SUBMISSION

Strong Families, Safe Kids Implementation Plan

Advice and Referral Service

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AnglicareTAS
Choice, support and hope

Social Action & Research Centre

Working for a just Tasmania

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Introduction to Anglicare Tasmania

Anglicare is the largest community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport, Burnie and Zeehan and a range of programs in rural areas. Anglicare's services include emergency relief and crisis services, accommodation support, mental health services, acquired injury, disability and aged care services, alcohol and other drug services and family support. In addition, Anglicare's Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, staff, research and advocacy.

Anglicare's work is guided by a set of values which includes these beliefs:

- *that each person is valuable and deserves to be treated with respect and dignity;*
- *that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;*
- *that support should be available to all who need it; and*
- *that every person can live life abundantly.*

For further information about this submission please contact:

Rev. Dr Chris Jones
Anglicare Tasmania
GPO Box 1620
HOBART TAS 7001

Phone: (03) 6231 9602
Email: c.jones@anglicare-tas.org.au

Anglicare's expertise in supporting families

Anglicare has many years' experience providing services to individuals and families who are involved with or at risk of involvement with the child safety system.

Anglicare provides services for children, young people and families including Communities for Children, long-term and crisis accommodation (such as Thyne House[1] and Youthcare[2]), drug support for young people and a range of parenting courses and counselling services[3] . In the North of the state we provide targeted early intervention services that support positive family functioning and child development. As well as assisting individual families, we take a collaborative whole-of-community approach to the integration of children's services, including providing specialist consultancy services for other service providers.

For the past six years, our North West Early Start Therapeutic Support (NESTS) has supported families in North West Tasmania to improve parent and child outcomes by providing opportunities for children to thrive, learn and develop safely in their care. Also in the North West, Anglicare provides long-term counselling, support, information, advocacy and referrals for women, men and children experiencing or affected by family or domestic violence. We also provide intensive therapeutic support for vulnerable young people; a wide range of mental health services, information and advocacy for individuals and families, and housing support.

Since 2011 Anglicare has delivered a reunification service in the North and North West of the state. Pathway Home[4] is a service for children and young people who have been in OOHC and their families to assist them to reunify and return home. Families are referred to the service by the child safety system and Anglicare works with the young person, his or her family, Child Safety, the OOHC team, the school, and any other relevant service to support the family and the child to make reunification possible, successful and joyful. For a period of two years from July 2012 to June 2014 Anglicare received additional funding from the Clarendon Children's Fund for the Family Reunification Project to do more intensive reunification work, evaluate it and develop best practice approaches (Anglicare Tasmania 2014). The evaluation clearly demonstrated the value of better collaboration and

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[1] Thyne House: Long-term accommodation for young people aged 16-25 in Launceston.

[2] Youthcare: Crisis shelter for young males aged 13-20 years old in the South.

[3] For a full list of Anglicare's services in this area go to: http://www.anglicare-tas.org.au/Supportandcounselling.aspx

[4] For more information on Pathway Home go to: http://www.anglicare-tas.org.au/Supportandcounselling/Parenting/Pathwayhome.aspx

information sharing between agencies and of intensive and flexible support for families in improving the chances of successful reunification.

Anglicare's research and policy arm, the Social Action and Research Centre (SARC), has also conducted two substantial pieces of research in this area:

- *Parents in the child protection system* (Hinton 2013) documents the experiences of 47 parents who have been involved with Tasmania's Child Protection Services and the experiences of over 140 frontline workers employed by 40 different non-government services (NGOs). The research also collates the views of 16 child protection staff and five lawyers involved in child protection work.
- *A necessary engagement: An international review of parent and family engagement in child protection* (Ivec 2013) provides a review of international models of engagement, support and advocacy for parents who have contact with child protection systems.

The research clearly articulates the kind of improvements parents in Tasmania would like to see to the statutory child protection system and to family support including earlier and more intensive interventions to assist them in parenting their children. Anglicare was particularly concerned by the disjointed support offered to families in crisis and recommended that the State Government invest in the provision of intensive support for families at risk of entering, or already within, the child safety system.

The research also raised concerns about opportunities for community service organisations (CSOs) to work collaboratively in partnership with Child Safety. A Child Safety 'we know best' attitude in working with CSOs meant that their expertise and knowledge was not always used effectively. There were also concerns about who holds responsibility for monitoring parent engagement with support services and assessing outcomes particularly in terms of behaviour change – CSOs or Child Safety. This was attributed to a lack of strategic thinking about how best to support parents in the child safety system. Overall CSOs wanted to see better partnership working with Child Safety and a system that 'trusted the judgement of front line workers' and where possible involved them in decision-making about what action to take.

SARC is currently undertaking research describing the circumstances of highly vulnerable teens in Tasmania and the structural, systemic and personal factors which affect their vulnerability. It examines current policy and service responses to them and the changes required to improve these responses (Robinson 2017, forthcoming). The research will consider the role of Child Safety in relation to this cohort and how it might be improved.

Anglicare's Submission

This submission is based on Anglicare's frontline and research experience of working with families at risk of or involved in the child safety system. As well as making some more general points about the proposed ARS model it specifically addresses the majority of the questions outlined in the Advice and Referral Service Consultation Paper.

Foundational issues

Anglicare welcomes the proposed single front door service which will replace the current dual entry points for reporting concerns about the wellbeing and safety of children and young people. We also welcome the differential response and the strengthening of links to the broader child and family service system that the proposed service entails. Having skilled and experienced staff on the front line of the child safety system and better liaison and partnership working with non-government support services is key to effective improvement.

However Anglicare has also identified a lack of clarity in the consultation document about:

- how the proposed model builds on previous reform. The document is not explicit about how it replaces the dual entry system, what this means for working in partnership with Gateway services and the impact on families seeking assistance voluntarily and their engagement.

- the importance of relationships. SARC research has demonstrated the significance for families of having 'their worker' who they feel is working with them. The flow chart on page 27 is a good summary of the proposed service but represents it as a process rather than relationship based. An emphasis on the importance of matching children and families to the most suitable worker for their situation and preferences should be built into the model.

- customer pathways. The document reflects a service system response not a customer pathway response and the perspective of clients and their lived experience is absent. For example, the term 'child safety' is a welfare term rather than a customer term. It is suggested that while the system seeks consistency and efficiency, families seek predictability. Without the client voice there is a high risk of 'getting it wrong' and fuelling service engagement issues for families. It is unclear how the service design reflects the likely reality that families, children and young people are involuntary participants.

Response to consultation document questions

1. Co-location

What principles should govern co-location or liaison functions?

Anglicare considers a Signs of Safety Framework as the prime mechanism for promoting and governing any co-location efforts. All services involved in co-location or liaison should share a commitment to implementing and using the Signs of Safety framework across services.

However there are concerns about the absence of a consistent understanding and implementation of the Signs of Safety Framework and a lack of clarity about who is responsible for updating or following through, especially once statutory involvement has ceased. This lack of clarity is reflected in the consultation document where it is referred to both as a 'framework' and an 'approach' and there is an absence of the detail required for full implementation.

Fully embedding Signs of Safety as a Framework and not just a tool requires a long term process of cultural change. Anglicare would like to see the embedding of a Framework where a single Signs of Safety document follows a family through services. This should be accompanied by provisions for the regular and mandated collaborative reviewing of the document. This would ensure that families are continuously at the forefront of all decisions and strategies and engaged in a partnership with professionals.

What barriers are there to co-locating services and how may they be addressed?

Co-location can be one route to improving multi-agency working. This can occur either practically or virtually. Yet each individual worker may have their own interpretation of their own and others' roles and ways of working. Clarity and consistency is required among all those involved about the reasons for co-location, how and when it will occur, contact points and where responsibilities for liaison lie including the sharing of information, upkeep of databases and confidentiality issues. Relationships are of key importance here. It is recommended that the Child Safety Liaison Officer should be a permanent position in order to foster longer term relationship building.

In terms of liaison opportunities, currently CSS is orientated towards the broader child and family service system. Those opportunities identified on page 6 of the consultation document need to include Housing and Corrections as well as Youth Justice.

What option for linking the ARS with the Safe Families Coordination Unit should be pursued, and why?

Open liaison will be essential for the ARS to operate effectively and without strong links to the SFCU and common practices the removal of duplication and effective liaison will be difficult to achieve. Effective liaison could be pursued both virtually and through physical co-location, although the former may raise concerns about confidentiality and the sharing of information.

Both approaches might proceed with a representative from the SFCU attending weekly intake meetings in order to build collaborative networks and working relationships.

How can Signs of Safety be used to enable collaboration within the new model?

Child death inquiries are an extreme example of poorly functioning professional relationships which have overlooked risk factors. Signs of Safety creates a common language and a constructive culture around child safety practice where partnership is expected, clients are experts in their own lives and there is an expectation of identifying strengths rather than weaknesses. This creates a framework which smooths collaborative effort and limits problematic working relationships. Signs of Safety creates an environment which eradicates a culture of blame, allows mistakes to be learned from and offers joint support. Anglicare believes that this approach across agencies would promote collaboration as a routine approach to practice.

Further to the concerns raised above, there is a need in the consultation document to clarify what Signs of Safety model is being used as a basis for practice.

2. Culturally sensitive service responses

Anglicare believes these questions should be directed to the Aboriginal and CALD communities. Possible responses include:

- the strengthening of policy and guidelines around working with different communities;
- cultural competence training delivered by local people;
- a recognition of regional differences;
- access to interpreters and translators; and
- supporting the Migrant Resource Centre to provide information about child safety practices in Australia.

3. Governance and structure

The role, expertise and power of CSS staff in delivering a statutory response within collaborative relationships must be recognised. SARC research clearly demonstrated the master/servant relationships that non-government agencies can have with the Department (Hinton 2013). However this does not mean that any collaboration cannot be open and

honest. Underpinning with a common framework like Signs of Safety and the roles of Clinical Practice Consultant and Educator will assist in this collaboration.

The establishment of a steering committee or board with representatives from key stakeholder agencies would assist with accountability and feedback and help to facilitate more collaborative relationships. It would also more fully acknowledge the expertise that is held within stakeholder agencies.

4. Target cohort

How can CSOs be supported to continue to work with these families?

This requires a number of mechanisms including:

- a solid understanding among all services of trauma, attachment and the impact on a family's coping capacity;
- a shared commitment to a Signs of Safety framework, joint goal planning and the regular review of documentation;
- open and collaborative communication including informing CSOs when new concerns are notified;
- co-location of workers; and
- better resourcing.

5. Role of Triage and Referral

What additional supports or tools will Triage and Referral require to triage effectively?

The clinical practice consultant and educator position should be closely linked to this team for effective supervision and support.

The support of external CSO providers would be invaluable in assisting teams to work within their communities and seek support when necessary.

What additional staff/skills and expertise are required with Triage and Referral?

Research tells us that the first point of contact can be highly significant for families. This means that practitioners must be skilled in their role. This requires:

- adequate knowledge about the services CSOs provide;
- an understanding of the impact of trauma and attachment on families;
- a strong Signs of Safety Framework; and
- adequate supervision to ensure a high standard of work.

What education and training is required to support the role of the ARS, particularly with universal and other services who support families?

Again this requires training in:

- the service network and what services are available;

- trauma and attachment;
- Signs of Safety; and
- mandated guidelines around response times to referring agencies.

Anglicare would like to see a review of recruitment practices to ensure the retention of experienced and senior staff in order to work effectively with complex families. As well as effective supervision and support this may require particular incentives to work in this area and in regional and remote areas. It might also require a bigger training budget and more opportunities to attend training.

6. Initial assessments

What are the key considerations associated with implementing a 48 hour timeframe? Is this timeframe realistic?

This timeframe is realistic if it allows for:

- the ability to consult with clinical supervisory and consultant staff to ensure effective practice and avoid snap decisions;
- contact with key people to form an accurate picture;
- staff capacity without overloading; and
- changing the culture and mindset of current workers.

What assessment tools are needed to support a more timely initial assessment?

These include:

- Tasmanian Risk Framework;
- Signs of Safety Framework;
- Family Violence Risk Assessment Tool;
- a blueprint for the steps to be taken during the referral process; and
- access to all information systems – policy, housing, family violence etc.

How can the cumulative harm best be assessed as part of the decision making at this point?

This requires:

- the gathering of accurate information from service providers;
- ensuring staff have appropriate and comprehensive training in cumulative harm and its effects on childhood development through to adulthood; and
- acknowledgment of the impact of cumulative harm on physical and mental health, teenage pregnancy, contact with the criminal justice system, school disengagement, family and domestic violence and poor relationships.

7. Referrals

What is required to ensure that referral pathways operate effectively?

This requires the building of good working relationships with open communication, a shared framework, access to joint information systems and a knowledge of services. It might also include joint visits with workers and ensuring accurate risk assessment.

How does Triage and Referral establish and maintain service knowledge and relationships to refer to (or broker) the most appropriate service for a child and family?

There are a number of ways in which this can be progressed:

- regular meetings or service provider forums and networking;
- trauma practitioner network meetings – services in the North West do this well;
- thorough assessments;
- workers with a strong understanding of trauma and attachment theories and frameworks; and
- proactively seeking input from services already working with the family.

How can CSOs support the establishment and review of referral protocols and practice?

As above. CSO staff are frontline workers with a comprehensive knowledge set around what does and does not work. Their expertise should be valued and used consistently to inform practice.

8. Short Term Intervention Teams

What tools or decision making guides should Short Term Intervention Teams use for different pathways?

Again the work of the Teams should be informed by:

- a shared understanding of what constitutes risk, including cumulative harm;
- the Signs of Safety Framework and Tasmania Risk Framework;
- high level assessment skills;
- a child-centred approach;
- a strong knowledge of trauma and attachments; and
- access to supervisors to discuss any concerns.

In undertaking a differential response the Short Term Intervention Teams will offer two different pathways for intervention. How can these assessment processes be implemented so that the different pathways are effective?

Anglicare welcomes a differential response to forensic situations and to child wellbeing. This should create good capacity for a quick and robust response to those in immediate danger of physical or sexual assault whilst avoiding an overly investigative response to neglect and cumulative harm and where a child wellbeing response is more appropriate. The ability to provide an effective differential response will rely on clear direction around roles and functions, comprehensive assessment and a shared understanding of what constitutes risk.

However a differential response is not just about providing a range of different responses based around risk but also different responses based on the needs of different cohorts. The creation of adolescent response teams in both safety and wellbeing would ensure that a focus on the inclusion of adolescents is build into the child safety system at the assessment stage. At a minimum, a wellbeing response that provides for differentiated, integrated teams focused on children and adolescents would greatly enhance child/adolescent safety and wellbeing work and reduce the safety response workload.

9. Wellbeing assessment

What considerations are critical for effective referrals?

Considerations include:

- accurate and comprehensive information and an understanding of what services can offer;
- open communication and a shared Signs of Safety Framework together with a shared understanding of client needs, goals and bottom lines;
- client understanding that CSO services are not child safety;
- capacity for non-voluntary engagement of wellbeing referrals to prevent an escalation to child safety services. Cases identified as urgent and highly complex should not necessarily be reliant on voluntary engagement from the family;
- splitting wellbeing referrals between two teams: Child and Family Team and Youth Team in order to recognise the different responses required and the specialist knowledge, collaboration and relationship building between separate sets of services;
- strengthening of the current unofficial youth response through formalisation and resourcing; and
- effective support for integrated care coordination (ICC) capacity as a basic practice model for early childhood and youth teams to maximise existing skill sets and include NGO partners.

Child and Adolescent Mental Health Services (CAMHS) is currently a clinic based, childhood/family service for children and young people with severe mental illness. As such it is a weak link in the referral environment. CAMHS needs to develop a child and adolescent wellbeing team to provide a holistic mental health response and to increase its capacity to participate in integrated responses with other agencies.

How do Short Term Intervention Teams establish and maintain service knowledge and relationships to broker services and/or refer to the appropriate service?

Workers require the skills to network and build relationships in order to initiate referrals. However this is complex and requires a capacity within the organisation/supervisors to maintain responsibility for ensuring a thorough knowledge of available services. This will allow communication and decision-making around needs to occur.

What considerations will need to be given to governance of the Short Term Intervention Teams to promote collaborative working arrangements and shared approaches to managing risk?

The child safety system has historically been a closed service which has not been accustomed to sharing information. This will need to be acknowledged and collaboration gently encouraged by managers who will need to provide adequate networking opportunities. A common framework and language will be essential in fostering this collaboration.

10. Transition to the new model

What other considerations are there for successful transition to the new model?

This is change management and research in this area clearly shows that individuals need to find their own motivations for continuing to work despite change. Child Safety Services have been through substantial change and one result has been a high turnover rate amongst staff. The transition will be assisted by implementation processes which support and encourage staff. This requires clear communication at every step, well defined roles and high levels of supervision and support including:

- genuine face-to-face consultation;
- bipartisan support;
- networking opportunities to build relationships;
- information sessions for all services;
- realistic timeframes for transition and implementation, consultation and feedback;
- appropriate training opportunities prior to implementation for key staff; and
- resourcing, funding and support adequate for implementation and ongoing delivery of services.

Conclusions

In conclusion, Anglicare considers that the proposed single front door service potentially addresses a number of issues previously raised in our research work, namely more intensive intervention for families falling below the Child Safety threshold and better partnership working with CSOs.

However whilst explicitly welcoming a differential and child wellbeing response and collaborative working with CSOs, Anglicare also recommends that the design process pays more detailed attention to three key concerns:

- clarity about the implementation and embedding of a comprehensive Signs of Safety Framework to underpin collaborative working and co-location and provide a basis for practice;
- customer pathways into and out of the Child Safety System including addressing issues of involuntary participation, the relational aspects of service design and the relationship between ARS and current Gateway services; and
- strengthening mechanisms to foster further collaboration with CSO providers in order to ensure that their experience and expertise is used to improve decision-making.

References

Hinton, T 2013, *Parents in the child protection system*, Social Action and Research Centre, Anglicare Tasmania.

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Robinson, C (forthcoming), *Too hard: Highly vulnerable teens in Tasmania.* Social Action and Research Centre, Anglicare Tasmania.