

**Recommendations of a review conducted in relation to the deaths of a number of children involved with the Child Protection System in Tasmania
November 2007**

	Recommendation	Response
(i)	Within the new Area Management structure, review and improve the consistency of Child Protection Services provided across the state and provide mechanisms for the sharing of expertise and good practice.	The new structure is now in place with area managers and area child protection managers appointed and meeting on a regular basis to improve consistency across the state. A case practice audit tool is under development to ensure consistency.
(ii)	Mandate case conferencing as a pre-requisite to decision making in all complex child protection cases that involve the need for advice of professionals from different disciplines and services. Child protection officers should have primary responsibility and be resourced for initiating and conducting the process, and ensuring the participation of all relevant professional parties.	Case conferencing is emphasised in the practice model being implemented and child protection officers will have primary responsibility for initiating case conferences in the new model.
(iii)	Facilitate the use of family group conferencing, prior to statutory intervention being taken, through reviewing and simplifying the guidelines and administrative processes. Provide clarification on: <ul style="list-style-type: none"> ▪ who can call a family group conference; and ▪ the differences between case and family group conferences. 	Guidelines on family group conferencing have been updated and are in place in the four Areas. Significant emphasis has been applied to develop case practice that is child centred and family focussed, employing a range of engagement tools.
(iv)	Mandate the requirement that no priority one child protection assessment is to be completed and/or the file closed, without the subject child(ren) being sighted by the child protection officer responsible for the decision.	This practice is in place and being enforced.
(v)	Facilitate ways to obtain formal input from professional experts in the relevant field to assist with decision making in complex cases where neglect, bonding/attachment, drug and alcohol, disability, neurodevelopmental or mental health issues are factors.	Area Liaison Officers have been employed in all areas and they are developing strong networks with other professionals across the health and welfare system.
(vi)	Facilitate the involvement of Family Child Health Nurses and the use of weight charts and medical and developmental assessments, particularly in cases where the physical growth and development of the child are being assessed or there are neglect issues.	The new Children and Family Services structure makes it easier to access to the broad range of Child Health and Parenting intervention tools including effective measurement of child development

(vii)	Assign senior child protection staff to be the first point of contact at CPAARS, responsible for initial triaging of calls and allocation of the case to a worker.	The structure for intake is being revised under the new model to facilitate involvement of senior staff
(viii)	For cases involving an overlap of services, establish formal pathways for liaison between Child Protection Services and: Mental Health Services, Alcohol and Drug Services, and Disability Services at a state, area and local level.	Formal liaison and Memoranda of Understanding have been established
(ix)	In cases where services other than Child Protection Services are monitoring and providing support (under section 17b of the Act), develop a formal protocol and pro-forma to make explicit the expectations on each service. Implement a process where roles and expectations are formally discussed, documented, acknowledged and accepted.	The pilot Early Support Program has established clear communication pathways, including articulating roles and expectations. This pilot is to be extended across the State.
(x)	Develop a process for Child Protection Services to provide written advice to caregivers detailing the conditions which need to be fulfilled in order to prevent further action/ intervention from Child Protection Services.	This is current practice and will be developed further in the context of the broader Family Support System and Child Protection redevelopment.
(xi)	Improve communication and understanding about the roles and responsibilities of Child Protection Services and other service providers, through the development of appropriate, area based networking and information sharing forums and, where appropriate, joint participation in meetings.	This has commenced through the work of the Area Liaison Officers and will be further developed as the reform process continues.
(xii)	Ensure Area Managers within Children and Family Services take responsibility for organising area-based professional learning days for government and non-government services about child protection issues. Develop training plans to cover essential learning topics, including roles and responsibilities of child protection and other services, and consideration of risk factors relating to child safety and family connectedness.	This is in place and will be ongoing. Children & Family Services in partnership with the Department of Education have employed a Senior Executive Officer to improve the knowledge base of Child Protection staff and Teachers in terms of their respective roles.
(xiii)	Investigate the potential to update Service Agreements to incorporate a requirement, with adequate resourcing, for government funded, non-government organisations to participate in the professional learning activities referred to in recommendation (xi).	This will be included in the renegotiation of Service Agreement in 2008/2009 and will incorporate reforms in Family Services.
(xiv)	Endorse the Early Support Program and	Achieved. The pilot is being

	improved access to child and family support services for children and families who do not require the intervention of statutory child protection services, but still require significant assistance.	extended across the State and will build upon the proposed reform to Family Services.
(xv)	Strengthen the tasks being undertaken by the Intensive Family Support Service as part of the redesign of Child Protection business services being undertaken through outsourced contract during 2007.	The reforms in Family Support Services will address this and ensure appropriate intensive supports to families where they are required.
(xvi)	Ensure that all child protection staff, including senior staff, receive regular, compulsory professional supervision in accordance with the supervision guidelines.	This is now operational policy.
(xvii)	Develop a protocol that ensures that complex cases (where there is a presence of risk factors, for example, the age of the child, domestic violence, alcohol and drugs, mental health problems in parents, child protection involvement with other siblings etc.) are automatically reviewed by a senior child protection worker.	This is now standard practice. There is no specific protocol as there will be a major upgrade of all Policy documents on completion of the redesign of Child Protection.
(xviii)	Provide professional development and resources to senior and supervisory child protection staff to enable them to: <ul style="list-style-type: none"> ▪ Provide formal supervision; ▪ Coach and mentor staff to improve their critical analysis, research and assessment skills; and ▪ Manage performance. 	A supervision policy has been completed and distributed to all staff. It builds on the model developed in Victoria. A Front Line Leadership development strategy is being developed. This includes attendance at performance management training.
(xix)	Ensure that professional development and training is available to all child protection staff on a regular basis, to improve their capacity to use professional judgement skills, exercise critical research and analysis techniques, and work with "difficult to engage" families and members of the community.	Child Protection has provided a training program: "Beginning Professional Practice" which articulates and trains these requirements. All staff have been required to attend. The program has been adapted from Victoria's training package who have allowed C&FS to change the package to Tasmanian specifications.
(xx)	Investigate ways to encourage and support child protection staff to continue formal study in relevant areas (for example, early learning and child development).	Child Protection has provided several training units on these subjects. A

(xxi)	Review recruitment options and employment practices to improve strategies for appointing Child Protection Services staff.	Recruitment of suitably qualified staff to child protection has improved. Improvements to recruitment and retention strategies are ongoing.
(xxii)	Implement quality assurance and a safety check process in Child Protection Services, such as regular audits of cases.	Children & Family Services have established a Quality Improvement Unit which is responsible for conducting practice and policy reviews. This is augmented by involvement of the Senior Practice Consultants.
(xxiii)	Mandate the provision of an annual Child Protection report to the Commissioner for Children on agreed data and outcomes.	Monthly activity reports are now provided to the Commissioner for Children and quarterly reports are provided on the numbers of Complaints in Care.
(xxiv)	Implement a process to ensure that there is a timely and documented feedback process to professional and service provider notifiers from child protection to: acknowledge when notifications have been made, and provide any other relevant information.	This is an ongoing issue, and will be progressed as part of the redevelopment of child protection intake processes
(xxv)	Develop a business case for the development and appointment of Community Paediatrician/s across the State. The role of Community Paediatrician positions could include: <ul style="list-style-type: none"> a. Providing medical input into the assessment and review of child protection cases; b. Encouraging, promoting and facilitating the role and participation of Paediatricians and General Practitioners in child protection case conferences; c. Contributing to training and further education for child protection staff regarding social, emotional, behavioural and physical development of children; d. Supporting services and communities in developing preventive and early support initiatives for vulnerable families; e. Advocating for at risk children; and f. Membership on Child Death Review panels and equivalent processes in Tasmania. 	This is in progress with an application for federal funding likely in the new year.
(xxvi)	Work with Housing Tasmania and Supported Accommodation Assistance Program (SAAP) services to develop a proposal/ business case to significantly improve the accommodation options for adolescents with a disability.	This is being addressed through the review of Out of Home Care, conducted by KPMG.

(xxvii)	Develop guidelines for shared guardianship options for children with disabilities.	Guidelines were developed and are being revised to reflect contemporary practice. There is now a much more collaborative approach between Children & Families and Disability Services.
(xxviii)	Work with paediatric services to investigate the feasibility of establishing a multi-disciplinary state-wide clinic for children with chronic neuromuscular disorders.	In progress in association with the Early Years Foundation.