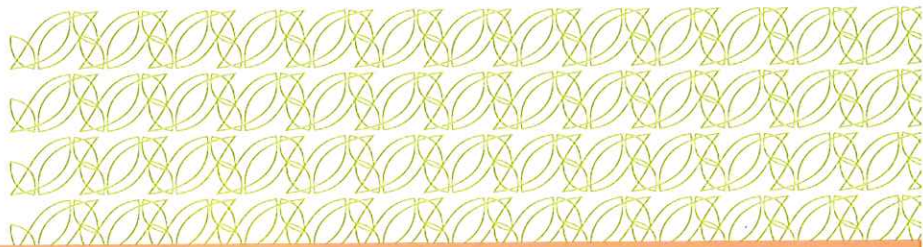




Celebrating **65 years**
of bringing care to life



Friday, 12 November 2010

Shane Donnelly
Secretary
Select Committee on Child Protection
House of Assembly
Parliament House
Hobart Tasmania 7000

Central office
1193 Toorak Road
Camberwell VIC 3124
(PO Box 230, Hawthorn 3122)
Ph 03 9831 7222
Fax 03 9831 7272
Email info@baptcare.org.au
www.baptcare.org.au

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Dear Mr Donnelly,

Select Committee on Child Protection

Baptcare welcomes the opportunity to provide a submission to the Select Committee on Child Protection to discuss the adequacy of Tasmania's child protection system. We believe Baptcare currently plays a pivotal role in the delivery of services that support vulnerable families, through the implementation of the Gateway and the Integrated Family Support Services programs.

The Gateway program is responsible for delivering a major part of a large reform agenda. The Gateway Service commenced on the 3 August 2009; this first year marks a considerable amount of change in the sector. The reform is planned to be implemented over a five year period and is as much about a shift in family services delivery culture, as it is a shift in Child Protection practices.

Based on evidence gained from other jurisdictions that have implemented similar reforms of this nature, completion of a reform like this will take three to five years. This timeframe allows for new culture to be embedded and significant practice changes. The Tasmanian reform process has completed the first year of implementation and in this time we have seen positive early signs of significant change in the sector regarding the way vulnerable families are supported.

The development of Gateway acknowledges the system failures in the past and that these failures have lead to poor outcomes for families and children.

Gateway

The Jacobs and Fanning Report November 2006 recommended significant changes were required to adequately protect children in Tasmania. This report led to a range of reviews which included: Review of Tasmania Disability Services June 2008 and Review of the Tasmanian Family Support System October 2005 both were undertaken by KPMG. The development of the Gateway Service and Integrated Family Support Service (IFSS) are part of the reform agenda recommended.



Winner: Aged Care
Association Australia
Employer of Choice
Award 2009



Winner: Aged &
Community Care Victoria
Organisation Award
2009/10

The reviews outlined the need for significant service delivery transformation across all sectors in order to support quality services and outcomes for children, families and people with a disability.

Baptcare was successful in winning the State Government Request for Proposal (RFP) to be the lead agency in delivering the Gateway Service and in partnership with other family service providers leads the IFSS Alliances in the South West and North regions of Tasmania.

Mission Australia were successful in winning the RFP in the South East and North West regions of Tasmania

In order to support the reform and to enable the establishment of collaborative practices between services amendments were made to the Children, Young Persons and their Families Act 1997. These came into effect on 1 August 2009 and include:

- providing mandated reporters the choice of reporting concerns about the care of a child either to Gateway Services or directly to Child Protection; and
- allowing for broader powers of sharing of information relevant to the best interest of the child between Information Sharing Entities.

The reforms enable collaboration between services to assist Gateway (as a community intake service), to make an informed assessment of the needs and level of risk for children and families.

Gateway is a single entry, community intake point that:

- accepts referrals regarding vulnerable children and families,,
- undertakes a comprehensive assessment of the risk and needs of each member of the family, and
- refers the families according to the identified needs to the most appropriate supports or services.

Gateway utilises consistent documentation processes, including a comprehensive assessment of risk and need. Common assessment tools are used to assess both the immediate risk to the children as well as the support needs of the families. The process ensures a robust assessment which identifies any risk or needs of all members of a family unit and what can be offered to support the families further.

Importantly, the Gateway assessment looks holistically at each individual member of a family to document and measure the impacts caused by cumulative harm. Importantly Gateway practitioners and the Community Based Child Protection Team Leader (CBCPTL) work closely in cases where cumulative harm is identified to assess the impacts and how services can best work with a family.

In contrast, the Child Protection system is responsible for investigating to ascertain if there is an immediate risk to a child, and gather evidence for statutory assessments. Gateway takes many referrals from Child Protection, if a statutory intervention is not undertaken.

The 'Active Holding', element of the Gateway model means a family awaiting services is in regular contact with a support worker who provides an ongoing low level of support and assesses if the needs of the families have increased or risk has changed. Historically, many families would have been put on waitlist and they would rarely hear back from the service regarding their progression in the waitlist. This has led to better engagement with families who have traditionally been reluctant to accept voluntary support services involvement in their lives.

Another key feature of the Gateway model is that service providers in the catchment area, including Alliance members, meet regularly to consider incoming referrals and make decisions in relation to the best service continuum that can be offered to the family on the basis of presenting information. This forum – the Weekly Allocations Meeting – is now an embedded structure that provides for effective sharing of information and practice wisdom within explicit guidelines. Our contention is that the Alliance and WAAM structure maximise the value of practitioner experience in the regional family services system and create the conditions for much improved match between family needs and service deliverer, and greater service continuity for families.

The continuum of service provision responses offered by Gateway is as follows:

- If the risk is low and a specific need has been identified that would be better addressed by a universal service the Gateway will refer the family to that service i.e. housing, maternal child health nurse, mental health support
- If a need for a family support service is identified at Gateway the case will be referred to an Integrated Family Support Service (IFSS), via the WAAM
- If the risk is high, the Gateway staff will professionally consult and work in partnership with the Community Based Child Protection Team Leader (CBCPTL), to support the family safely in the community to reduce the likelihood of the family entering the statutory system
- If there is a risk higher than can be managed safely in the community, the family is transferred through the CBCPTL into the statutory system to enable further investigation.

The principal aim of the Gateway is to work collaboratively with all services involved with a family's care, to get a holistic picture of each individual's needs and services being offered to the family; the Gateway Service then coordinates an appropriate service response. In the past many agencies may have been working with a family, however, the lack of appropriate coordination between services would often lead to poor client outcomes. A key element of the Gateway and IFSS system is to provide a case coordination role to ensure that all services and the family have a clear understanding of expectations and responsibilities.

Prior to the reform, families that did not meet the statutory intervention threshold were often not provided the level of service required to address complex needs. These families could have fallen through this gap in the service net and possibly due to their complex needs escalating, may have progressed into the statutory system.

The introduction of Gateway has ensured that Tasmania has a robust referral and assessment system to reduce the likelihood of families slipping through service gaps and improved the integration and coordination of services available for families.

Integrated Family Support Services

The IFSS are community organisations funded to provide family support services to families with complex needs. IFSS staff members are trained and skilled to work with complex family issues; they provide active engagement, assessment, case planning; case management, practical skill development and education in a sustained manner, to ensure families receive comprehensive support. As outlined above, our contention is that the integration of IFSS services into a coherent service system has been greatly assisted through the mechanism of the Weekly Allocations Meetings.

Key benefits of Gateway and family support reforms

1. Central intake

- The Gateway acts as a centralised coordination point for referrals taken from professionals and members of the community. The provision of family support services are coordinated to ensure that every referral is taken on by an appropriate service provider.
- This centralised point enables easy access to targeted family support services and provides a bridge to all universal services.
- In the first 12 months we have received a range of referrals relating to family conflict and breakdown, parenting concerns and managing children's behaviour, dealing with the impact of mental health issues, dealing with the impact of substance and isolation and not having key connections and links to other support services.

2. Assessment

- Gateway is able to identify key risk factors and prioritise needs ensuring the most vulnerable children and families in the community are provided timely and appropriate support.
- Gateway undertakes a comprehensive assessment of all individuals in a family. This ensures an all-inclusive analysis of the needs and issues for each child and the family members' providing their care.
- The assessment process includes discussions with a broad range of service providers and stakeholders involved with a family, to get an understanding of their involvement, of known risk factors and a history of engagement or non- engagement with services.
- New information sharing provisions allow the Gateway to have conversations with service providers and key stakeholders which would not have been possible in the past, enabling better assessment of risk factors and improved planning and coordination of service provision.

3. Active engagement and outreach to families

- Some of the families referred to Gateway and IFSS are subject to interlinking problems of social exclusion and have a history of non-engagement with services. As Gateway and IFSS are voluntary services they have no power to require that families accept services, however, by utilising 'Active Engagement' strategies an opportunity to build a rapport between staff and family members is created. The service providers work to engage families and build a relationship and trust with families that have not historically engaged well with services.
- The Gateway and IFSS are better able to manage service demand. If it is identified that a family requires family support and IFSS does not have the capacity, the Gateway and IFSS have the capacity to utilise 'Active Holding'. The 'Active Holding' element of the model is where a staff member is in regular contact with a family to maintain engagement and to monitor changes to risk levels. This contrasts with past practices where a client would have been placed on a waitlist and may have received little support. This has led to better engagement with families who have traditionally been reluctant to accept voluntary support services involvement in their lives.

- Gateway and IFSS utilise an outreach model of service delivery, which has not always been possible under previous models. Work with families is undertaken within the family home enabling IFSS staff to mentor and model appropriate parent and household management strategies. This makes support services more accessible to all families, particularly those who are socially or geographically isolated and those families who are generally difficult to engage.
- In some cases engagement with families has been difficult. For many families a high level of change is required to achieve a safe and nurturing environment for their children. When IFSS staff begin to challenge some of the behaviours and attributes within families that need to be changed, they will often meet resistance. This is where the key elements of 'Active Engagement' and 'Assertive Outreach' become important tools in assisting the IFSS staff to have continued involvement with the family. Staff have the experience, commitment and support to remain engaged with the clients. Over time they continue to communicate both motivation and willingness to sustain the contact to assist the family to show that they are concerned about their children and explain our sense of responsibility and motivation to work with them on identified risk factors.

4. Working in partnership

- Integral to the model is working in partnership with Child Protection, other government agencies and community organisations to ensure the best interest of children are met.
- In the first 12 months of implementation partnership has expanded; a significant shift is evidenced by the newly developed collaborative work practices demonstrated between family support services and the wider service provision network. This is especially seen with broader service provision partners like mental health services.
- The Weekly Allocations Meeting is a key mechanism through which partnership is enacted. This structure provides for pooling of practice wisdom and information within appropriate guidelines. It also strengthens the integration of services and contributes to overall system enhancements.

Community Based Child Protection Team Leader

- It is imperative that there is a good relationship between Child Protection and Gateway and IFSS. The inclusion of the CBCPTL has provided valuable information sharing within Gateway and enabled quality risk assessments in both Gateway and family support.
- The Gateway Intake and IFSS staff consult with the CBCPTL on cases that have a heightened element of risk or complexity. These consultations allow for a robust discussion about risk factors, a much greater level of clarity of the issues; assist to develop a shared understanding of roles and responsibilities and produce better outcomes for families. It also reduces the likelihood of families with high risk factors slipping through service gaps. Furthermore, it has been identified that on the occasions when cases have escalated quickly, the ability to undertake joint work has improved response capacity.
- The success of the CBCPTL position is predicated on clarity of all roles and responsibilities, and workers sharing information.

Community sector

Under the new reform conditions, we have observed a greater sharing of responsibility for planning across government and the non government sector in order to deliver a more integrated policy and service delivery platform for child and families.

In the main there is a sense that all services are willing to work in partnership to deliver the reform agenda in the best interest of children in Tasmania.

Recommendations

1. Strengthen the integrated relationship between IFSS and Child Protection

From the commencement of the Gateway, Baptcare has been working along-side Child Protection. We value the support and collegial approaches provided by the Child Protection team members. Baptcare has seen, over this time, both services start to create a common understanding of values. Baptcare has found that staff members and Child Protection practitioners share language that enables communication of the key service provisions elements, such as, interventions required for a family and have an open dialogue regarding the limitations and identification of risks.

There have been at times robust discussions between Gateway and Child Protection of risk factors and case histories and levels of information required to allow the delivery of a quality service. This robust discussion and occasional disagreement about referrals should be viewed as positive because it provides rigour in decision making and it works towards ensuring systems do not fail families.

Collaborative family visits have been a highly effective mechanism for addressing disagreement and developing a robust final assessment, where the post intervention review has acknowledged a completely different picture of the family's risk factors.

Baptcare would like to see continued development of joint home visits protocols. Documentation should be concise and comprehensive. In addition it is essential that the Memorandum of Understanding (MOU) between Gateway, Child Protection and IFSS, which underpins practice, is continually reviewed.

2. Closing the 'referral gap' between non-statutory and statutory services

Throughout the first year of implementation we have observed that in a small number of cases, families with identified issues or support needs declines involvement with Gateway/IFSS. Where these small number of families do not meet the statutory system service provision criteria, Gateway/ IFSS have no capacity to pursue involvement due to the voluntary nature of service provision. A strategy that has assisted gaining engagement with these families has been to work in partnership with the CBCPTL to jointly visit the family and encouraged sustain involvement. We note however, that there are still some families that will refuse service provision.

We note that the Commissioner has made reference to the requirement for Child Protection to stay engaged with a family that has been referred to Gateway until " *a) the brokered (I)FSS has engaged and b) the engagement has been evaluated and (I)FSS has reported demonstrated capacity to have reduced risk to an acceptable level.*" Inquiry into the circumstances of a 12 year old child under guardianship of the Secretary, (July 2010, section 2.2 page 9). The Department of Health and Human Services accepted this recommendation and stated that 'this is the current direction issued to staff'.

Baptcare agrees with the Government's response to the Commissioner's recommendation. There are a number of highly developed processes in place to communicate the engagement or otherwise of a family being referred to family support. The CBCPTL position is one of these mechanisms. Baptcare believes it is the inclusion of this position in the model that greatly strengthens the capacity for quality engagement and communication between the two services, and would like to see these positions expanded.

At times the responsibility and pressures on a single practitioner are evident. We believe there would be considerable benefit from increasing resources on site at each of the Gateway service locations. This would allow for succession planning, skill and development and limit the number of families that may potentially fall in the gap between the two services.

3. Joint training

Considerable benefits have been identified through the provision of joint training opportunities for IFSS organisations. Joint training opportunities enable development in collaboration, communication and build shared skills in risk identification. We would like to see joint training opportunities continue and expanded into the future, and for this to occur we would welcome dedication of resources from DHHS to the sector.

4. 'Whole of Government' approach

We have observed a willingness by other parts of government to work collaboratively with Gateway; however, we believe it would be of great benefit to extend all elements of the reform into existing departmental frameworks and policies across all areas of the Government. This includes the court system, which needs to be reviewed to better recognise the reform elements relating to cumulative harm.

Conclusion

Again we value the opportunity to contribute to this Select Committee on Child Protection inquiry. We believe the reforms have made considerable improvements to the Family Support and Child Protection systems and have made a significant contribution toward making a better system of protection for vulnerable children. We look forward to continuing to develop the service system to ensure we are getting the best results for families and protecting children.

We would welcome the opportunity to appear before the Committee personally to clarify any points made in this submission and respond to questions that the Committee may have.

In anticipation,



Mr Jeff Davey
Chief Executive
Baptcare