



Tasmanian
Audit Office



Report of the Auditor-General No.6 of 2021-22

Accessing services for the safety and wellbeing of children and young people – the Strong Families, Safe Kids Advice and Referral Line

21 June 2022

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The Auditor-General and Tasmanian Audit Office are established under the *Audit Act 2008*. Our role is to provide assurance to Parliament and the Tasmanian community about the performance of public sector entities. We achieve this by auditing financial statements of public sector entities and by conducting audits, examinations and investigations on:

- how effective, efficient, and economical public sector entity activities, programs and services are
- how public sector entities manage resources
- how public sector entities can improve their management practices and systems
- whether public sector entities comply with legislation and other requirements.

Through our audit work, we make recommendations that promote accountability and transparency in government and improve public sector entity performance.

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Acknowledgement of Country

We acknowledge Tasmanian Aboriginal people as the traditional owners of this Land, and pay respects to Elders past and present. We respect Tasmanian Aboriginal people, their culture and their rights as the first peoples of this Land. We recognise and value Aboriginal histories, knowledge and lived experiences and commit to being culturally inclusive and respectful in our working relationships with all Aboriginal people.



**2022
PARLIAMENT OF TASMANIA**

**Accessing services for the safety and wellbeing of children and young people
– the Strong Families Safe Kids Advice and Referral Line**

21 June 2022

Presented to both Houses of Parliament pursuant to
Section 30(1) of the *Audit Act 2008*

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21 June 2022

President, Legislative Council
Speaker, House of Assembly
Parliament House
HOBART TAS 7000

Dear President, Mr Speaker

Report of the Auditor-General No. 6 of 2021-22: Accessing services for the safety and wellbeing of children and young people – the Strong Families Safe Kids Advice and Referral Line

This report has been prepared consequent to examinations conducted under section 23 of the *Audit Act 2008*. The objective of the audit was to express an opinion on whether, as the primary point of access, the ARL has been implemented effectively to provide expected levels of service to support the wellbeing and safety of children and young people.

Yours sincerely

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Rod Whitehead
Auditor-General

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Foreword

Significant numbers of Australian children are exposed to, or at risk of, domestic and family violence or other types of abuse or neglect. This is no different in Tasmania where the risk to children's wellbeing can often result from difficulties that families are facing such as financial hardship, insecure housing, mental health or drug or alcohol dependency.

Evidence suggests that, despite these difficulties, early intervention to support families can result in much better outcomes for their children. It was this philosophy that drove the Tasmanian Government's approach to reform through the Strong Families Safe Kids Implementation Plan 2016-2020 and Next Steps Plan 2021-2023. These plans outlined actions the Government would take to build an integrated system that would respond innovatively and effectively to ensure the safety and wellbeing of children and to support families and communities more broadly in doing so.

The successful implementation of Strong Families Safe Kids is an important aspect in securing the safety and wellbeing of Tasmanian children and I wanted to understand the impact it was having. It would have been beyond the resources of my Office to assess the implementation of the entire system of reform. So I decided to undertake a performance audit focused on one key platform of the reforms: the introduction of a dedicated first point of contact for all those with child safety and wellbeing concerns or those who simply want advice and support. The output from that key platform was the Strong Families Safe Kids Advice and Referral Line.

In evaluating the Advice and Referral Line's planning, implementation and current operation, this performance audit will, I hope, provide an assessment on the impact of the Advice and Referral Line in helping to ensure children and families get the appropriate advice and support they need. It should provide lessons and recommendations to further enhance its operations. Finally, I hope this performance audit will be useful more widely in providing lessons on the implementation of major projects across the public sector.



Rod Whitehead
Auditor-General

21 June 2022

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Independent assurance report

This independent assurance report is addressed to the President of the Legislative Council and the Speaker of the House of Assembly. It relates to my audit of the Strong Families Safe Kids Advice and Referral Line (ARL).

Audit objective

The objective of the audit was to express an opinion on whether, as the primary point of access, the ARL has been implemented effectively to provide expected¹ levels of service to support the safety and wellbeing of children and young people.

Audit scope

The period covered by the audit was from when the Strong Families, Safe Kids (SFSK) reforms were announced in August 2015 until December 2021, 3 years into the operation of the ARL.

The Department of Communities Tasmania (Communities Tasmania) was the primary Government² agency subject to audit.

In order to form a more complete picture of the ARL's operations and impact, evidence was also obtained from providers of early intervention and family support services and the following Government agencies (stakeholder agencies) with a vested interest in child safety:

- Department of Education (DoE)
- Department of Health (DoH)
- Department of Justice (DoJ)
- Department of Police, Fire and Emergency Management (DPFEM), and specifically, Tasmania Police (Police).

Evidence was also obtained from non-government organisations (NGOs) delivering services on behalf of the Government: Baptcare and Mission Australia.

It is important to note the audit did not specifically review Child Safety Services, stakeholder agencies or providers of early intervention and family support services. However, discussions were held with each of these areas in order to form a more complete picture of the ARL's operations and impact.

The audit also did not review the ARL's clinical decision-making nor the appropriateness of referral pathways for families to access early intervention through support services in their community.

¹ By 'expected' we mean the outcomes set out as part of the Strong Families Safe Kids reforms, as they relate to the ARL.

² All references to Government refer to the Tasmanian Government unless otherwise stated.

Audit approach

The audit was conducted in accordance with the Australian Standard on Assurance Engagements ASAE 3500 Performance Engagements issued by the Australian Auditing and Assurance Standards Board, for the purpose of expressing a reasonable assurance opinion.

The audit evaluated the following criteria:

1. Was there an effective, planned approach to the design and rollout of the ARL?
 - 1.1. Were the objectives of the ARL clearly outlined in strategies and plans?
 - 1.2. Were resources allocated to support the implementation of the ARL?
 - 1.3. Were the plans effectively communicated, understood and supported?
2. Have the plans for the introduction of the ARL been efficiently and effectively implemented?
 - 2.1. Were the detailed plans executed efficiently and effectively?
 - 2.2. Was the planning and implementation of the ARL agile enough to meet changing needs and circumstances?
3. Is the ARL operating effectively to achieve better access to services for the safety and welfare of children?
 - 3.1. Is the ARL accessible for users?
 - 3.2. Is the ARL resourced appropriately?
4. Does Communities Tasmania know whether it is achieving the objectives of the ARL?
 - 4.1. Were there measures developed in order to assess the success or otherwise of the ARL?
 - 4.2. Is there effective reporting against the objectives of the ARL?
 - 4.3. What has resulted from the introduction of the ARL?

Responsibility of management

In the context of this audit, Communities Tasmania is responsible for the strategic oversight and operation of the ARL according to the powers, functions and responsibilities set out in relevant legislation, policies, procedures and plans, as well as the relationships with stakeholder agencies and non-government organisations.

Responsibility of the Auditor-General

My responsibility was to express a reasonable assurance opinion on whether, as the primary point of access, Communities Tasmania had implemented the ARL effectively to provide expected levels of service to support the safety and wellbeing of children and young people.

Independence and quality control

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and apply Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, Other Assurance Engagements and Related Services Engagements* in undertaking this audit.

Conclusion

It is my conclusion the ARL, as the primary point of access, as measured against the audit criteria was, in all material respects, implemented effectively to provide expected levels of service to support the safety and wellbeing of children and young people.



Rod Whitehead
Auditor-General

21 June 2022

Executive summary

Summary of findings

There is nothing more important in our community than taking care of our most vulnerable, with children and young people being one of the most significant cohorts in society. The safety and wellbeing of children and young people is everyone's business. There have been tragic outcomes for children, families and the community more generally when children are abused, neglected or, in extreme cases, killed by a trusted person in their lives.

In 2015-16, there were clear drivers and rationale for change to the overall child safety system in Tasmania to improve outcomes for children and their families by providing resources and support for early intervention and preventative activity. This rationale was clearly articulated in the Strong Families Safe Kids reforms and embedded within planning documents and project governance arrangements.

One key platform of these reforms was a 'single front door', which eventually became the ARL, to improve how advice and referral services could be contacted and connected. However, due to a lack of focused resourcing the push for detailed change management and rollout of the ARL did not occur until 2 years into the reforms being introduced. Although additional capability was subsequently dedicated to drive the project forward, it resulted in truncated timeframes for delivery. Overall, implementation of the ARL was broadly successful, although, due to the speed of operationalisation, some staffing, systems and communication issues remained unresolved at the time it went live.

Effective transition arrangements supported going live and helped ensure continuity of service for families. Most ARL workers were appropriately transferred or recruited to the service, inducted and trained prior to going live and provided with the systems and tools to enable them to deliver a broadly effective service. A shared sense of purpose between Government agencies and NGOs developed and mitigated concerns in how they would work together. As a result of the shortened timeframe for implementation, 4 factors put additional strain on ARL workers post going live. These were:

- duplication of effort during transition
- staffing vacancies
- the separation of duties between Government and NGO workforces
- higher than anticipated call numbers.

Adjustments were made after going live to improve operational efficiency, including the introduction of the online form.

The ARL is broadly effective and has delivered improvements in connecting families to appropriate interventions, whether that be early support for wellbeing concerns, or response action for safety concerns. Regionally outplaced Community Liaison Officers and functionally based ARL workers such as Hospital Liaison Officers and Aboriginal Liaison Officers (collectively referred to as liaison officers) are critical to the success of the ARL, but they have wide coverage and limited capacity and are not resourced to deliver fully all

aspects of their role. Early intervention and family support services, once connected, can be at capacity and not initially available, thereby reducing their effectiveness in assisting families in a timely way.

Another limitation includes the inability of non-government ARL workers to access all relevant Government information systems. The effectiveness of the ARL is further inhibited by a lack of broader understanding of its purpose and function. Contributing factors to this are insufficient resourcing of the communication and education role of the ARL, as well as inconsistent provision of feedback from the ARL to people who contact them.

Communities Tasmania's regular management reporting is focused on ARL activity and throughput rather than effectiveness. However, there is some evidence the ARL is starting to meet its intended outcomes as articulated in the SFSK reforms. Communities Tasmania commissioned early reviews of 2 of the 3 ARL effectiveness measures during the first 2 years of the ARL's operations showing, notably, the impact of the reduction in cases flowing through to Child Safety Services (CSS). While the third measure, client satisfaction, has not been subject to detailed review, one early evaluation of SFSK that surveyed stakeholders, such as DoE and Police, showed a high level of dissatisfaction with the ARL (45% of respondents).

Data flowing from the ARL and the SFSK reforms more broadly has also been subject to misinterpretation of its meaning and impact by the media reporting on the Productivity Commission's annual Report on Government Services (RoGS). There is a need to clarify performance measures and promote further the positive outcomes from the reforms.

Finally, it should be reinforced that the ARL is one part of a broader suite of reforms and has interdependencies on the success of those other areas, being the capacity of early intervention and family support services as well as the effectiveness and responsiveness of CSS.

Significant and subsequent events

The following significant events have or will occur that are of relevance to note, but that do not alter the materiality or substance of this report, except in directing its recommendations to the department succeeding Communities Tasmania:

- the establishment of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings
- machinery of government changes that will transfer the Department of Education and the major functions supporting children and young people from the Department of Communities to, a new Department to be called the Department of Education, Children and Young People
- the 2022-23 Tasmanian Budget announcement that commits \$36.4 million over four years to implement safeguarding measures recommended by Professors Stephen Smallbone and Timothy McCormack in the Commission of Inquiry.

Appendix D contains further detail on these significant and subsequent events.

Recommendations

Communities Tasmania (or its succeeding agency):

1. Ensure sufficient and appropriate project resources and effective project management methodology are deployed in future significant sub-projects of major reforms.
2. Work with DPFEM to improve the manual or electronic interchange of information relevant to child safety, and specifically information flowing between the existing CARDI and ATLAS systems, in order to reduce reworking of data leading to inefficient practices within both agencies.
3. Review its processes regarding the delivery of feedback of next steps and outcomes to persons contacting the ARL to ensure consistency of approach.
4. Work with stakeholder agencies to raise both awareness of the ARL and its role and encourage those agencies to promote their own responsibilities in child safety and wellbeing.
5. Work with DPFEM and DOJ, as system owners, to find a solution to barriers that prevent non-government ARL workers from accessing information systems that would enable them to perform their jobs more efficiently and effectively.
6. Prioritise the resourcing of liaison officers within the ARL to increase both their capacity to work within communities and with service providers, as well as provide ongoing training and education required to support a more proactive and preventative approach to child safety and wellbeing.
7. Develop effectiveness indicators for the ARL to better understand if the original objectives of SFSK are being met. The indicators to complement the throughput and efficiency indicators already in place and to include measures of client satisfaction.

Submissions and comments received

In accordance with section 30(2) of the Audit Act, a summary of findings or report extract was provided to the Treasurer and other persons who, in our opinion had a special interest in the report, with a request for commissions or comments. Submissions and comments we receive are not subject to the audit nor the evidentiary standards required in reaching an audit conclusion. Responsibility for the accuracy, fairness and balance of these comments rests solely with those who provided the response. However, views expressed by the responders were considered in reaching audit conclusions. Section 30(3) of the Act requires this report include any submissions or comments made under section 30(2) or a fair summary of them. Submissions received are included below.

Response from the Minister of Education, Children and Youth

I refer to your letter dated 6 June 2022 inviting my comment on the report to Parliament on the performance audit undertaken by the Tasmanian Audit Office into the review.

The Advice and Referral Line is a key element of the Tasmanian Governments *Strong Families, Safe Kids*, redesign of the Child Safety System.

I am pleased to note your findings and recommendations.

Thank you for the opportunity to provide comment on the report.

Hon Roger Jaensch MP

Response from the Secretary of the Department of Communities Tasmania

Thank you for your letter of 6 June 2022.

I note the findings of the performance audit in particular that the Advice and Referral Line (ARL) was found to be broadly effective and found to have delivered improvements in connecting families to appropriate interventions, whether that be early support for wellbeing concerns, or response action for safety concerns. I can advise that there has been progress with regard to essential system access for Non-Government staff to the Family Violence Management System to support their day to day practice and we hope to have full Safe at Home access resolved soon for these team members.

I also note the limitations as highlighted and the recommendations of the performance audit. The Department of Communities Tasmania supports the recommendations.

I would also like to acknowledge the work of the dedicated staff, both government and non-government, working in the ARL and in particular the staff who led the implementation of the ARL in Tasmania.

Michael Pervan

Response from the General Secretary of the Community & Public Sector Union, State Public Services Federation (Tasmanian Branch)

The Community & Public Sector Union (CPSU) welcomes the opportunity to respond to the draft report for the audit of Accessing services for the safety and wellbeing of children — the Strong Family Safe Kids Advice and Referral Line (ARL).

Below is the CPSUs response to the extracts of the report we have been provided, however at this point it is difficult to assess whether the included comments and conclusions, particularly those made by the Department of Communities Tasmania are fair and backed by evidence as we only have 3 pages of the draft report.

1. Regarding paragraph 3.5 of the report, no conversation was had with unions, workers, or the community on the 3 ARL workforce options prior to a decision being made. Had this occurred then it is likely that the 'protracted negotiations regarding

the incorporation of the NGO workers in the ARL' (referenced in the sub-heading above paragraph 3.5) could largely have been avoided.

2. It is also worth noting that at no point in the redesign report titled 'Strong Family Safe Kids' does it recommend a model that would see the establishment of multiple workforces under different industrial arrangements with different statutory responsibilities under the *State Service Act 2000* and associated pieces of legislation concerning child protection.
3. The assertion in paragraph 3.6 that 'politically it was seen as important to retain community connection and knowledge built up by the Gateway workforce' needs forensic investigation. Our anecdotal evidence, from CPSU members, is that NGOs who provided a workforce for the ARL faced similar challenges as the State Service in attracting and retaining staff, often NGO employees were new to child protection work and held no existing relationships with community partners.
4. What is missing from paragraph 3.6 is a discussion on the broader legal, ethical, and moral responsibility of government when it comes to the sharing of data with third parties involved in service delivery. A decision to allow not-for-profit or private providers access to data held by the Department of Justice and Tasmania Police, potentially without an individual's consent, would need community discussion and a community license.
5. Paragraph 3.7 is a misguided summary of our position on the government's decision to operate a blended workforce model. It was not industrial relations that presented the 'most significant barrier to a seamless implementation of the ARL' but the genuine barriers under the *State Service Act 2000* which the Department of Communities Tasmania did not allow enough time to discuss and resolve due to their lack of consultation prior to a decision being made.
6. CPSU does however hold the strong position that the ARL carries one of the most important responsibilities of government, to identify, assess and ascertain whether a child is at risk of neglect and abuse and that this is a responsibility that should only be delegated to State Service employees. The Commission of Inquiry³ has demonstrated that community expectation is that this remit is not limited to protecting children from neglect and abuse in the home but also piecing together reports and helping to identify perpetrators across institutional settings.
7. During the Commission of Inquiry, we have seen the repeated failure of senior decision makers in a range of agencies to hold perpetrators to account against the State Service Code of Conduct. However, in arguably the most important child protection service there is a section of the workforce who are not covered by the State Service Principles, the Code of Conduct or *State Service Act 2000*.
8. Regarding paragraph 3.9, CPSU is in partial agreement that the final compromised model was flawed, the delineation of ARL State Service workers to 'safety' matters and the NGO workers to 'wellbeing' matters led to uneven workloads with insufficient resources provided to government teams to meet demand. Initial

³ The Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings established on 15 March 2021 by Order of the Governor of Tasmania.

demand for ARL far outstripped the resources allocated, leading to unmanageable caseloads in part contributing to worker dissatisfaction as many felt they did not have the time to undertake the role in the way it was originally intended. Adequate resourcing has never been provided.

9. CPSU would acknowledge this led to double handling however what's missing from this part of the report is that the ARL's difficulty in retaining staff, ongoing workloads that exceed what is manageable and the operation of two different databases; also contributed to inefficiencies and mean that double handling is a reality.
10. Regarding paragraphs 4.32 and 4.33, the inability of the ARL and Child Safety Service more broadly to recruit and retain workers has been widely discussed in the recent Commission of Inquiry and acknowledged by the Minister in the 2022-23 Budget Estimates. The use of fixed term contracts within the ARL by both government and NGOs is a barrier to retaining staff and despite repeated requests to meet to negotiate a workforce package to assist with recruitment and retention of Child Safety staff this offer has been ignored.

We thank you for the opportunity to respond prior to the release of the final report.

Thirza White

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1. Introduction and context to the Strong Families, Safe Kids Advice and Referral Line

- 1.1 There is nothing more important in our community than taking care of our most vulnerable, with children and young people being one of the most significant cohorts in society. The safety and wellbeing of children and young people is everyone's business. There have been tragic outcomes for children, families and the community more generally when children are abused, neglected or, in extreme cases, killed by a trusted person in their lives.
- 1.2 This report relates to a mechanism set up at the end of 2018 known as the Strong Families, Safe Kids Advice and Referral Line (ARL), which is designed to enable anyone who is:
- seeking advice about anything to do with the safety or wellbeing of children
 - needing assistance to navigate the challenges of parenthood
 - concerned about the safety or wellbeing of a child or young person
 - prescribed to notify that a child or young person is at risk of harm or neglect
- to contact one central area to receive the information they need or be referred to the most appropriate service for that family's circumstances.

Safety and wellbeing of children and young people in Tasmania

- 1.3 The statutory framework for the Tasmanian system is contained in the *Children, Young Persons and Their Families Act 1997*⁴ (CYPTF Act). The CYPTF Act provides the legal mandate for the Government to receive and assess notifications where people are concerned about the safety or wellbeing of children. It further extends that function to NGOs through Part 5B of the CYPTF Act which deals with what is known in the legislation as Community-Based Intake Services (CBIS).
- 1.4 While the legislative mandate sits with Communities Tasmania, section 13 of the CYPTF Act requires 'any adult' who knows, or believes or suspects on reasonable grounds, that a child is suffering, has suffered or is likely to suffer abuse or neglect has a responsibility to take steps to prevent the occurrence or further occurrence of the abuse or neglect. Further, it states that one step an adult can take is to inform the Secretary [of Communities Tasmania] or a CBIS.
- 1.5 The CYPTF Act goes further in section 14 for those who fulfil particular prescribed roles in the community, for example, health professionals, police officers, teachers, probation officers, etc., many of whom are Tasmanian State Service employees. They

⁴ [View - Tasmanian Legislation Online](#)

must inform Communities Tasmania or a CBIS if, in their professional capacity, they believe or suspect, on reasonable grounds, a child or young person is being abused or neglected.

- 1.6 Although this audit is focused on Communities Tasmania, its scope recognises the interdependencies with the actions and operations of other Government agencies, NGOs and the community more broadly. These interdependencies were also recognised in the recent Independent Review of State Service⁵ which stated:

There is... a growing understanding that agencies also need to work together to get the best results for people and places. People's lives are complex and their needs change over time. Communities are different and have different needs. The boundaries between agencies stop things happening. To be effective, agencies and their leaders need more support, encouragement and experience to work outside their traditional bureaucratic boundaries, to collaborate and create partnerships, to help and accept help from others. There is perhaps no better illustration of this principle than the wellbeing of the child. Built upon the work of the Australian Research Alliance for Children and Youth (ARACY), the Tasmanian Child and Youth Wellbeing Framework articulates 6 domains of wellbeing, all of which need to be supported if the child is going to live well ... Failing in one area can have catastrophic impacts across all areas of wellbeing. For example, a child without a safe, stable and supporting home environment is at greater risk of poor health, low engagement in education, low participation in sport and social activities, and low self-esteem. Having access to the material things that a child needs (such as nutritious food, adequate clothing or education materials) also impacts broadly on the wellbeing of the child.

The six domains of child and youth wellbeing



No single agency has responsibility for all of the wellbeing domains for children and young people. Every relevant agency is, therefore, critically reliant on others. (pp 69-70)

⁵ [Independent Review of the State Service \(dpac.tas.gov.au\)](https://dpac.tas.gov.au)

Origins of the ARL

1.7 In August 2015, the then Minister for Human Services announced a significant review of what was then known as the child protection system in Tasmania. The Review Reference Group was led by Professor Maria Harries and her report 'Redesign of Child Protection Services Tasmania: "Strong Families – Safe Kids"' (Harries Report) was tabled in the Parliament on 15 March 2016.

1.8 The Harries report provided the blueprint for a re-envisioning of how the safety and wellbeing of children would be viewed and supported within Tasmania. Five key strategies emerged from the Harries Report:

1. Placing the Wellbeing of Children at the Centre of Our Services
2. Common Risk Assessment and Planning System
3. Creating a 'Single Front Door'
4. Better Support for Children and their Families and
5. Redesigning the Child Protection Service with additional support.

Strategy number 3, the 'Single Front Door', became the ARL.

1.9 The Government accepted all recommendations in the report and in May 2016 provided \$20 million in funding over 4 years to support its implementation.

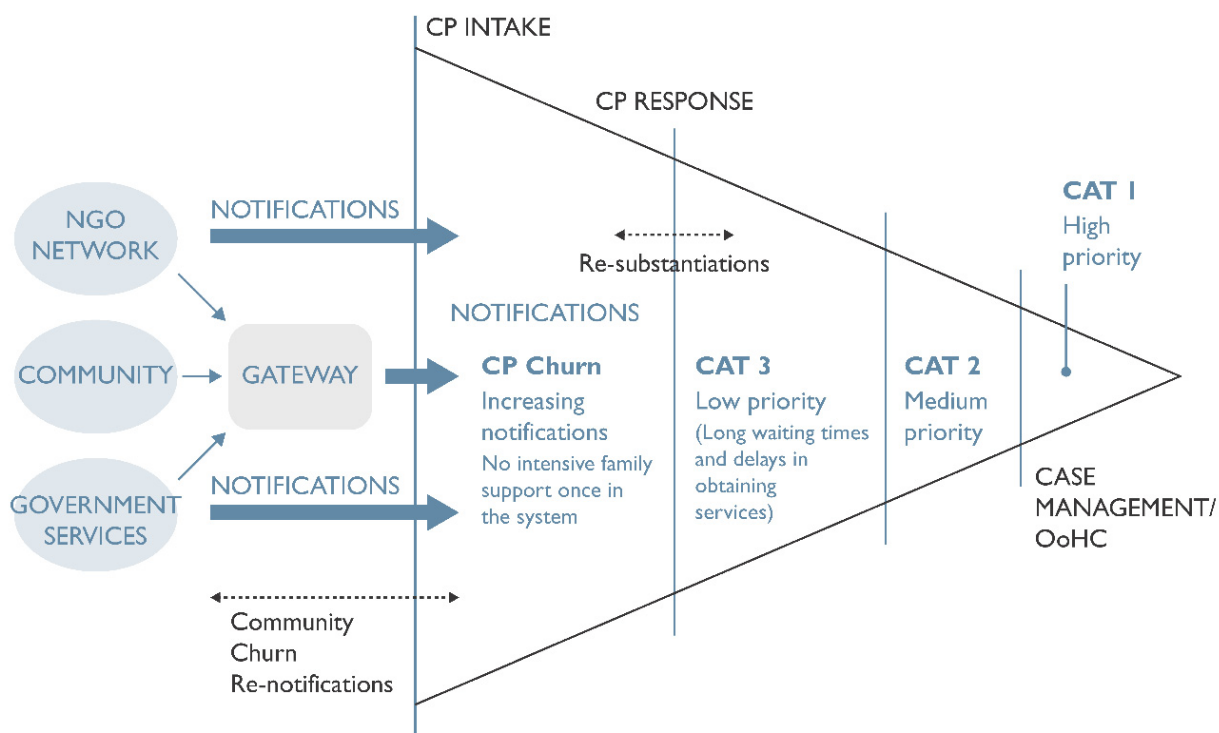
1.10 Under the Tasmanian system prior to the introduction of the ARL there were essentially 8 different entry points for people to raise concerns about the safety or wellbeing of a child.

1.11 NGOs provided Gateway Services (Gateway), which were community based access and assessment services focused on child wellbeing and referral to early intervention support programs for families. These were delivered across four Tasmanian regions (South West, South East, North and North West).

1.12 Child Protection Services, part of the then Department of Health and Human Services (DHHS), focused on assessing risk to the child and providing statutory responses to that risk. These services were also delivered regionally. Child Protection Services was divided into Intake, doing initial assessments of risk, and Response, reacting to the risk – such as court orders, care and protection plans and placing children in out of home care (OOHC).

1.13 In reality, the system was complex and not well understood by the community, resulting in churn, as illustrated in Figure 1, between the entities and families moving in and out of the various services. The drive behind providing a 'single front door' was to streamline these 8 entry points into one, providing a single telephone number that anyone could call whether their issue was about support, advice or serious safety concerns for a child or young person.

Figure 1: Child Protection System in Tasmania in 2015-16



Source: Harries report page 14

1.14 The ARL was delivered 2 years into the SFSK project as shown in Figure 2.

Figure 2: ARL development timeline



Source: TAO. Note, a more detailed timeline is available at Appendix A

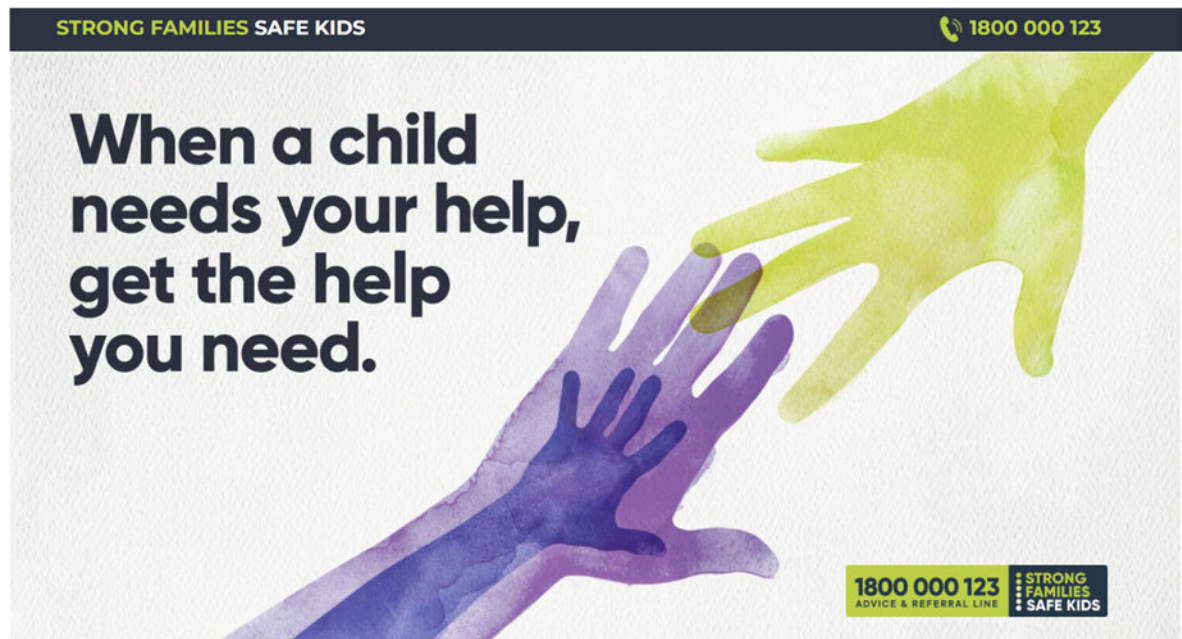
1.15 The ARL went live on 3 December 2018 and brought together workers from the Intake function in Child Protection within Communities Tasmania and the Gateway workers from 2 NGOs – Baptcare and Mission Australia. The ARL itself is currently delivered primarily from one location with one common telephone number as its primary point of access. Its workforce is comprised of people from Communities Tasmania, Baptcare and Mission Australia.

1.16 Regionally outplaced Community Liaison Officers are also part of the ARL. These liaison officers work remotely to provide face to face interactions with families and

community organisations. In addition, the ARL has specialised Hospital Liaison Officers located within the 3 main public hospitals in Tasmania as well as regional Aboriginal Liaison Officers to provide culturally focused assistance to families. In its 3 years of operation the ARL has established other specialised liaison roles, being Family Violence and Youth at Risk of Homelessness liaisons. For the purposes of this report, the term 'liaison officer' will be used to refer to all liaisons unless a specific point is being made about a particular liaison function.

1.17 The contact number for the ARL is shown in Figure 3.

Figure 3: How to contact the ARL



Source: Communities Tasmania, found at: [Strong Families Safe Kids | Advice and Referral Line Tasmania](#)

Functions of the ARL

1.18 Anyone can call the ARL. The most regular users are those in professions compelled by legislation⁶ to report safety concerns. However, family, friends, neighbours or other connections to the family or within the broader community also contact the ARL.

1.19 Because the ARL is a separate area to CSS in Communities Tasmania, families, and particularly parents, are encouraged to call the line themselves to discuss support options in regard to challenges they may be facing with children or young people. The ethos is early intervention can prevent issues escalating to a statutory response, such as removal of a child from their family.

1.20 The primary functions of the ARL are as follows:

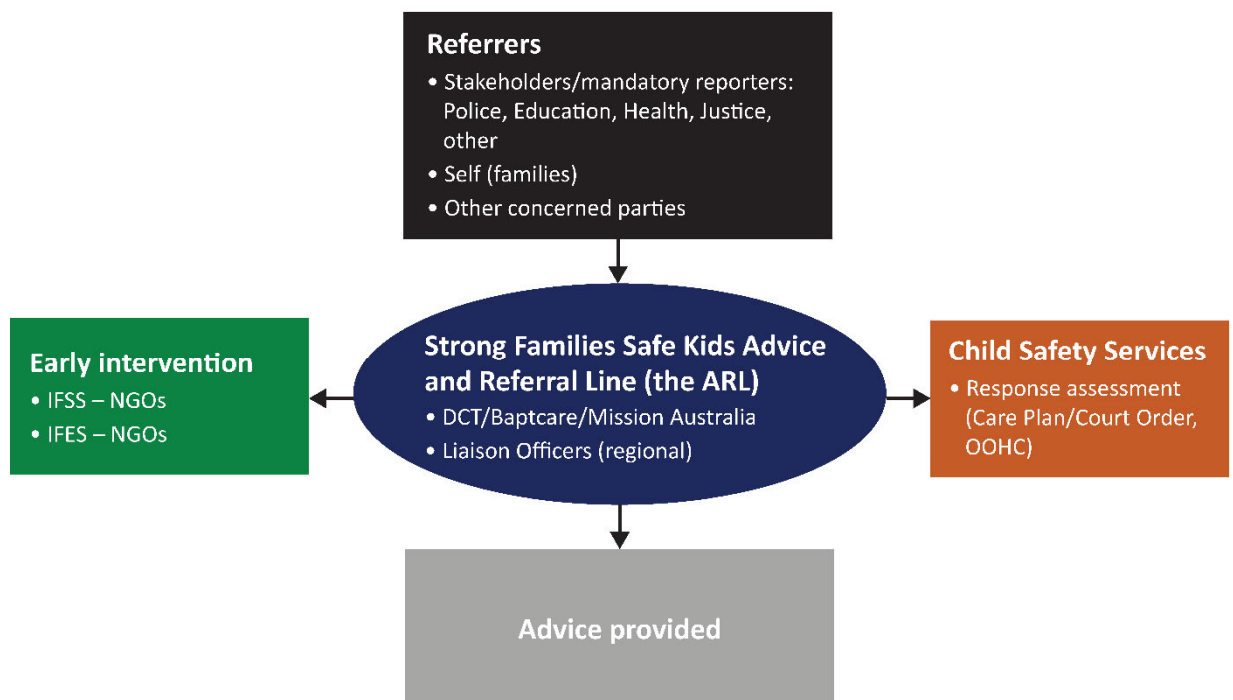
- To provide information and advice to anyone seeking to better support the safety or wellbeing of children.

⁶ *Children Young Persons and Their Families Act 1997* sourced online at [View - Tasmanian Legislation Online](#)

- To provide referral pathways for families to access early intervention through support services in their community. These services are collectively known as Integrated Family Support Services (IFSS) and comprise a range of support programs focused primarily on parenting as well as other impacting issues such as homelessness, drugs and alcohol, mental health, family violence and financial hardship. IFSS programs are delivered locally by different NGOs.
- To provide referral pathways for families at greater risk of their children requiring a child safety response. These services are also delivered by NGOs and are focused specifically on family functioning and skills. Collectively, they are referred to as Intensive Family Engagement Services (IFES).
- To provide a pathway to CSS for assessment where there are serious safety concerns for a child or young person.

1.21 Figure 4 shows the potential pathways in and out of the ARL.

Figure 4: Pathways into and from the ARL



Source: TAO

1.22 As at the end of 2021, the ARL had been operational for 3 years.

2. Was there an effective, planned approach to the design and rollout of the ARL?

In 2015-16, there were clear drivers and rationale for change to the overall child safety system in Tasmania to improve outcomes for children and their families by providing resources and support for early intervention and preventative activity. This rationale was clearly articulated in the Strong Families Safe Kids reforms and embedded within planning documents and project governance arrangements.

One key platform of these reforms was a 'single front door', which eventually became the ARL, to improve how advice and referral services could be contacted and connected. However, due to a lack of focused resourcing the push for detailed change management and rollout of the ARL did not occur until 2 years into the reforms being introduced. Although additional capability was subsequently dedicated to drive the project forward, it resulted in truncated timeframes for delivery. Overall, implementation of the ARL was broadly successful, although, due to the speed of operationalisation, some staffing, systems and communication issues remained unresolved at the time it went live.

Were the objectives of the ARL clearly outlined in strategies and plans?

The Harries Report and subsequent 4-year implementation plan provided a blueprint and clear pathway for transformational change to the child safety system in Tasmania

- 2.1 The Harries Report articulated the critical pressures facing the then child protection system in Tasmania and recommended a series of reforms. One of the cornerstones of these reforms was a transformation in the way Tasmanians accessed services to support the safety and wellbeing of children:

A very significant part of the redesign is to invest in the 'front door'. International evidence shows that robust and capable advice and referral services at the front door of the child protection system can improve outcomes for children and their families and reduce the pressure on statutory protection services.

In Tasmania there are 2 portals for notification, these being Gateway services and CPS [Child Protection Services]. Gateway Services have been seen to be critical as an opportunity for the all-important non-government agencies to provide early support to families and children in need. As is true for other jurisdictions, these portals are being increasingly inundated with reports, many of which are not and, arguably, do not need to lead to forensic statutory investigation. It was reported during a number of the consultations that, while well-intentioned, and in part successful, the 2009 diversionary service system in Tasmania aimed at providing a single entry point for 'integrated family

support services’ and enabling a ‘common access service point’ for child protection reports, is under serious stress.⁷

- 2.2 The Harries Report also highlighted the critical relationship between Child Protection Services, as they were then known, and Police and schools in particular, as the primary sources of notifications into the child safety system. The report emphasised that any change to the front door would rely on those 3 agencies working in partnership.
- 2.3 The heads of those agencies signed the ‘Strong Families – Safe Kids Implementation Plan 2016-20’ (Implementation Plan) in May 2016, which translated the Harries Report into measurable actions, with committed funding, over a four-year period.
- 2.4 The right agencies were involved in the blueprint design and academic experts were brought in to provide an independent analysis of the system, why it needed to change and how. The impact was a pathway toward reforming a system in crisis.

The model for the ARL was based on evidence of the success of similar approaches overseas

- 2.5 The operating model for the ARL was derived from rollouts of similar reforms in a number of overseas jurisdictions. Integral to the design was Professor David Thorpe from Lancaster University in the United Kingdom (UK). Professor Thorpe was able to demonstrate the reform journey and outcomes that these jurisdictions had experienced and how that could be applied in the Tasmanian context.
- 2.6 Professor Thorpe had presented his findings to DHHS, outlining the operating model and the resultant changes occurring in the first few years post implementation in UK local government authorities, which are responsible for many of the services delivered by State and Territory governments in Australia, including child safety. The UK local government authorities were Wirral (implemented 2007), Swansea (2009), Leeds (2011), Wakefield (2011), Bradford (2012), Leicester (2013), Medway (2014) and Southampton (2017). In every jurisdiction, the numbers of referrals made into the statutory intervention area (variously named) reduced significantly following the implementation of the single entry point.
- 2.7 In our interactions with Professor Thorpe he produced findings from subsequent implementations from other UK local authorities such as: Kirklees, Norfolk and Manchester City. The average reduction in referrals for statutory intervention in the first year was nearly 30%. Many of these areas are of a comparable population size to Tasmania with varying profiles of social and economic disadvantage highlighting that in using this model similar outcomes might be expected in Tasmania.

⁷ Harries Report page 6. Sourced at: [Redesign of Child Protection Services.pdf \(communities.tas.gov.au\)](#).

The model for the ARL was developed relatively early in the reforms but detailed output planning was slow and commenced late, resulting in truncated timeframes for delivery

- 2.8 The SFSK Implementation Plan had a timetable for planning and implementation for the package of reforms. The single front door was initially scheduled for planning and implementation by the first quarter of 2017-18 with ongoing refinement over the life of the plan.
- 2.9 The SFSK project team was located within DHHS but outside the then Division of Child and Youth Services (CYS) that included Child Protection Services. The overall project governance comprised a Secretary-level Oversight Committee, a Steering Committee at Deputy Secretary level, the SFSK Implementation Team (housed outside CYS), a Staff Reference Group (without senior representation from CYS) and a Community Stakeholder Committee. We were told by the personnel involved at the time that this approach was chosen deliberately to adopt a more strategic whole-of-government approach to the overall reforms but it also had the impact of not including the most impacted workers on the project journey.
- 2.10 The Implementation Team distributed a consultation paper on the initial ARL model, initially named the Children's Advice and Referral Alliance (CARA), in December 2016 to CYS as well as stakeholder agencies. At that time they anticipated a transition period from 1 July 2017.
- 2.11 Planning for the implementation of the ARL was slow. Competing SFSK project activity, changes within the division's senior management and a range of other factors meant that focused planning towards going live did not begin until late 2017. This followed an acknowledgment that implementation needed to be accelerated resulting in the appointment by DHHS of a dedicated change manager from within CSS. They, together with the project team, devoted the bulk of 2018 to achieving a go live in that year.
- 2.12 The impact of delaying the commencement of the detailed push to launch the ARL meant that speed became a driving factor. There was a political imperative to deliver the ARL in 2018 and this focused the effort to get it in place before the end of the year. Adding to the complexity in delivering the ARL were machinery of government changes. In mid-2018 DHHS was split, with its component parts primarily forming 2 new agencies, DoH and Communities Tasmania, with the latter taking responsibility for implementing the ARL.

There was no dedicated ARL project plan developed which led to a 'just in time' approach being adopted by those charged with delivering the ARL

- 2.13 Although DHHS was focused on delivering the ARL in 2018, it did not develop a specific project plan to support implementation of the ARL. Rather, the delivery process was envisaged as one of change management designed to bring CSS into the change process and provide them with the opportunity to adapt and own the CARA model that had already been developed, and provide input to the changes ahead. In other

words, the ARL was never seen by DHHS as a separate project but rather one of several key deliverables of SFSK.

- 2.14 The newly appointed change manager came from within child safety and led the process to deliver the ARL. They reported to the CYS Deputy Secretary and used a number of working groups focused on the essential components for the ARL's establishment. The SFSK Implementation Team provided support for this approach although there was no formal connection between the 2 teams. The ARL's risk register listed 'Lack of a dedicated project management function' as one of its risks with the change manager essentially filling the role of default project manager in addition to leading the change management process.
- 2.15 The timeframe for delivery was unrealistically tight and those charged with establishing the ARL were initially asked by then Minister for Human Services to aim for a rollout in March 2018. Once the working groups were in place and they had mapped out what needed to be done, they were able to produce a more considered timeframe and pushed back the go live date to October 2018. Due to some delays with industrial relations issues, training of new workers and user acceptance testing of the ARL's new information system, the final go live date was revised to 3 December 2018, which was achieved.
- 2.16 Overall, despite the expedited process, the complexity of the operating environment and other issues impacting the delivery of the ARL, Communities Tasmania successfully met their brief of having the service operational in 2018.

Were resources allocated to support the implementation of the ARL?

While no overall budget was developed for the delivery of the ARL, Communities Tasmania eventually allocated enough resources to deliver the ARL by the revised go live date

No overall budget was developed for the delivery of the ARL although the project was able to secure sufficient funds to deliver a functioning service

- 2.17 The government provided a four-year budget of \$20.6m for the overall SFSK reforms, with \$4.3m allocated to SFSK in the 2018-19 State Budget. Due to not treating it as a separate project, Communities Tasmania did not set a specific budget for delivering the ARL but did operate within the funding envelope provided for SFSK. We did not receive any documentation showing an overall budget or spend for the ARL.
- 2.18 Instead, Communities Tasmania costed components, such as staffing, relocation, equipment, information systems, telephony, consultancies, training, communications and advertising, individually and documented and approved those items in memorandums to the relevant Deputy Secretary. Communities Tasmania spent up to the approved amounts recording only one cost outside their estimates being the cost of upgrading the networking connections for the site.

2.19 We were unable to find evidence of any reports showing the overall implementation costs for the ARL.

Communities Tasmania recruited and trained nearly all workers by go live ensuring staffing resources were adequate

2.20 While DHHS, which became Communities Tasmania midway through 2018, did not dedicate additional project management capability to the delivery of the ARL, it did support essential change management and operational functionality of the service.

2.21 The most critical component for the ARL to commence operations was its workforce. Workers were drawn from within the 3 entities operating the Gateway and Intake services, as well as through recruitment campaigns. The shortened timeframes meant that most, but not all, workers were in place for go live. Most government staff came from the Intake Services in CSS.

2.22 Communities Tasmania achieved its goal of training all ARL workers that were in place prior to going live. It engaged Professor Thorpe to develop the training package for the central component of the ARL – the conversation methodology, on which all initial information is drawn from someone who connects to the service. Professor Thorpe also had input into the design of the ARL's information system.

Communities Tasmania designed and built a custom information system to support the ARL's conversation methodology

2.23 Communities Tasmania decided not to adapt the existing Child Protection Information System (CPIS) due to its age, adaptability and focus on child safety rather than overall wellbeing. Instead they designed a bespoke system, the Children's Advice and Referral Digital Interface (CARDI), to assist ARL workers collect information through the conversation methodology.

2.24 As a consequence of truncated implementation timeframes, Communities Tasmania used an existing IT vendor, rather than go to market, to develop CARDI. In June 2018, Communities Tasmania also brought in an additional consultant resource to assist with the business requirements and specification planning for CARDI in conjunction with the IT vendor. The system was built within 4 weeks. System testing by the vendor, User Acceptance Testing, and training of ARL workers were all completed prior to the revised go live date.

Were the plans effectively communicated, understood and supported?

Communication and consultation focused on CSS to ensure there was commitment to the proposed changes

2.25 Implementation of the ARL experienced some initial resistance as a consequence of:

- Child Protection Services, now known as CSS under SFSK, having limited input into the recommended design for the initial CARA model

- CSS Intake staff outside the Southern regions having to either relocate or move to another position.
- 2.26 Much of the change management and communication focus for most of 2018 involved adapting CARA to make it work for CSS. Professor Thorpe demonstrating the effectiveness of the model in other jurisdictions assisted this process.
- 2.27 Significant effort was made by those charged with delivering the ARL to help ensure that CSS understood the need for the change, were ready for the change, and owned the change. This work was also a necessary precursor in recruiting into the ARL with a strong focus initially on transitioning the experienced regionally based Intake workers to the ARL wherever possible.

Communities Tasmania did not provide clarity regarding the status of Gateway NGO workers until late in the process resulting in heightened anxiety and uncertainty for these workers

- 2.28 The impacted NGOs – Baptcare and Mission Australia – were involved in working groups and discussions to deliver the ARL throughout 2018 but Communities Tasmania’s ultimate decision to formally incorporate them into the ARL came several months out from going live.
- 2.29 This lack of certainty put significant pressure on those NGOs to work through their own change management in winding back the regional Gateway services and redeploying or recruiting workers into the centralised, Southern based, ARL.
- 2.30 As a result, some recruitment for the ARL was still underway as at the go live date.

The delineation between ARL and stakeholder responsibility continues to remain unclear, which adversely impacts the understanding by some on the role of the ARL

- 2.31 In its first year of operation, Communities Tasmania ran 199 information sessions on the ARL across a wide range of forums.
- 2.32 Three years on, we spoke to a range of government stakeholders across the spectrum of mandatory reporting agencies. The diversity of responses received regarding the effectiveness of the ARL’s service is illustrated below:
- the ARL provides a timely and responsive service that assists them to perform their role
 - they have a good, productive working relationship with the ARL and see them as a partner organisation with shared responsibilities
 - there is a lack of information back from the ARL resulting in an assumption that nothing is being done
 - there is frustration in having to make multiple reports about the one child without any apparent action. Coupled with this response was a common refrain that the risk tolerance of Communities Tasmania was too high

- no awareness of the existence of ARL – ‘I had to ask around. Who should I call?’

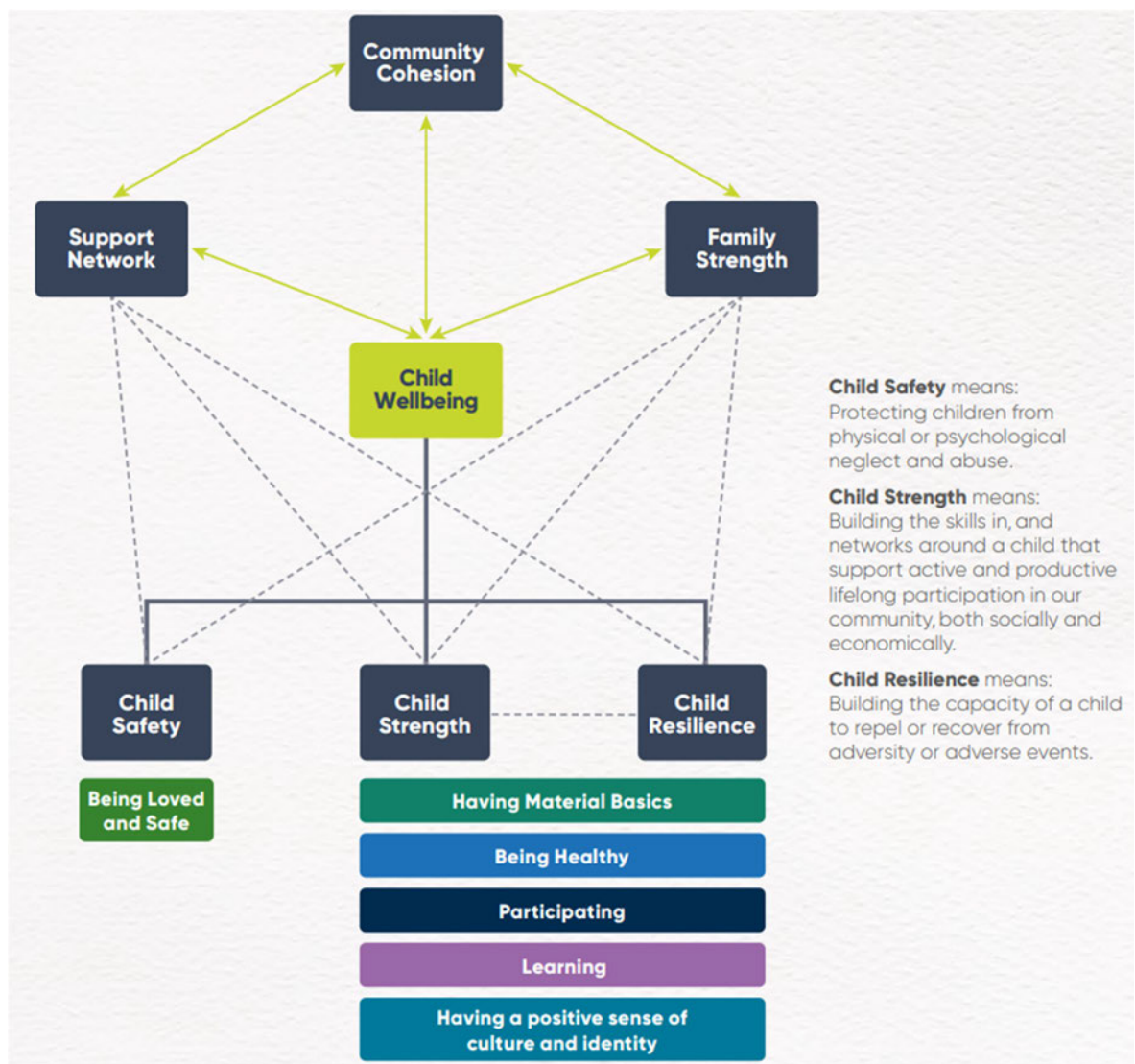
2.33 This divergence in feedback demonstrates that while early communication did occur, more work needs to be done to promote and educate other stakeholders about the ARL’s role. To be clear, we have made no enquiries and express no judgments on the adequacy or otherwise of the ARL’s clinical response and have not incorporated any comments from stakeholders of the appropriateness or otherwise of actions taken in individual cases.

2.34 In February 2021, the Minister for Human Services launched a follow up plan to the initial Implementation Plan – Strong Families, Safe Kids Next Steps Action Plan 2021-2023 – with Communities Tasmania subsequently producing a Next Steps Implementation Plan (Next Steps) in July 2021. Next Steps categorised the critical elements of child wellbeing into:

- Child Resilience – primary/universal services
- Child Strength – secondary services, where the ARL and the early intervention services to which it connects operates
- Child Safety – tertiary services,

as shown in Figure 5.

Figure 5: Critical Elements of Child Wellbeing



Source: Next Steps found at: [Strong Families Safe Kids - Next Steps Action Plan 2021-2023, communities.tas.gov.au](https://strongfamilies.tas.gov.au/next-steps-action-plan-2021-2023)

2.35 As seen from Figure 5, the emphasis is placed on the interconnectedness of services. This issue is discussed further in Chapter 4.

3. Were the plans for the introduction of the ARL efficiently and effectively implemented?

Chapter summary

Effective transition arrangements supported going live and helped ensure continuity of service for families. Most ARL workers were appropriately transferred or recruited to the service, inducted and trained prior to going live and provided with the systems and tools to enable them to deliver a broadly effective service. A shared sense of purpose between Government agencies and NGOs developed and mitigated concerns in how they would work together. As a result of the shortened timeframe for implementation, 4 factors put additional strain on ARL workers post going live. These were:

- duplication of effort during transition
- staffing vacancies
- the separation of duties between Government and NGO workforces
- higher than anticipated call numbers.

Adjustments were made after going live to improve operational efficiency, including the introduction of the online form.

Were the detailed plans executed efficiently and effectively?

Communities Tasmania put effective transition plans in place that ensured continuity of service to families once the ARL went live

- 3.1 Communities Tasmania set up contingencies and transition arrangements to support the ARL going live. Regional intake teams in the North and North West saw matters through to resolution before moving to their new roles. Those transferring into the ARL in the South finalised matters through the ARL.
- 3.2 As the existing 8 telephone numbers used by the former regionally based intake and Gateway services were reduced to one telephone number, Communities Tasmania set up automatic diversions so to put people through to the new ARL phone line.

All critical resources were deployed and the ARL went live without issue

- 3.3 A key reason for pushing back the ARL's go live date from October to December 2018 was critical resource readiness. The additional 2 months enabled further recruitment and training of workers, additional user acceptance testing of CARDI and further negotiations regarding how the NGO former Gateway workers would operate within the ARL.
- 3.4 Callers were able to reach the ARL from the go live date and no system failures occurred, eliminating the need to switch back to the former service.

Protracted negotiations regarding the incorporation of NGO workers in the ARL put additional pressure on the finalisation of the ARL's operational readiness and adversely impacted on aspects of service delivery

- 3.5 A CARA Implementation Report from late 2017, produced by the SFSK Project Leader and ARL Change Manager, put forward 3 ARL workforce options – a mix of government and NGO delivery, government only or NGO only. Eventually, a recommendation for dual Government and NGO staffing was determined, on the basis that:

This option involves government and non-government employees working together in a unified Advice and referral service. This option acknowledges the benefits of a joint service delivery, or alliance, in the delivery of services to families starting at first contact. It builds upon the work of the Gateways in integrating service delivery and acknowledges the skills present in the community services sector. It also enshrines collaborative practice and avoids the creation of siloed work practices.

... the recommended option due to:

- The Redesign is centred around the development of integrated service delivery model and how we can most effectively implement this*
- The demonstrated capacity of both government and non-government services to operate a service entry point responding to concerns in regard to child safety and wellbeing*
- The importance of creating collaborative service delivery at all levels of CARA to ensure that the alliance model is not weakened by the creation of internal silos.*
- The benefits of collaboration between government and non-government services in promoting stronger interagency relationships and in challenging the organisational cultures that can impede effective work with families.*

- 3.6 However, incorporating workers from outside the State Service remained a political, legal and industrial relations issue up to and following the go live date. Politically it was seen as important to retain the community connection and knowledge built up by the Gateway workforce. Legally, while the CYPTFA makes multiple references to CBIS workers dealing with notifications regarding sensitive family issues, the access to information held in Government systems remained an area without clarity. As a result, NGO workers were provided with access only to CPIS and CARDI but not to other systems used by the ARL but maintained by agencies outside Communities Tasmania, in particular systems used by Police and DoJ.
- 3.7 Industrial relations issues presented the most significant barrier to a seamless implementation of the ARL. Union concerns centred on NGO workers essentially doing Government jobs that should remain the sole domain of the State Service and so

protecting their members. While this stance was expected from the unions it resulted in a less effective and efficient service for at risk children and their families.

- 3.8 Protracted negotiations between Communities Tasmania and the unions also delayed the ability of the agency to provide clarity to NGOs until late 2018. This flowed on to the NGOs themselves needing to delay their own change processes necessary to decommission regional Gateways and incorporate their workers into the ARL where possible.
- 3.9 Although NGOs were eventually included in the ARL, Communities Tasmania arrived at a compromised workforce model for going live. The ARL was divided into 'first contact' and 'standby' workers. NGO workers could not take calls on child safety issues resulting in some double handing of sensitive or traumatised callers needing to repeat their stories when passed onto the relevant Government worker.
- 3.10 This dual model impacted adversely on efficiency of the ARL's operations, client satisfaction, which was not formally measured but recounted anecdotally to us by ARL workers, and worker job satisfaction during the first year of the ARL's operations.

Was the planning and implementation of the ARL agile enough to meet changing needs and circumstances?

Communities Tasmania planned to continue to deliver refinements and improvements to the ARL in its first year of operation

- 3.11 Documentation from that time shows Communities Tasmania considered the first year of the ARL's operation as part of its implementation phase. It used 2019 to test the new operations, environment, staffing model and systems.
- 3.12 Communities Tasmania made adjustments during that year as lessons were learned, such as a change in rostering practices for time spent answering calls down from 4 hour blocks to 2 to 3 hours. Communities Tasmania also made refinements to CARDI as users fed back frustrations or inefficiencies in its interface with CPIS. While this was occurring, we understand that CSS began to revisit its own structure to align to the new service.
- 3.13 When the ARL went live it had an email inbox for people to send through safety and wellbeing concerns. Acknowledging this was not helpful in drawing out information through the conversation methodology, Communities Tasmania introduced an online form in October 2019. The form not only increased accessibility for those people who either found it impractical to telephone the ARL or who preferred not to contact the ARL by telephone, it also gave the ARL workers information in a format that facilitated their follow up work. The request for an online form to contact the ARL had originally been proposed by stakeholders during early model consultation and was built into the CARA model. Because Professor Thorpe's model relied heavily on the conversation,

the design of the online form accommodated a similar line of questioning as the conversation in order to gather as much relevant information as possible.

- 3.14 Giving itself year one to make adjustments as necessary gave the ARL the time it did not have during development and implementation phase in 2018 to test and settle into its operations.

4. Is the ARL operating effectively to achieve better access to services for the safety and wellbeing of children?

Chapter summary

The ARL is broadly effective and has delivered improvements in connecting families to appropriate interventions, whether that be early support for wellbeing concerns, or response action for safety concerns. Regionally outplaced Community Liaison Officers and functionally based ARL workers such as Child Safety Liaison Officers, outplaced in the 3 major Tasmanian hospitals, and Aboriginal Liaison Officers (collectively referred to as liaison officers) are critical to the success of the ARL, but they have wide coverage and limited capacity and are not resourced to deliver fully all aspects of their role. Early intervention and family support services, once connected, can be at capacity and not initially available, thereby reducing their effectiveness in assisting families in a timely way.

Another limitation includes the inability of non-government ARL workers to access all relevant Government information systems. The effectiveness of the ARL is further inhibited by a lack of broader understanding of its purpose and function. Contributing factors to this are insufficient resourcing of the communication and education role of the ARL, as well as inconsistent provision of feedback from the ARL to callers.

Is the ARL accessible for users?

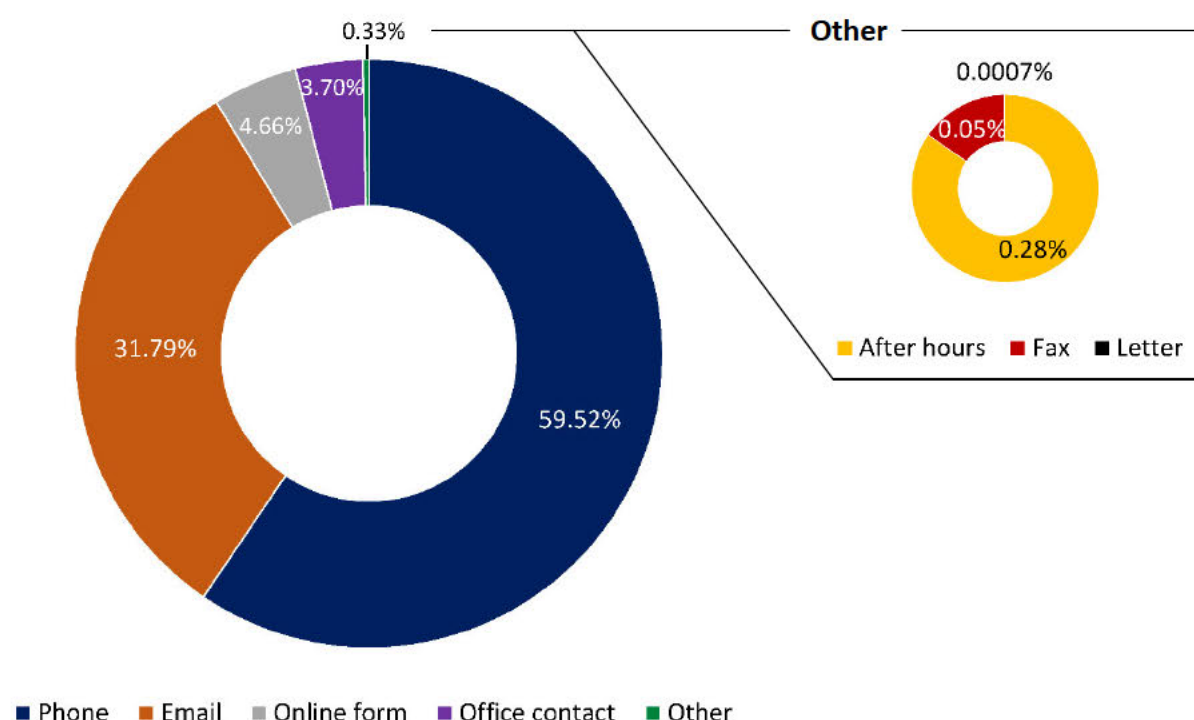
Accessibility of entry to the ARL is effective

Although a phone call is the preferred and most commonly used method of contacting the ARL, access is enhanced by use of alternative forms of contact

- 4.1 The ARL's major access point is the single 1800 number. This is also the preferred method of contact because Professor Thorpe's conversation methodology is designed around a specific two-way dialogue between the ARL worker and the caller. ARL workers are trained in having these conversations effectively and recording them in CARDI.
- 4.2 Call abandonment rates are relatively low, 1.43% in 2020-21, indicating callers are generally able to access the service by phone easily during hours of operation.
- 4.3 The ARL operates Monday to Friday during business hours. This is appropriate, based on call data we reviewed. We reviewed sample weeks of data from the ARL's phone system between 19 April 2021 and 12 July 2021. The data showed that the peak of the ARL's incoming calls occurs between 3pm and 4pm each day. While relatively even throughout the week, the busiest days for call volume, excluding weeks with a public holiday, are Mondays and Tuesdays.

- 4.4 While the 1800 number connects to the ARL during business hours only, there is an after-hours service. When a call is made out of hours, the number is redirected to the relevant CSS regional officer. Communities Tasmania's rationale for this approach is that anything that cannot wait until the following business day is more than likely higher risk or urgent. Figure 6 shows that 0.28% of contacts made to the ARL number are taken through the after-hours service.

Figure 6: Ways in which people contacted the ARL in 2020-21



Source: TAO

- 4.5 In recognising there are people who wish to contact the ARL but are unable to partake in a telephone conversation, Communities Tasmania designed an alternative online form portal for contact. The ARL rolled out the online form in October 2019, nearly a year into the ARL's operation.
- 4.6 Communities Tasmania's early planning for the ARL envisaged the rollout of extended working hours post implementation. However, the advent of the online form and the after-hours contact direct to CSS appears to have largely negated this need.
- 4.7 Initially, the online form went into an email inbox and was transitioned to CARDI manually by an ARL worker. Realising the rework this created, Communities Tasmania redesigned the form and it now uploads directly into CARDI, effectively creating a new conversation automatically. Practice Leaders within the ARL then allocate out each new conversation to an ARL worker.
- 4.8 The online form template mirrors closely the conversation methodology in both the questions posed and the order in which they are asked. While it cannot be a full substitute for a conversation, its convenience has seen a steady uptake in its use. For the year 2020-21, it comprised 4.7% of all contacts to the ARL, as shown in Figure 6.

A lack of interfacing between CARDI and Police's system, ATLAS, is driving inefficiencies in the ARL's workload

- 4.9 Figure 6 shows nearly a third of ARL contact being made through email. The bulk⁸ of these emails are automatically generated by Police's ATLAS system. Police are the ARL's largest referrer with 24% of all contacts in 2020-21. Police generate cases through an upload to their ATLAS system at the end of a shift that flags safety or wellbeing concerns for children. ATLAS then creates an automatic email for each matter and sends these to the ARL.
- 4.10 Neither ATLAS nor CARDI have seamless interfacing. What this means in practice is that all emails received require significant reworking to enter them into the CARDI system by ARL staff, creating inefficiency. ARL workers told us that Practice Leaders initially triage the Police referrals each day and then the Unit Coordinator spends approximately 4 hours on a Monday and 2-3 hours per day on the remaining week days manually converting the ATLAS referrals into CARDI. We calculated the estimated cost of this reworking to Communities Tasmania using a conservative estimate of a median Allied Health Professional Level 3 plus 20% on costs spending 5 hours a week triaging and a General Stream Band 3 plus 20% on costs spending 11.5 hours a week transcribing ATLAS data into CARDI. This is shown in Table 1.

Table 1: Cost to the ARL of reworking ATLAS emails

Calendar Year	Practice Leader	Unit Coordinator	Estimated additional costs until end 2021
	\$	\$	\$
2019	2,667	4,262	6,929
2020	16,219	25,910	42,129
2021	16,592	26,512	43,104
Total over 3 years	35,478	56,684	92,162

Source: TAO

- 4.11 Given the speed with which CARDI was designed and rolled out, it is unsurprising that interfacing with other agency's systems could not be built into the design or tested. It should be noted that, when we observed a demonstration from Police's end, of cases referred from Communities Tasmania to them, similar interfacing and reworking issues also occurred, creating inefficiencies for Police.

⁸ Other email enquiries come from people who may have had previous dealings with a particular ARL worker and, due to the trust established, would prefer to contact them directly to refer a matter, rather than call the general number.

- 4.12 We have not calculated the costs to Police however, cost savings could be achieved by both agencies in working together to improve the data interface between CARDI and ATLAS.
- 4.13 In summary, people are able to successfully access the ARL using a variety of contact options, as discussed above, and through direct outreach to liaison officers, whose role is discussed later in this chapter.

Accessibility of pathways from the ARL is limited by interdependencies with related services

- 4.14 The efficiency and effectiveness of the ARL is impacted by the referral pathways themselves. The simplest of these is provision of advice requiring no further action. The remaining pathways were not specifically assessed during the audit, but we did engage with those services to understand the response to the 'what happens next?' question. These pathways were:

- early intervention through the established IFSS and IFES programs delivered across the State by a range of NGOs
- child safety assessment by CSS.

Improvements to the early intervention pathways out of the ARL are required to realise the goals of the ARL and broader SFSK reforms

- 4.15 The ARL is evolving and expanding to meet differing demands from the Tasmanian community. As the ARL becomes more embedded, its usefulness has extended to cover further areas such as youth at risk of homelessness.
- 4.16 The way in which the ARL functions supports closer collaboration between Government and NGO services to streamline referral pathways. This collaboration draws on the strengths of both sectors and has promoted a positive working environment and culture that improves the quality of the service. However, some early intervention outcomes envisaged in SFSK are not fully realised due to a lack of capacity in NGO service providers across the State.
- 4.17 In addition to the workforce based at St Johns Park in Hobart, the ARL has regional community-based liaison officers. One of their most important roles is to engage with families who have had safety or wellbeing concerns raised about them, or have raised those issues themselves. Sometimes they will also work in partnership with CSS for family visits. Liaison officers also attend weekly allocation meetings where they connect those families with an NGO in their region that offers a program suitable to that family's circumstances.
- 4.18 Liaison officers told us that working with families can be a gradual process of establishing trust and helping them get to a position where they are ready to accept the help that can be provided. Unfortunately, across the State, but particularly in the north-west, these services are beginning to operate at capacity. So, a family may reach a point of readiness only to find they cannot begin their program until a vacancy is found. This compounds the work of the ARL in maintaining contact with the family

over the waiting period to ensure the trust and momentum is not lost. This can be a significant issue for some families needing support.

- 4.19 From our discussions with NGOs we identified gaps in the current system that have a direct impact on the effectiveness of the early intervention ethos promoted by the SFSK reforms as well as the ARL's ability to divert families from entering the statutory system. These gaps include:
- Differences in the types of services available, depending where in the State the family is located
 - Capacity of those services to take on new families as they are referred
 - Lack of consistency in contracting arrangements, monitoring and oversight of NGO services across the spectrum of family support.

The right cases are being referred by the ARL to CSS

- 4.20 A key outcome from SFSK has been a large reduction in the number of referrals directly to CSS for response. Following the ARL's first year of operation, Professor Thorpe undertook a review of the ARL to assess whether Tasmania's outcomes were similar to other jurisdictions that had implemented an ARL model. His report, published in March 2021, compared data from the year immediately prior to the introduction of the ARL with the year immediately following. A snapshot of the number and types of assessments before and after the implementation of the ARL is provided in Table 2.

Table 2: Impact of the ARL on CSS

	12 months pre implementation of ARL	12 months post implementation of ARL
Initial assessment commenced*	11,502	2,402
Initial assessments completed*	11,321	3,591
Child safety assessments commenced	1,220	1,018
Child safety assessments completed	1,229	1,129

Source: Adapted from the Strong Families, Safe Kids Advice and Referral Line – Summary Report – March 2021. Found at: [Summary-Report-1-Year-of-SFSK-ARL-Accessible.pdf, communities.tas.gov.au](https://communities.tas.gov.au/Summary-Report-1-Year-of-SFSK-ARL-Accessible.pdf)

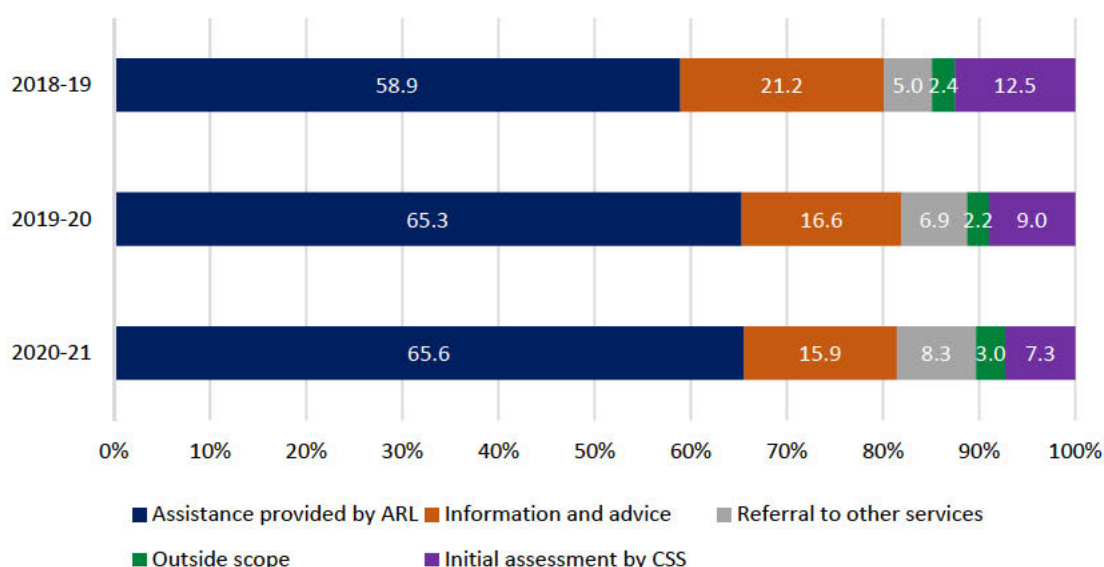
* This function was previously undertaken by CSS Intake and became part of the ARL's functions from 3 December 2018.

- 4.21 As shown in Table 2, the most compelling statistic in the report was the number of initial assessments commenced pre and post the implementation of the ARL. In the year prior to the ARL, CSS assessed 11,502 cases resulting in 1,229 completed child safety assessments. In the year following the ARL's go live, ARL assessed 2,402 cases resulting in 1,129 completed child safety assessments. The 68.3% reduction in initial assessments one year represents the impact of the triaging and early interventions

put in place by the ARL to support families and hopefully mitigate the need for referral into CSS.

- 4.22 During 2021 the ARL produced a business case to argue for an additional team. Included in the analysis was the outcomes of conversations in terms of progression to initial assessment within CSS. Year on year the percentage drops, as shown in the purple segment at the far right in Figure 7.

Figure 7: Impact of the ARL on CSS



Source: Internal Communities Tasmania business case August 2021, Figure 8.

- 4.23 While CSS is receiving fewer referrals for assessment, they told us the cases they are receiving are invariably more complex and resource-intensive to manage. Communities Tasmania has been progressing a separate review of the CSS structure, which is outside of the scope of this audit, to better align that structure to fit the changes in case complexity entering the statutory system.

There remains a lack of clarity between Communities Tasmania and stakeholder agencies regarding respective roles for child safety and wellbeing, impacting efficiency and effectiveness of the service

- 4.24 There are conflicting views between Communities Tasmania and other stakeholder agencies as to the clarity and boundaries of each's role in the safety and wellbeing of children and young people. This difference in view can impact accessibility for families in a number of ways. For example, a prescribed person contacts the ARL with concerns regarding a child. These concerns may not be serious enough to constitute grounds for a statutory response by CSS. However, the concerns are still genuine and need to be addressed in some way.
- 4.25 From Communities Tasmania's perspective, the ARL has been working with its stakeholder agencies to encourage them to take a proactive stance with families at the time the concerns are noted, such as a conversation between a school employee and parent, to raise the issues informally. What this means in practice might be

considered to be outside the training or scope of that individual's work and there is ongoing tension between agencies as to where their roles and responsibilities start, crossover and end.

- 4.26 Practice varies from stakeholder to stakeholder. Some agencies have made changes to their work practices, for example, the work done by DoE in creating Student Support Teams to, among other things, enhance communication with the ARL. However, it is Communities Tasmania's experience that there remains a strong stakeholder agency expectation that, once a matter is referred, regardless of the level of risk, it is entirely Communities Tasmania's responsibility to manage and action.
- 4.27 As stated in the introduction to this report, the Independent Review of the State Service has emphasised the need for greater collaboration between agencies in areas of mutual and complementary responsibility, highlighted by the issue of safety and wellbeing of children and young people. From Communities Tasmania's perspective other stakeholder agencies are not always collaborating as effectively as they could. The term 'dump and run' was used to highlight that for some stakeholder agencies once a referral has been made it is viewed as no longer their responsibility.
- 4.28 The issue is further explored under resourcing for the ARL below as it links strongly to the role of liaison officers. One valuable function they perform is working with stakeholders to empower them to be partners in child safety and wellbeing and better understand the boundaries of the ARL's role. Liaison officers are stretched in their capacity and this has a direct impact on further work flowing to the ARL.

The ARL is inconsistent in providing feedback to callers, impacting confidence in the service

- 4.29 In our discussions with stakeholders, one of the main points raised by them was the inconsistency in the way the ARL provided callers with feedback on the outcome of a conversation, or whether they provided feedback at all. While not all callers necessarily want to receive feedback, whether it is offered is left to the individual ARL worker.
- 4.30 The conversation may prompt a range of actions such as working with the family to referring them to an appropriate IFSS. Depending on who made the call to the ARL, those actions may not be transparent to the caller. There can be significant impacts when a caller does not receive any feedback after raising a concern about the safety or wellbeing of a child, and time passes without any apparent activity, for example:
- If a caller sees a child regularly, such as in a school environment, and the concerns do not appear to have been addressed, the caller may make further calls, adding to the ARL's workload. This may be despite the fact that the family has actually started to engage with an IFSS and is working through parenting goals.
 - In the absence of information or feedback, the concerned party may make assumptions regarding what is happening to the child that are incorrect, leading to mistrust in the service.

- 4.31 There would be significant benefits to both callers and the ARL in developing a consistent approach to providing feedback on action taken once a call is made.

Is the ARL resourced appropriately?

The ARL's use of 3 entities to resource its workforce has created some benefits in culture, recruitment and career progression but there are legacy issues that impact its operating efficiency

- 4.32 An advantage of the 3 entity model is the connectivity with NGOs, as well as the ability to potentially draw workers from a broader pool of applicants with similar skills. This captures those that value being a Government employee as well as those that more readily identify with the values of working for a NGO.
- 4.33 Where possible, the 3 organisations – Communities Tasmania, Baptcare and Mission Australia – have endeavoured to recruit, train, and provide broadly similar working policies and conditions in order to enhance harmonisation between teams wherever possible. NGOs are constrained by the length of their funding agreements in terms of being able to offer staff ongoing employment. It was evident from our work that longer term funding arrangements with NGOs resourcing the ARL would improve their ability to recruit and retain valuable staff.
- 4.34 Human resources information shows the ARL draws its workforce from Bachelor of Social Work or a Diploma of Community Welfare Work or other tertiary qualifications at Diploma or above level which includes units of case management/ casework practice and supervised practical work placements in relevant fields.
- 4.35 NGO workers are classified under the CYPTF Act as CBIS workers. Although their focus in the previous Gateways services was connecting families with IFSS programs, the number of contact points across Tasmania for child safety and wellbeing meant that they also dealt with referrals leading to child safety statutory interventions. The CYPTF Act covers CBIS workers' ability to deal with these types of sensitive disclosures.
- 4.36 In its first year of operation, a major barrier to efficiency in the ARL was the splitting of Government and NGO workers into separate teams with different duties. This was done as a direct compromise with the unions in order to overcome an impasse on negotiations and achieve the revised go live date.
- 4.37 The splitting of the workforce meant NGO workers could only deal with calls regarding child wellbeing issues whereas Government workers can deal with child wellbeing and safety concerns. This distinction has resulted in the need to transfer child safety calls from NGO workers to Government workers, resulting in callers needing to repeat their stories, sometimes under traumatic circumstances, and overall double-handling of work.
- 4.38 In early 2020, the onset of COVID-19 and the need to provide working from home, wherever possible, provided Communities Tasmania with an opportunity to revisit this split model to more closely align duties between workers from the different entities. They reached agreement with the unions to trial the new approach. The closer

alignment has meant a more efficient and streamlined operation that has since been maintained.

- 4.39 Because client feedback is not systematically measured by the ARL, which is discussed further in Chapter 5, we heard anecdotally from workers that the move to a more harmonised workforce has led to a better experience for callers in dealing with one person throughout their matter.
- 4.40 One significant remaining legacy of restricting the way in which NGO workers operate within the ARL is the access to systems not owned by Communities Tasmania. Notably these include the Safe at Home and Family Violence information systems. Lack of access creates duplication of effort within the ARL when an NGO worker has to request a Government worker to access a particular system on their behalf in order to fully research a particular family's situation. In effect, this takes 2 workers temporarily offline to do so. The creation of the Family Violence Liaison role has negated this issue to an extent, with that person now fielding family violence queries rather than other Government ARL workers.
- 4.41 It is important that this legacy matter is addressed through Communities Tasmania working with DoJ and Police, as respective system owners, to navigate any political, legal, information technology or industrial relations barriers preventing NGO workers from accessing the relevant systems and find a solution to enable all ARL workers to do their jobs more efficiently.

The ARL's effectiveness depends on its liaison officers who are not resourced to undertake all their duties

- 4.42 The role of the community-based liaison officers includes:
- direct contact (family visits)
 - weekly allocation meetings of referrals to IFSS
 - engagement with stakeholders
 - broader education and communication.
- 4.43 In addition, each covers a large geographical area that can inhibit their ability to provide face to face engagement with remote and regional communities.
- 4.44 Due to the breadth of the liaison role, the communication and education component is necessarily given a lower priority. The impact of this is a barrier to promoting the role of the ARL and enhancing stakeholder understanding of mutual responsibilities for the safety and wellbeing of children. This, in turn, perpetuates the lack of clarity as to the ARL's role and purpose and effects the ARL's effectiveness. Table 3 shows the numbers of liaison officers as at August 2021.

Table 3: ARL liaison officers

Liaison officers as at August 2021	Number
Community liaison – South: 2x Communities Tasmania, 1x Mission Australia, 1x Baptcare	4
Community liaison – North: 1x Communities Tasmania, 1x Baptcare (job share)	2
Community liaison – NW: 2x Communities Tasmania, 2x Mission Australia	4
Child Safety Liaison Officer – THS South: Communities Tasmania	1
Child Safety Liaison Officer – THS North: Communities Tasmania	1
Child Safety Liaison Officer – THS NW: Communities Tasmania	1
Family violence liaison - Statewide: Communities Tasmania	1
Aboriginal liaison: Tasmanian Aboriginal Centre (South)	1
Aboriginal liaison: Tasmanian Aboriginal Centre (North)	1
Aboriginal liaison: Circular Head Aboriginal Centre (North West)	1
Youth liaison – Statewide: Communities Tasmania	1
Total	18

Source: TAO from ARL data

- 4.45 The stakeholder-specific liaisons play an equally critical role but are similarly stretched in their coverage of relevant areas. For example, an ARL liaison based at a hospital may work with multiple teams of doctors, nursing staff, allied health workers and administrators who have differing rostered shifts and regular churn within their workforces. Therefore, they have a perpetual cycle of introducing and educating different groups of staff on the role and purpose of the ARL and building relationships to make best use of the service. Currently, there are 3 such liaisons to fulfil this role – one in each of the largest public hospitals.
- 4.46 Where a family cannot be matched to a suitable service due to capacity issues, contact must be maintained with that family until a placement can be found. While responsibility for this sits with the recommended NGO service provider, there can be flow on impacts to the liaison officers. We understand an independent evaluation of the IFSS program is looking at this issue as part of its brief.
- 4.47 Given the above issues, a review of the impact of increasing the number of liaison officers in the ARL would benefit the effectiveness of the ARL.

The ARL has some concerning human resources indicators that require further exploration by Communities Tasmania

The volume of work in the ARL is steadily increasing which is reflected in its workforce numbers

- 4.48 Year on year, the volume of work through the ARL has increased. The role of the ARL has also been expanding, noting that, under Next Steps, it now has primary carriage of youth at risk of homelessness. As awareness grows of the ARL's role, more referrers are taking advantage of the service. However, this is placing greater pressure on its workforce.
- 4.49 In 2021, ARL management developed a business case demonstrating the increase in workload since going live. This resulted in funding approval for an overall increase in FTE to the service and this recruitment was taking place in late 2021.
- 4.50 We analysed human resources data from all 3 entities comprising the ARL's workforce across the first 3 years of operation.
- 4.51 The number of liaison officers at the ARL has increased since 2018 but despite this increase, they are still stretched. Furthermore, in 2020 Communities Tasmania recruited liaisons to be based at the major hospitals in the north and north-west regions, co-located with the Tasmanian Health Service, and also a Youth Specialist in 2021. Some of these positions were filled internally.
- 4.52 There were 29 Government employees that commenced employment between 5 November 2018 and the go live date, 3 December 2018. Overall, the worker headcount has increased since ARL went live, from 46 employees at the start of 2019 to 57 employees at the end of 2021, as shown in Table 4.

Table 4: ARL workforce

Employer	Start 2019	Start 2020	Start 2021	Start 2022
Communities Tasmania	32	43	45	35
Baptcare	10	12	11	12
Mission Australia	4	10	11	10
Total	46	65	67	57

Source: TAO from information supplied by Communities Tas, Mission Australia and Baptcare

There has been relatively high turnover of people in the ARL, although an analysis of the human resources data shows a consistent core of staff providing a level of stability to the service

- 4.53 Overall, the annual worker turnover rate at the ARL has increased from around 27% in 2019, to 47% in 2021. Recruitments in 2019 and 2020 surpassed the number of staff that departed in those years, but in 2021 the number of separations was higher. The

highest number of new recruitments occurred in 2019 (18 new recruits) and the highest number of separations occurred in 2021 (18 separations).

- 4.54 For Communities Tasmania, 44% of staff that left the ARL went to other areas of the agency that provide more direct client contact type roles, predominantly CSS (71% of those staff). Most of these people were with the ARL from the go live date and would have been initially been drawn from CSS.
- 4.55 In terms of workforce stability, 33% of the average workforce of all 3 employing entities between 2019 and 2021 had been employed since the ARL go live date, showing a core complement of staff within the service. Broken down, the stability of Communities Tasmania was 37% of staff, for Baptcare 35% of staff and for Mission Australia 19% of staff.

The ARL's rostering practices are effective

- 4.56 We analysed rosters for the same months in each of the 3 years the ARL has been in operation, totalling 76 weeks. We found that rostering practices maximise available workers and ensure coverage at all key times. Rostering provides a balance between time spent on the phone and follow up actions. Due to the drop in ARL activity during school holidays, staff tend to structure their own leave during this time.
- 4.57 When creating a four-week roster, ARL unit coordinators ensure there are a minimum of 4 people on each shift, and make swaps as needed and required. When creating staff rosters, ARL unit coordinators and Practice Leaders refer to a centralised work arrangements master spreadsheet which is guided by their procedures for internal functionality.
- 4.58 ARL workers are rostered to a maximum of 3 hours, one shift a day, on the phone line, to enable other follow up work to be undertaken and allow debriefing on complex or difficult conversations. Initially, telephone shifts were up to 4 hours but this was adjusted in the first year to provide more time for follow up and debriefing.
- 4.59 ARL unit coordinators liaise with the Practice Leader group to put forward volunteers from the staff group or the Practice Leader team as needed, such as when adjustments to ARL rosters are unable to be made and less than 4 staff members are on shifts. As part-time shift ratios are slightly lower in practice than calculated, unit coordinators and the Practice Leader approach part-time staff first to be considered for extra shifts.
- 4.60 This demonstrates that Communities Tasmania has measures in place to assure both the flexibility and the capacity to effectively staff the ARL. Stability and consistency within rostering demonstrates that Communities Tasmania has the right number of workers to effectively staff the ARL.

The level of sick leave within the ARL is of some concern

- 4.61 Due to the nature of the work that ARL workers undertake, Communities Tasmania has provided access to Employee Assistance Programs, internal support and regular debriefing mechanisms, including professional supervision, and training. However, our

analysis of sick leave data across the 3 ARL entities does show some indicators of concern.

- 4.62 We undertook a quarterly analysis of sick leave data including a calculation of each ARL worker's Bradford factor⁹. The Bradford factor is a formula used by human resource departments to calculate the impact of employees' absences on an organisation. It is based on the theory that short, frequent, unplanned absences are more disruptive to an organisation than longer absences.
- 4.63 The analysis demonstrated that the majority of workers are not taking large amounts of sick leave. However, 11% of workers have a high Bradford score across 2019 to 2021. This may be disruptive to the efficient running and effectiveness of the ARL at an operational level.
- 4.64 In addition, we found that most unplanned leave was taken on a Monday. Overall, the root causes of regular, unplanned staff absences require further exploration by ARL management to determine what proactive measures can be implemented to address these.

⁹ The Bradford Factor was originally developed at the Bradford University School of Management in the early 1980s and is used by numerous companies and government organisations throughout the world, including Australia.

5. Does Communities Tasmania know whether it is achieving the objectives of the ARL?

Chapter summary

Communities Tasmania's regular management reporting is focused on ARL activity and throughput rather than effectiveness. However, there is a scarce evidence as to whether the ARL is starting to meet its intended outcomes as articulated in the SFSK reforms.

Communities Tasmania commissioned early reviews of two of the three ARL effectiveness measures during the first two years of the ARL's operations, showing notably, the impact of the reduction in cases flowing through to Child Safety Services (CSS). While the third measure, client satisfaction, has not been subject to detailed review, one early evaluation of SFSK that surveyed stakeholders, such as DoE and Police, showed a high level of dissatisfaction with the ARL (45% of respondents).

Data flowing from the ARL and the SFSK reforms more broadly has also been subject to misinterpretation of its meaning and impact by the media reporting on the Productivity Commission's annual Report on Government Services (RoGS). There is a need to clarify performance measures and promote further the positive outcomes from the reforms.

Finally, it should be reinforced that the ARL is one part of a broader suite of reforms and has interdependencies on the success of those other areas, being the capacity of early intervention and family support services as well as the effectiveness and responsiveness of CSS.

Were there measures developed in order to assess the success or otherwise of the ARL?

While 3 indicators of success (outcome measures) were established for the 'single front door' Communities Tasmania has only measured these in a limited way

5.1 The SFSK project established 3 measures of success related to the ARL. These were:

- a reduction in referrals to CSS
- a reduction in children placed in OOHC
- client satisfaction.

5.2 Communities Tasmania commissioned Professor Thorpe to analyse data from the ARL against the SFSK reform aims. The first of those reports, covering the first year of operation of the ARL, found against the 3 performance measures:

- the most significant trend arising from the introduction of the ARL was the reduction in referrals to CSS from 11,502 initial assessments in the 12 months pre-implementation to 2,402 in the 12 months post implementation
- while numbers of children in OOHC had continued to grow, the number of children in OOHC had risen 4.7 per cent in the year immediately prior to the ARL and 2.1 per cent over the first year of the ARL's operation
- client satisfaction was not assessed as part of this work.

Further data from subsequent years is needed to show whether the above trends continue. At the time this report was written we had not received a copy of the second of these reports which covered year 2 of the ARL.

- 5.3 Communities Tasmania also commissioned the University of Tasmania (UTAS) to conduct an evaluation of the overall SFSK reforms, nearly 4 years into the project. UTAS's report was finalised in May 2020. Overall, UTAS stated:

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

- 5.4 The UTAS evaluation team conducted interviews with Government agencies and NGOs and also interviewed 9 CSS clients. They further surveyed the key Government stakeholders, Communities Tasmania, DoE, DoH, DoJ and Police, finding 36% were satisfied/very satisfied with the ARL, 45% dissatisfied/very dissatisfied and 19% neutral.

- 5.5 Themes emerging from this work included:

- the loss of local knowledge with centralisation of the ARL service in Hobart
- the need for clarification of the roles between stakeholders and ARL and between CSS and ARL
- the need for more feedback on what action the ARL was taking in respect to the concerns raised in their call
- an absence of culturally appropriate responses, although it should be noted the designated Aboriginal liaison roles were unfilled at that time.

There was little in the report reflecting family user experience of the ARL, other than an overall lack of trust, and information in this area is needed to complement feedback from Government agencies and NGOs.

- 5.6 The full set of recommendations from the UTAS evaluation, as they relate to the ARL, are at Appendix C. Overall, they go further than this report, given the evaluation covered the whole SFSK reforms, but they do align strongly to this report's findings.

Communities Tasmania management is systematically measuring throughput and activity of the ARL

- 5.7 Communities Tasmania is currently measuring the ARL's input and throughput including numbers of contacts, referrals to early intervention services and referrals to CSS. These measures are also included in annual budget papers, as shown in Table 5.

Table 5: Extract from Budget Papers - Department of Communities Tasmania, Performance Information – Output Group 1 (CSS-specific performance measures not shown)

Performance measure	Unit of measure	2018-19 Actual	2019-20 Actual	2020-21 Actual	2021-22 Target
*Contacts to the ARL	Number	7,774	12,222	14,111	15,000
Children in notifications per 1,000 of population	Rate	36.0	14.8	15.8	15.0
*Contacts to the ARL resolved with a referral to family support or other services	Number	351	824	1,141	1,100
*Referrals to CSS for Assessment	Number	1,353	797	855	800
Average daily children in OOHC	Number	1,065.1	1,102.9	1,086.4	1,030.0

Source: 2021-22 Budget Papers, Department of the Treasury, page 57

* Performance indicators added post implementation of the ARL.

- 5.8 The 2018-19 Budget Papers, the year Communities Tasmania implemented the ARL, stated the following in relation to the ARL:

Strong Families, Safe Kids will refocus current intake services to an advice and referral service that is connected to the broader government and non-government service network and improve the ability of the State to manage the 'front door' of the system. As part of this refocus of the service, new performance measures will be developed to align with key performance improvement objectives of the reforms.

- 5.9 It should be noted Communities Tasmania also monitors measures of efficiency within the ARL such as call abandonment rates, average call time, time from conversation to case closure and staff turnover.

Is there effective reporting against the objectives of the ARL?

There is regular reporting to Communities Tasmania management but it focuses on throughput and activity measures only

- 5.10 Communities Tasmania management receives regular reporting on the ARL's performance but, as outlined above, the focus is primarily on throughput measures. While these reports are comprehensive, and produced both monthly and quarterly, they only contain limited commentary in order to drive strategic thinking across the division of Children, Youth and Families within Communities Tasmania.
- 5.11 While throughput measures assist with resourcing decisions for the ARL, they need to be complemented by a regular method of monitoring effectiveness (outcome measures). Developing a way of regularly capturing feedback from both stakeholders and families on the ARL's performance would assist Communities Tasmania to target internal reforms and innovations for maximum impact.

What has resulted from the introduction of the ARL?

The ARL has achieved its primary function of becoming a 'single front' door to the child safety and wellbeing system

- 5.12 The ARL has achieved its primary function, centralising both regional Gateway and Intake services in one location as a 'single front door'. The initial report by Professor Thorpe demonstrated that 2 of the 3 outcome measures are at least initially being achieved. The client satisfaction measure is largely untested.

Data from the ARL is inconsistent and incomparable with national datasets resulting in a misrepresentation of the success or otherwise of the Tasmanian model

- 5.13 Additional intended outcomes for SFSK, and the ARL in particular, can be evidenced by 2 of the national datasets measured by the Productivity Commission in their RoGS¹⁰. These are:
1. The length of time from the initial conversation to referral into the CSS ('response time').
 2. The 'substantiation rate' of child safety issues.
- 5.14 The timeframe elapsed from when a call is made to the ARL with concerns about a child or young person, until the matter progresses to CSS, for action are much longer than both the national average and other states and territories. The relevant RoGS comparison data is shown at Table 6. It appears to show that Tasmania is slow to act

¹⁰ Report on Government Services 2022, Part F Child Protection Services, released 25 January 2022, sourced at: [16 Child protection services - Report on Government Services Productivity Commission \(pc.gov.au\)](https://www.pc.gov.au/reports/16-child-protection-services-report-on-government-services-productivity-commission)

with 54.5% of cases taking more than 90 days to reach CSS, compared with the national average of 21.8%.

Table 6: RoGS 2022 – Response time to complete investigation comparative table

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Number of investigations completed: (Number)									
28 days or fewer	10,178	13,439	2,739	2,121	1,994	98	275	1,294	32,138
29 to 62 days	37,182	11,730	7,054	3,207	2,164	125	1,288	1,927	64,677
63 to 90 days	14,014	3,836	4,941	1,903	995	97	356	1,041	27,183
More than 90 days	13,510	3,219	9,313	3,884	1,864	384	221	2,121	34,516
Total	74,884	32,224	24,047	11,115	7,017	704	2,140	6,383	158,514
Proportion of investigations completed: (Percentage %)									
28 days or fewer	13.6	41.7	11.4	19.1	28.4	13.9	12.9	20.3	20.3
29 to 62 days	49.7	36.4	29.3	28.9	30.8	17.8	60.2	30.2	40.8
63 to 90 days	18.7	11.9	20.5	17.1	14.2	13.8	16.6	16.3	17.1
More than 90 days	18.0	10.0	38.1	34.9	26.6	54.5	10.3	33.2	21.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: RoGS

- 5.15 What the data in fact shows is that the SFSK model is predicated on an investment of time in early intervention programs for families and exploring options to hopefully mitigate the need for statutory response. Much of the work of the ARL is in making assessments and referrals for suitable programs in the family's region to provide assistance to them.
- 5.16 The RoGS 'substantiation rate' is defined as the proportion of finalised investigations where abuse or neglect, or risk of abuse or neglect, was confirmed.
- 5.17 The substantiation rate percentage has grown significantly, to 80% of all Tasmanian cases referred to CSS in the 2022 data requiring a statutory response, as shown in Table 7. What this demonstrates is that only those cases that should be referred to CSS are actually reaching them. Under the ARL model, the higher this percentage, the better. However, when measurements are compared with other states and territories, Tasmania at first glance appears to be performing terribly.

Table 7: RoGs 2022 Substantiation rate comparative table

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Finalised investigations	71,763	32,927	22,389	9,495	6,544	525	2,255	5,501	151,399
Substantiations	39,096	17,035	6,834	4,607	2,754	420	439	1,679	72,864
Proportion of finalised investigations substantiated	54.5%	51.7%	30.5%	48.5%	42.1%	80.0%	19.5%	30.5%	48.1%

Source: RoGS

- 5.18 The RoGS does contain detailed footnotes and colour coding within the reports and data sheets to highlight where datasets are not directly comparable. Despite this, the RoGS data has consistently been misinterpreted negatively by the media¹¹ since the ARL went live, appearing to show a deterioration in child safety and wellbeing in Tasmania when in fact the data is demonstrating an intended result.
- 5.19 The misinterpretation of RoGS data was not identified as a risk in the ARL's planning which may have prevented a proactive stance to be taken on ways in which to communicate the data.

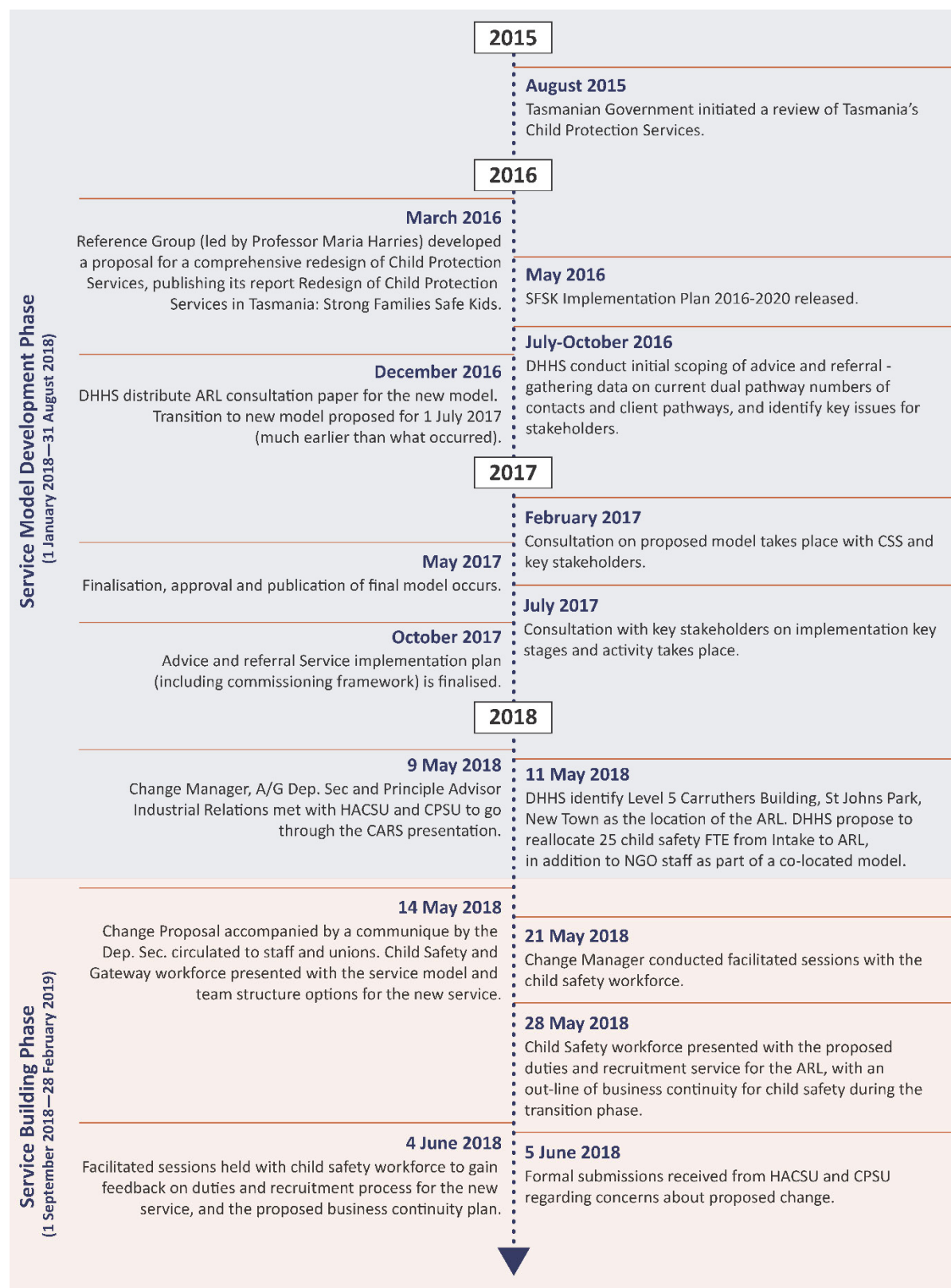
¹¹ [Report shows Tasmanian hospitals, prisons still under-performers - ABC News](#) January 2022, [Investigations caseload blows out in Tasmanian child protection service, according to Productivity Commission - ABC News](#) January 2021, [Productivity Commission report shows Tasmania slow to act on child safety investigations - ABC News](#) January 2019

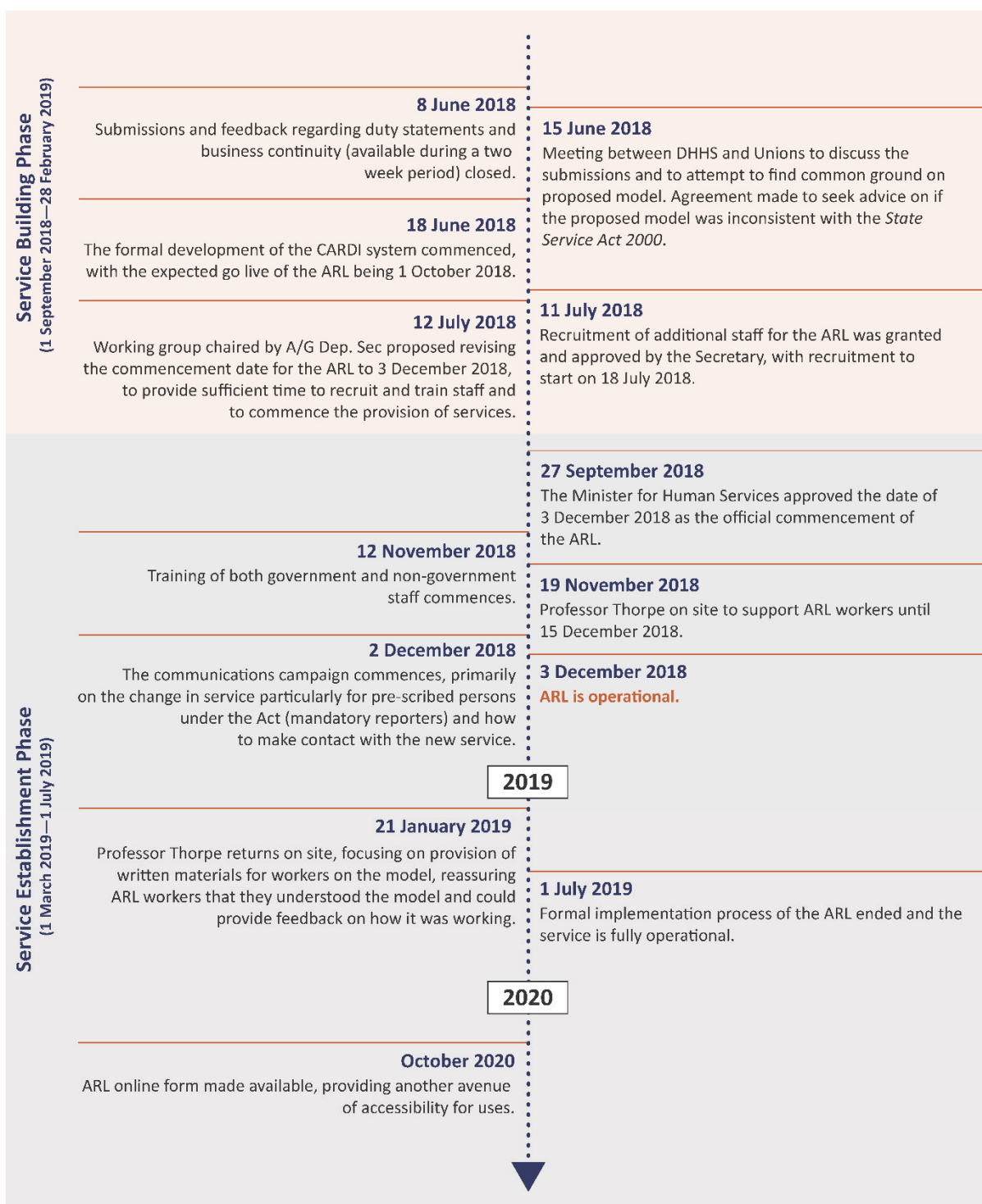
Acronyms and abbreviations

ARL	Strong Families, Safe Kids Advice and Referral Line
CARA	Children’s Advice and Referral Alliance
CARDI	Children’s Advice and Referral Digital Interface
CBIS	Community-Based Intake Service – the term used in legislation to cover non-government workers who previously operated in the Gateway service and currently operate in the ARL
Communities Tasmania	Department of Communities Tasmania
CPIS	Child Protection Information System
CSS	Child Safety Services
CYPTFA	<i>Children, Young Persons and Their Families Act 1997</i>
CYS	The former Division of Child and Youth Services within the Department of Health and Human Services
DHHS	The former Department of Health and Human Services (existed until 1 July 2018)
DoE	Department of Education
DoH	Department of Health
DoJ	Department of Justice
DPFEM	Department of Police Fire and Emergency Management
Gateway	The former regionally based service run by NGOs to connect families to community based early intervention services
Harries Report	‘Redesign of Child Protection Services Tasmania: ‘Strong Families – Safe Kids’, Professor Maria Harries, March 2016
IFSS	Integrated Family Support Services
IFES	Intensive Family Engagement Services
Implementation Plan	‘Strong Families – Safe Kids Implementation Plan 2016-20’

Liaison officers	Regionally based ARL workers outplaced in the community, as well as functionally-based ARL workers such as hospital-based Child Safety Liaison Officers and Aboriginal Liaison Officers
Next Steps	Next Steps Implementation Plan
NGOs	Non-government organisations
OOHC	Out-of-home care – a collective term for when children are assessed by CSS as being unable to live safely at home. CSS seek a court application to place them in an alternative care environment, broadly comprising either kinship care (extended family or significant adult), foster care (an approved home environment where carers are not biologically related to the child) or residential care (group-based accommodation)
Police	Tasmania Police, part of the Department of Police Fire and Emergency Management
RoGS	Report on Government Services
SFSK	Strong Families, Safe Kids
UK	United Kingdom
UTAS	University of Tasmania

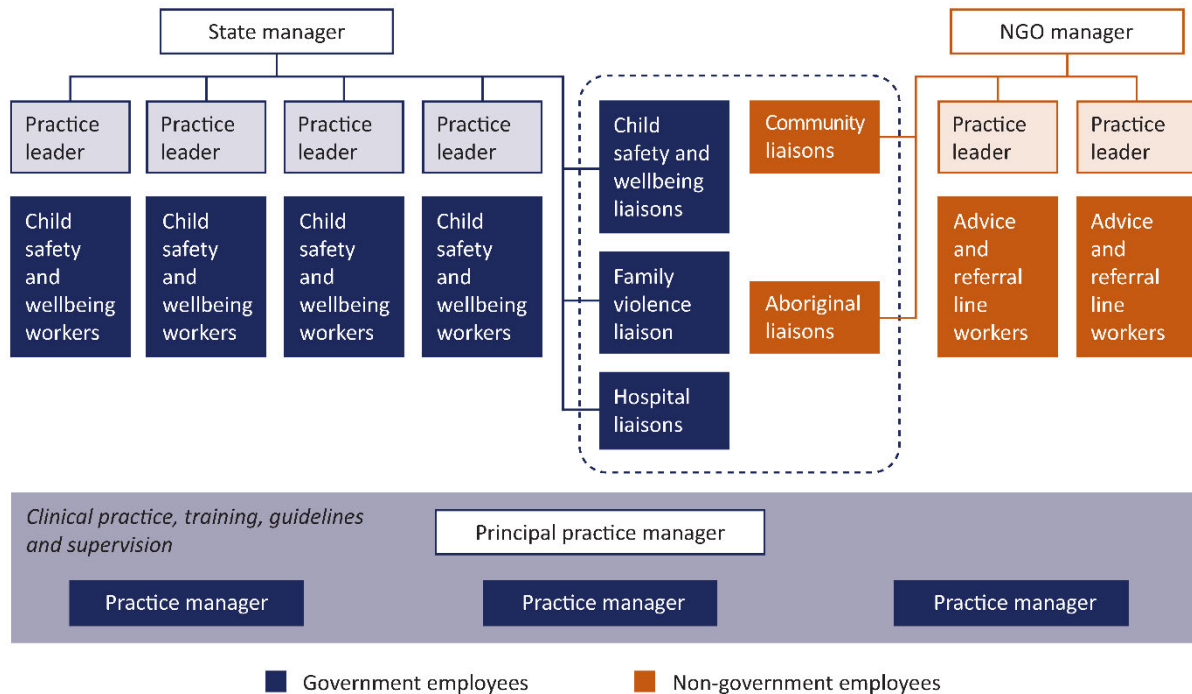
Appendix A – Detailed timeline for the establishment of the ARL





Source: TAO

Appendix B – ARL Organisational Chart as at August 2021



Source: TAO

Appendix C – University of Tasmania Evaluation of Strong Families, Safe Kids – May 2020

Recommendations related to the ARL

1. Provide ongoing education about the ARL and the public health approach, including the new language around notifications, concerns, safety and risks.
2. Provide targeted education and training for mandatory reporters, clarifying how the new processes at the ARL support this process.
3. Review recruitment of staff, including level of experience, qualifications and statement of duties.
4. Ensure rostering at the ARL includes the right mix of experience.
5. Consider the creation of more Child Wellbeing and Safety Liaison Officer positions.
6. Consider developing a mechanism that supports differentiation of calls of concern about child wellbeing and calls to notify about children in immediate danger as well as filtering calls so that more experienced practitioners receive a more targeted approach.
7. Clarify the relationship between the ARL and the Child Safety Service both internally and externally.
8. Ensure any development of information systems at the ARL align with and support practice frameworks and tools such as the Wellbeing Framework.
9. Clarify the expectations and responsibilities of NGO and Government staff at the ARL.
10. Strengthen the connection between the ARL and other key agencies, such as police, mental health and other relevant services.

Appendix D – Significant and subsequent events

Three significant events have or will occur that are of relevance to note, but that do not alter the materiality or substance of this report, except in directing its recommendations to the department succeeding Communities Tasmania:

Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings:

On 23 November 2020, the then Premier announced a Commission of Inquiry to commence in 2020-21. According to its terms of reference, the Commission is to inquire into the Tasmanian Government's responses to allegations and incidents of child sexual abuse in institutional contexts, and in particular, without limiting the scope of its inquiry, what the Tasmanian Government should do to:

- I. better protect children against child sexual abuse in institutional contexts in the future
- II. achieve best practice in the reporting of, and responding to reports or information about, allegations, incidents or risks of child sexual abuse in institutional contexts
- III. eliminate or reduce impediments that currently exist for responding appropriately to child sexual abuse in institutional contexts, including addressing failures in, and impediments to, reporting, investigation and responding to allegations and incidents of abuse, and
- IV. address, or alleviate the impact of, past and future child sexual abuse in institutional contexts, including, in particular, in ensuring justice for victims through, processes for referral for investigation and prosecution and support services.

The Commission is required to submit its report no later than 1 May 2023.

Machinery of Government changes:

On 24 February 2022, the then Premier announced the Government will consolidate the major functions supporting children and young people from within the Department of Communities, to the Department of Education, to strengthen skills and resources through shared capabilities. The new Department will be called the Department of Education, Children and Young People.

The changes will be phased in from 1 July 2022, in a staged approach to be completed by 30 September 2022 and the Department of Communities will not exist after this date.

2022-23 State Budget announcements

On 24 May 2022, the Minister for Education, Children and Youth announced the 2022-23 Tasmanian Budget would commit \$36.4 million over four years to implement safeguarding measures recommended by Professors Stephen Smallbone and Timothy McCormack in the Commission of Inquiry.

Of particular relevance to this report, the Government will invest:

- \$26.1 million over four years to employ a Safeguarding Officer in every Government school. There will also be \$9.7 million in funding each year after 2025-26 to secure the future of the Safeguarding Officers.
- \$2.6 million over four years from 2022-23 for mandatory professional development for all departmental staff in understanding, preventing and responding to child sexual abuse in schools. \$600,000 will be allocated each year after the initial four-year funding.
- \$5.4 million continued investment into Child Safety Service System, including additional frontline workers for the Advice and Referral Line and Child Safety Service.
- \$1.27 million over two years from 2022-23 to provide more support for children and young people affected by harmful sexual behaviours, including four full-time equivalent Senior Support Staff with specialist expertise.
- \$3.8 million over four years from 2022-23 to employ additional psychologists and social workers to directly support schools, with \$1.68 million per annum in ongoing funding after the initial investment.
- \$2.6 million over three years from 2022-23 to fully staff the Office of Safeguarding Children and Young People to meet the demands of the work required to support all safeguarding-related activity across the Department.
- \$24 million to continue to support more students impacted by trauma. To date (27 May 2022), there have been 659 students supported from 2020 to 2022.
- \$4.175 million for Intensive Family Engagement Services to help prevent children from entering statutory care.

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Audit Mandate and Standards Applied

Mandate

Section 23 of the *Audit Act 2008* states that:

- (1) The Auditor-General may at any time carry out an examination or investigation for one or more of the following purposes:
 - (a) examining the accounting and financial management information systems of the Treasurer, a State entity or a subsidiary of a State entity to determine their effectiveness in achieving or monitoring program results;
 - (b) investigating any matter relating to the accounts of the Treasurer, a State entity or a subsidiary of a State entity;
 - (c) investigating any matter relating to public money or other money, or to public property or other property;
 - (d) examining the compliance of a State entity or a subsidiary of a State entity with written laws or its own internal policies;
 - (e) examining the efficiency, effectiveness and economy of a State entity, a number of State entities, a part of a State entity or a subsidiary of a State entity;
 - (f) examining the efficiency, effectiveness and economy with which a related entity of a State entity performs functions –
 - (i) on behalf of the State entity; or
 - (ii) in partnership or jointly with the State entity; or
 - (iii) as the delegate or agent of the State entity;
 - (g) examining the performance and exercise of the Employer's functions and powers under the *State Service Act 2000*.
- (2) Any examination or investigation carried out by the Auditor-General under subsection (1) is to be carried out in accordance with the powers of this Act

Standards Applied

Section 31 specifies that:

'The Auditor-General is to perform the audits required by this or any other Act in such a manner as the Auditor-General thinks fit having regard to -

- (a) the character and effectiveness of the internal control and internal audit of the relevant State entity or audited subsidiary of a State entity; and
- (b) the Australian Auditing and Assurance Standards.'

The auditing standards referred to are Australian Auditing Standards as issued by the Australian Auditing and Assurance Standards Board.



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