result of concerns for their safety and wellbeing. OOHC options include kinship care, foster care and therapeutic residential care. OOHC options may be provided by government or non-government service providers but the responsibility for overall coordination remains with DHHS.

Tasmania has experienced rapid growth in demand for OOHC services. This is also the experience of all other Australian states and territories. Importantly, the increase can be attributed to the successful identification of those children and young people at significant risk of harm from their parents or care giver. However, it also is indicative of children and young people staying in care for longer periods due to their parent's incapability to address the underlying risk factors.

The Tasmanian OOHC system is under considerable pressure. It is characterised with:

- difficulties in attracting new foster carers;
- an ageing population of foster carers;
- unrelated children being placed together;
- a limited number of indigenous carers;
- a small range of placement types available across the system; and
- a small number of carers willing to care for adolescents.

In order to address these concerns Child Protection has attempted to strengthen the resources available by:

- replacing Rostered Care with the new outsourced Therapeutic Residential Care program;
- introducing the Australian Childhood Foundation's Trauma Support Services;
- conducting an extensive media campaign 'Real Carers, Really Needed' in an attempt to boost the number of foster carers;
- increasing the numbers of kinship carers;
- introducing a new reimbursement system for foster carers, bringing the repayment system in line with all other jurisdictions; and
- piloting a Community Visitor Scheme in the South West with the Commissioner for Children.

There is considerable work still required, particularly around building an OOHC system that is responsive to the range of needs of the children and young people coming into care.

Attachment 9.2 provides data and analysis regarding demand for Child Protection Services in Tasmania including OOHC.

Child Protection Practice

The Tasmanian Child Protection Framework was implemented in 2008 and establishes the foundation for practice interventions and outcomes for children and their families. It provides the philosophy, theories, principles and perspectives that guide child protection work.

The values and principles which underpin the framework are supported by extensive research. The overarching principles are:

- **Child Centred:** The CYPTF Act and the United Nations Convention on the Rights of Children 1989 (UNCROC) specify that the best interests of the child are paramount. The CYPTF Act specifies that the care and protection of children must be provided in a manner that maximises their opportunity to grow in a safe and stable environment and to reach their full potential (Section 7).
- **Family Led and Culturally Responsive:** The CYPTF Act stipulates that primary responsibility for a child's care and protection lies with their family (Section 8). Families are able to develop rich and diverse plans to support the child when given the opportunity.

- Strengths and Evidence Based: Good outcomes are achieved through positive parenting, stable family life, strong family and kin networks, community involvement and supportive social networks.

The different phases involved in operating the CYPTF Act are:

- Notification: Information from a person who believes, suspects or knows that a child has been or is being abused or neglected or that there is a reasonable likelihood of a child being abused or neglected (s16 (1) of the CYPTF Act. Notifications can be made to Child Protection Intake, or to a Gateway Service by a parent, a family or community member, service provider or professional. The notifier's identity is kept confidential.

In 2009-10 there were 9 992 notifications, of which 1 806 were referred for investigation. This was a reduction from 2008-09 numbers of 10 334 notifications of which 2 456 were referred for investigation²¹.

- Initial Assessment: Information is gathered from the notifier, other services and any previous records in Child Protection to make a judgement about the immediate safety issues and whether a further face-to-face assessment of the situation is required.
- Investigation: If the initial assessment of the notification results in a face-to-face assessment being required (this only happens in about 25% of all notifications received), the information is transferred from Child Protection Intake to Child Protection Response. The investigation is managed by Child Protection Response practitioners in the local offices and they will meet the family, talk to the child, arrange meetings with other family and community members and services who know more about the situation and can help with identifying the issues and finding solutions.

Legal orders may be necessary to protect the child who may also have to live away from home for a period of time. Medical and other appointments may be essential to get a full picture and to help with future plans.

A Voluntary Care Agreement might be made between the parents and Child Protection and a Family Group Conference may also be held.

- Substantiation of Harm or Risk: This is a decision made within about a month of the start of an investigation. The decision is about whether the child suffered harm, was at risk at the time of the notification, or is likely

²¹ DHHS Quarterly Reporting

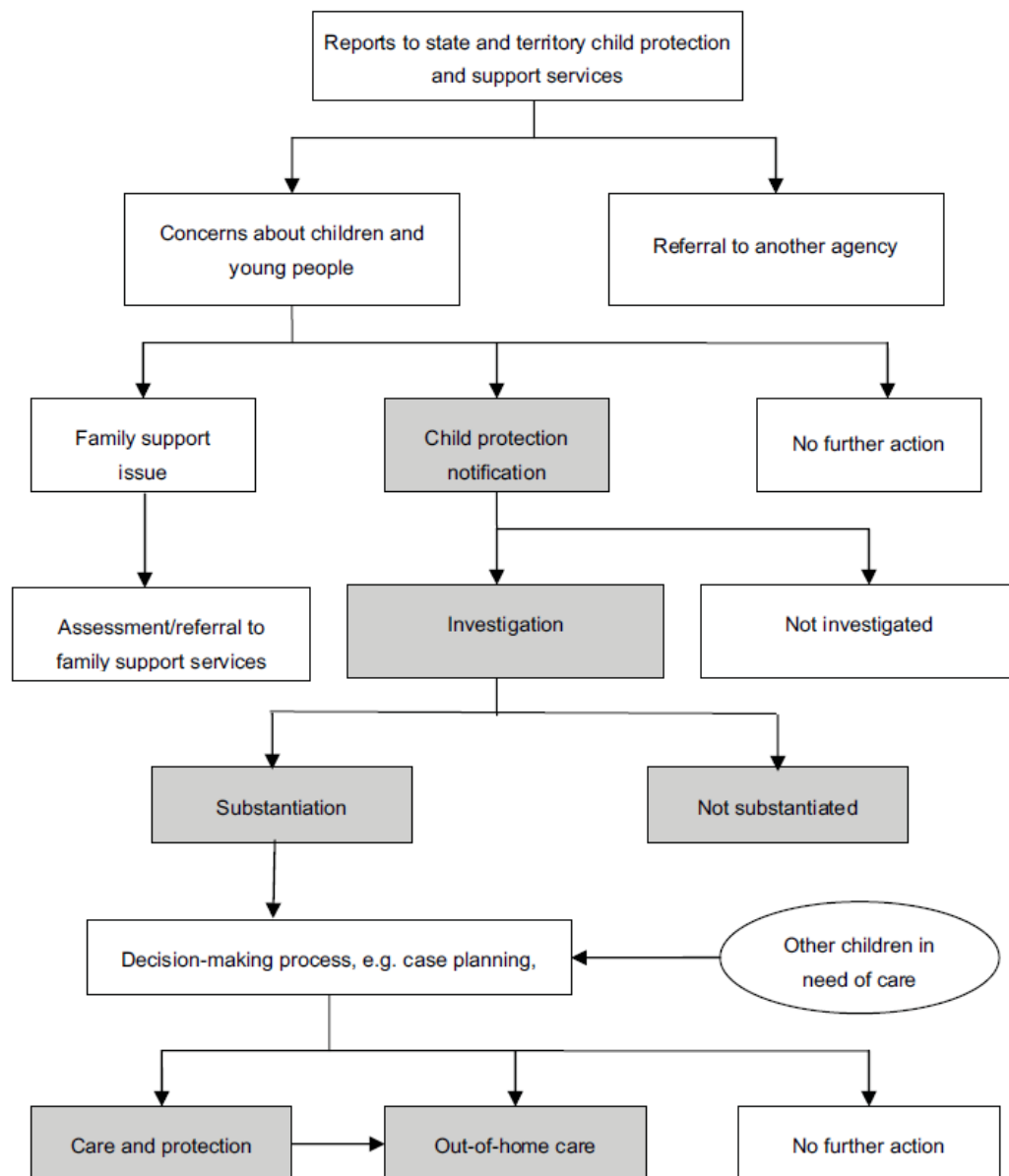
to be at risk in the immediate future. It does not necessarily mean that the child is still at risk. It just confirms that the notification was appropriate and an investigation was necessary.

- **Short and Longer-Term Interventions:** This means that the assessment concludes that the child remains at risk and that involvement by Child Protection Services is necessary for a short period (generally through Assessment Orders) or over a longer period under a CAPO.

Child Protection Process

Step1	Someone is concerned about the safety or wellbeing of a child and they make a NOTIFICATION
Step 2	Child Protection Intake carries out an initial assessment of the Notification
Step 3	<p>If the Notification is assessed as serious and requiring further assessment through contact with the child or family, it is referred to Child Protection Response for an INVESTIGATION</p> <p style="text-align: center;">OR</p> <p>If the assessment is that there is no risk, or that the risk is being managed and the child is safe, there will be NO FURTHER ACTION</p>
Step 4	(if an Investigation is necessary): the matter is discussed with the family, the child will be seen, other services and agencies will assist and a decision will be made about whether the RISK IS SUBSTANTIATED OR NOT
Step 5	(if the risk is substantiated) and the child is still at risk: SHORT-TERM PROTECTIVE INTERVENTION AND SUPPORT may be necessary
Step 6	if the child remains at risk or is in need of ongoing care and protection: LONGER-TERM PROTECTIVE INTERVENTION AND SUPPORT may be necessary

The flowchart below depicts the phases involved in assessing notifications made to Child Protection Services (Figure 3).



Notes

1. Family support services can be provided at any point in the process. A child may also be placed on a care and protection order or be taken into out-of-home care at any point.
2. This is a simplified representation of the key stages in the child protection process that are common across all states and territories. The actual process differs somewhat across the states and territories.
3. Shaded boxes are items for which data are collected nationally, however it should be noted that data may not be comparable across jurisdictions or within jurisdictions over time.

Figure 3: A simplified model of the child protection process²²

²² AIHW Child Welfare Series Number 45, Child protection Australia 2007-08, page 3

Child Protection Practice - Interventions

A range of protective and legal interventions can be made under the CYPTF Act. The powers given to Child Protection Services to intervene in the lives of children and families are based in law and backed by the authority of the State. A CAPO can be made under one of the following sections of the CYPTF Act:

Requirement	Sections 20 and 21
Warrant	Sections 20 and 21
Assessment Order (custody of Secretary)	Section 22 (2), (3) (c)
Assessment Order extension (custody of Secretary)	Section 22(5) (a) or (b)
Interim Assessment Order on adjournment (custody Sec)	Section 26 (2) (a)
Care and Protection Order (custody of Secretary)	Section 42 (4) & (b)
Care and Protection Order (guardianship of Secretary)	Section 42 (4) & (c) or (d)
Interim Care and Protection Order on adjournment	Section 46
Extension of Care and Protection Order custody or guardianship	Section 44

Any application to Court for a child protection order must be considered by a Court Application Advisory Group (CAAG). The details of the CAAG meeting and the views and recommendations of CAAG must be recorded on the child's file. If there is a decision to seek an application for an order, CAAG must ensure that the child's parents are advised of the decision as soon as possible. A CAAG meeting must also be convened when there is a plan to allow an order to lapse at its expiry date.

The child protection worker who is the child's primary worker must present a written report about the child's circumstances including a current risk and safety assessment conducted in accordance with the Tasmanian Risk Framework (TRF).

Child Protection Practice – Risk Assessment

Risk assessment is an ongoing process that starts when someone makes a notification and continues in Child Protection Services until the case is closed.

The TRF is the tool currently used by Child Protection staff to assess the level of risk to a child or young person in regard to concerns of maltreatment. All children or young people brought to the attention of Child Protection Services must be risk assessed using this approved system. The outcomes of all TRF assessments are recorded on the child's or young person's file.

The TRF provides an evidence-based professional judgement model and a set of guides about information gathering, analysis and judgement regarding the impact and risk of abuse or neglect to children and young people. The TRF sets out a logical process which progresses from 'Information Gathering' through 'Analysis' to a professional 'Judgement' about the immediate risk and future likelihood of abuse.

Both risk and 'protective factors' are considered in this process. In other words, the strengths in the family are explored in addition to the factors that may increase the likelihood of harm to the child occurring.

TRF Specialist Practice Guides are used for undertaking TRF risk assessment under specific circumstances. The following guides are currently available to Child Protection workers:

- Adolescent risk of Suicide;
- Adolescents & Substance Abuse;
- Adolescents at Risk;
- Assessing the Parenting Capacity of a Parent with a Mental Illness;
- Assessment of Parents Potential Substance Misuse Policy and Guidelines;
- Attachment and Bonding;
- Child and Adolescent with Problematic Sexualised Behaviours;
- Developmental Phases of Young People;
- Family Reunification;
- Guide for assessing the impact of Family Violence on child safety and family functioning;
- Infants at risk;
- Informal and Formal Networks;
- Parents and Substance Abuse; and
- Parents with an Intellectual Disability.

Child Protection Practice – Cumulative Harm

Cumulative Harm refers to the effects of multiple adverse circumstances and events in a child's life. The risk of cumulative harm must be considered when responding to notifications of abuse or neglect.

'Often emphasis is placed on incidents in Child Protection which are high impact and low in frequency. Study into cumulative harm effects suggests the importance of placing equal emphasis on low impact, high frequency events. Cumulative harm refers to the adverse effects of multiple adverse circumstances and events in a Child's life. Cumulative harm impacts on children can be understood in terms of the effects on the developing brain. Exposure to ongoing stress can disrupt and change the architecture of the brain and cause long lasting effects'²³.

For every notification received by Child Protection Services, Intake workers must review the case history of the child with regards to previous notifications, whether substantiated or dealt with by other means, to ascertain if there is evidence to indicate possible cumulative harm to that child. Intake workers will also note reports which have been proposed in regard to the subject child's siblings or other members of the household.

If two notifications about a child have been received in the 12 months prior to a notification, that have progressed through the 'Initial Assessment' phase but have not proceeded to the 'Investigation' phase, any further notification must be considered with specific reference to the risk of cumulative harm²⁴. If referral to the Response Team is not warranted (that is an 'Initial Assessment' has concluded that there are no immediate safety issues and the notification does not warrant 'Investigation' by the Response Team) the Intake worker must record an explicit rationale for this decision on the electronic client file.

If a notification is the fifth consecutive report (not counting multiple reports of the same incident) to be received about a child without proceeding to the 'Investigation' phase, the intake worker, team leader and senior practice consultants should review the case history for that child. A review of the case history would consider the key 'Case History Indicators For Cumulative Harm'. These are:

- multiple reports including family violence reports;
- previous reports relevant to other family members;
- previous substantiations;
- multiple sources;
- reports from professionals;

²³ *Cumulative Harm and Chronic Child Maltreatment 2007*, pg 34-35, L. Bromfield

²⁴ Refer to pages 22-24 of this submission for a description of the different phases involved in operating the CYPTF Act

- evidence of failure of child to meet developmental milestones; and
- allegations of inappropriate parenting in public.

Where three or more key indicators are present the matter is referred to the Response Team unless there is compelling evidence that such a referral is not warranted. If a referral is not made the reasons for this must be documented.

A referral to the Response Team in regard to a concern of cumulative harm can be made even where the particular notification would not, of itself, warrant investigation.

Child Protection Practice – Professional Supervision

Professional Supervision assists in ensuring accountability and quality service provision. It also responds to the support and professional development needs of workers.

The complex nature of the work within DCYFS requires decisions in practice that are often controversial and open to question and speculation from the media, interest groups and the wider community. A key challenge for supervisors, therefore, is to build a relationship of trust with workers while at the same time objectively assessing their performance, development and support needs.

Supervision addresses supportive, educational, developmental and managerial functions within the context of a relationship with the worker with the ultimate objective being to deliver the best possible service to clients of the organisation. As workers function at different levels of competency, differing amounts of guidance and involvement by the supervisor will be required. The complexity of cases may also affect the extent of supervision that is required.

Supervision is a process that provides support, developmental opportunities and administrative management which maximises the ability of staff to provide a high quality and accountable service to clients of Child Protection Services in accordance with agency policy objectives and guidelines.

Attachment 9.3 provides information on the Child Protection workforce in Tasmania including further detail on the objectives and principles of professional supervision.

Child Protection Practice – Online Practice Manual

There were a number of recommendations within the *Report on Child Protection Services in Tasmania* related to the development of a practice/policy manual which draws together evidence based policy, legislative interpretation and best practice examples.

Policies are now written with the practitioner in mind with 'Legislative and Practice Requirements' placed at the forefront of each document which is presented in a succinct, logical fashion, rather than the more bureaucratic style of policy which focuses on 'outputs' and 'outcomes' rather than practice.

Several key policy developments include:

- Cumulative Harm;
- Reunification;
- Entry into Care;
- Case and Care Planning;
- Stability Planning;
- Transfer of Guardianship;
- Adoption; and
- Transition for Care.

Importance is placed on providing an interactive manual for staff, as this can be a useful agent for cultural change. Initially, this provided capacity for staff to provide immediate feedback on the content of the Manual via email, however recent improvements to the Manual have included capacity for workers to utilise a 'blog' type environment to share research, experiences and knowledge.

A number of sections of the Online Manual have been provided as attachments to this submission. A virtual guided tour of the Manual can be provided to the Select Committee upon request.

Child Health and Parenting Services

Child Health and Parenting Services (CHAPS) provides health and development assessments for children, support and health/practical parenting information for families. It also works with Child Protection Services to provide support to expectant mothers when notifications of concern about an unborn child are made under the CYPTF Act.

Other universal screening and assessments offered include a psychosocial assessment of a family's vulnerability, screening for postnatal depression and a breastfeeding assessment. These are followed up by education and/or early intervention as required. Child and Family Health Nurses offer health promotion through guidance and support for parents according to the family's needs and the appropriate age and developmental stage of the child. Prevention and early intervention are key priorities for the service, which are supported by collaborative linkages with other government and

non-government service providers for those families who may require more intensive services or specialist intervention.

Universal child health services are complemented by regional parenting services which offer more intensive support for families experiencing difficulties with children to five years of age. Parenting Centres provide individualised intervention programs for a range of parenting issues including post natal depression, breastfeeding and relationship concerns through centre-based care, in client's homes and via outreach to other services. Parents are able to access parenting information on the DHHS website and through the 24 hour parenting helpline. A targeted parenting service offered by CHAPS is CU @ home, a two year home visiting program offered to first time mums aged 15-19 years which commences in the antenatal period.

Youth Justice Services

Youth Justice Services is responsible for the delivery of restorative justice services to the victims and perpetrators of youth crime aged 10-17 years. The focus is on working together with the community, other service delivery agencies and the young people themselves. The emphasis is placed on encouraging offenders to take responsibility for their offences, and where possible, diverting them from the criminal justice system.

Community Youth Justice teams work with young people who have offended who are between the ages of 10 and 17, and over 18 if the offence was committed before they turned 18. Services include:

- Community (Court diversionary) Conferencing (referred by police or court);
- Case management and supervision for those on statutory Youth Justice Orders or other orders made in respect of offending behaviour;
- Court support (in Magistrates' Court (Youth Justice Division));
- Community engagement to develop the capacity of the community to service Community Service Orders; and
- Collaborative Case Conferencing services for high need clients where there are difficulties engaging key stakeholders to effect collaborative practice.

Ashley Youth Detention Centre (AYDC) provides secure custody for children and young people aged 10-17 years (inclusive - but with exceptions) who are remanded or sentenced to custody by the Magistrates' Court (Youth Justice Division).

Youth Justice Services and Child Protection Services often deal with young people who are involved with both service systems at the same time. These young people have complex needs that require flexible and collaborative responses. While each service has its own protocols and guidelines, it is vital

that staff from both services understand each other's role and work together to maximise outcomes for these young people and their families. There is broad acknowledgement that child protection issues of abuse and/or neglect can be a major contributing factor to offending behaviour, and as such, require appropriate, informed and coordinated management.

Family Violence Counselling and Support Services

Family Violence Counselling and Support Services offer professional and specialised services to assist children, young people and adults affected by family violence. In Tasmania, exposure to family violence is seen as a form of child abuse under child protection legislation.

Children and young people are often adversely affected by family violence. The Children and Young Persons' Program (CHYPP) is a specialist therapeutic service for children and young people affected by family violence. This service does not include reunification work or assessment of child protection concerns. It is recognised however that the CHYPP therapeutic work can at times provide information on risk and safety to children that informs decisions made by Child Protection workers.

Disability Services

Disability Services, while predominately delivering adult orientated services, do provide respite and other support services for parents of children with a disability. Access to these supports are critical for many parents, particularly where the parents' inability to cope with the care needs of their child may result in the child being at risk of abuse or neglect.

A further consideration is the impact parental disability, in particular intellectual disability, has on parenting capacity. The extent to which intellectual disability impacts parenting will vary dependent on the nature and extent of the disability, the other stressors the parent experiences and availability of support.

Research conducted by the National Child Protection ClearingHouse²⁵ indicates that 'while parents with intellectual disabilities represent a modest number of all parents in Australia (estimate 1-2%). they are over-represented in child protection and legal proceedings.'

It is acknowledged that further research is needed that focuses on how the child protection system can better accommodate the needs of parents with intellectual disability.

3.3.2 Housing Tasmania

²⁵ *Parental intellectual disability and child protection: Key issues* 2009 A Lamont and L Bromfield)

Housing Tasmania provides housing assistance for Tasmanians with low incomes or special needs. This is achieved by providing housing assistance on the basis of need and working to improve the capacity of individuals and communities to secure good housing outcomes for themselves. Housing Tasmania works within a policy framework that recognises the interrelationship between housing and other health and wellbeing factors.

Like all Tasmanian State Service employees, Housing Tasmania employees have a legislative requirement to notify Child Protection Services if they have a reasonable belief that a child is at risk.

Housing Tasmania funds a number of services provided by NGOs that provide targeted support to young people and mothers with children:

- South: Annie Kenney Young Women's Refuge, Mara House (young single women); Jireh House, McCombe House, Hobart Women's Shelter (women and women with children); Youth Accommodation Services Tasmania, Youthcare (young single men);
- North: Karinya Young Women's (young single women), Launceston Women's Shelter (women and women with children), Youth Futures (young single men); and
- North-West: Warawee Women's Shelter (women & women with children), Burnie Youth Accommodation, Youth and Family Focus (young males and females).

All services funded by Housing Tasmania are responsible for following care and protection protocols for children under the age of 18 as specified in the Youth Protocol: An agreement concerning referral, assessment, case management and support for homeless and unsupported young people (Attachment 9.4).

It is also a requirement (as stipulated in funding agreements) that these services implement early identification, intervention and prevention strategies, including working with clients (and their families) to re-connect them with their family, community, education, training and employment.

Under the National Building and Jobs Plan (Economic Stimulus Plan), Housing Tasmania is establishing a new supported accommodation facility for young people on low incomes at York Street, Launceston. This facility will provide medium to long-term housing, support and linkages with a range of services, and connections with family and communities, and education, training and employment.

The Young People Leaving Care Transition Program is a program being piloted which will improve exit planning for young people leaving State Care. It provides an opportunity for children in State Care to take up supported

accommodation for one year through two direct tenancies commencing at about 17.5 years of age. Direct Tenancies involve Housing Tasmania, the tenant and a support service working together to sustain a tenancy. The first six months is supported by Child Protection Services and the second six months the support for the young person is transitioned to an appropriate support service. The intent is to assist the young people to develop skills in independent living and then to support the young person through the often difficult transition period from State Care to independence. Housing Tasmania is currently in the process of evaluating the program.

Current screening and assessment procedures for public housing support early identification, intervention and prevention of risks for clients (including children and their families). The Housing Assessment System Policy provides a method for assessing the current level of need of applicants seeking access to public housing. This Policy prioritises need and ensures that those with the highest level of need are housed first. If this initial assessment indicates the need for support beyond accommodation, Housing Tasmania engages in an expanded assessment processes.

The Expanded Assessment Framework supports earlier intervention and coordinated support planning with clients with complex support needs to sustain public and Aboriginal housing tenancies. The Framework recognises that Housing Tasmania's assessment process has a dual function: determining entitlements, housing needs and an appropriate housing model; and identifying where supports might be required to help a client sustain a tenancy.

Housing Tasmania has a strong focus on specialist interventions and has recently created four new advanced practitioner positions.

3.3.3 Non Government Services Funded by the Department of Health and Human Services

Gateway and Integrated Family Support Services (IFSS)

In an effort to improve the way in which services are delivered to at risk, vulnerable children and people with disabilities, KPMG was commissioned to undertake comprehensive reviews of the Tasmanian Child Protection, Family Services, OOHC and Disability Services during 2007 and early 2008. The review process highlighted a requirement for significant and sustained reform across all sectors, in order to support high quality services and effective outcomes for children, families and people with disabilities. Following the publication of the findings and models from the KPMG consultancy in *New Directions*, the Reform Implementation Unit was established and was responsible for the management and implementation of the reform in collaboration with community sector organisations.

These reforms are based on the public health model of service delivery, which is described in detail in part 3.1.

As a key outcome of the reform, Gateway and IFSS were established to provide early intervention for children and families at risk. The aim of Gateway and IFSS is to provide:

- easier access points of entry to government and non government services;
- appropriately tailored packages of services to suit individual needs; and
- strengthened integration and coordination between services.

The Gateway and IFSS were established initially as an access point to family support services. From July 2010 Gateway Services have also provided access to Disability Services.

Gateway Services

Gateway is a central access, information and referral point for families in need. Families or community members can access Gateway by phone, SMS, email or in person by visiting Gateway Services offices in all four regions of the State. Gateways will:

- receive concerns about risks to children (including mandatory reports);
- conduct initial assessment of risks by using specially developed tools, known as Common Assessment Framework tools;
- provide information and advice where required;
- support referrals to appropriate community organisations;
- offer brief intervention options to families;
- refer on to Child Protection where necessary; and
- make referrals to IFSS.

Integrated Family Support Service

IFSS can provide a range of services that promote the wellbeing and safety of children, young people and families through:

- a flexible approach to meeting the needs of children, young people and families;
- information;
- counselling;
- advocacy;

- links and supported referral to other services;
- family meetings;
- skills development; and
- strengthening relationships.

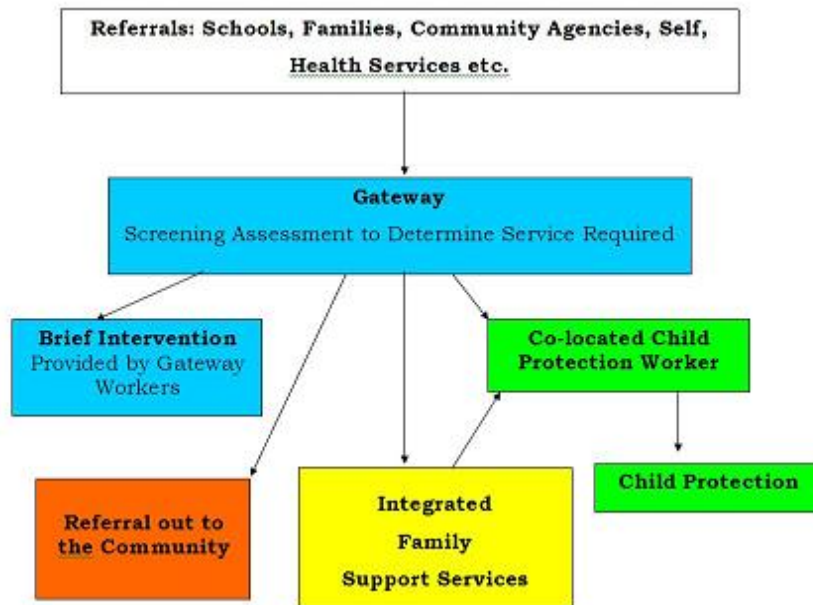
IFSS has the capacity to work with families for longer periods of time depending on their needs.

Gateway and IFSS are voluntary services aiming to provide early intervention strategies to families in need. These service providers are to use best endeavours to engage with clients who may be reluctant and where risk factors are identified. IFSS workers are mandated reporters and are required to make notifications to Child Protection Services when serious risk factors are identified.

Community Based Child Protection Team Leader

A Community Based Child Protection Worker is located in each Gateway Service office to provide consultation and advice when significant risk factors are identified in working with families. This role is also to facilitate referrals that are coming to/from Gateway to/from Child Protection. The following diagram is drawn from the online Child Protection Manual and maps out the relationships between the key elements of Gateway Services, IFSS and the Community Based Child Protection Worker.

Community Based Child Protection Team Leaders are experienced child protection staff whose role is to facilitate collaboration, cooperation and communication between Gateway Services and Child Protection Services. While Community Based Child Protection Team Leaders are based at Gateway locations they are employees of Child Protection and are responsible to local Child Protection Area Managers.



Community Based Child Protection Team Leaders assigned to each Gateway site undertake a range of key functions, including:

- facilitation of referrals from Child Protection to Gateway;
- facilitation of referrals from Gateway/Family Services to Child Protection;
- provision of consultation and advice on specific cases to Gateway and Family Services in the local area catchment, including safety planning to enable ongoing case management;
- provision of advice to the Child Protection staff regarding making referrals to Gateway;
- participation in local professional and community education initiatives; and
- identification of cases within Child Protection requiring referral.

Community Based Child Protection Team Leaders attend regular Gateway Allocation Meetings and provide advice and clarification on matters referred by Child Protection. They also provide professional advice (consultation) to Gateway Services/IFSS and to Child Protection Workers on mutual case related matters.

Targeted Youth Support Services

DCYFS has funded the establishment of Targeted Youth Support Services, which will deliver an intervention service offering intensive case management and therapeutic interventions targeted at vulnerable young people and their families.

The service, which is delivered by the non-government sector, is targeted at young people aged 10 – 18 years who are identified by DHHS, education, community or welfare professionals as having significant and/or multiple risk issues and for whom, without intensive support, notification to child protection or entry and/or escalation within the youth justice system is likely.

Referrals for the service are through the area Gateway Services. This targeted support complements the integrated family support services available through the Gateway by providing specialist, high intensity therapeutic support for young people and their families whose needs are higher than that provided for within a family support model. The young people referred under this model are allocated based on co-morbidity identification across a potential range of areas including but not limited to:

- mental health;
- drug and alcohol;
- offending behaviours;
- anti-social/violent behaviours;
- multiple suspension and/or exclusions from school;
- disengagement with family and/or peers and/or community;
- homelessness; and
- client outcomes.

The following outcomes for young people have been identified as key focus for the service:

- improved developmental outcomes for young people;
- improved wellbeing and safety;
- reduced offending and/or re-offending;
- reduced individual and family risk factors and/or reduced impact of risk factors coupled with increased protective factors;
- a lower rate of notifications and/or re-notifications to child protection services for individual young people post intervention;
- increased levels of connectedness with family, community and schools; and
- stability in accommodation and reduced risk of homelessness and/or inappropriate accommodation.

Early Years Parenting Support Service

In 2009 it was identified that there are very limited services providing preventative, early intervention and intensive therapeutic services for vulnerable parents and their children.

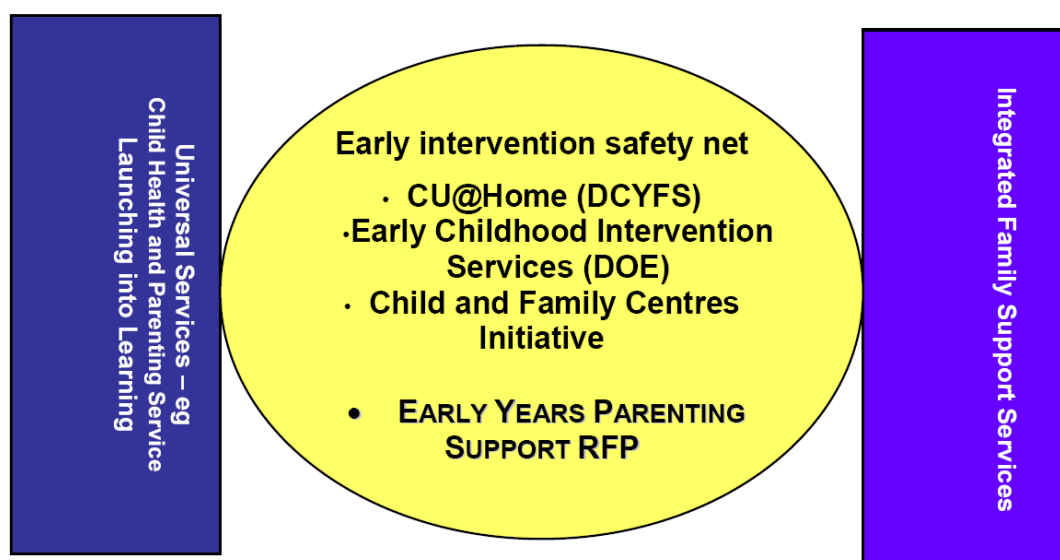
Established universal services such as CHAPS provide a universal antenatal and post natal parenting and child health service including:

- child health, growth and developmental assessments;
- parent support and information; and
- early intervention services.

However, there was a significant gap in targeted services for vulnerable families with young children in the 0-5 age group, such as engaging antenatally with drugs dependent women, very young women, and people with mental health issues – parents with a profile that puts their infants at risk of abuse or neglect.

Research demonstrates that an intensive child developmental approach integrated with family support results in healthier early years development for children in low functioning families, harm prevention of poor primary care, and positive parenting capacity and skills.

Represented graphically, the service focus is for a safety net intervention that provides a referral option through the Gateway Services including for CHAPS and IFSS²⁶.



The intention of the Early Years Parenting Support Service is to deliver a preventative early intervention service offering intensive therapeutic work targeted at vulnerable families with children from 0-5 years of age, including un-born children.

²⁶ Diagram drawn from the Request for Proposal – Early Years Parenting Support

The target group for the service is parents/carers with children 0-5 years (including unborn children) who are identified by health or welfare professionals as having significant risk issues and for whom, without intensive therapeutic support, notification to child protection is possible.

This targeted support complements the general integrated family support services available through the Gateway and IFSS by providing specialist high intensity support for parents and children.

The following outcomes have been identified for the service:

- improved developmental outcomes for children;
- improved bonding and attachment between the infant and parent(s);
- improved understanding and utilisation of the universal and secondary services available by parents/carers;
- improved children's wellbeing and safety;
- reduced family risk factors and/or reduced impact of risk factors;
- a lower rate of notifications and re-notifications to child protection services of families accessing the service; and
- a targeted preventative, early intervention therapeutic service integrated with and complementing the integrated family support and universal service systems.

3.3.4 Statewide and Mental Health Services

Statewide and Mental Health Services (SMHS) is a business unit within DHHS, and is comprised of a complex array of services organised on both a statewide and area basis and delivered from multiple sites. These services include a composite of linked services encompassing: Mental Health Services, Alcohol and Drug Services, Forensic Health Services (comprised of Forensic Mental Health Services and Correctional Primary Health Services) and Health and Wellbeing Services, consisting of Cancer Screening and Control Services and Oral Health Services. The first two service areas are the most relevant in providing a system for protecting children.

Mental Health Services

Tasmanian Mental Health Services work within the *Mental Health Act 1996* and is currently undertaking the development of a new mental health act which is a result of an extensive review of the current Act. A draft Bill is currently being finalised for public consultation. In addition to this significant legislative task SMHS operates within a complex legislative framework which requires constant management and attention to ensure legislative compliance.

It has been suggested that 1 in 9 (55 500) Tasmanians reported having a long-term mental or behavioural problem, while for the 2008/09 financial year Mental Health Services provided a total of 9 362 Tasmanians with a clinical mental health service²⁷.

The management of Tasmanian Mental Health Services encompasses three key areas:

- delivery of specialist mental health services across the State;
- policy development, implementation and management of the national and state policy interface; and
- purchasing of services from mental health community sector organisations.

Mental Health Services provides a range of specialist treatment services throughout Tasmania targeted at the estimated 3% of the Tasmanian community experiencing a significant mental illness. These services are primarily focussed on secondary and tertiary level care for people with serious mental disorders. In 2006 the *Mental Health Services Strategic Plan 2006-2011*²⁸ became the guiding document for the delivery of Tasmanian Mental Health Services heralding recovery and assertive case management as the cornerstones of mental health service delivery in Tasmania and a focus on providing services in environments which offer least restrictive care and encourage partnerships with providers of related services.

Specific services provided include:

- Community Mental Health Services: comprising three service streams; Child and Adolescent Mental Health Services; Adult Community Mental Health Services and Older Persons Mental Health Services. At any one point in time, approximately 2 200 community clients are under case management from a mental health community team. During the 2009 calendar year, 4 178 persons were recorded as being admitted to a community team to receive community care through a case manager. This included 1 043 clients of Child and Adolescent Mental Health Services;
- Inpatient and Extended Treatment Mental Health Services: mental health inpatient services and specialist extended treatment facilities offer 24 hour care and treatment with acute care inpatient units located at the three public hospitals and specialist extended treatment facilities located in the South and providing services across the state. These services include acute inpatient units and residential and extended treatment services; and

²⁷ Department of Health and Human Services. 2008. *State of the Public Health Report 2008*.

²⁸ Available at:

http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0005/38507/Mental_Health_Strategic_Plan_1.pdf

- **Mental Health Services Helpline:** Mental Health Services also operates a 24 hour seven day a week statewide Mental Health Helpline telephone triage service. This service provides a single point of contact for advice, referral and intake for the Tasmanian community and over 8 000 total calls are made to the service on an annual basis.

Child and Adolescent Mental Health Services (CAMHS)

Mental Health Services' role is to promote and restore the mental health of children and young people within the confines of available resources and in collaboration with other government and community child services. CAMHS is a publicly funded Tasmanian Government specialist child and adolescent mental health service and is one of a broad range of services involved in fostering, supporting and restoring good mental health. CAMHS respond to children and adolescents experiencing more complex and severe problems that cause functional impairment and have an adverse impact on social and emotional development or include a risk of harm associated with or arising from mental illness.

The core business of CAMHS is to provide multidisciplinary clinical care to young people with mental illness or severe and complex mental disorders and their families.

CAMHS is a specialist service that receives referrals from other service providers to infants, children, adolescents and their families. The level of care provided is based on the assessed severity and risk of the mental illness or disorder and availability of clinical resources.

Tasmania's small and decentralised population requires that services, in order to ensure viable services with appropriate expertise, are developed with statewide collaboration and integration, while being adapted to local need. For the same reason, inpatient care is provided in collaboration with paediatric and psychiatric inpatient wards and, in exceptional cases, purchased from specialist interstate units.

CAMHS intake prioritises referrals for assessment by the CAMHS team. Intake offers consultation and support to the Helpline, referrers, other services in the child youth and family sector and young people and families in psychiatric crisis. Intake may offer direct care to young people and families in psychiatric crisis.

Multidisciplinary assessment determines whether the young person's mental health needs require ongoing care within CAMHS. Alternatively, following assessment, CAMHS may offer advice and recommendations to the young person and their family and liaison and support to a referrer regarding ongoing management.

Individual service plans, informed by comprehensive assessment, are negotiated with the young person, their family and other services to guide treatment. Discharge planning commences with the development of the individual service plan.

Mental Health Services Community Teams

Mental Health Services Community Teams work within a statutory obligation to report any area of concern with regard to child safety such as abuse or neglect. Teams are required to work within the DHHS policy for sharing information²⁹ and work collaboratively with other departments and community organisations. Mental Health Services in its holistic approach to recovery is very aware of the need to consider the children of people with a mental illness. As a consequence the needs of children are considered as part of the care plan for a client of Mental Health Services. Please note this refers to forensic and correctional teams as well as mental health teams.

It is important to note that a diagnosis of mental illness does not of itself imply poor parenting, although there is often this perception in the community. The ability to parent may be limited or impacted at times due to the experience of parental mental illness and of course this will impact the children of the diagnosed parent. However, it is known that the children of parents with a mental illness are at higher risk of developing mental ill health at some stage in their lives.

Alcohol and Drug Services

Alcohol and Drug Services offers a range of treatment, information, education and community-based supports for Tasmanians affected by alcohol and drug use. It manages the Opioid Pharmacotherapy Program, the Inpatient Withdrawal Management Unit and a range of psychosocial (non-medical) interventions and supports for people with alcohol and drug issues including assessment, counselling, case management, coordination of care, group work, information, community education and professional consultation to other service providers. There are also a range of organisations within the community sector that are funded to deliver specialist alcohol, tobacco and other drug services.

Non Government Services funded by DHHS on mental health

Statewide and Mental Health Services fund Anglicare Tasmania to provide the Kids in Mind Program which consists of three separate programs supporting children of people with a mental illness. The Taz Kids Clubs and Champs Camps aim to increase mental health protective factors for children and young people.

²⁹ Contained in DHHS' Agency Collaboration Strategy, see <http://intra.dhhs.tas.gov.au/dhhs-online/page.php?id=7879>

The Migrant Resource Centre (Southern Tasmania) Inc. deliver a Mental Health Early Intervention Project to provide professional development in the awareness of torture and trauma awareness aimed at the specific needs of child care workers, schools and colleges across Tasmania and a structured psycho-social group program statewide for young people from culturally and linguistically diverse and refugee backgrounds.

3.4 Department of Justice

The Department of Justice (Justice) provides administrative support to the Magistrates Courts of Tasmania which is responsible for issuing Care and Protection, Restraint and Family Violence Orders and making determinations in relation to offences under legislation designed to protect children from abuse and neglect. Justice also provides support to the Supreme Court which adjudicates on more serious offences against children, for example under the Criminal Code.

The Magistrates Court is reviewing the Children's Division rules to develop a best practice case management approach to child protection matters. The review is being done in collaboration with the Federal Magistrates Court for greater consistency in how family-related court proceedings are run. The Magistrates Court also makes extensive use of alternative dispute resolution, or mediation, in child protection matters. This has proven to be the most effective approach for most cases.

Pilot Youth Magistrate

From January 2011 the Magistrates Court will run a 12-month pilot of a specialist Youth Magistrate in the Hobart registry. This Court will deal with criminal cases involving youths. Once the pilot is past its initial stage, the Court will consider bringing child protection matters within its scope but this will be dependent on workload.

Court Mandated Drug Diversion Offenders Program

Justice operates the Court Mandated Diversion of Drug Offenders Program (CMD) which aims to break the drug crime cycle by assisting eligible offenders into treatment to address their illicit substance use. Family Violence offenders with an illicit substance abuse problem are also eligible for CMD.

Mental Health Diversion List

Justice also operates the Mental Health Diversion List in collaboration with DHHS which aims to divert eligible offenders with a mental illness into services to address their mental health problems.

Safe At Home

Justice is the lead agency on the Tasmanian Government's integrated response to family violence, i.e. intimate partner violence, known as Safe at Home. A whole-of-government Interdepartmental Committee oversees the strategic development and co-ordination of Safe at Home and is supported by Regional Co-ordinating Committees. A system of Integrated Case Coordination meetings across the State supports and fosters service provider collaboration, encourages cross-discipline learning and sharing of information, and promotes a multi disciplinary approach to meeting the needs of Safe at Home clients including children.

Safe at Home is underpinned by the *Family Violence Act 2004*. It provides protection to adult and child victims of family violence, via the provision of Family Violence Orders issued by police or the courts. Children are recognised as victims of family violence in their own right within the Act and amendments were made to the CYPTF Act to recognise exposure to family violence as a form of child abuse requiring mandatory reporting. The Family Violence Act also enables Family Violence Orders to be issued against primary carers for the protection of affected children.

Safe at Home is an integrated service delivery system operated in partnership by the Department of Police and Emergency Management (DPEM), Justice, and DHHS. It is premised on the primacy of the safety of the victim and is pro-arrest, pro-charge, and pro-prosecution in its response to family violence. It was recognised as a model of best practice by the National Domestic Violence ClearingHouse in 2007. The following services are provided under Safe at Home directly by Justice and other agencies.

Department of Justice

- Legal Aid: Dedicated Legal Aid lawyers are available to provide specialist advice and representation to adult and child victims of family violence.
- Court Support and Liaison Service incorporating the Child Witness Service: Court Support and Liaison Officers assist adult and child victims of family violence through the court process. The Child Witness Service also provides specialist advice to Police Prosecutors and the magistracy about the capacity and needs of child witnesses.
- Family Violence Offender Intervention Program (FVOIP): An intensive 75 hours behaviour change program for high risk offenders mandated to the program by the court is delivered by Community Corrections.

Department of Police and Emergency Management

Whilst in the instance of direct harm police officers will immediately intervene to ensure the safety of a child. In all instances of family violence where a child is exposed or at risk, police refer the matter to Child Protection Services.

Police include all details of family members, level of risk, home environment and other relevant observations to assist Child Protection Services to complete a full assessment of the child. Police provide this detail electronically and within

24 hours of attending the incident, Child Protection Services complete an analysis of the file which is then either allocated or closed. Specific services provided through DPEM are detailed below.

- Family Violence Response and Referral Line: Tasmania Police operate the Family Violence Response and Referral Line, which is available 24 hours a day, seven days a week. This service provides access to the full range of Safe at Home responses, including immediate police call out where violence is occurring or is threatened.
- Operational Police: Police officers throughout the State have received specialist family violence training in order to enable them to respond appropriately and effectively to adult and child victims of family violence. Current Tasmania Police policy is to notify Child Protection Services of any child present at the scene of a family violence incident. Tasmania police also report any child they suspect is at risk of abuse or neglect that may not have been at the scene.
- Victims Safety Response Teams: Each of the four police districts has a dedicated Victim Safety Response Team that provides initial crisis support for victims. This includes gathering evidence and supporting information for a Family Violence Order and/or prosecution, conducting an initial risk and safety assessment, a safety audit, and linking victims with the full range of Safe at Home support services.
- Dedicated Police Prosecutors: Dedicated police prosecutors are funded in each of the Police districts to prosecute Safe at Home cases and appropriately manage the use of child witnesses in family violence cases.

Department of Health and Human Services

- Defendant Health Liaison Service: This service aims to assist perpetrators to assess appropriate services to address their health and welfare needs with the overall aim of enhancing the safety of victims and reducing the perpetrators likelihood of reoffending.
- Family Violence Counselling and Support Service (FVCSS): Provide a range of counselling and support services to adult and child victims. The service is involved in the Living Safer Sexual Lives Respectful Relationships Peer Education Project. This project is funded through the National Plan to reduce Violence against Women and their Children and is undertaken by the Australian Research Centre in Sex, Health and

- Perpetrator Emergency Accommodation Program: Brokerage funds are available to provide emergency accommodation to perpetrators removed from the family home.
- Child Protection Services: Child Protection Services receive funding from Safe at Home to manage notifications arising from Police notifications of children exposed to family violence. Of the 9 992 notifications received by Child Protection Services in the 2009-10 financial year, 3 291 emanated from Safe at Home. While a much lower proportion of Safe at Home notifications were referred for investigation (11% compared to 18%), a higher proportion of Safe at Home investigations were substantiated (82% compared to 60%). Overall, 8.2% of Safe at Home notifications were substantiated compared to 9.6% for all notifications³⁰.

3.5 Department of Education

The Department of Education (DoE) works within the legislative requirements of the CYPTF Act. The role of DoE in the Child Protection System is to support DHHS in ensuring that children experiencing abuse and neglect are cared for and educated in a manner which maximises their opportunity to grow up in a safe and stable environment and to reach their full potential.

It is mandatory for all school staff to report known or suspected cases of child abuse to Child Protection Services. The purpose of mandatory reporting is to develop a community where reporting is expected from everyone and where discretion about reporting is not based on personal choices.

Under the CYPTF Act, all adults in the community have a responsibility to take steps to prevent the occurrence or repetition of abusive behaviour to children. More specifically, all DoE staff are mandatory reporters of child abuse including but not limited to:

- principals and teachers in any educational institution (including a kindergarten);
- persons who provide child care, or a child care service, for fee or reward;
- persons concerned with the management of a child care service licensed under Part 6 of the *Child Welfare Act 1960*; and

³⁰ Department of Justice

- any other person who is employed or engaged as an employee for, of, or in, or who is a volunteer in any government agency that provides, among other services, education and childcare.

Schools

There are some students in every school who have difficulties with schooling to a greater degree than most other students. These students occur in statistically predictable patterns, often related to areas of socio-economic need. These students require more help and support to learn than others.

DoE addresses issues of poverty through differential funding of staffing allocations and schools grants to improve access to education for all students. Schools are compensated for levels of disadvantage through needs based indices such as the DoE Educational Needs Index (ENI) which is a measure of the socio-economic background of students attending the school. In 2009, approximately \$29 million was allocated to schools on the basis of need through DoE staffing and school grant formulas.

This was over and above the funds specifically targeted for equity programs including, but not restricted to Launching into Learning, Raising the Bar Closing the Gap, School Literacy Grants to support literacy intervention for high ENI schools; and the Student Assistance Scheme

A school's role in relation to students who are under guardianship or custody orders is to support the child, especially if their behaviour is extreme or challenging. This support can include but is not limited to:

- ensuring the child is enrolled in and attending the school most appropriate for them;
- ensuring the child has access to an identified adult in the school to go to in relation to any issues and concerns;
- providing information to Child Protection to assist them develop an accurate assessment of how best to protect the child;
- developing an Individual Education Plan where the educational need of the child requires this;
- ensuring that all alternatives in relation to keeping a child at school are thoroughly explored before suspension or expulsion are considered; and
- participating in case conferences or family group conferences.

Social workers

Social workers are often the step between teachers and Child Protection involvement. Social workers have a 'first line of defence' role with highly vulnerable families and are often the first phone call teachers and principals

make when they are alerted to children living in difficult circumstances. Schools often have the initial conversations with parents/guardians with a follow up by the social worker. Then they move into a case-by-case individual management system.

The Social Work team have solid relationships with Child Protection workers and managers and meet with them on a regular basis to case conference at risk children and families.

Kindergarten staff are the first point of contact for some families and the recent Tasmanian Government policy to increase attendance from 10 hours to 15 hours each week will provide additional contact to support and know those students at risk.

Mental health and drugs

DoE addresses issues of mental health through:

- the employment of school psychologists to work with students at risk in this area (the Tasmanian Government has committed to employing more school psychologists in 2011 and increasing training for psychologists); and
- programs such as 'mind matters' and 'kids matter' with dedicated project officers.

DoE supports a drug education co-coordinator to assist all schools with drug related issues including policy development, curriculum planning, and professional learning that promotes resilience and a supportive school community.

Child and Family Centres

DoE is collaborating with DHHS to establish Child and Family Centres (CFCs) in communities where the need is the greatest.

CFCs are being built in the most vulnerable communities across the State in order to give those children the best possible start to life. The goals of the CFCs are to:

- improve the health and educational outcomes for children – 0 - 5 years;
- provide a range of integrated early years services in the local community to support the development of children birth to five years;
- build on the existing strengths of families and communities and assist in their educational needs;

- increase participation in early years programs such as those offered through Launching into Learning;
- build community capacity by developing partnerships with parents, carers and the community; and
- respond to child and family needs in a seamless and holistic manner.

Launching into Learning

The Launching into Learning Program (LiL) aims to give Tasmania's children the best possible start in life. LiL targets the 'hard to reach families' who are frequently vulnerable.

CHAPs workers pass information about vulnerable children and families onto LiL coordinators who are then able to target support options for families. For example: parenting programs via Neighbourhood Houses, '123 magic' courses at community centres, or through some social workers.

Student Assistance Scheme

The Student Assistance Scheme provides assistance for low-income families towards the cost of levies for students enrolled from kindergarten through to senior secondary level. It is available to students attending a government or registered non-government school or college and those students eligible to pay levies at the Tasmanian Academy or the Tasmanian Polytechnic.

3.6 Department of Police and Emergency Management

DPEM has a strong interest in and is a significant stakeholder of Tasmania's Child Protection System, strategies and outcomes.

According to National Crime Prevention³¹ early intervention does not necessarily have to occur early in life, but rather early in the developmental pathways. Pathways are marked by critical transition points such as birth, the preschool years, the transition from primary to high school, and from high school to higher education or employment. It is these points where the most effective intervention can occur. National Crime Prevention also indicate that neglect of a child is almost as strong a predictor of violent offending as is physical abuse of a child and that maltreatment is a risk factor for the emergence of later problems such as aggression, juvenile offending and substance abuse.

³¹ National Crime Prevention (1999) *Pathways to prevention: Developmental and early intervention approaches to crime in Australia*. National Crime Prevention, Attorney-General's Department: Canberra
<http://www.ag.gov.au/agd/www/Ncphome.nsf/Page/287555BEB39C1954CA256B140019A799?OpenDocument>

Social and economic stress and poverty have been reported to be more closely related to neglect than to abuse. Risk and protective factors have different levels of influence depending on the young person's developmental stage at the time of exposure, and the total number of risk and protective factors that they experience. It is the cumulative number of risk factors that increases the likelihood of a negative outcome³².

Consistent with these findings and the experiences of police officers, the DPEM supports a range of early intervention and prevention strategies to prevent the development into criminal behaviour and substance abuse, and recommends that cases of neglect and at-risk children be allocated the same priority as cases of abuse when child protection matters are assessed.

3.6.1 Tasmania Police

Tasmania Police has the Tasmania Police Manual which provides orders, guidelines and procedures for the guidance of all police personnel in the performance of their duties. The orders and guidelines relating to youth and children are developed in line with the CYPTF Act, and the Youth Justice Act.

When police assess any level of abuse or neglect regarding a child, a Child Protection referral is always submitted. Depending on the level of abuse or neglect, Child Protection Services may be called out, but often police will assess, take information and make a referral to Child Protection Services.

In some situations where Child Protection Services are contacted, problems are experienced in getting Child Protection officers to attend an incident outside of normal business hours. This is most likely due to resourcing, excessive workload and that police work 24 hours, whereas other agencies primarily work business hours. Child Protection Services do have people on call but historically it is difficult to get a person from another agency to attend a child protection issue after hours.

There are approximately 3 000 referrals made by police to Child Protection Services each year, with a small number of referrals being made to Tasmania Police from Child Protection Services for matters of police investigation.

If a situation involving a child is deemed life-threatening or at crisis point, police will seek to intervene immediately. This will usually involve contact to Child Protection Services to seek assistance with the removal of a child. In other situations, where the risk is not immediate, police will submit details to Child Protection via a referral.

³² Williams, J & Toumbourou, J & Williamson, E & Hemphill, S & Patton, G 2009, 'Violent and antisocial behaviours among young adolescents in Australian communities – An analysis of risk and protective factors', p10, Australian Research Alliance for Children and Youth

In all cases police will gather information and investigate to determine the cause of concern prior to seeking support agencies involvement. The child may ultimately be dealt with by a combination of police and other agencies, i.e. those on Inter-Agency Support Teams (IASTs), or a police and welfare, or police and education approach.

Early Intervention Youth Action Units (EIYAU's)

DPEM currently supports children and youth through a variety of strategic policy and operational processes. EIYAU's were established in each of the geographic Districts to focus on at-risk children and young people (up to 18 years) issues. The EIYAU's attend to all youth justice matters e.g. Formal Cautions, as well as reviewing all files submitted on juvenile offenders, assessing the available options and working closely with other government and non-government agencies to address individual issues relating to youth offending behaviour. Police officers also regularly interact with schools in a preventative and mentoring role, as well as intervening early with families of at-risk children. DPEM continues to take the lead role with IASTs in their District.

Community Respect Order (CRO) Program

The CRO Program is a Government initiative that commenced in 2008. A CRO is an early intervention diversionary option, based on restorative justice principles, whereby the offender performs reparation work in the community under the supervision of a police officer. Offenders learn about the consequences of their offending and in some cases are referred to relevant services. Although the Program focuses on offenders both juvenile and adult offenders to age 25 years, who have committed damage to property offences, police officers can use their discretion in diverting offenders who have committed other offences, such as assault.

Project U-Turn

U-Turn is a Government diversionary program for young people aged 15 -20 years, with a history of motor vehicle theft, or who are at risk of becoming involved in motor vehicle theft. Through participation in the U-Turn program, these young people are offered the opportunity to gain 'hands on' mechanical training, while addressing a number of life skills and personal development issues.

The program gives young offenders support in making different life choices, and in a number of cases has provided participants with employment opportunities. Mission Australia is contracted through Tasmania Police to deliver this program. While the focus for U-Turn is not on violent offenders, it does work with young people who have multiple risk factors including violence.

Police and Community Youth Clubs (PCYC's) Program

PCYCs operate in a number of communities across Tasmania and offer a diverse range of activities for young people aged up to 25 years with a clear target of at-risk youth between

8 - 18 years. Programs provided by PCYCs include the Mobile Activity Centre which provides outreach services, RECLINK which are sporting activities for homeless and marginalised youth, and programs for refugees and migrants. Twelve PCYCs exist across Tasmania in a variety of forms: from large, multi-function sport and recreational facilities staffed by DPEM personnel to small, community-based, volunteer committees with no infrastructure or staff.

PCYC's mission is to reduce crime, strengthen positive relationships between young people, the community and police and to create safe environments for young people. PCYC is a significant contributor to a reduction of the involvement of young people in dangerous or anti-social activities and crime.

Schools Programs

- **Police in College Program:** Police officers, partly funded by DoE, are located in Colleges on a part-time basis with the aim of breaking down barriers between the police and youth, and to provide information, safety and support to students.
- **Adopt-a-Cop:** Police officers have been adopted by schools to provide assistance to teaching staff and students through information on a variety of topics, mentoring, and breaking down barriers between police and young people.

Inter-Agency Support Team (IAST)

The Program is an important strategy which provides a collaborative, multi-agency approach to the case coordination of young people with complex needs, and their families. The IASTs primary client group is children and young people aged 5-17 years with multiple and complex problems, who require support from two or more participating agencies. These young people are frequently known to police and other government agencies, they have histories of offending, and are recipients of a broad range of government services.

Specifically, the IASTs coordinate support for children and young people who have two or more complex problems and for whom there is consensus from all participating agencies that an IAST intervention would clearly be of benefit. Whilst the IASTs were originally focussed on the needs of young people offending or at risk of offending, a number of children and young people are more commonly identified for referral to an IAST due to significant family issues, including neglect and/or family violence.

IASTs are convened and led by DPEM, and bring together key government agencies and local government. Through the coordination of service

delivery, the IAST model seeks to avoid duplication, identify and respond to gaps in service delivery, and provide a tailored response.

The first IAST was established in 2005, and currently 24 IASTs operate across Tasmania. In 2009-10, 250 juveniles statewide (172 males and 78 females) were being managed under the IAST program. DPEM supports two employee positions to assist in the coordination and administration of the IASTs.

For an IAST to be effective at the local level, the representatives from participating agencies must regularly attend meetings, share information about children and young people, make decisions and allocate resources on behalf of their agency. There has been a lack of commitment by some agencies' representatives to undertake the IAST program, as it is not regarded as 'core' business in some areas.

Feedback from stakeholders indicates that the model has delivered a number of effective outcomes including:

- positive interventions for children and young people;
- better working relationships and sharing of information between government agencies and local government;
- increased number of children and young people being diverted from the criminal justice system and/or engagement with education or work; and
- improved relationships between families and government agencies.

Illicit Drug Diversion Initiative (IDDI)

DPEM supports diversionary programs to address issues of illicit drug use. The IDDI coordinated by DPEM seeks to divert minor drug offenders from the criminal justice system, through referral to counselling and treatment services.

Early Intervention Pilot Program (EIPP)

The Early Intervention Pilot Program (EIPP) is an initiative funded under the Commonwealth Government's National Binge Drinking Strategy. EIPP is being managed by DPEM as a diversionary program to target underage drinkers who come to the attention of police for consumption or possession of alcohol in a public place. The aim of the Program is to provide young people and their parents/carers with an opportunity to address alcohol-related issues at an early stage, through attendance of alcohol assessment, information and education sessions. These sessions will be provided by the Alcohol and Drug Service in DHHS.

3.7 Department of Premier and Cabinet

3.7.1 Community Development Division

The focus of the Community Development Division (CDD) is on working across government and with communities to support their development by building on individual and community capacity, addressing social disadvantage and increasing social inclusion and community connection.

On 27 October 2010 the Premier and Minister for Children released the Agenda for Children and Young People consultation paper³³ (the Agenda). The Agenda sets out a possible road map for the delivery of services to children and young people for the next ten years and beyond. Importantly it identifies areas in which service providers across all sectors can align effort.

The Agenda outlines possible directions for the Government and broader community to ensure that children and young people get every opportunity they deserve. Directions canvassed in the consultation paper are organised around eight areas of policy focus:

1. Ensuring the Best Possible Start in Life
2. Start Healthy – Stay Healthy
3. Staying Engaged and Connected
4. Promoting Positive Child Behaviour and Mental Health
5. Positive Pathways to Adulthood
6. Supporting Vulnerable Children and Young People
7. Protecting Children is Everyone's Business
8. Problem Solving Justice Systems

The objective is to establish a shared vision for the future of services for all young Tasmanians based on an overarching set of policy objectives to promote greater alignment of effort.

The Agenda consultation paper suggests a way of building on work that is currently underway to address the needs of children in their early years and support parents in their most important role. It recognises that giving children the best start in life requires a sound platform of universal services for all Tasmanian families, the early identification of risk factors and robust and well integrated interventions for children, young people and families where the need is identified.

Underpinning the Agenda are new ways of aligning effort, principally through the promotion of collaborative service delivery responses and increased

³³ Access via:

http://www.dpac.tas.gov.au/divisions/cdd/agenda_for_children_and_young_people

emphasis on the principle of progressive universal service delivery. That is, offering universal services to all families aimed at building protective factors, with additional and more targeted or specialised services for those that have additional needs or are at high risk. This is consistent with the public health model of service delivery (primary, secondary and tertiary services) and the objectives in the CYPTF Act.

The Agenda also highlights the important role those that come into contact with children have in helping to identify those in need of help and assistance. The rollout of the CFCs and the establishment of the Gateway and IFSS will provide important new access points and provide a platform for new service delivery arrangements.

Actions discussed in the paper to address the needs of vulnerable children are aimed at intervening prior to a child or young person formally entering the child protection or youth justice systems. For example, the consultation paper suggests establishing Young People At Risk Teams in each region with responsibility for actively case managing young people at risk.

These teams could be multi-disciplinary, and based on a lead professional model which would identify needs based on the outcomes of an assessment using a common assessment framework. Teams would be made up of representatives from the police, youth justice, child protection, mental health, education, drug and alcohol and housing services.

Comments on the paper will be received until 1 February 2011, with a final Agenda paper to be released in April 2011.

The Office of Children and Youth Affairs within CDD also has responsibility to assist the effective development and coordination of policies, programs and information for children and young people. This includes assisting the work of the Tasmanian Early Years Foundation (the Foundation). The Foundation has recently launched a social marketing campaign which identifies raising children as 'Tasmania's Biggest Job'³⁴. The campaign aims to highlight the important role parents and community members have in bringing up children and to raise awareness of support that is available to families in the community.

3.7.2 Social Inclusion Unit

The wellbeing, care and safety of Tasmania's children are important social inclusion priorities. Poverty, drug and alcohol misuse and mental health issues are factors of exclusion that are long term contributors to child abuse and neglect. Child protection is a whole of community responsibility and *A Social Inclusion Strategy for Tasmania*³⁵ (Social Inclusion Strategy) provides a

³⁴ See <http://www.tashelpinghands.org.au/> for further information.

³⁵ *A Social Inclusion Strategy for Tasmania*. Access via:
<http://www.dpac.tas.gov.au/divisions/siu/strategy/strategy>

framework for understanding the issue of child protection in its broadest sense.

At the heart of social inclusion – the idea that everyone should have access to the resources and relations that make life healthy, happy and productive – is the importance of strong families and communities, in all their traditional and new forms. When families and communities are working well there are places and spaces that generate healthy lifestyles, safety, creativity, innovation, trust and belonging. Families and communities that are caring, confident and resilient are the best buffer against exclusion.

At the core of a social inclusion approach to understanding child protection is the importance of shifting from a deficit to an assets model for people and places; promoting enterprise solutions to build capacity and sustainability for individuals, groups and places; devolving responsibility locally as much as possible through a focus on place management; supporting families in communities to have greater choice and responsibility over their futures and changing the way government works.

The Social Inclusion Strategy acknowledges that Tasmania currently has a mixture of public, private and community services. Although these services cover many aspects of social exclusion risk, they are under pressure to cover more exclusion risks.

3.8 Summary

The recent reform process in Tasmania implemented wide structural changes that clarified the complex and broad nature of services provided to vulnerable children as comprising two separate but integrally linked spheres of service provision: a broad 'system to protect children'; and the targeted statutory 'Child Protection System'.

This reorientation of the service system reflects the public health model approach which sees universal services available to all families, more intensive (secondary) prevention and early intervention services provided to those families in need of assistance, and statutory Child Protection (tertiary) services provided as the last resort which may result in removal of the child.

While DCYFS in DHHS is the lead area within Government for statutory Child Protection Services, many universal and secondary services are provided both within DHHS and by other agencies that work to prevent families and children from reaching Child Protection Services. The Government also funds significant community based services that have the same objective.

Legislation guides the provision of a number of these services and the critical pieces are the CYPTF Act (administered by DHHS) and the Family Violence Act (administered by Justice).

4 Terms of Reference (b)

“mechanisms currently in place, and where improvements can be made to enhance the integration between all relevant agencies to ensure that the welfare of any identified child at risk is paramount and that all agencies work together to provide best practice care and service delivery”

Section 7(1) of the CYPTF Act sets out the objective as ‘...to provide for the care and protection of children in a manner that maximises a child’s opportunity to grow up in a safe and stable environment and to reach his or her full potential’.

Section 7(2)(a) of the CYPTF Act provides for a ‘partnership approach’ between government, local government, non-government agencies and families in taking responsibility for and dealing with the problem of child abuse and neglect, whilst Section 7(2)(b) emphasises the importance of ‘coordinated strategies for dealing with the problem of child abuse and neglect’.

The lead organisational role is taken by DCYFS in DHHS. However the responsibility under the CYPTF Act for a partnership, collaborative or integrated approach is shared with other government and non-government agencies, and families.

The hallmark of taking an integrative or partnership approach to the care and protection of children and young people is agencies working across traditional portfolio boundaries and sharing responsibility to achieve joint outcomes for children, young people and vulnerable families. Families, children and young people benefit from a seamless more comprehensive service, no longer passed from one agency to another for multiple assessments by different practitioners or forced to retell their stories with the risk that important elements are missed or not passed on.

Integrative mechanisms, also described as partnering, collaborative work, cross cutting, co-ordinated or interagency work, should be the core business of all Tasmanian Government agencies. This was recently emphasised in October 2010 with the publication of *Collaboration – A Tasmanian Government Approach*³⁶.

Integrated mechanisms at the policy and service delivery level bring direct benefits to vulnerable families, children and young people as well as to agencies. For agencies it improves the quality and responsiveness of services to their clients and reduces fragmented inefficient service delivery.

³⁶ *Collaboration – A Tasmanian Government Approach*. Access via: http://www.dpac.tas.gov.au/divisions/policy/collaboration_-_a_tasmanian_government_approach

Integrative mechanisms happen on two levels, a policy level and a service delivery level. Each of these levels is considered in this chapter and an assessment made on whether there are any gaps or identified improvements that are either currently in progress or need to be considered further.

4.1 Integrative Policy Mechanisms

Integrative policy mechanisms occur where agencies at all levels of government and non-government work together to develop and implement overarching objectives and goals to protect children, young people and vulnerable families. At this level, integrative policy can be expressed in legislation, government or Ministerial statements, and actioned through guidelines, protocols and service agreements. Formal protocols ensure that roles and responsibilities are clear and guide staff when working with each other across agency or program boundaries.

Tasmanian Government Collaboration Strategy

Collaboration – A Tasmanian Government Approach was developed to promote better collaboration across agencies. It provides an overview of:

- the drivers, potential benefits and costs of collaboration;
- when collaboration is necessary;
- critical factors for successful collaboration, including leadership, trust, shared aims, clear membership, and accountability structures;
- the challenges that might be faced when collaborating;
- formal mechanisms for collaboration, such as interdepartmental committees; and
- areas of further work to be undertaken.

Agencies are encouraged to use the document as a guide and to prompt discussion about ways to move away from the 'siloes' structures of the past to recognising each other's expertise and skills and working to identify and resolve issues together.

Some agencies have developed internal collaboration policy documents including DHHS' *Agency Collaboration Strategy* (Attachment 9.5).

Legislation

The objective and principles of the CYPTF Act (Sections 7 and 8) clearly set the framework for working with vulnerable and at risk children and families as requiring a partnership approach and collaborative strategies.

Prior to the 2009 package of amendments to the CYPTF Act, the fear of contravening the CYPTF Act had anecdotally led to defensive practice which had unnecessarily limited information sharing. This lack of information

sharing worked against effective interventions to keep children safe and therefore against the intention of the CYPTF Act.

In August 2009, amendments to the CYPTF Act came into effect which provided broader scope for the sharing of information relevant to the best interests of a child (Part 5A).

The amendments mean that:

- in addition to current provisions, the Secretary (DHHS) may require any person who may have information relevant to the safety, welfare or wellbeing of a child to provide a report about the child, the child's guardian, a significant person in the child's life or another person with whom the child resides. The information may include medical information or information relating to the family circumstances of the child in the past, present or anticipated for the future. The Secretary has the power to require that any report be in writing;
- information sharing entities (a new category under Section 3 of the CYPTF Act), including the Secretary, State Service employees, people in charge of certain organisations who receive funding from the Tasmanian Government and Gateway Services, to share information relevant to the welfare or wellbeing of a child or other relevant person. Importantly, the Secretary has the power to not only share information, but to compel another entity to share information it holds. The new information-sharing provisions will enable a more consistent provision of services and contribute to the delivery of better outcomes to children and their families; and
- a person who shares information in good faith under the provisions is protected against any claim that they have breached any code, standards of professional conduct or to have contravened any other Act (Section 15 of the CYPTF Act). They cannot be prosecuted either criminally or civilly for sharing the information.

A comprehensive information sheet has been made available to all staff around the State in regard to the amendments, including Information Sharing (Attachment 9.6).

Agenda for Children and Young People (the Agenda)

As noted in terms of reference (a), the Agenda consultation paper suggests new ways of addressing a range of critical issues facing young Tasmanians and proposes significant change in the way in which services are delivered, particularly to those who are the most vulnerable in the community. Importantly, the Agenda also recognises the need to strengthen the capacity of families to parent well.

The high rates of cross-over between the Child Protection and Youth Justice Systems require particular attention. Where children are placed in State Care or enter the Youth Justice System there is often a need for more effective whole of government case management approaches that address complex needs. This requires multiple service responses and the emphasis in the Agenda is on developing new ways of working across agencies to ensure that interventions are well coordinated.

New approaches suggested in the Agenda to reform Tasmania's Youth Justice System are aimed at promoting improved integration of policy, planning and program delivery across departments with an emphasis on early intervention strategies to engage youth offenders before entering the criminal justice system. This involves developing a more detailed understanding of the social context in which a young offender has come into the system and recognition that where early interventions have not been successful there may be a need to engage the power of the court systems to assist families address their problems. A primary emphasis is on ensuring that the actions of agencies and service providers are well coordinated.

The Agenda consultation paper has been prepared as a basis for engaging in community wide discussion on policies and services for children, young people and their families.

Guidelines, protocols and service agreements

A number of formal collaborative arrangements exist across the State Service to facilitate and support the provision of services to vulnerable and at risk children. These arrangements exist between Child Protection Services and other units within DCYFS in DHHS, Tasmanian Government agencies, Commonwealth Government agencies and NGOs.

DCYFS is responsible for the delivery of a number of services which often have common clients. In October and November 2008, Youth Justice and Disability Services respectively joined the then Children and Family Services to form DCYFS. This structural change was made with the express purpose of facilitating better collaboration across these services where there are common clients. This collaboration is supported by policies and protocols as outlined below.

Child Protection and Youth Justice Services

A protocol exists between these two services recognising that each service has a different focus and is governed by different legislation, and it is necessary to clarify roles and processes (Attachment 9.7).

Child Protection and Youth Justice Services often deal with young people who are involved with both service systems at the same time. These young people have complex needs that require flexible and collaborative

responses. While each service has their own protocols and guidelines, it is vital that staff from both services understand each other's role and work together to maximise outcomes for these young people and their families. There is broad acknowledgement that child protection issues of abuse and/or neglect can be a major contributing factor to offending behaviour, and as such, require appropriate, informed and coordinated management.

When a young person is subject to both child protection and youth justice intervention, the key principles are:

- remaining client-centred;
- maintaining communication between workers at all times to ensure the best outcomes for the child or young person;
- ensuring the family and community is involved wherever possible and appropriate;
- being culturally sensitive and responsive;
- ensuring strengths-based practice; and
- sharing evidence across disciplines between professionals involved in the case.

Child Protection and Disability Services

As with Youth Justice, a policy and practice guideline exists between Disability and Child Protection Services (Attachment 9.8). A number of children and young people who have disabilities are also involved with the Child Protection Service. Although some children are clearly assessed as clients of both services, there are a number of children who may be eligible for and receive services from Disability Services and may be 'at risk' of becoming a client of the Child Protection Service for a range of reasons. Similarly, there are a number of children who are clients of the Child Protection Service who have a disability, but are not assessed as a priority for service from Disability Services.

Too frequently in the past, attempts to provide comprehensive and appropriate services to a child/young person with a disability and (possible) protective concerns has resulted in discussions about which service is ultimately responsible for the child. This approach inevitably results in an inadequate service that fails to meet the needs of the child.

In May 2008, the then Commissioner for Children provided the Government with *Parens Patriae* which highlighted these issues.

The policy and practice guideline between the two services outlines the DHHS position on the service response to children who have both a disability and potential or existing protective concerns. It contains 14 Principles that underpin service delivery as well as the agreed principles and practices that

will be undertaken when responding to children and young people who need support and services from both Disability Services and Child Protection Services.

Child Protection and Children and Young Persons Program (CHYPP)

A collaborative referral protocol exists between Child Protection Services and CHYPP (Attachment 9.9). The protocol establishes the working agreement and processes to facilitate a joint understanding of professional expectations, and the practicalities of working with shared/mutual clients.

The principles of this protocol are:

- the safety, wellbeing, needs and best interest of children and young people will be considered the priority in all cases;
- collaboration and partnership between programs is to be promoted as they strengthen the protection of children against abuse and violence; and
- exposure to family violence is considered a serious risk to the health and physical and emotional wellbeing of children.

CHYPP is a specialist therapeutic service for children and young people affected by family violence provided under Safe at Home. This service does not include reunification work or assessment of child protection concerns. It is recognised however that the CHYPP therapeutic work can at times provide information on risk and safety to children that informs decisions made by Child Protection workers.

Child Protection and Child Health and Parenting Service (CHAPS)

While there is no formal Memorandum of Understanding between Child Protection Services and CHAPS there are protocols around CHAPS involvement in notifications of concern about unborn children.

Child Protection and Tasmania Police

A Memorandum of Understanding (MOU) exists between Tasmania Police and DHHS (Child Protection Services). This MOU was revised in April 2010 and its intention is to promote a collaborative working relationship which ensures the safety and protection of children and young people (Attachment 9.10).

The MOU promotes a collaborative working arrangement between the two services and provides an agreed understanding with regard to:

- the roles and responsibilities of the two services;
- the sharing of information;
- key contact arrangements; and

- joint training opportunities.

The MOU provides the foundation for area based collaboration between the two services including – regular meetings to discuss any client issues, participation by the two services in IASTs, referrals of potential criminal abuse or neglect and joint investigation approaches.

Child Protection and Department of Education (DoE)

A number of findings and recommendations contained within the *Report on Child Protection Services* related to the relationship (and common clients) between Child Protection Services and DoE. As such, improving the relationship (and sharing of information) between the two agencies was a key project undertaken as part of the implementation of that Report.

One key outcome of this project was the development of a Partnering Agreement between the two agencies (Attachment 9.11). The Agreement sets out key principles to enable both Agencies to work together to improve the educational outcomes of children in OOHC.

The Agreement covers agreed working arrangements:

- School Enrolment;
- Supporting Achievement / Case Management (Including Individual Education Plans);
- Supporting School Attendance;
- School Retention; and
- Monitoring of Student Outcomes.

Despite the fact that individual students in OOHC can and do excel educationally, the current outcomes data for this group indicates that they are significantly underachieving.

Information collected by Education Performance Services in relation to the 2005-06 school year indicated that students in OOHC were:

- five times as likely as all DoE students to be suspended;
- twice as likely to be absent;
- one and a half times as likely as all DoE students to be assessed as at risk on the Kindergarten Development Check;
- three times as likely as all DoE students to receive less than 40 for reading and maths (Score of 40 is considered the benchmark);
- more likely to receive lower assessment ratings for English-literacy, Maths-numeracy and Maintaining Wellbeing, particularly at the Secondary level; and

- five times as likely to receive no assessments at the end of the year.

Education has the potential to significantly improve the life chances for students in OOHC. However, given the background and circumstances of many of these students access, participation and achievement in education often requires special assistance and support. Both DoE and DHHS share the responsibility for ensuring that these students receive the support they need, and the Agreement outlines roles, responsibilities and processes that support that collaborative effort.

A 'Children under State Care Partnership Review Group' has also been established with DHHS and DoE. It is moving toward streamlining documentation and communication around children who are in State Care.

Child Protection and Australian Government Agencies

While the Tasmanian Government is responsible for the delivery of statutory Child Protection Services and provides other services as part of a broader system for protecting children, the clients of these services often deal with Commonwealth Government agencies, including Centrelink, the Family Court of Australia, Medicare and the Department of Immigration and Citizenship (DIAC).

As part of the development of the *National Framework*, the Commonwealth, state and territory governments have developed a protocol to facilitate the sharing of information between Commonwealth Government agencies and statutory child protection authorities (Attachment 9.12).

The protocol, although not legally binding, is based on the assumption that all parties operate on a foundation of mutual respect and cooperation, and in accordance with all applicable legislation. The protocol specifies:

- the information that can be requested from the Commonwealth;
- standard processes for requesting information;
- what supporting evidence is required to request information; and
- the timeframes for responding to information requests.

The protocol operates within each state's and territory's child protection and privacy legislation and each jurisdiction is responsible for ensuring that legislative requirements are met.

The arrangements for sharing information utilise the existing Interstate Liaison Network and the Interstate Liaison Officer (ILO) in each jurisdiction is the point of contact for this protocol. The ILO officers in each state have been identified as Child Protection Contact Officers for the purpose of this protocol.

Appendices to the Protocol for Centrelink (Attachment 9.13) and Medicare (Attachment 9.14) have been finalised and work is underway with the Child Support Agency. It is intended that additional Commonwealth Government agencies, starting with DIAC, will be added over time.

Child Protection and Non Government Organisations

The 2009 amendments to the CYPTF Act include provisions for the sharing of information between Child Protection Services, government and non-government agencies. In addition, a MOU governs the critical relationship between the Gateway Services (Community Based Intake Services) and Child Protection Services (Attachment 9.15). The MOU describes a set of core features that will guide the operational links between Gateway and Child Protection Services.

Housing Tasmania

One of the key pathways into homelessness is the 'youth pathway'. Under the *Tasmanian Homelessness Plan 2010-2013: Coming in from the Cold*³⁷, Housing Tasmania has agreed to either lead or contribute to a number of actions that will help improve the welfare of at risk children and young people. Some relevant actions include:

- Connecting people who are homeless or at risk of homelessness to specialist homelessness services and housing support services at CFCs;
- Reviewing existing support systems for adults, children and young people who are affected by family violence who have the potential to become homeless;
- Implementing a range of housing and support programs to improve transition planning for young people exiting State Care, including:
 - Residential Care – providing young people with a supportive home environment, professional care and support to establish independent living skills. Exit planning for children leaving this program will incorporate relevant tools developed as part of this plan;
 - OOHC – providing housing and support options for young people and children within State Care. Exit planning for children leaving this program will incorporate relevant tools developed as part of this plan; and
 - Leaving Detention – The 'Outta Here, Your Options Your Choices' package will be reviewed to ensure it includes tools and resources developed as part of this plan and will be extended to young people leaving detention. This will augment exit planning

³⁷ Launched 24 September 2010, access via: <http://www.dhhs.tas.gov.au/>

- Improving integration and coordination across the social housing system and with mainstream services through the Service Coordination and Improvement Program. This will include developing common assessment and application processes and a common waitlist; and
- Developing a whole-of-government protocol for proactive referral processes and sharing of information between organisations, and establishing a lead case management model to better assist at risk clients in a consistent way across organisations.

Child and Adolescent Mental Health Services (CAMHS) and Youth Justice

CAMHS has one formal MOU with Youth Justice and one under development with Child Protection (Attachment 9.16). CAMHS put in place clinical treatment programs for children with complex mental health problems associated with attachment and trauma as a result of past abuse. CAMHS provide support to Child Protection Services by providing them with secondary consultations, individual and family assessments, therapeutical planning and consultations and training.

4.2 Integrative Service Delivery Mechanisms

This level of collaborative arrangements involves integrated case management practice where agencies and their individual front line staff work together to assess and respond to the needs of vulnerable families, children and young people. Information sharing, assessment, contribution to family case conferences, case planning for individual children and their families and targeted casework intervention are examples of integrated practice at service delivery level.

Specific policy approaches and programs described earlier in this submission that are relevant in this regard include: Safe At Home, IASTs, and the placement of a Community Based Child Protection Team Leader in each Gateway Service.

Care Teams

Care Teams are established to promote cooperation and collaboration between all people involved in providing care and protection to a child or young person in State Care.

They focus on collaboratively doing the things that parents generally do for their child. In order for Care Teams to be effective, all available information about a child that enhances opportunities for better care must be shared by and with all members of the team.

The Care Team needs to ensure that a better quality of care is provided than would be provided if the child or young person remained with their parents.

Family Group Conferences (FGCs)

FGCs are a collaborative case planning process. They are used most effectively at a point of crisis or impending crisis for an individual or family and provides a structured framework which engages people closest to the issue in seeking a positive outcome together. A situation where a child or young person has become involved with the statutory Child Protection System certainly constitutes a crisis for the whole family system. However, in the past, those most directly involved in the situation have frequently been left out of the decision-making process.

Case Planning

Information on the Case and Care Plans for the future of the child detail the reason for intervention and the overall plan for the child. It also includes a list of the goals that need to be reached in order to achieve the overall plan, as well as the rationale behind the plan, tasks, timelines and people responsible for undertaking them.

The Case Planning process should include either a FGC or a family meeting following an investigation. This is to ensure that family members and the child or young person are fully involved in the planning process.

Care Planning

The Care Plan identifies the child's needs and describes how these needs will be met while they are in OOH. The identification of needs is based on:

- the information collected and recorded in the Case and Care Plan to date; and
- the observations, discussions and conversations that have occurred with the child and the key people in his or her life.

Those with the most knowledge of and responsibility for the child need to work together to establish shared goals and ways of achieving these based on the child's needs, the strengths of the family and the services and supports available. This is a process involving extensive collaboration.

Aligning Geographical Boundaries

As part of the response to the *Report on Child Protection Services, A Way Forward* was developed with 12 Actions for immediate implementation. This included 'Action 3: Implement new structure for Children and Family Services'.

Implementation of this Action has occurred and resulted in the alignment of DCYFS' geographical boundaries with those of DoE and DPEM to make collaboration in service delivery easier between Agencies.

DCYFS now has four regional teams: North, North West, South and South East. These teams provide a wide range of services and have Regional Managers that work closely with their colleagues from other agencies, as well as non-government organisations (such as neighbourhood houses and community organisations) to improve access to support services.

Information Sharing

A key component of any integration or collaboration across services is the sharing of key information. Sharing information across services is essential practice when responding to children and young people at risk of harm and abuse. Information sharing enables collaborative practice, which needs to be underpinned by a willingness to share and exchange information to enable the best outcomes for the children in our care and the families we seek to support. It is important that external service providers who are already involved with the family remain involved and have sufficient information to continue to provide safe and effective services. Often those who are already engaged with the family or child are best placed for an effective short-term intervention.

While the 2009 amendments to the CYPTF Act included amendments to ensure there was no barrier to information sharing, it is the day-to-day activities undertaken by service providers that ensures this valuable practice is observed.

While the information sharing arrangements for children known to Child Protection have been discussed in the previous section under legislation, concerns remain (regarding breach of confidentiality) over sharing information on a child not known to Child Protection. Currently the IASTs that are managed by DPEM (and the Collaborative Case Conferencing³⁸ in the North), operate throughout Tasmania but only cover a small number of children and young people. Problems continue to occur with lack of information sharing between relevant agencies and an inconsistent approach throughout Tasmania.

Possible avenues to explore to resolve this matter include amendments to legislation and the establishment of a joint agency coordination unit responsible for overseeing children's and young people's issues. These options are outlined below:

³⁸ Collaborative Case Conferencing (CCC) is an across-agency approach which targets a small client group of Youth Justice clients with entrenched problems, who are in need of intensive support.

- confidentiality provisions could be amended in the relevant legislation to specifically permit the exchange of information between Government agencies and/or contracted parties for the purpose of supporting and working for the benefit of children and young people. The information sharing provision, Section 37 in the Family Violence Act could be used as a model for information sharing; and
- a joint agency coordination unit could be established with responsibility for overseeing children's and young people's issues including the coordination of service delivery. It could also deliver training opportunities, such as investigative training workshops. Officers from different agencies could be seconded to the unit to work closely together. It would be beneficial to develop a data warehouse to capture case notes from multiple departments relating to individual children and their families. Access would be restricted according to business needs.

Area Advisory Groups (AAGs)

The ongoing reform of child protection and family support will bring significant change to the delivery of services to vulnerable children, young people, people with disabilities, families and carers in Tasmania. An increase in the flexibility and range of services available to more people, improved governance of service provision and a greater focus on person and family focussed service delivery are all features of these reforms.

A key requirement for the success of the reforms was the requirement for integrated service delivery utilising shared governance at a state wide and area level. These arrangements create a fundamentally different relationship between DHHS, NGOs, related government agencies, mainstream health and human services and families, carers and people with disabilities.

As part of this, AAGs have been established in each of the four regional areas statewide (North, North West, South and South East).

The AAG is the key governance forum at Area level. It is established to:

- develop and support an Area DCYFS Plan;
- coordinate/undertake data collection and analysis;
- contribute to service system design; and
- provide feedback on service system issues.

Membership of the AAGs consists of government, non-government representatives and community leaders. The groups are co-chaired by the DCYFS Area Director and a community sector nominee.

These groups are intended to be flexible to respond to local needs, in some cases these groups have undertaken exercises to identify services gaps, and others have identified key community concerns that need to be responded to in partnership. All groups are currently developing their area plans to respond to identified needs.

A Statewide Advisory Group (SAG) has also been established. SAG resolves or recommends service system frameworks and processes, and provides advice to Government through the Chair in relation to:

- the strategic policy platform for integration and the development of a shared vision and common language across programs;
- joint planning mechanisms;
- outcome measures, including measures to demonstrate the value of system integration;
- service system learning and its application through action research/ action learning;
- identification and securing of joint funding opportunities to address needs of shared clients; and
- service system capacity building.

As with the AAGs, membership of the SAG consists of government, non-government representatives and community leaders. SAG is chaired by a Deputy Secretary, DHHS.

4.3 Improvements, New or Planned Integration Mechanisms

Safe At Home

External evaluation of the Family Violence Act and operation of Safe at Home recommended that improvements be made to the provision of services to perpetrators who are not eligible for the FVOIP and child victims of family violence who were continuing to be exposed to family violence³⁹.

More specifically the Safe at Home review recommended that 'integrated family support services are supported to provide services for children affected by family violence who are not able to access CHYPP because of the ongoing threat of violence in their families'. The review also recommended that 'education programs are provided in Tasmania's schools to assist children and young people to develop healthy and respectful relationships'. This type of initiative is currently being funded by the Commonwealth Government.

Future directions for Safe at Home will focus on introducing legislative and service delivery reform in response to the recommendations made in the

³⁹ *Review of the Integrated Response to Family Violence: Final Report* (June 2009)

reviews of the Family Violence Act and Safe at Home service delivery system. To this end, Safe at Home is in the process of negotiating linkages between the Gateway Services, IFSS and regional Integrated Case Co-ordination meetings to improve the case co-ordination and the risk and safety management of families who are not part of the Child Protection System. Shorter forms of the FVOIP will be developed to improve service delivery in more regionalised areas and a new Integrated Case Co-ordination Information Management System will be developed and implemented. The Special Needs Liaison Service will also be realigned to encourage greater utilisation of the service by respondents to family violence proceedings.

DCYFS and Mental Health Services

There are tensions between Mental Health Services and the statutory Child Protection Service, which is often related to service thresholds and legislative and clinical restraint. In recognition of this, these services are moving toward a stronger partnership that will include a clearer understanding of each partner's roles. Child Protection is responsible for the determination of risk and whether statutory action is required to be taken to remove the primary carer's rights, whilst Mental Health Services are responsible for the mental health decisions.

There is also an opportunity for the partners to work more closely around the trauma suffered by children entering State Care. Child Protection Services currently funds the Australian Childhood Foundation to run a small program to work with a limited number of children to address their underlying trauma issues. The future development of trauma services will require both partners effective engagement.

SMHS is working with DCYFS and the Tasmanian Prison Service to develop protocols for management of pregnant women and children coming into the prison following a mother being sentenced. The Tasmanian Prison Service has employed a temporary project officer to manage this process.

Forensic Mental Health Services is currently developing policies to promote integration between the three services: Tasmanian Prison Service, Forensic Mental Health Services and DCYFS.

Under *Building the Foundations*,⁴⁰ it is anticipated a review of the Children of Parents with Mental Illness (COPMI) will be undertaken within the next 12 months. This will involve DCYFS staff and is another opportunity to engage in support for children at high risk. Under COPMI, an e-learning tool was developed in 2009, *Keeping Families and Children in Mind*⁴¹. This could be

⁴⁰ Department of Health and Human Services 2009 – Building the Foundation for Mental Health and Wellbeing – A Strategic Framework and Action Plan for Implementing promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania

⁴¹ See <http://www.copmi.net.au/worked/index.html>

offered as part of systematic training for key staff providing services to complex families.

SMHS will strengthen awareness of pre/post natal depression through the Tasmanian Perinatal Depression Initiative. Promotion and education is expected to take place in 2011 in the three major hospitals and with primary health providers.

Alcohol and Drug Services South has recently completed a Reportable Incident Brief (RIB), included in which is a proposal to increase training opportunities offered by Child Protection Services to Alcohol and Drug Services Staff. The RIB also proposes development of a model of care for working with parents who have significant drug and alcohol use problems, and links with the Child Protection System. It is hoped this model will also assist to provide greater clarity and criteria for clinicians in the application of the CYPTF Act.

4.4 Summary/Conclusions

One of the fundamental tenets of the current reform agenda across all levels of service provision, both in the statutory Child Protection Services and the wider system for protecting children, is the improved collaboration of professionals working with vulnerable children and families across multiple services. This was highlighted in the *Report on Child Protection Services*. While there has been considerable effort to better integrate services within DCYFS and to achieve better collaboration across services, the fact that subsequent reports into child protection⁴² have further indicated the need for better collaboration and integrated service delivery is evidence of how difficult effective collaboration can be to achieve.

Despite the reform agenda that has been underway in Tasmania since 2006, sustained effort is necessary to consolidate these reforms and extend them beyond the statutory Child Protection System. The Australian Childhood Foundation in its submission on the National Framework notes:

'The configuration of the child protection system is typically defined using the lens of the welfare paradigm and routinely is limited at its core to statutory child protection services, schools and family welfare organizations. Services which are considered to be more peripheral are early childhood, health, police, juvenile justice, domestic violence, housing, financial assistance and disability support. At a policy level, child protection is only partially integrated within a framework that

⁴² See for example, *"She will do anything to make sure she keeps the girls" - Inquiry into the circumstances of a 12 year old child under Guardianship of the Secretary*, 2010 (P Mason).

specifies the co-ordination of all interactive elements of these service systems to effectively protect children.

*Co-ordinating government endeavours is difficult enough in itself without these extra impediments. The Queensland Government changes in this respect have been the most wide reaching, including the establishment of senior child protection policy advisers in each government department and the prioritization of ongoing joint meetings at various intergovernmental levels including Ministers and Department Secretaries'*⁴³

There are opportunities for improving integrated responses to children at risk from the way adult-focused services work and interact with, child protection services. Services such as drug and alcohol treatment, mental health and corrections have an important role to play to improve the safety and wellbeing of vulnerable children. Professor Dorothy Scott notes that is particularly the case, given:

'... the powerful evidence that now exists on the serious immediate and long-term risks posed to children from parental substance dependence, mental health problems and domestic violence, and the high prevalence of such problems among families involved with statutory child protection systems....

*There are enough promising examples in most of these adult-focused service sectors to demonstrate that it is possible to respond to the parental roles of adult clients and to the needs of their children. The current policy climate in Australia is ripe for building the capacity of adult-focused services to become 'child and parent sensitive'. Building the knowledge base to support such models of service delivery, and to facilitate the 'scaling up' of cost-effective approaches, should be a major national priority in relation to social inclusion.'*⁴⁴

The collaboration currently in place in Tasmania is, by and large, collaboration between 'like services' concerned with child and family welfare. As noted above, there are a number of services which predominately have parents as their clients and, as a result, are well placed to contribute to the protection of children in Tasmania.

It is critical that future public policy and service development in Tasmania should focus on children's needs, not only for ongoing protection from violence and neglect, but also with regard to rehabilitation and stability. Rather than an 'add-on' to services (which often consists of referral to Child

⁴³ Responding to child abuse and neglect in Australia A joint submission to the Australian Government responding to Australia's children: Safe and Well - a National framework for protecting Australia's children, 30 June 2008

⁴⁴ 'Think Child, Think Family': How Adult Specialist Services Can Support Children at Risk of Abuse and Neglect 2009 (D. Scott)

Protection Services), a complete policy paradigm is required that is able to place children's needs at the core of government decision-making and recognise the protection of children as a component of all services.

One way of addressing this, in accordance with the Queensland example above, might be the establishment of Senior Child Protection Policy Officer positions within DPEM, DHHS, DoE and Justice to work together under the leadership of DCYFS to develop and implement a whole of government policy platform aimed at reducing the incidence and harm of child abuse and neglect.

While there are frameworks and policies in place to aid collaboration, it should also be noted that collaboration is dependent on the competency of individual professionals working within established policy and protocols. Efforts should be directed at ensuring that staff have the necessary skills and are assessed as competent in the skills required for effective collaboration.

5 Terms of Reference (c) *“review the Children, Young Persons and Their Families Act 1997, including all proposed amendments to the Act as mentioned in the Tasmanian Government’s response to recommendations in the Commissioner for Children’s report on his inquiry into the circumstances of a 12 year old child under guardianship of the Secretary, October 2010”*

5.1 Background

The CYPTF Act was proclaimed in 2000. It provides a framework and mandate for government and non-government services, community members and families to respond to situations where children may have suffered harm from abuse or neglect or where they may be at risk of suffering harm within the family unit.

Section 7 of the CYPTF Act sets out the object, which is ‘...to provide for the care and protection of children in a manner that maximises a child’s opportunity to grow up in a safe and stable environment and to reach his or her full potential.’ In seeking to fulfil this object, the Minister should endeavour:

‘(a) to promote, and assist in the development of, a partnership approach between the Government, local government, non-Government agencies and families in taking responsibility for and dealing with the problem of child abuse and neglect; and

(b) to promote and assist in the development of coordinated strategies for dealing with the problem of child abuse and neglect; and

(c) to provide, or assist in the provision of, services for dealing with the problem of child abuse and neglect and for the care and protection of children; and

(d) to provide, or assist in the provision of, preventative and support services directed towards strengthening and supporting families and reducing the incidence of child abuse and neglect; and

(e) to assist recognised Aboriginal organisations to establish and provide preventative and support services directed towards strengthening and supporting families and reducing the incidence of child abuse and neglect within the Aboriginal community; and

(f) to provide, or assist in the provision of, information or education services for guardians, prospective guardians and other members of the community in relation to the developmental, social and safety requirements of children; and

(g) to provide, or assist in the provision of, education to persons who are required to notify the Secretary if they know or reasonably believe

or suspect that a child is being, or is likely to be, abused or neglected; and

(h) to provide, or assist in the provision of, services to help persons who have been under the guardianship or in the custody of the Secretary during childhood to make a successful transition to adulthood; and

(i) to collect and publish relevant data or statistics or to assist in their collection or publication; and

(j) to promote, encourage and undertake research into child abuse and neglect; and

(k) to encourage the provision, by educational institutions, of courses offering instruction about child abuse and neglect and its prevention and treatment; and

(l) generally to do such other things which the Minister believes will further the object of this Act.'

The CYPTF Act reflects principles from the UN CROC⁴⁵.

The object of the CYPTF Act reflects the accepted public health model approach to child protection, which sees universal services, preventative and early intervention services underpinning the statutory Child Protection System. Clauses (a) through (e) clearly acknowledge this complex environment and the need to establish partnerships and coordinated strategies to provide services and reduce the number of children and families requiring statutory intervention.

The CYPTF Act is founded on three principles (Section 8(1)):

1. the primary responsibility for a child's care and protection lies with the child's family;
2. high priority is to be given to supporting and assisting the family to carry out that primary responsibility; and
3. if a family is not able to meet its responsibilities to the child and the child is at risk, the Secretary may accept those responsibilities.

The introduction of the CYPTF Act introduced a number of refinements to child protection legislation and practice in Tasmania, including the extension of mandatory reporting. The introduction of mandatory reporting not only placed obligations on a number of professional groupings, it also placed an obligation on Child Protection Services to be able to respond to such reports.

⁴⁵ <http://www.unicef.org/crc/>

As evidenced in the *Report on Child Protection Services* the system was not able to cope at that time and had an unallocated list which at its peak numbered over one thousand. This Report highlighted the need for reform the system's inability to cope with increasing demand, and the need to address the complex and intertwined issues impacting on vulnerable Tasmanian children and their families. The *Report on Child Protection Services* contains a number of suggested legislative amendments in these areas as well as including some broader proposals for change.

The recommendations for legislative amendment were in the areas of:

- improved early intervention and family support;
- better information sharing and liaison between government and non-government service providers;
- more timely and improved processes for clients of the Child Protection System;
- clarification of the role of the Department as an exemplary parent; and
- a strengthening of the complaint and review process for children in the care of the Department.

The number and complexity of some of the amendments recommended in the Report are such that when a response to the Report was prepared it was proposed to progress the legislative amendments in two stages to ensure the timely implementation of all recommendations.

5.2 Phase One Amendments

In August 2009 the first package of amendments to the CYPTF Act came into effect. The areas of amendment related to:

- providing for improved sharing of information relevant to the best interests of a child between Community Service Providers, a Community Based Intake Service provided by a contracted NGO, and Child Protection Services. This will allow Child Protection Services to seek information regarding a child, young person or their family when making an assessment, undertaking an investigation or undertaking case management;
- providing the ability for the Secretary DHHS to receive information concerning unborn children and take appropriate action including: assessing the likelihood that the child, once born may need protection; and offering help and support to both the pregnant woman and her partner (if appropriate);
- establishing greater options for permanent care arrangements, where appropriate, for children for whom reunification with their birth families is not an option; and

- creation of an AYDC Residents' Advocate position within the Commissioner for Children's Office to assist in promoting the interests of young people in custody.

5.3 Phase Two Amendments

A Steering Committee has been established to assist with the second phase of amendments to the CYPTF Act initially stemming from the *Report on Child Protection Services*. Remaining amendments to be considered include:

- to provide greater flexibility for the adjournment of proceedings;
- to allow a child to be taken into safe custody without a warrant for a period of one working day and change the period of time the Secretary may accept and retain responsibility for custody of a child without a court order being in place from five days to 24 hours;
- to increase the period of time granted under an Assessment order;
- to clarify the responsibilities of the Secretary as Guardian;
- to clarify the use of 'Recognised' Aboriginal Organisations;
- to clarify the role of the Commissioner for Children with regard to complaints;
- to simplify the role and establishment of Advisory Panels; and
- to expanding the use of FGCs.

The Steering Committee includes members from DHHS, DPAC, DPEM, DoE, the Magistrates Court of Tasmania, Tasmanian Aboriginal Centre, Legal Aid and the Commissioner for Children. The Steering Committee has met on two occasions.

Aside from the remaining amendments from the *Report on Child Protection Services*, additional proposals have come from a number of other avenues including: Steering Committee members; Magistrates Division; legal practitioners; and the former Commissioner for Children.

A draft consolidated list of the issues that have been raised is attached (Attachment 9.17).

A further issue that has been raised by DPEM (but is not covered in the consolidated list of issues) is ensuring a safe place for a child or young person. Currently if a child or young person on the street (at risk of harm) comes to the attention of police, often after business hours, there is no legislative provision to take the child into protective custody in order to provide a safe place. If the child or young person is referred to Child Protection Services by police, a safe place may only be sourced depending on the availability of accommodation provided by Child Protection. Where a safe place is not available, there are virtually no alternatives. Therefore police may have to

resort to providing a mattress and blanket at the police station, food and often money from officers for the at-risk young person.

While police have the authority to take an intoxicated adult or a person suffering mental illness to a place of safety or a medical facility, there are no such provisions for young people.

The issues to be addressed through amendments have not yet been finalised. It is proposed that this listing will not be considered by the Steering Committee until after the recommendations from both this Select Committee on Child Protection and the consultation on the Agenda for Children and Young People has been finalised. There is also a need to allow the recently appointed Commissioner for Children to consider and provide advice on this issue.

It is proposed that the Steering Committee advise on priority areas prior to a discussion paper being finalised and that a broad consultation process is then undertaken.

5.4 Advice from a former Commissioner for Children

A former Commissioner for Children has provided a number of reports containing recommendations relating to possible amendments to the CYPTF Act. These include:

- *Parens Patriae*. The former Commissioner proposed that the Family Law Court represented a less adversarial avenue to resolve instances where parenting arrangements (custody and guardianship) need to be assigned. This would require the Secretary of DHHS to become a party to a parental agreement within the Family Law Court of Australia;
- Reform of the Children Young Persons and Their Families Act 1997 Commissioner for Children's list of possible areas of reform September 2009 (Commissioner for Children's List of Reforms to CYPTF Act)⁴⁶. In May 2009 the then Commissioner invited members of the Tasmanian legal profession with expertise in Child Protection and Family Court matters to participate in a reference group. Recommendations within this report are informed by the discussions that the Commissioner held within the reference group; and
- Inquiry into the circumstances of a 12 year old child under the guardianship of the Secretary, July 2010. The Tasmanian Government has responded to the recommendations in this report. Where recommendations have been accepted by the Government and require legislative amendments, consideration will be given to the inclusion of these areas within the discussion paper to be developed by the Steering Committee.

⁴⁶ Access via: <http://www.childcomm.tas.gov.au/publications/reports-and-submissions/>

The former Commissioner's advice needs to be considered in the context of the proposed second phase of amendments to the CYPTF Act. Issues raised by the Commissioner have been consolidated into the broader list of possible areas for consideration (see Attachment 9.16).

5.5 Summary

The CYPTF Act was enacted in 2000. In 2009 a package of amendments came into effect that established a new service structure focussed on improved early intervention and family support.

There are a number of historical reports and recommendations relating to amendments to the CYPTF Act. A Steering Committee with broad representation has been established to progress a second phase of amendments.

There are two processes currently underway that could influence the prioritisation of amendments. These are the:

- Select Committee on Child Protection (to report back January 2011); and
- Government's consultation paper on an Agenda for Children and Young People (comments being received until 1 February 2011 with agenda to be finalised April 2011).

It is also important to provide an opportunity for the new Commissioner for Children to consider and provide advice on possible amendments to the CYPTF Act.

It is proposed that the Steering Committee's proposed discussion paper and consultation process not commence until findings and recommendations from the two processes noted above have been received and considered.

While the CYPTF Act is the subject of review and amendment attention can be drawn to the following points:

- it provides an appropriate legal structure for intervention;
- it acknowledges that responding to issues regarding vulnerable and at risk children requires more than statutory intervention and that preventative and early intervention strategies are of significant importance;
- integrated and coordinated approaches to service delivery are necessary; and
- in comparison with other states and territories the CYPTF Act is of a similar standard and content⁴⁷.

⁴⁷ See section 3.3 of this submission.

6 Terms of Reference (d)

“other long term contributors to child abuse and neglect, such as poverty, drug and alcohol misuse and mental health issues”

Some children are born into extreme disadvantage caused by a complex set of social determinants. The result is extreme vulnerability on multiple levels. These determinants include:

- poverty;
- a lack of adequate or stable housing;
- poorly educated parents;
- chronic health conditions in either child or parent including psychiatric illness;
- intergenerational issues which can include abuse, neglect and/or crime;
- domestic violence;
- marriage breakdown;
- unaddressed trauma in the adults in the children’s lives caused by past or ongoing substance abuse and/or mental health issues;
- isolation; and
- being born into an impoverished community.

As there are so many contributing factors, it is likely that not many will be addressed before these children will themselves become parents, often when they are in their early-mid teenage years, and the cycle of disadvantage and extreme vulnerability will continue.

For many children the picture is not quite as bleak as that outlined above, unfortunately the complex and inter-woven socio-demographic determinants that contribute to the production of vulnerability in children are on the rise in Australia.

According to *A Picture of Australia’s Children 2009*⁴⁸ there is a demonstrated relationship between the health and wellbeing of children and the environment in which they grow up. The reverse is also true: children who have been abused or neglected emotionally or physically often have poor social, behavioural and health outcomes immediately and later in life. Abuse and neglect victims may experience lower social competence, poor school performance and impaired language ability, a higher likelihood of criminal offending, and mental health issues such as eating disorders, substance abuse and depression.

⁴⁸ *A Picture of Australia’s Children*, Australian Institute of Health and Welfare, 2009

The *Report into Child Protection Services* reported that in recent years issues such as long term unemployment, family violence, drug and alcohol abuse and mental health issues have had an increasing impact on the capacity of some parents to keep their children safe and meet their needs.

The Report noted that in Tasmania:

'The majority of children referred to the child protection system come from families that are affected by a combination of other issues that include financial difficulties, substance abuse, mental health symptoms, inadequate housing and family violence. In particular, an increase in the use of illicit drugs and alcohol by parents has added to the level of risk of many children being notified to child protection services.'

Tasmania is not the only jurisdiction facing child protection issues caused through factors such as parental substance abuse, poverty, and family violence. The AIHW publication *Child Protection Australia 2008-09* provides a snapshot of the types of abuse and neglect across Australian jurisdictions⁴⁹. Overall, emotional abuse was the most common type of substantiated abuse in all jurisdictions except WA and the NT, where neglect was the most common type. In Tasmania, 47.7% of cases of substantiated abuse were for emotional abuse, followed by 33.2% reported as neglect.

The relatively high rate of neglect in Tasmania is a reasonable indication that the abuse suffered by children is often linked to parental factors such as poverty or family violence. It is also an abuse type which can be positively responded to by increased levels of family support and other key aspects of the Tasmanian reform agenda.

The Brotherhood of St Lawrence notes in its publication *Monitoring children's chances*⁵⁰ that (at the time of the report):

- relative child income poverty rates in Australia are in the middle range of OECD countries;
- nine out of 25 OECD countries have lower child poverty rates than Australia;
- just under 12% of children are in relative income poverty at any time;
- around 1 in 6 children are in a situation where neither resident parent is in paid employment;

⁴⁹ Australian Institute of Health and Welfare, Child Welfare Series Number 47, Child protection Australia 2008-09

⁵⁰ The Brotherhood's Social Barometer, *Monitoring children's chances* – Brotherhood of St Lawrence 2005

- at least 5% of children are in relative poverty for at least three years; and
- nine% of children are in a household where no adult is in paid employment for at least three years.

While it is acknowledged that the economic resources of the family may not be perfect indications of a child's wellbeing and potential, they are important. Without adequate financial resources, parents may find it difficult to give their children the best possible start in life. In addition, the stresses associated with having limited resources may impact negatively on a child.

It will take a concerted effort on the part of multiple agencies and bold strategic policy decisions by governments to address the ongoing safety of Australian children in future years.

This chapter discusses the various risk factors that indicate an increased likelihood of the presence of child abuse and neglect. It sets out a high level statistical picture for Tasmania acknowledging that the data is not unique to this State, but as discussed above, is reflected in research and statistics elsewhere, including both nationally and internationally.

6.1 Kids Come First Project – A Lever for Change

The Kids Come First Project⁵¹ provides an important mechanism to galvanise action around improving health and wellbeing outcomes for Tasmanian children. It has created a holistic framework which focuses upon reporting outcomes for children as well as the families, communities and supports and services that surround these children. This increased focus upon outcomes which relate directly to children and the environments in which they live helps guide government and community away from a narrow and siloed focus on activity based performance information to a focus on providing collaborative supports and services which help improve outcomes for all children in Tasmania.

The *Kids Come First Outcomes Framework*⁵² consists of 92 indicators of performance across 30 outcomes that relate to children and young people or to the key factors that influence their health and wellbeing. It is supported by a database that can report outcomes in a wide variety of ways to meet the needs of a range of different audiences. It can report outcomes against a number of dimensions including age, gender, Aboriginal status, socio economic status, location and time. This enables the same data to be cut and sliced in different ways to respond to different needs and questions.

⁵¹ See

http://www.dhhs.tas.gov.au/about_the_department/organisational_structure/operational_units/dcyfs/program_and_strategies/kids_come_first_ZZZ for further information and access to the Kids Come First Report 2009

⁵² Ibid

For example, suburb level data has been provided to locality based groups focused upon improving a wide range of outcomes for children in a limited geographic area including:

- CFCs;
- Communities for Children Plus;
- Neighbourhood Houses; and
- Local Area Teams (Education).

Local Government Area profiles have been provided for local councils and government service providers. These profiles have been used in a variety of contexts including service planning and providing an evidence basis for grant applications such as the family literacy project in Glenorchy.

Area profiles have been provided for organisational groups and service development agendas such as the DCYFS - AAGs, the Northern Early Years Group, and Area Teams within Human Services, Education and Police.

A range of state level information has been used for service planning, monitoring and policy development by a range of stakeholders including:

- Commonwealth Government agencies (Department of Health and Ageing, Department of Families, Housing, Community Services and Indigenous Affairs);
- Tasmanian Government agencies (DHHS, DoE, DPEM),
- non government organisations (Anglicare, Baptcare); and
- issue specific groups such as the Child Injury Prevention Coalition, the Prenatal Exposure to Alcohol Prevention Taskforce and the Breastfeeding Coalition.

The *Kids Come First Outcomes Framework* also provides a strong evidence base to help inform whole of government and inter governmental policy agendas such as the proposed Children and Youth Agenda, the Social Inclusion Strategy and agenda and the COAG Reform Agenda.

6.2 Tasmania – A statistical picture of contributors to child abuse and neglect

Socio-economic

Of all Australian states and territories, Tasmania has the highest proportion of households dependent on government pensions and allowances. The number has risen from 31.5% in 2005-06 to 34.1% in 2007-08, and remains the

highest⁵³. Tasmania also has the second highest proportion of people living in highly disadvantaged areas, after the NT.

Tasmania has one of the highest proportions of children living in jobless families of all states and territories. In Tasmania in 2005-06, 21.6% of all children aged under 15 were living in families where no resident parent was employed⁵⁴. This was the highest proportion of all states and territories (except the NT for which no separate data was published) and higher than the Australian proportion of 15.8%. The proportion of Tasmanian children (aged under 15) living in jobless families (where no parent is employed) has risen from 16.3% in 1997 to 21.6% in 2006⁵⁵.

According to the National Centre for Social and Economic Modelling study on child social exclusion⁵⁶, Tasmania had the second-highest proportion of children at risk of social exclusion of all states and territories after the NT, and there was a high level of disparity between the proportions of children living in low risk versus high risk areas. Nearly half (46%) of all children aged 15 and under in Tasmania in 2006 were living in statistical local areas (SLAs) in the bottom quintile of the child social exclusion index (ie. the worst-scoring SLAs), while 8% were living in SLAs in the top quintile.

Health and wellbeing⁵⁷

Over the last 30 to 40 years there have been significant improvements in a number of important health and wellbeing outcomes for children. These include reductions in infectious diseases, accident rates and death rates. This is illustrated in Figure 4 which shows a dramatic improvement in Tasmanian Infant mortality rates between 1997 and 2007 compared to the national average. This was largely due to improvements in neonatal care which were made in Tasmania in 2003- 04.

⁵³ Australian Bureau of Statistics, 2008 Australian Social Trends, Data Cube 4102.0, Family and Community Indicators, 2008

⁵⁴ Ibid

⁵⁵ Ibid

⁵⁶ National Centre for Social and Economic Modelling 2008, Child social exclusion: an updated index from the 2006 Census, Paper for presentation at the 10th Australian Institute of Family Studies Conference, Melbourne, July 9-11, 2008, Figure 4, p.21.

⁵⁷ All data and figures referred to in this section is sourced from the Kids Come First Outcomes Framework

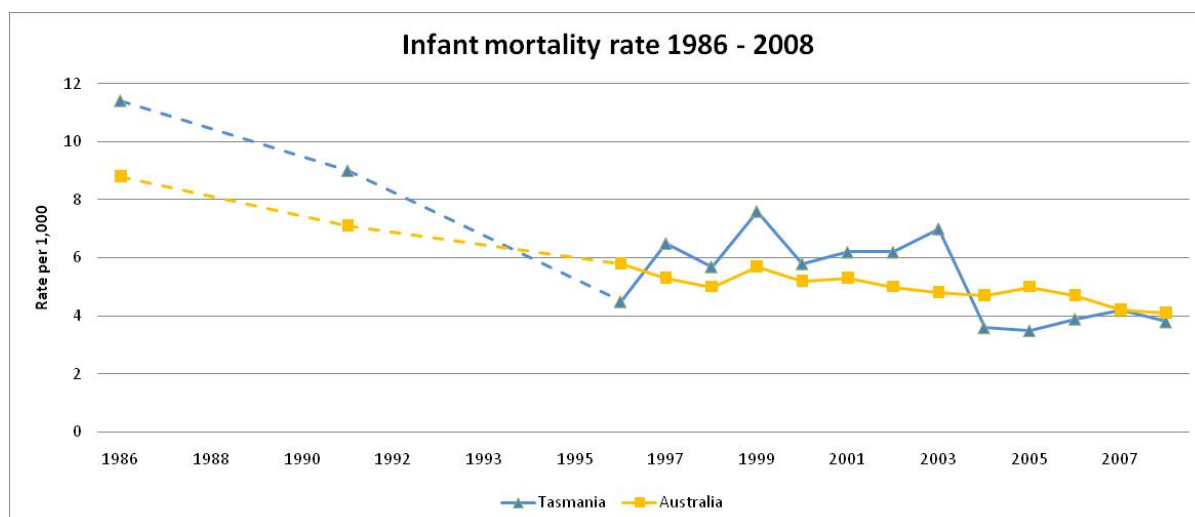
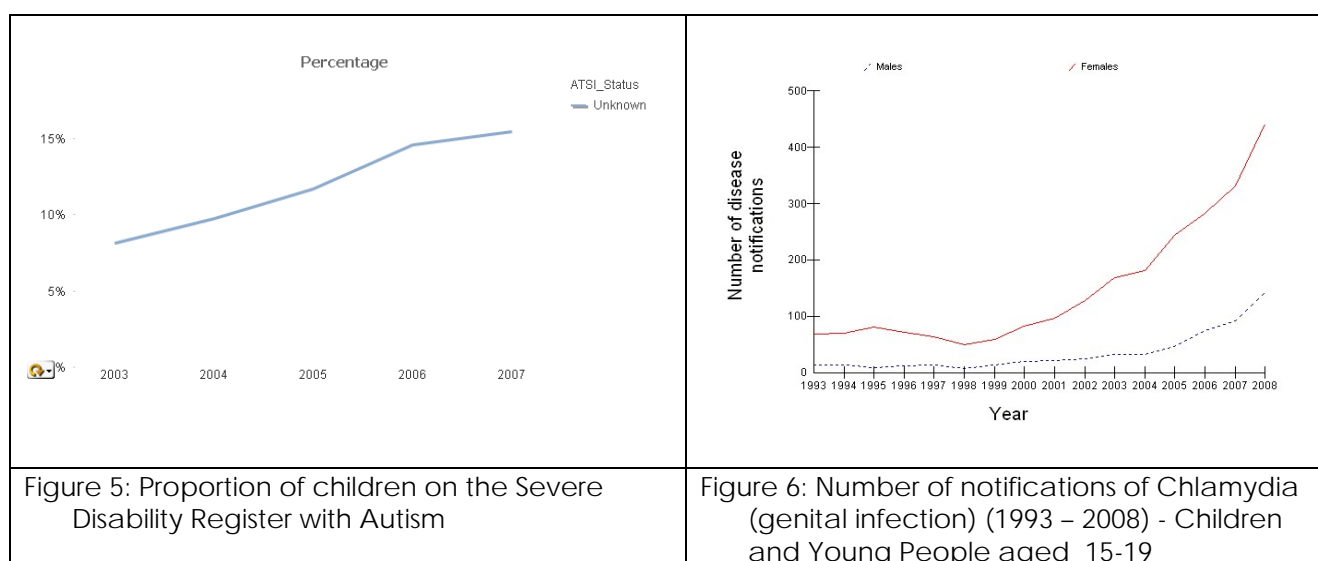


Figure 4: Infant mortality rates

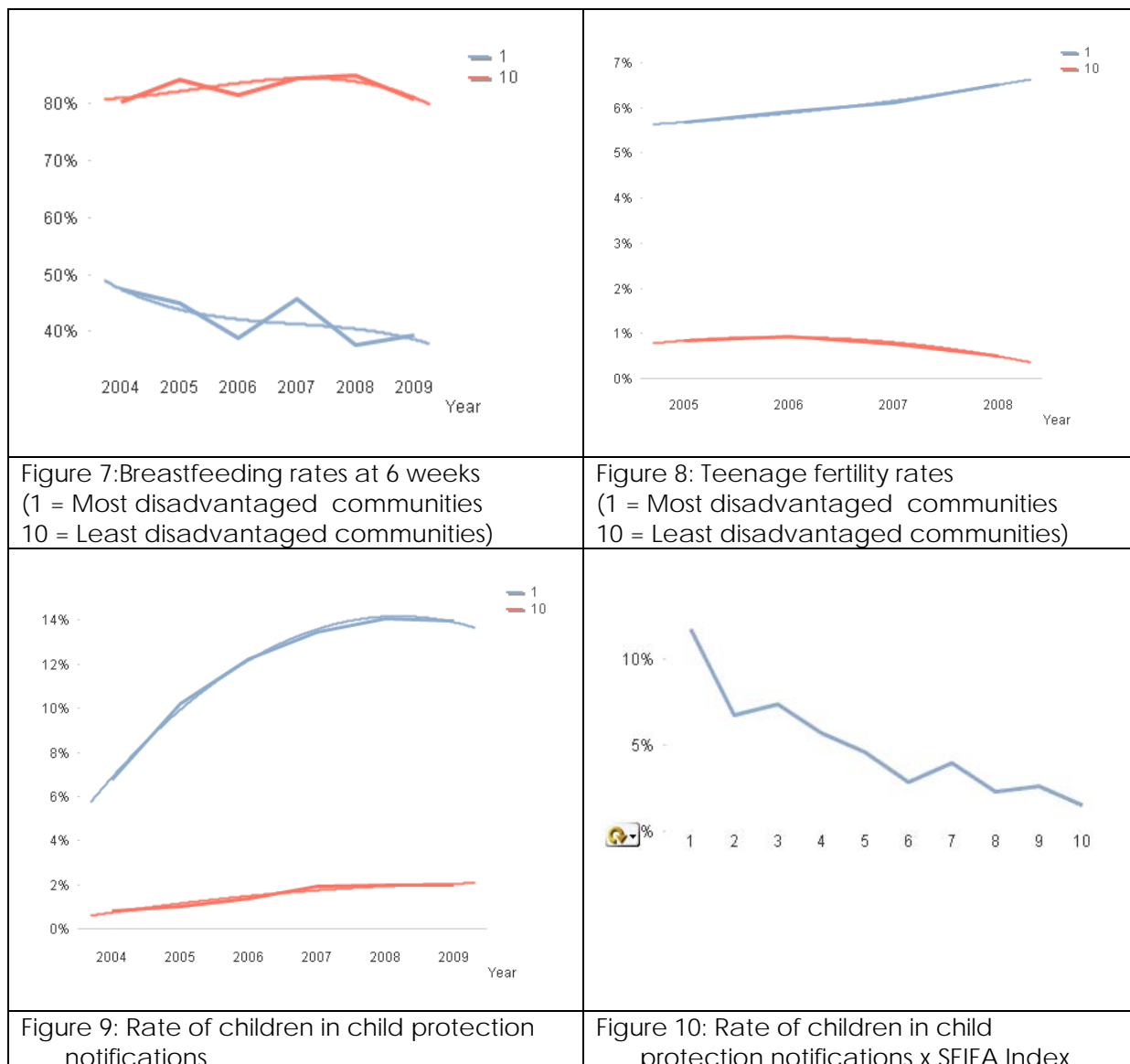
However, in what has been described as the Modernity Paradox, there is growing concern that our increased prosperity has not translated into equivalent improvements in health and wellbeing outcomes for children and young people. In fact we are seeing an increase in complex conditions such as asthma, autism (Figure 5), depression, anxiety, suicide, eating disorders, alcohol and drug abuse as well as the sexualisation of children at an earlier and earlier age.⁵⁸ Figure 6 reveals that since 2004 the total number of disease notifications due to Chlamydia (genital infection) for persons aged 15-19 years has more than doubled from 214 to 583 by 2008. During the first five year review of the Tasmania *Together* indicators, DHHS was successful in having an indicator around the incidences of Chlamydia added to the 20 year plan's benchmarks as part of monitoring the degree of risk taking behaviour by young Tasmanians.



⁵⁸Stanley, Fiona, *Children of the Lucky Country?* 2005

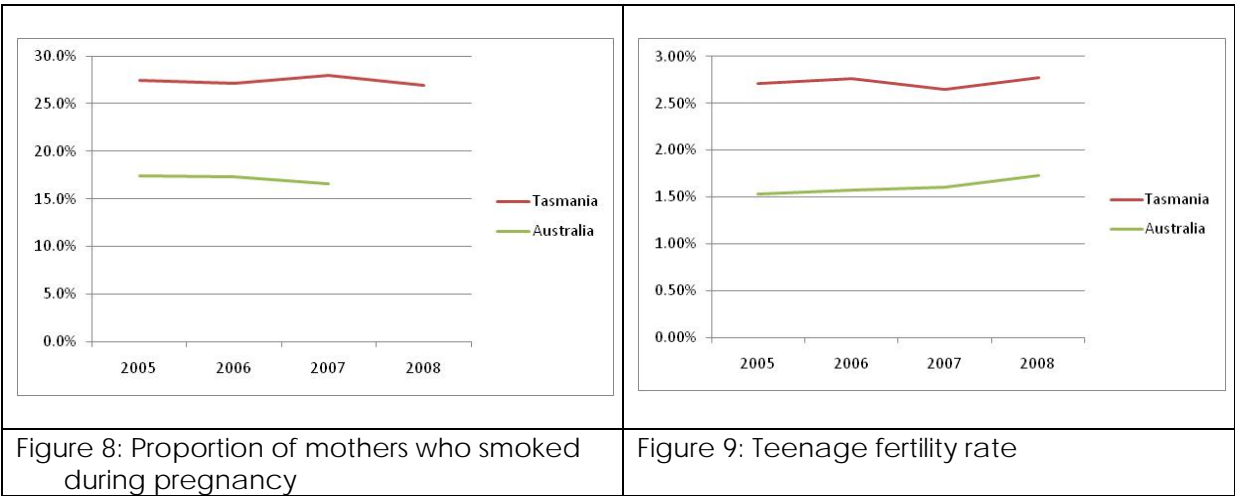
The majority of indicators reported as part of the *Kids Come First Outcomes Framework* reveal a clear correlation between children living in disadvantaged communities and negative health and wellbeing outcomes. For example, Tasmanian children living in the most disadvantaged suburbs are more than twice as likely to be developmentally vulnerable in one or more domains of the Australian Early Development Index, have a core activity need for assistance (disability), are half as likely to have been breastfed at 6 weeks old and are one and a half times more likely to be born with low birth weight compared to children living in the least disadvantaged suburbs.

Additionally, instead of closing of the gap in social gradients between advantaged and disadvantaged communities, we are seeing a widening gap across a number of important indicators. This widening of social gradients is evident in indicators such as breastfeeding rates at 6 weeks (Figure 7), teenage fertility rates (Figure 8) and child protection notifications (Figures 9 and 10).



(1 = Most disadvantaged communities 10 = Least disadvantaged communities)	(2003/04 – 2008/09) (1 = Most disadvantaged communities 10 = Least disadvantaged communities)
--	---

The *Kids Come First Outcomes Framework* also reveals that some of the important indicators have seen little change over time (see for example Figures 11 and 12). The lack of change in these indicators reveals the presence of entrenched barriers within the community to achieving better health and wellbeing. Overcoming these barriers will not be easy and requires sustained effort over time from a range of stakeholders. Determinants for these poor outcomes are often generational in nature requiring significant effort to change community and family attitudes and behaviours.



Although there are a number of programs that have been implemented which have helped improve outcomes for Tasmanian children, such as Launching into Learning and Move Well, Eat Well, there are a number of issues which still negatively impact upon children.

Homelessness

Homelessness is also a contributing factor to child wellbeing. In 2007-08, Tasmania had the second-highest turn-away rate for adults and unaccompanied children seeking new crisis accommodation of all states and territories after the ACT (70 per cent compared to 81 per cent for the ACT)⁵⁹. On average in 90% of cases, valid requests for accommodation in Tasmania were unable to be met due to a lack of accommodation being available⁶⁰. In 2006, 31% of the Tasmanian homeless population was aged 12 – 18 years, higher than the national proportion of 21 per cent.

6.3 Summary

⁵⁹ Australian Institute of Health and Welfare (2009), Demand for SAAP accommodation by homeless people 2007–08 – full report, May 2009, Table 7.1. Accessible from: www.aihw.gov.au

⁶⁰ Ibid, Figure 4.1.

Whether because of general poverty, criminality, addictive behaviour, or a combination of any of these factors, concern around the world is growing that giving people money is a waste, if that money is used for gambling, alcohol and drug taking or other non-condoned uses, instead of providing food, education, health, housing, clothing or heating for the most vulnerable members of a family – the children and often also the women.

There are at least two means by which governments can ensure a family's use of funds for the best benefit of its members, especially the children of the family. The two dominant paradigms are quarantined welfare (sometimes called income management) as practised in the Northern Territory, and conditional cash transfer, as practised in many other parts of the world including New York, Mexico, Brazil and other South American countries, Honduras, Jamaica, Zambia and Turkey to name some participants.

While most conditional cash transfer schemes are targeted primarily at those in poverty, the reviews would seem to indicate that the beneficial results (including investment in social capital as well as the straight-forward improvement in children's health and education) would equally accrue to families already on some form of welfare payment because of unemployment. Concern has been expressed that such payments were being spent on the adults' pleasures (alcohol/tobacco/drugs/gambling) rather than on the children's necessities (food/health/education)⁶¹.

The Tasmanian Government (through the Community and Disability Services Ministers' Conference) is actively monitoring the trial of a 'voluntary income management' system in WA. Depending on the outcome of that trial, the Tasmanian Government will consider introducing a similar program. While the majority of welfare payments are made by the Commonwealth Government, the Tasmanian Government does have a role in providing advice on these matters.

There is a broad range of social determinants that contribute to disadvantage in the community. Many individuals and families who become known to the Child Protection System demonstrate significant levels of disadvantage resulting from poverty, alcohol and other drug use, homelessness and gambling, amongst others.

Social determinants contribute to a broad range of social harms including a level of victimisation, violence and behaviours such as non-attendance at school, poor nutrition or abuse that do not enable the fostering of protective behaviours for the child.

⁶¹ See for example The Role of Conditional Cash Transfers in the Process of Equitable Economic Development, Francisco H.G. Ferreira The World Bank & Dept. of Economics, PUC-Rio http://en.wikipedia.org/wiki/Opportunity_NYC#cite_note-NYCO-0#cite_note-NYCO-0

The issues facing Tasmania reflect the same types of issues that are facing all other Australian states and territories. It is how we respond to this knowledge that is important. The evidence provided throughout this submission on the promotion of the public health model approach to protecting children, reflects that the most appropriate way to deal with these complex issues is to implement comprehensive, universal, prevention and early intervention services to prevent the escalation of risks to a point where statutory intervention is required.

The Tasmanian Government is committed to this approach.

7 Terms of Reference (e)

"the appropriateness, and need for, any further inquiry including but not limited to a Commission of Inquiry as established under the Commissions of Inquiry Act 1995"

The then Commissioner for Children's report *Inquiry into the circumstances of a 12 year old child under the guardianship of the Secretary* recommended a Commission of Inquiry into the decision not to prosecute:

'[Recommendation] That after an appropriate period the Government advise the Governor to appoint a Commissioner of Inquiry ... to review the decisions of the Crown in relation to the prosecution or otherwise of persons suspected of having had intercourse or indecent dealings with the subject child in order to address any public concerns about the probity of such decisions'.⁶²

The Tasmanian Government does not accept this recommendation and provides reasons in a response to all of the recommendations in the Commissioner for Children's report⁶³. In summary, the Director of Public Prosecutions is an independent statutory officer under the *Director of Public Prosecutions Act 1973* and interference in this independent office by the Tasmanian Government is inappropriate.

In the recent parliamentary debate on the Integrity Commission Bill the use of Commissions of Inquiry was described as appropriately reserved for cases '...where something that starts off as an allegation of misconduct but on closer investigation is more a reflection of systemic policy failure than a case of unethical conduct by a particular individual or individuals...' and the example of the Victorian Bushfire Royal Commission is given as an illustration.

It is inappropriate to urge the conduct of a Commission of Inquiry in the absence of evidence of any lack of probity, let alone systemic failure, in making decisions about prosecutions. It is further questionable that a Commission of Inquiry (which would have to take the majority of its evidence in private) would have any effect on public opinion or concerns.

Such a Commission would be very expensive and arguably it would be wiser to spend that money for the benefit of vulnerable children.

⁶² 'She will do anything to make sure she keeps the girls' *Inquiry into the circumstances of a 12 year old child under the Guardianship of the Secretary*, access via http://www.dhhs.tas.gov.au/news_and_media/report_on_case_of_12-year-old_under_guardianship

⁶³ Tasmanian Government response to recommendations in the Commissioner for Children's report on his inquiry into the circumstances of a 12 year old child under guardianship of the Secretary, October 2010

Further, the Tasmanian Government does not accept the need for a Commission of Inquiry more broadly into the Child Protection System. The information included throughout this submission provides evidence that Tasmania's Child Protection System is functioning as it should at this stage of the reforms.

Although it is difficult to measure the immediate effectiveness of the reform process due to entrenched barriers within the community (many being generational in nature) which will require many years to address, there are number of early indications that the diversionary objective of the reform process is taking effect.

During 2009/10 (the first year of Gateway) approximately 10% of notifications to Child Protection were referred to Gateway. This equates to at least 600 children who were diverted from Child Protection to receive early intervention and family support services. Additionally, around 60 children were referred to Child Protection from Gateway. It is expected that over time the requirement for statutory interventions will decrease as more families are provided with the support they need, becoming more resilient and negating the need for a statutory Child Protection Response⁶⁴.

In the 12 months ending 30 June 2010, there was a 25% decrease in notifications referred for investigation compared to the same period in the previous year (see Figure 9).

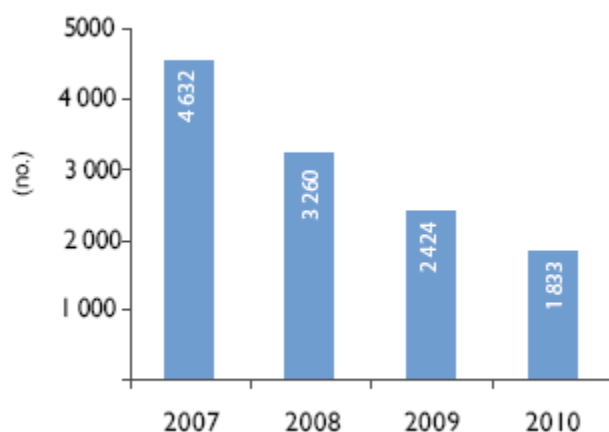


Figure 9: Number of notification referred to service centres for further investigation (for the 12 months ending June)

The rate of children that were found to be victims of abuse and neglect decreased from 9.1 per 1 000 in 2008-09 to 7.4 per 1 000 in 2009-10. Although it is too early to reveal a trend, this is a positive indication that the reform agenda is making a difference.

⁶⁴ DHHS Quarterly reporting

As well as reducing the need for children to be placed in OOHC, an aim of the reform process is to improve the quality of services provided by statutory Child Protection Services, thereby enabling a better response to children at risk. In order to improve the quality of the Child Protection System, an incremental approach to improving workforce culture, capacity and providing supportive policies and procedures is underway.

While there is still much progress to be made, the reforms have critically started to address the need for greater prevention and early intervention services for families and children at risk, reserving the Child Protection System for those severe cases requiring statutory intervention. It is premature to make a judgment about wide systemic policy failures at this stage of the reform process. Therefore a further Commission of Inquiry under the *Commissions of Inquiry Act 1995* is inappropriate.

Further, there are existing sufficient review and accountability instruments at a Parliamentary, statutory, judicial and administrative level to examine and report on systemic performance and individual case or client level decisions. These include:

- Administrative: individuals may raise matters verbally at any time with Child Protection Services or make a written complaint. All complaints are investigated and responded to within 20 working days. Reviews may be sought through the Area Director and if that fails to resolve the issue, the complaint may be referred to the Chief Executive Officer of Children and Youth Services⁶⁵. Further, there are many reporting mechanisms that allow transparency of the Child Protection System including the Review of Government Services report (which is released every year), the AIHW Report on Child Protection Services in Australia (also released annually), and the Quarterly Performance Reporting released by DHHS on the services it provides;
- Statutory: complaints may be made to the Ombudsman regarding the administrative actions of Tasmanian Government Departments to ensure that their actions are lawful, reasonable and fair - and where matters are not able to be settled directly with the relevant Department. In 2009-10 the Ombudsman reported that of complaints against Government Departments 30 per cent were against DHHS with half of those attributed to the Human Services side of the Agency⁶⁶. The Ombudsman characterised these types of complaints as relating

⁶⁵ See 'Voicing Your Concerns' Complaints procedures for Child Protection and Youth Justice Services, access via http://www.dhhs.tas.gov.au/about_the_department/organisational_structure/operational_units/dcyfs/unit_structure/area_teams/child_protection_services/publications_and_resources

⁶⁶ Ombudsman Tasmania, Annual Report 2009-10

to 'parenting plans, the conduct of carers and other issues involving children currently in State care'⁶⁷;

- Judicial: the CYPTF Act provides a framework to enforce accountability and transparency, and includes a legal imperative on service providers and the courts to obtain the views of the child, family and other persons interested in the child's wellbeing. For example Section 8(3), (4) and (5) sets out the 'principles to be observed when dealing with children' and clearly states that the child and other relevant persons must be given the opportunity to present their views and be provided with sufficient information to be able to participate fully; and
- Parliamentary: there are many regular avenues of scrutiny available through Parliament including estimates briefings, Question Time and this Select Committee.

A further inquiry beyond the present Select Committee of Inquiry and other existing review mechanisms will not add value but instead impose an unnecessary drag on Tasmania's progress and commitment to reform.

⁶⁷ Ibid page 13

8 Terms of Reference (f)

“other matters incidental thereto”

8.1 Consultation undertaken to inform the Social Inclusion Strategy

Between 2008 and 2010 the Social Inclusion Unit undertook extensive community consultation with unique groups of people regarding barriers to inclusion in Tasmania⁶⁸. A range of relevant issues were provided from consultations with the Eureka Clubhouse – Moonah, AYDC and from broad community and specialist interest group meetings, ranging from service delivery to community support for child protection.

The information collected was qualitative and anecdotal, provided an insightful and informative record of community views at a point in time and offered a powerful snapshot of the lived experience of the child protection system.

The Social Inclusion Strategy area most relevant as a policy response to the issue of child protection (aside from structural reform and changing the way that government works) is the importance of supportive local networks (Strategy four). The importance of connections to family and community has been emphasised consistently throughout this submission by the many agencies and work units involved in policy and service delivery for protecting children.

The Social Inclusion Strategy notes that it is possible to identify children and families who are vulnerable and most at risk of being/becoming socially excluded, and to build supportive local networks around them. These supports need to be person-centred (recognising that ‘one size does not fit all’), family focused (recognising the role families can have in supporting vulnerable individuals), and place based (recognising that local communities are the places in which people make friends, forge identity and belonging, and through which they can come up with locally relevant solutions and access effective supports).

Strategy four also emphasises the importance of sport, recreation, culture and the arts as networks of support. It is acknowledged that such networks can empower individuals, heal communities, foster social connections, create employment and encourage educational participation. Strategy four contains a number of suggested actions to build supportive local networks in Tasmania. These include:

- Place based family support strategies. Ensure each municipality across Tasmania has a sustainable 0-5 years family support strategy

⁶⁸ For further information see ‘Consultations’ via <http://www.dpac.tas.gov.au/divisions/siu>

identifying excluded populations and places. The strategy should consider integrating community infrastructure including Children and Family Centres, Integrated Care Clinics, Gateway Services, Community Houses and Schools as community hubs. It should coordinate access to services available to meet the needs of Tasmanian families including, in particular, jobless families and sole parent families;

- Build on existing outreach early years networks for social inclusion in rural and regional locations. Work on developing robust decentralised service accessibility from the CFCs statewide and invest in successful locally grown models of family support networks; and
- Community wellbeing networks. Involve the arts, sports, recreation and cultural sectors in identifying the most appropriate infrastructure (facilities, staff and resources) to support growth and sustainability of associated networks, including the development of a plan to build and support the long term viability of community arts and wellbeing practice and increase the participation of excluded Tasmanians in sport and recreation.

8.2 Key Reports/Reviews

There are a number of key reports and reviews that may be of interest to the Select Committee. A list is provided below and a separate electronic copy of these documents has been provided.

- A National Approach for Child Protection: Project Report. A report to the Community and Disability Services Ministers' Advisory Council (CDSMAC) (2008) by Leah Bromfield and Prue Holzer
- National Child Protection Clearinghouse , "Fatal Child Abuse", Mel Irenyi and Briony Horsfall, updated August 2009
- National Child Protection Clearinghouse, 'Economic costs of abuse and neglect', Leah Bromfield, Prue Holzer and Alister Lamont, June 2010
- National Child Protection Clearinghouse 'History of child protection in Australia', Alister Lamont and Leah Bromfield, October 2010
- Victorian Report into Child Protection. Victorian Ombudsman (2009)
- Queensland Inquiry into the abuse of children in foster care (2004)
- New South Wales Ombudsman's Report. "The need to better support children and young people in statutory care" 2010
- Northern Territory Inquiry Into the Child Protection System (2010)
- The Centre for Social Justice and the Smith Institute, 'Early Intervention: Good Parents, Great Kids, Better Citizens', Graham Allen MP and Rt Hon Iain Duncan Smith MP, September 2008

- Goodwin, V 2008, 'The Concentration of Offending and Related Social Problems in Tasmanian Families'. Tasmanian Institute of Law Enforcement Studies, Briefing Paper No.8 December 2008, University of Tasmania
- Report of the Special Commission of Inquiry into Child Protection Services in New South Wales, the Hon James Wood, November 2008
- Australian Institute of Health and Welfare, Child Welfare Series Number 45, Child protection Australia 2007-08
- Australian Institute of Health and Welfare, Child Welfare Series Number 47, Child protection Australia 2008-09

9 Attachments

Please note that all attachments are listed below, however due to the number and size of the documents they have been provided separately in electronic format.

- 9.1 *National Comparison of Child Protection Systems*, National Child Protection ClearingHouse, 2005**
- 9.2 Data Package Child Protection Services, Disability, Children, Youth and Family Services, November 2010 (partially embargoed until January 2011)**
- 9.3 *Child Protection Workforce Tasmania*, Disability, Children, Youth and Family Services, November 2010 (unpublished)**
- 9.4 Youth Protocol: An agreement concerning referral, assessment, case management and support for homeless and unsupported young people, September 2004**
- 9.5 DHHS Agency Collaboration Strategy**
- 9.6 Information Sharing Fact Sheet, Department of Health and Human Services**
- 9.7 Working together - the Child Protection - Youth Justice Services protocols updated 2010 (DCYFS Policy and Programs)**
- 9.8 Service Provision to Children & Young People who have Disabilities & Child Protection Concerns 2009 (DCYFS Policy and Programs)**
- 9.9 Children and Young Persons' Program (CHYPP) and Child Protection Services (CPS) - collaborative referral pathways protocol, 2010 (DCYFS Policy and Programs)**
- 9.10 Memorandum of Understanding between Department of Police and Emergency Management (Tasmania Police) and Department of Health and Human Services (Child Protection Services) 2010**
- 9.11 Partnering Agreement between Department of Health and Human Services and Department of Education - December 2008**
- 9.12 A Protocol for the Sharing of Information between the Commonwealth and Child Protection Agencies, December 2008**

- 9.13 A Protocol for the Sharing of Information between
the Commonwealth and Child Protection Agencies, December 2008 –
Appendix 1 Centrelink**
- 9.14 A Protocol for the Sharing of Information between
the Commonwealth and Child Protection Agencies, December 2008 –
Appendix 2 Medicare Australia**
- 9.15 Child Protection & Gateway Services Memorandum of Understanding –
Nov 2009 (DCYFS Policy and Programs)**
- 9.16 Memorandum of Understanding between Youth Justice Services and
Mental Health Services, March 2009**
- 9.17 Draft consolidated list of issues for possible amendment to the CYPTF Act**