



Tasmanian Council of Social Service Inc.

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# *Response to Discussion Paper Series: A Future Program for Family-based Care*

December 2018



INTEGRITY  
COMPASSION  
INFLUENCE

## About TasCOSS

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TasCOSS is the peak body for the community services sector in Tasmania. Our membership includes individuals and organisations active in the provision of community services to low-income Tasmanians living in vulnerable and disadvantaged circumstances. TasCOSS represents the interests of its members and their clients to government, regulators, the media and the public. Through our advocacy and policy development, we draw attention to the causes of poverty and disadvantage, and promote the adoption of effective solutions to address these issues.

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# Response to discussion paper: *A future program for family-based care*

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## Introduction

Thank you for the opportunity to respond to the Out of Home Care Foundation Project's discussion paper *A Future Program for Family-based Care*. We commend the Department of Communities for their consultative approach towards developing a new model for out of home care (OOHC), particularly for their efforts in engaging with young people and including their voices in the redesign.

TasCOSS advocates on behalf of low-income Tasmanians who often live in vulnerable and disadvantaged circumstances. Our submissions and advocacy are strongly informed by the expertise of our members and the lived experiences of the Tasmanians we represent. In developing this submission, TasCOSS has considered views of people across the sector, including those of young people and carers who have been directly involved in OOHC. In addition, we have been guided by the principles inherent in the following key documents:

- Charter of Rights for Tasmanian children and young people in out of home care
- United Nations Convention on the Rights of the Child
- The National Standards for Out of Home Care
- Outcomes Framework for Children and Young People in Out of Home Care.

We acknowledge previous work on out of home care reform in Tasmania, particularly:

- The blueprint produced in 2014 that was partially implemented and forms a basis for current reform
- The work of the office of the Commissioner for Children and Young People (CCYP) in developing an independent Monitoring Program for OOHC in Tasmania, which complements the Department of Communities redevelopment process outlined in the Discussion Paper
- Anglicare's Social Action Research Centre's high quality, in-depth research on the lived experiences of families, children and young people involved in the child safety system in Tasmania.<sup>1</sup>

The findings of the Royal Commission on Child Sexual Abuse (the Royal Commission) have also shone a spotlight on the issue of abuse in care, including in home-based care—the context of abuse for over

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<sup>1</sup> See: Hinton, T (2018) *Hearing the Voices of Tasmanian Families Involved with the Child Safety System*. SARC, Anglicare Tasmania; (2018) *Breaking the cycle: Supporting Tasmanian parents to prevent recurrent child removals*, SARC, Anglicare Tasmania; (2013) *Parents in the child protection system*, SARC, Anglicare Tasmania; Fidler, L (2018) *In limbo: Exploring income and housing barriers for reunifying Tasmanian families*, SARC, Anglicare Tasmania; Robinson, Catherine (2017) *Too Hard? Highly Vulnerable Teens in Tasmania*, SARC, Anglicare Tasmania.

two-thirds of the survivors of sexual abuse consulted by the Commission.<sup>2</sup> We note that the Discussion Paper encompasses many of the recommendations of the Royal Commission on Child Sexual Abuse, particularly around data collection and outcomes reporting; annual reviews of authorised carers; assessment, training and support for foster and kinship care; opportunities for children and young people to have input into decisions about their lives; improved matching of children to placements; providing carers with better information about children; and delivering training and support to kinship carers.<sup>3</sup>

Our submission to this discussion paper aligns with our submission to the CCYP’s Monitoring Program “Being Healthy” consultations.<sup>4</sup>

### High level vision

Our vision is that children and young people in out of home care have every opportunity to heal, thrive and reach their potential. To achieve this vision, all elements of the out of home care system need to work together, so family-based care needs to be considered within the context of the broader reform of OOHC and Child Safety redesign. Therefore, and in line with the National Standards and the Outcomes Framework, TasCOSS advocates for a re-designed OOHC program that includes family-based care and is based on the following principles:

- A truly child-centred approach, with stability and security for children and young people at the forefront
- A strong focus on open communication and respectful involvement of children and young people in decisions involving their lives, as well as open communication and respectful involvement of parents, carers and providers
- A therapeutic, trauma-informed model that takes account of the complexity of factors that result in a child being referred for OOHC
- A model that supports children and young people in maintaining ties to family, community and identity
- A robust accountability framework with measurable standards, outcomes and processes developed in conjunction with children and young people, parents and carers.

### Part 1: Conceptual Framework

TasCOSS applauds the intent of this discussion paper:

*[To consider] family-based care within the context of the outcomes framework and specifically how family-based care may deliver the therapeutic relationships and loving, caring and stable homes needed for children and young people in out of home care to heal from trauma and thrive in the future.*

As the discussion paper notes, the increase between 2012 and 2017 in both the number of Tasmanian children in OOHC (up by 19.4%) and the rate at which Tasmanian children were placed in OOHC (up from 9.3 per 1000 to 10.7 per 1000) point to the demands that the child safety system faces and will

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<sup>2</sup> Royal Commission into Institutional Responses to Child Sexual Abuse (2017). Final Report Volume 12 Contemporary out-of-home care. p 12.

<sup>3</sup> Royal Commission into Institutional Responses to Child Sexual Abuse (2017). Final Report Volume 12 Contemporary out-of-home care. p 12.

<sup>4</sup> TasCOSS/Mental Health Council of Tasmania (2018) submission to CCYP, “Being Healthy.”

almost certainly continue to face. With high-quality family-based care increasingly recognised as superior to institutionally-based care for most children who cannot live at home,<sup>5</sup> it is encouraging that, per the discussion paper, 93.5% of Tasmanian children and young people in OOHC were living in some form of family-based care in 2016-2017.

With such high representation, the family-based care component of the OOHC system clearly needs to be conceptualised, structured, resourced and supported to ensure that the most vulnerable young people in Tasmania receive high quality support in a nurturing, sustainable environment.

Key issues related to family-based care that have emerged in TasCOSS consultations include:

- The ‘churn’ of children through placements in out of home care. Carers, children and young people, and providers have expressed concern that for too many children, placements do not result in stability. Of children exiting care in 2016-17, over a third (34.3%) had had three or more placements.<sup>6</sup>
- Inconsistent and inadequate training and support for carers in relation to the impact of trauma and trauma-related behaviours—for example, problem sexualised behaviours, which are one of the most common mental health impacts witnessed by carers and agencies among children and young people in OOHC.<sup>7</sup>
- Inconsistent assessment, approval, and registration for carers.

In line with the discussion paper, we believe that the *purpose* of a family-based care program is to provide the best possible environment for children and young people to heal, thrive and reach their potential. The key *tasks* of a family-based care program therefore bring together many of those items currently identified in the paper as the “purpose” of such a program:

- Recruit and retain sufficient numbers of carers to meet out of home care demand through a rigorous assessment, approval and registration process and through carer supports such as respite programs
- Train and support carers to deliver the care needed by children and young people in out of home care
- Enhance collaborative partnerships between those providing care for children and young people to drive decision making and delivery of care that includes involving children and young people in decisions that affect them, as appropriate
- Develop integrated, consistent and transparent policies, procedures and practices which enable carers to fulfil their role
- Identify and implement ongoing improvements to family-based care.

In the development of a future program for family-based care, TasCOSS also believes that the model should:

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<sup>5</sup> Dozier, M et al (2012) Institutional care for young children: review of literature and policy implications. *Social Issues Policy Review*, 6(1): 1-25.

<sup>6</sup> CCYP (2018) The Health and Wellbeing of Tasmania’s Children and Young People Report 2018, p. 71.

<sup>7</sup> TasCOSS/Mental Health Council of Tasmania (2018) submission to CCYP, “Being Healthy.”

- Illustrate **how family-based care fits within OOHC and the broader child safety system** (within the context of CSS re-design) and particularly how it interfaces with family support and Intensive Family Engagement Services (IFES)
- Delineate **the roles and responsibilities of service areas and sectors**, both government and non-government, including the CCYP and the Children's Advocate
- Outline **potential pathways for children and young people** within a continuity of care/permanency framework
- Include **guiding principles**, particularly around child-centred therapeutic practice, collaboration, communication, etc., as well as **service standards and outcomes indicators**.
- Be complemented by a child safety system focus on **prevention, promotion and early intervention**
- Expand the role of **kinship carers**, particularly in partnership with Tasmania's Aboriginal community
- Be situated in the context of **wrap-around support** for children and families across government and the community sector.

In the child safety system as in other areas of health and community services, TasCOSS believes in a **public health approach with a focus on prevention, promotion and early intervention**. As recognised in the Redesign of Child Protection Services, efforts to reform the OOHC system must go hand-in-hand with early support for families to maintain their primary role in the care of their children. The complex nexus between family support and family-based care in establishing pathways for children is critical. The evaluation of Intensive Family Engagement Services should help to determine what support for families is most effective.

We need to look at **links with other agencies and services supporting children and families, across government and across the community sector** and how to provide wrap-around support for children and families. Many families are doing it tough and their financial situation can often make or break them. Parents whose children are put into care can lose both income and housing and with them, their potential for reunification.<sup>8</sup>

TasCOSS believes it would be constructive to look at **the potential for further outsourcing of family-based care** to the community sector as is occurring in other jurisdictions (e.g. NSW, ACT, Qld, Victoria). The Discussion Paper notes the inconsistencies in practice that have evolved in Tasmania due to the current hybrid system, both between the government and the community sector, and within the government sector. Several of the organisations TasCOSS consulted expressed the view that out of home care should be based mainly in the community sector, with the government playing a much stronger role in governance, accountability and training. They suggested that non-government service providers were able to provide more flexible and responsive support to carers including regular check-ins, specialist advice, respite, training and mentoring. According to this view, non-government providers are also able to establish a pool

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<sup>8</sup> Fidler, L (2018) *In limbo: Exploring income and housing barriers for reunifying Tasmanian families*, SARC, Anglicare Tasmania.



of skilled carers whom they know and can more readily match with the needs of a particular child or young person.

These views reflect the findings of a national comparison of OOHC, prepared for the Royal Commission:

*As OOHC placements have transitioned to the non-government sector, there has been greater emphasis on ensuring that carers receive the support that they need to provide a quality care environment and to meet the high support needs of children and young people. Providers spoke of efforts to move towards a ‘partners in care’ culture that puts the needs of the young person at the centre of all decision-making.<sup>9</sup>*

In Tasmania, carers who responded to FKAT’s 2015 Tasmanian Foster and Kinship Care Survey indicated lower levels of satisfaction with the services and support provided through government-based than community-based OOHC. Unpublished results from a recent FKAT survey indicate that this situation has not changed significantly. A 2016 SARC study, ‘*Supporting foster carers to help children and young people learn*’ found that carers outsourced to OOHC provider agencies reported higher levels of collaboration and support with education than did those working directly to DHHS.<sup>10</sup>

TasCOSS is keen to see the development of **a robust accountability framework** with measurable standards, outcomes and processes that ensure high quality care of children and young people across the sector, and around the state, as well as improved processes for recruiting and supporting a pool of skilled carers. TasCOSS believes that the Outcomes Framework for Children and Young People in Out of Home Care, developed by the Department of Communities, provides a good base for the development of strong child-centred standards and accountability mechanisms.

According to numerous reports and as identified through the stakeholder feedback included in the Discussion Paper, there is a need for cultural change in the child safety system. Reference has frequently been made to the adversarial culture within the system, and the need to break down operational silos and instil a more collaborative spirit. The ARACY ‘Inverting the Pyramid’ report which looked at child protection systems across Australia, called for a more ‘supportive culture’, embodied by:

*Collaboration between organisations and services; mutual respect and trust between professional groups and providers; shared responsibility for vulnerable families and children rather than risk aversion; and a focus on the needs of the child and working with — rather than on — families... [Significant cultural change] requires consideration of which system players are best placed to*

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<sup>9</sup> Benton, M, Pigott R, Price, M, Shepherdson, P & Winkworth, G. 2017, *A national comparison of carer screening, assessment, selection, training and support in foster, kinship and residential care*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney. p92.

<sup>10</sup> Hinton, T. 2016, *Fostering education Supporting foster carers to help children and young people learn*. SARC, Tasmania.

*deliver strategies — some system players will need to ‘step up’ whilst others may need to ‘let go’ and transfer responsibility.<sup>11</sup>*

TasCOSS believes that a more supportive culture in OOHC in Tasmania could be augmented by a move towards service co-design (involving families, children and carers) as is occurring in Victoria, as well as ongoing effort to upskill workers and develop collaborative practices. TasCOSS would like to see increased collaboration and communication among service providers at this critical stage in the lives of children. Western Australia’s Care Team Approach Practice Framework provides a good collaborative model.<sup>12</sup>

The **high rate of Aboriginal children in OOHC**, and the relatively low numbers placed in kinship care in accordance with the Aboriginal Child Placement Principle, need to be addressed. Aboriginal children are often placed with non-Aboriginal carers, severing links with their community and culture. A future program for family-based care needs to consider ways to partner with the Aboriginal community at all levels of decision-making, and engage the community in the development of culturally appropriate assessment, recruitment and training processes for kinship carers. Reference should be made to the discussion and recommendations of the TAC report, *luwutina mana-mapali krakani waranta - Keeping Our Children With Us*.<sup>13</sup>

## Part 2: Program design of family-based care

Consultations with TasCOSS members and people across the sector, including those of young people and carers who have been directly involved in OOHC, generated a number of observations and recommendations relevant to specific elements of program design. These are discussed below.

### Care during an assessment phase

TasCOSS supports a move away from crisis placements towards a more planned approach and agrees with the Discussion Paper’s proposal that, in some instances, slowing down the placement process would allow for better assessment of a child’s needs, more accurate placement matching, enhanced sharing of information and a planned transition to family-based care. However, ‘slowing down’ may not be appropriate for every situation. Each placement decision is different and sometimes an immediate placement can be made where the needs of the child and the skills of the carer are well known and matched. Introducing another step in the process could potentially cause further instability for some children and, unless full use is made of this time, they may feel in limbo with not much happening to resolve their situation.

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<sup>11</sup> Australian Research Alliance for Children & Youth (ARACY) 2008, Inverting the pyramid: Enhancing systems for protecting children, ARACY.

<sup>12</sup> Department of Child Protection and Family Support WA, 2016, Care Team Approach Practice Framework, Western Australia.

<sup>13</sup> Sculthorpe, H 2014, *luwutina mana-mapali krakani waranta - Keeping Our Children With Us: Report to Government and the Aboriginal Community about changes needed to the child protection system in Tasmania*, Tasmanian Aboriginal Centre.



The journey of each child needs to be considered individually, and with a view to the availability of suitable carers in the system. In circumstances where the care team is confident that a good match can be made, we believe the child should be moved as quickly as possible into a stable environment.

Attempting to assess a child for OOHC while a family is engaged in a family support process could be problematic, with each process having divergent aims – reunification vs permanency. Introducing a potential carer to a child/family at this stage might also be challenging. Introducing a short term stay with a family member might work in some situations but is unlikely to be a widely available option. Unless the carer and the child are made very clear about the temporary nature of this arrangement, this might lead to confusion and unrealistic expectations.

A transitional foster care arrangement might work in some situations, providing an alternative to an emergency placement. In this instance, the need for a child/young person to be kept informed about what is likely to happen to them, to have some personal supports and connections maintained, and to have their voice heard during this process is important. They also need to have access to supportive, trauma-informed professionals and skilled transitional carers.

If evaluated as having a clear impact on outcomes for children and young people, extension of the Intensive Family Engagement pilot program should go hand-in-hand with reforms to family-based care. [Anglicare Victoria's Rapid Response program](#), an intensive 4-week family support intervention for families at imminent risk of having their children removed, may be worth investigating.<sup>14</sup>

TasCOSS notes that the Discussion Paper does not specify a likely timeframe for the Assessment Phase, who will be responsible for coordinating it, how the various sources of information will be consolidated, and whether this will be applied to all placements.

### Placement

Placing a child in care requires good knowledge of both the child and of the qualities and skills of the carer. While therapeutic knowledge and skills can be taught, some qualities such as warmth and empathy are intrinsic. Service providers knowledge of carers' personalities, living circumstances, preferences, and families are critical to the matching process. This knowledge may be held both by government and non-government providers but is often lost with staff turnover.

The elements noted in the Discussion Paper relating to placement matching align with the recommendations of the Royal Commission and TasCOSS believes should be incorporated into placement decisions:

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<sup>14</sup> <https://www.anglicarevic.org.au/news/anglicares-rapid-response-keeps-kids-safe-home/>

- The needs of the child being the primary consideration
- The capacity, skills, caring and emotional availability of the carer
- Involvement of government OOHC team and non-government service providers in decisions, with the views of children and families also considered
- Sharing of information between a child/young person and potential carer, and the opportunity to meet informally.

Placement decisions need to be collaborative, with information shared with children, families, carers and contracted organisations as appropriate and included in every child's care plan. While some current placement matching processes have successful outcomes, the evidence suggests that this process needs more consistency and resourcing.

TasCOSS is aware that there is often a lack of communication regarding placement decisions. Non-government service providers noted instances where they had offered a placement and the carer had prepared themselves for the arrival of the child/young person, only to have the decision changed without any consultation. This results in extra work and considerable frustration for the provider and carer, with potential loss of the latter.

### Continuity of care

We need to do whatever is possible to facilitate continuity of care and a stable, nurturing environment for children in care, although TasCOSS recognises that the role of carers may shift according to the phase of care and the goals for the child/young person. Care plans therefore need to be developed with the involvement of carers, be regularly updated and should clearly articulate whether the goal is reunification or permanency, thus enabling carers to prepare a child/young person for these alternate pathways.

Continuity of care could be more easily achieved in a more collaborative culture with open channels of communication and transparent processes involving consultation with schools and the child's broader support networks. The Care Team Approach developed in Western Australia where people who are important in the life of a child, including their parents, are identified and supported to have an ongoing role in decisions about the child, may provide a good model for Tasmania.<sup>15</sup>

TasCOSS is concerned that several providers have mentioned children being removed from a placement they considered successful because the child was assessed as having formed 'too strong an attachment' to the carer. TasCOSS believes that we should aim for the child/young person to develop a stable and secure relationship with the carer (i.e. to become attached). As stated in the Discussion Paper, a continuity of care approach is *'is based on the premise that for many children and young people ensuring a stable and caring home will help establish an environment in which secure attachment and supportive and healing relationships may develop'*. We need to ensure that everyone involved in making life-changing decisions about the care of a child understands and accepts this concept.

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<sup>15</sup> Department of Child Protection and Family Support WA, 2016, Care Team Approach Practice Framework, Western Australia.

A continuity of care approach must ensure that children and young people receive ongoing and consistent support whatever their pathway through the system. TasCOSS considers that these vulnerable young people should have access to government health services, due to their increased susceptibility to poor physical and mental health. WA's [Rapid Response framework](#) prioritises access to government services by children and young people in out of home care.<sup>16</sup> It includes agreements with other government departments such as Child and Adolescent Mental Health Services and encompasses:

- Collaborative case management, care planning and review processes that are inclusive of the views of carers, children and young people and their families, professionals and service providers
- Strengthened service system capacity to provide quality and timely psychological, developmental, health and educational assessments
- Information sharing practices to support joint assessment and planning
- A mechanism for achieving positive outcomes for children and young people in out of home care, including that they live safely in stable care; have strong physical, social and mental health; attend, participate and achieve in quality education; and leave care equipped with the resources to live productive lives.

Other good practice examples of support for children in out of home care are:

- Victoria's no-cost access to health hubs by children in out of home care
- Anglicare Tasmania's Pathway Home program (North/North West Tas) which supports children to return to their family homes.

#### **Family-based care and intensive family-based care**

TasCOSS supports the following approaches put forward in this section:

- The development of a therapeutic practice framework for carers
- Intensive family-based care as an additional level of care for children with complex needs and challenging behaviours (the ability and willingness of kinship carers and foster carers to undertake intensive family-based care would need to be assessed on an individual basis).

TasCOSS also recommends the Tasmanian Government consider the Victorian model, 'Treatment Foster Care Oregon'.<sup>17</sup> It uses professional foster carers to provide intensive support for children and young people who experience significant emotional or behavioural problems. This is an evidence-based model that has been successful in reducing the number of children and young people in residential care.

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<sup>16</sup> <https://www.dcp.wa.gov.au/Organisation/Documents/Rapid%20Response.pdf>

<sup>17</sup> <https://www.premier.vic.gov.au/breaking-new-ground-in-foster-care/>

Some children and young people with highly complex needs and behaviours may never be able to return home, yet Figure 3 on p24 of the Discussion Paper illustrating 'A potential approach to Family-based Care' is confusing and does not include any permanency options other than 'home'. TasCOSS would like to see a future model for family-based care illustrate alternative pathways for children and young people in this situation.

### Recruitment

TasCOSS endorses the KPMG South Australian report recommendation, referred to in the Discussion Paper, for an overarching recruitment strategy that includes:

*a statewide coordinated community education campaign that delivers key messages about the needs of children and young people in care, the role of carers, personal qualities suited to the role of caring and the broad range of people who care for children.*

A community education campaign should be non-agency specific but provide contact information for both government and non-government providers. South Australian campaign materials may be available for adaptation to Tasmania.

TasCOSS also supports other strategies proposed on p28 of the Discussion Paper such as:

- Information sessions
- Redevelopment of the government website to make it more appealing to potential carers and the automation of some processes
- Improved response to enquiries to expedite approval of prospective carers.

Word-of-mouth is a powerful communication tool in Tasmania, so improving support mechanisms for current carers should have flow-on benefits for recruitment.

### Preservice training and ongoing training

TasCOSS supports the Discussion Paper's proposal that the Department, in collaboration with non-government service providers and other key stakeholders, develops an integrated training framework for pre-service and ongoing training of both government and non-government family-based carers.

The development and implementation of such a framework is essential to ensure that all carers are familiar with trauma-informed practice and that they, and their families, are supported in their roles. As recommended by the Royal Commission and referenced in the Discussion Paper, this training should include an understanding of sexual abuse and harmful sexual behaviours.<sup>18</sup> The training framework should be linked to the OOHC Outcomes Framework. To be effective, it needs to be fully resourced and implemented across agencies involved in OOHC. This would increase understanding and collaboration across sectors and help to ensure consistency of practice.

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<sup>18</sup> Royal Commission into Institutional Responses the Child Sexual Abuse. Final Report Recommendations. p38.

All carers should also receive cultural competency training relating to Aboriginal children and those from culturally and linguistically diverse backgrounds, and training in trauma and working with birth families.

Training, both pre-service and ongoing, should include kinship carers and be delivered flexibly, according to the needs of carers and their families. The Child Advocate, with direct knowledge of the issues and concerns facing children in care, could have a role in advising on, and delivering training.

As suggested in the Discussion Paper, TasCOSS believes the provision of mentoring arrangements and more informal opportunities for carers to get together could be valuable. We were informed of networking events in other jurisdictions involving carers, other workers, children and families that have been beneficial in altering culture and promoting more collaborative practice.

The Royal Commission recommended that state and territory governments should collaborate in the development of a sexual abuse prevention education strategy to include *'resources tailored for children in care, for foster/kinship/relative carers, for residential care staff and for caseworkers'*.<sup>19</sup> TasCOSS believes these resources, combined with a strong focus on the prevention of sexual abuse and promotion of online safety, should be incorporated into an overall training framework.

A 2017 research report to the Royal Commission stated that *'the Australian Childhood Foundation (ACF) has been contracted by the Tasmanian Government to develop a framework and process for building the capacity of foster carers and kinship carers, in particular through the provision of trauma-informed care training for carers and agency staff'*.<sup>20</sup> TasCOSS believes that, if and when finalised, this framework needs to align with the integrated training framework proposed in the Discussion Paper.

#### **Carer assessment, approval and registration**

In assessing potential carers, TasCOSS endorses the following points raised in the Discussion Paper:

- A consistent, professional assessment process across providers – both government and non-government
- Assessment to include pre-service safety checks of carers and other adults in a household (as recommended by the Royal Commission)
- Assessors to have experience in out of home care

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<sup>19</sup> Ibid. p37.

<sup>20</sup> Benton, M, Pigott R, Price, M, Shepherdson, P & Winkworth, G. 2017, *A national comparison of carer screening, assessment, selection, training and support in foster, kinship and residential care*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney. p44.

- Potential accreditation for assessors
- Assessment processes that aim to ensure that carers have appropriate personal attributes to care for children and young people including empathy, engagement, humour, patience, respect, and the ability to listen and allocate one-on-one time
- A model of assessment appropriately tailored for kinship/relative care with culturally appropriate assessment for Aboriginal kinship carers/Aboriginal placements developed in consultation with the Aboriginal community (perhaps based on the Winangay model outlined in Appendix Seven of the Discussion Paper)
- Consistent and timely approval and registration processes for carers
- A regular review process for carers.

TasCOSS agrees with the concept of a centralised carer register but has concerns about how this would work for NGOs, who are in a competitive tendering situation.

#### Ongoing support and retention

The following strategies outlined in the Discussion Paper should all be part of the carer experience:

- Support in maintaining personal and family wellbeing, dealing with vicarious trauma, and grief and loss if the placement breaks down or a child is reunified with their birth family
- Inclusion as a valued member of the care team and input into decision-making
- Access to mentoring
- Access to training, delivered in flexible ways
- Practical support, including assistance with house cleaning and maintenance, and access to housing if necessary
- Access to professional advice, including 24/7 phone/online advice, and regular visits by OOHC staff/care coordinators
- Access to regular respite care
- Access to specific support for kinship carers to assist them to negotiate family dynamics, relationships and issues that arise
- Independent advocacy, if required
- Access to support groups and informal networking opportunities with other carers
- Intensive support at the commencement of a placement
- Access to discretionary funding to enable carers to support children in their care in different ways.

Based on our consultations, the Department could consider these further support needs:



- Risk management and safety strategies
- Support for disability-related needs
- Support in negotiating government systems and processes.

With regard to this last point, several stakeholders we consulted said that carers are more likely to leave foster care because of frustrations with the system than because of any problems they might have experienced with children in their care.

### Respite care

TasCOSS recognises the value of regular respite care to provide relief for carers and also a means to extend the network of supportive relationships around a child. This form of care needs to be adequately supported and resourced, and offered flexibly to meet the different needs of carers, such as kinship carers and those caring for children with high care needs.

The respite care models referenced in the Discussion Paper would be worthwhile exploring for potential application in Tasmania.

### Oversight and monitoring

TasCOSS considers there is a need for much more rigorous oversight and monitoring of the OOHC system, including carers, and needs to cover government and non-government providers. With regard to family-based carers, TasCOSS agrees with the proposals in the Discussion Paper for:

- a more rigorous, consistent annual review and renewal process –
  - to be conducted by ‘an experienced person with sufficient authority who is not the out-of-home-care worker’
  - to identify any quality of care concerns, as well as training and supervision needs of carers
  - to provide carers with the opportunity to comment on the adequacy and type of support provided
  - to include interviews with children and young people, without the carer present
- the development of standards for home visits
- the development and implementation of a home visit policy that encompasses different needs, depending on issues such as the experience of the carer, whether the placement is new, and the complexity of care required.

In his 2017 Report on Children and Young People in Out of Home Care, the CCYP stated that:

*As governments increasingly move towards outsourcing the provision of a range of placement options required for these children, there needs to be in place strong external*

*independent oversight, strengthened accountability processes and overall robust internal governance.*<sup>21</sup>

TasCOSS believes outcome measures for family-based care need to go beyond the monitoring of carers and examine the overall outcomes of care. As indicated by the CCYP, we need to look at children and young people's feelings of security, stability and permanency, which are strong predictors of better outcomes for young people after they leave care. Children in long-term out of home care and those who experience multiple placements are at greater risk of negative outcomes for mental health and wellbeing, suitable accommodation, employment and relational stability, as well as disproportionately high rates of substance abuse and over-representation in youth justice systems.<sup>22</sup>

Introducing robust standards and outcomes measures for family-based care in Tasmania, and for OOHC more generally, will require providers of services to be adequately trained in the collection and reporting of data, and for areas of government responsible for oversight to be adequately resourced.

We believe the Outcomes Framework for Children and Young People in Out of Home Care and the National Standards provide a good basis for the development of Tasmanian-specific outcomes measures and standards. We encourage the Department of Communities to collaborate with the office of the CCYP in its development of a Quality and Accountability Framework for OOHC.

TasCOSS notes that the National Permanency Work Plan being developed as part of the National Framework for Protecting Australia's Children, has as one of its five strategic actions to improve permanency for children and young people, and proposes the development of a data reporting and evaluation framework to measure permanency outcomes. This will include the development of 9 permanency indicators and explore options for research and longitudinal analysis.<sup>23</sup> This Work Plan could also help inform the Tasmanian OOHC Quality and Accountability Framework.

### Other issues

While service provider accreditation may be outside the scope of the Discussion Paper, the Royal Commission recommended that government and non-government OOHC service providers undergo accreditation, and that this accreditation include compliance with the Child Safe Standards identified by the Commission. The Commission proposed that an independent body be responsible for receiving, assessing and processing applications for accreditation and ensuring ongoing compliance with standards and conditions.<sup>24</sup> TasCOSS supports this recommendation, as an additional measure to ensure the quality and consistency of OOHC services, noting that the Tasmanian Government response to the Royal Commission linked this

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<sup>21</sup> Morrissey, M. (2017) *Children and Young People in Out of Home Care in Tasmania*. CCYP. p4.

<sup>22</sup> National Framework for Protecting Australia's Children 2009-2020. Fourth Action Plan 2018-2020: A discussion guide

<sup>23</sup> Ibid. p12.

<sup>24</sup> Royal Commission into Institutional Responses the Child Sexual Abuse. Final Report Recommendations. p36.

recommendation to the OOHC Foundations Project, with resource implications ‘requiring further consideration’.<sup>25</sup>

## Conclusion

Reform of the family-based care system is a complex task. TasCOSS believes that a focus on the following aspects would help to drive the changes required to improve outcomes for children and young people, as well as their families and carers:

- Strategies to reduce the ‘churn’ of children in out of home care such as improved matching of children and carers, with both children and carers given more information and choice in the process
- Enhanced continuity of care
- An overarching carer recruitment strategy
- Consistent training, assessment, approval, registration and support for carers, with training and support extended to foster carers
- A move towards therapeutic, trauma-informed practice for everyone involved in the welfare of the child
- Links with a strong Outcomes Framework, and the proposed introduction of common standards and accountability mechanisms.

In his 2017 call to action, the CCYP referred to the large numbers of reviews, inquiries, audits and recommendations that have been produced nationally on OOHC over the last decade, commenting that:

*I can state with confidence that in 2017 we, as a society, now know more about the issues, solutions and outcomes in OOHC than we ever have before.*<sup>26</sup>

TasCOSS regards children in OOHC as among the most vulnerable in our community and we therefore endorse the call to action in the Commissioner’s report. We look forward to providing further input as the Department refines and implements its proposals for family-based care to ensure that children and young people in OOHC care have every opportunity to heal, thrive and reach their potential.

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<sup>25</sup> Tasmanian Response: Royal Commission into Institutional Responses to Child Sexual Abuse. p5.

<sup>26</sup> Morrissey, M. (2017) *Children and Young People in Out of Home Care in Tasmania*. CCYP. p8.