



# Monitoring Report No. 3

Key data on Tasmania's out-of-home care system, 2019-2024

Out-of-Home Care  
Monitoring Program 2025

## Acknowledgement of Country

The Office of the Commissioner for Children and Young People acknowledges and pays respect to the Palawa of Lutruwita/Tasmania as the original and ongoing custodians of this Land, who since time immemorial have cared for their children in connection with their Country and culture.

## Further acknowledgements

We acknowledge members of the Rights-based Monitoring and Evaluation Advisory Panel – Professor Sharon Bessell, Professor Daryl Higgins, Dr Greet Peersman, Professor Kitty te Riele, and Professor John Tobin. The Advisory Panel’s insights and expertise continue to inform our monitoring programs.

We also extend our sincere appreciation to the Department for Education, Children and Young People for its support of our ongoing systemic monitoring activities, including through the provision of previously unpublished administrative data, and for the careful assistance that has been provided by departmental staff to ensure the accuracy and relevance of included data.

Commissioner for Children and Young People (Tas), Monitoring Report No. 3: Key data on Tasmania’s out-of-home care system, 2019-2024.

© Crown in right of the State of Tasmania (Commissioner for Children and Young People Tasmania), 2026.

Any questions regarding this report or the work of Tasmania’s Commissioner for Children and Young People more generally may be directed to the Commissioner by email to [childcomm@childcomm.tas.gov.au](mailto:childcomm@childcomm.tas.gov.au) or by telephoning +61 3 6166 1366.

For more information, visit: [www.childcomm.tas.gov.au](http://www.childcomm.tas.gov.au).

## Contents

Acknowledgement of Country .....	1
Further acknowledgements.....	1
Foreword.....	3
Context for this report .....	4
Key data insights – 2019-2020 to 2023-2024.....	5
About this report.....	7
Key terms.....	9
Part 1: Children in Tasmania’s Out-of-Home Care system .....	11
1.1 Number of children in care.....	11
Daily average number of children in care .....	11
Number of Aboriginal and Torres Strait Islander children in care .....	11
Rate of children in care per 1,000 children .....	12
1.2 Age of children in care .....	14
1.3 Number of children entering and leaving care .....	15
1.4 Length of time children spent in care .....	17
Length of time continuously in care .....	17
1.5 Children in care with disability.....	18
Part 2: Tasmania’s Out-of-Home Care system, 2019-2020 to 2023-2024 .....	19
2.1 Out-of-home care providers.....	19
2.2 Number of active foster care households .....	21
2.3 Number of children per foster care household.....	22
2.4 Placement types for children in care.....	23
Spotlight on the placement of Aboriginal and Torres Strait Islander children in care .....	25
2.5 Case management services for children in care .....	27
Care Plans for children in care .....	27
Care Team records.....	29
Visits to children by Child Safety Officers .....	29
Part 3: The Tasmanian Government’s investment in the Out-of-Home Care system.....	33
3.1 Expenditure on care services .....	33
Appendix.....	36
Supplemental Figures for Part 1: Children in care .....	36
Supplemental figures for Part 2: Tasmania’s Out-of-Home Care system .....	41

## Foreword

I am pleased to present this Monitoring Report on Tasmania's out-of-home care system; the third in a series intended to provide a clear, evidence-based overview of key quantitative data relating to the Tasmanian care system.

The data in this report relate to the period 2019-2024, during which the system has been the subject of ongoing change, including progressive implementation of recommendations from the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings and findings from other reviews including the former Commissioner for Children and Young People's investigation into changes to case management for children in care (['A Place at the Table'](#)).

The data presented highlight the need for adequate and sustained investment to support initiatives to improve outcomes for children in care. Historical under-investment and workforce challenges have continued to affect service delivery, with children, carers, and care providers interacting within a system intended to achieve the best possible outcomes but constrained by limited resources.

The data reinforce the urgent need to advance Aboriginal self-determination and work in genuine partnership with Aboriginal people to effectively address the over-representation of Aboriginal children in care and ensure full adherence with the Aboriginal and Torres Strait Islander Child Placement Principle.

As noted in previous reports, there remain significant opportunities to increase the quality and transparency of data about the care system.<sup>i</sup> It is important also to acknowledge that quantitative data offers only a partial understanding of the lives of children in care. We cannot understand the unique experiences of children without asking them and truly listening to any views they choose to share. The development of [Making Rights Real](#), a new conceptual plan for child rights-based monitoring, marks an important step toward a more holistic approach to systemic monitoring of the rights and wellbeing of all children, including those in care. This new participatory approach, currently being implemented, offers a contemporary framework for evaluating how effectively Tasmania is meeting its obligations to respect, protect, and fulfil children's rights.

Importantly, through the imminent establishment of the new Commission for Children and Young People, there will soon be significantly expanded child-centred oversight of the care system, including through the appointment of a Commissioner for Aboriginal Children and Young People, with functions and powers to monitor and investigate the experiences of Aboriginal children in care, and an independent Community Visitor Scheme for children in care, administered by a statutorily independent Child Advocate.

### Isabelle Crompton

Interim Commissioner for Children and Young People

---

<sup>i</sup> Commissioner for Children and Young People (Tas) *Monitoring Report No 2. (Second Edition): Key data on Tasmania's out-of-home care system, 2022-2022 (Report, 11 July 2023) p1-2*; Commissioner for Children and Young People (Tas) *Monitoring Report No 2: Key data on Tasmania's out-of-home care system, 2020-2021 (Report, 14 March 2023) p4-5*

## Context for this report

This report presents data on Tasmania's out-of-home care system for the 5-year period from 2019-2020 to 2023-2024, and extends the analyses published in 2023 through our [Monitoring Report No. 2 \(Second Edition\)](#).<sup>1</sup>

By maintaining a consistent methodological framework and set of indicators, this report offers a longitudinal overview of the out-of-home care system, and includes data relating to children and young people in care, care placement types, and levels of investment in out-of-home care.

In October 2022, responsibility for the administration of the out-of-home care system transferred from the Department of Communities Tasmania (DCT) to the Department for Education, Children and Young People (DECYP).

In its December 2023 response to the final report of the Commission of Inquiry into the [Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings](#), the Tasmanian Government accepted all recommendations for change relating to the out-of-home care system, and unequivocally committed to improving services and outcomes for children and young people with a care experience.

As the government continues to implement initiatives relating to the care system, the rights, safety and wellbeing of children and young people must remain central to decision-making, with every effort made to ensure each child and young person in care is supported by a dedicated case manager, individualised care plan(s), and active care team.

A rights-based, child-centred approach also requires active alignment with the Aboriginal and Torres Strait Islander Child Placement Principle helping maintain cultural continuity and supporting better long-term outcomes for Aboriginal and Torres Strait Islander children.

This report is being released in the context of a refresh of the National Standards for Out-of-Home Care.<sup>2</sup> This refresh provides a timely reminder of the importance of re-centring child rights, safety, and wellbeing in the out-of-home care system. This focus is vital to ensure that every child and young person in care in Tasmania is seen, safe, well, heard, and supported.

---

<sup>1</sup> Commissioner for Children and Young People *Monitoring Report 2 (Second Edition)* [www.childcomm.tas.gov.au/wp-content/uploads/2023/07/2023-07-11-FINAL-Data-Monitoring-Report-No-2-2nd-Ed-2020-2022.pdf](http://www.childcomm.tas.gov.au/wp-content/uploads/2023/07/2023-07-11-FINAL-Data-Monitoring-Report-No-2-2nd-Ed-2020-2022.pdf) ('*Monitoring Report 2 (Second Edition)*').

<sup>2</sup> The Commonwealth Department of Social Services (DSS) has contracted the Secretariat of National Aboriginal and Islander Child Care (SNAICC) and the Australian Institute of Family Studies (AIFS) to make recommendations on how the National Standards could be updated (see [out-of-home care standards refresh](#)).

## Key data insights – 2019-2020 to 2023-2024

The number of children in the Tasmanian out-of-home care population decreased to a daily average of 952.8 children in 2023-2024, continuing a downward trend over recent years. Of these children, 59.5 per cent were case managed in the South.

### **Addressing the over-representation of Aboriginal children in care**

Much work remains to achieve the Closing the Gap target to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent by 2031.<sup>3</sup> Despite ongoing Commonwealth and Tasmanian reforms in addressing Closing the Gap targets,<sup>4</sup> the rate of over-representation of Aboriginal and Torres Strait Islander children in care increased from 4.4 (2019-2020) to 5.8 (2023-2024). A similar increase was reported in national data, with over-representation increasing from 9.5 (2019-2020) to 10.9 (2023-2024) across Australia.

### **Visiting children in care**

Since the release of the last monitoring report,<sup>5</sup> the Tasmanian Government has embarked upon significant changes to the out-of-home care system. Data in this report indicate marginal improvements in how the care system prioritises and ensures the participation and engagement of children in care.

While there has been a reported increase in worker visits to children being case managed in the North, only one in three (33.5%) visits statewide were conducted within the time frames set by policy. Interestingly, in 2023-2024 there was an increase in the proportion of visits being conducted by non-Child Safety Service (CSS) workers (6.8%) compared with previous years. It is unclear what specific roles and responsibilities exist for these workers, and whether visits by non-CSS workers achieve, or are required to achieve, the same outcomes as those conducted by Child Safety Officers, and other CSS staff.

### **Care teams and planning must be prioritised to help uphold the rights of children in care**

Care Teams are “[the] team of key people important in the life of a child or young person [in care]”.<sup>6</sup> Care Team meetings include conversations about what is going well, and how to address any concerns and worries the child or young person may have. Despite a lack of accurate data about the numbers of children in care with an active and supportive Care Team, the available data suggests that there have been modest improvements in the proportion of children with a “Care Team case note recorded”. In 2023-2024, around two-thirds (64.9%) of children had a care team case note recorded by DECYP (an increase from 57% in 2022-2023).

---

<sup>3</sup> Closing the Gap, target 12.

<sup>4</sup> Australian Government *Closing the Gap Commonwealth 2024 Annual Report – Commonwealth 2025 Implementation Plan* (Report, 2025) [www.niaa.gov.au/sites/default/files/documents/2025-02/NIAA%20CTG%20Combined%20Report.pdf](http://www.niaa.gov.au/sites/default/files/documents/2025-02/NIAA%20CTG%20Combined%20Report.pdf)

<sup>5</sup> *Monitoring Report No 2 (Second Edition)* (n 1).

<sup>6</sup> Department for Education, Children and Young People, *Child Safety Service Care Teams* (Website, accessed 10 July 2025) [www.decyp.tas.gov.au/safe-children/guide-to-tasmanias-child-safety-services/child-safety-service-care-teams](http://www.decyp.tas.gov.au/safe-children/guide-to-tasmanias-child-safety-services/child-safety-service-care-teams).

Finally, there has been a further decline in the number of children in care with an approved Care Plan. While the presence (or absence) of a Care Plan does not necessarily determine the quality of a Care Team, Care Plans are an important way to ensure the participation and safety of children in care.<sup>7</sup> In 2023-2024, only around one in three children (32.2%) had an approved Care Plan across Tasmania. In the South, this proportion was even lower, at around one in five (19.9%). This monitoring report reveals continuous shortcomings in realising the right of children to participate in their care, whether through their Care Team, or engagement with their workers through visits.<sup>8</sup>

---

<sup>7</sup> Australian Human Rights Commission *National Principles for Child Safe Organisations* (Report, 2018) [www.childsafe.humanrights.gov.au/sites/default/files/2019-02/National Principles for Child Safe Organisations2019.pdf](http://www.childsafe.humanrights.gov.au/sites/default/files/2019-02/National_Principles_for_Child_Safe_Organisations2019.pdf).

<sup>8</sup> Department for Education, Children and Young People, *Charter of Rights for Tasmanian children and young people in Out of Home Care*. Note: Right 4 states *I have the right to have regular meetings alone with my worker*.

## About this report

This report is divided into 3 parts. Each part presents data relating to different aspects of the out-of-home care system in Tasmania:

**Part 1:** presents general demographic data relating to children in care from 2019-2020 to 2023-2024

**Part 2:** presents data on the out-of-home care system from 2019-2020 to 2023-2024

**Part 3:** presents data on indicators relating to the Tasmanian Government's investment (expenditure) on the out-of-home care system from 2014-2015 to 2023-2024.

## Data Sources

This report uses data from publicly available national data collections, and data provided by DECYP.

The Australian Institute of Health and Welfare (AIHW) regularly publishes data regarding children in care as part of its Child Protection Series (available [here](#)). Similarly, the Productivity Commission publishes data on the out-of-home care system as part of the Child Protection Services data series (available [here](#)). Previous releases of national data reports were used to examine historical data trends from 2019-2020 through 2023-2024.

This report includes previously unpublished data provided to this office by DECYP in its *Quarterly Children, Youth and Families Reports (CYF Reports)*. These reports are shared by DECYP through an ongoing data sharing arrangement.

Data relating to Foster Care Household retention rates published in this report come from the following CYF Reports.<sup>9</sup>

Financial Year	Source Report	Data Extraction Date
2019-2020	2021-2022 Quarter 1	25 October 2021
2020-2021	2022-2023 Quarter 1	27 November 2022
2021-2022	2023-2024 Quarter 3	22 April 2024
2022-2023	2024-2025 Quarter 3	13 April 2025
2023-2024	2024-2025 Quarter 4	13 July 2025

### Comment on data caveats / notes

*This report contains data from national reports including the AIHW and the Productivity Commission. These source data sets contain numerous clarifications and caveats to identify and account for differences in out-of-home care between individual states. As this monitoring report has made use of national data tables, readers are encouraged to use the references for each data table and review the accompanying explanatory material in the source tables to ensure conformity with their data needs.*

<sup>9</sup> These reports have been used in response to advice received from the Department for Education, Children and Young People.

## Data analyses

Where possible, data have been presented in the same format as that available in the original data source. Some indicators are presented as a change in proportion (or percentage). To provide longer-term context of how the out-of-home care system is functioning, 5-year trend data for some indicators are provided as Supplemental Figures located at the end of this report.

## Adverse comment process

Section 21 of the *Commissioner for Children and Young People Act 2016* (Tas) provides that the Commissioner is not to include in a report any comment that is adverse to a person, unless the person has been provided with the opportunity to respond.

The Secretary of the Department for Education, Children and Young People was invited to respond to any matter in the draft report that could constitute 'adverse comment'. Their response has been considered and incorporated into this report as appropriate.

## Key terms

**Children:** Under the *Commissioner for Children and Young People Act 2016* (Tas), a child or young person is defined as a person under the age of 18 years. This report uses the term ‘children’ to refer to people aged between 0-17 years.

**Aboriginal and Torres Strait Islander:** The Commissioner acknowledges that Aboriginal people in Tasmania prefer to be collectively referred to as Aboriginal people or First Nations people. In this report, the terminology Aboriginal and Torres Strait Islander is used, as all data sources use both identifiers.

**Out-of-home care (‘care system’):** In January 2021, Australian state and territory governments agreed on a new definition of ‘out-of-home care’ (see Box 1 below). The introduction of this new, national definition of out-of-home care has had implications for data reporting and for making comparisons of data across years. The AIHW (2022) advises that:

*In 2018–19, all states and territories adopted a national definition of out-of-home care and the out-of-home care data have been back cast to 2016–17 with the national definition. Due to data revisions, data for 2016–17 and 2017–18 may differ from those published elsewhere. Data should not be compared with data published in previous versions of Child Protection Australia.*

### Box 1: National definition of out-of-home care

Out-of-home care is overnight care for children aged under 18 who are unable to live with their families due to child safety concerns. This includes placements approved by the department responsible for child protection, for which there is ongoing case management and financial payment (including where a financial payment has been offered but has been declined by the carer). Out-of-home care includes legal (court-ordered) and voluntary placements, as well as placements made for the purpose of providing respite for parents and/or carers.

Out-of-home care excludes:

- placements for children on third-party parental responsibility orders
- placements for children on immigration orders
- supported placements for young people aged 18 or over
- pre-adoptive placements and placements for children whose adoptive parents receive ongoing funding due to the support needs of the child
- placements to which a child enters and exits on the same day
- placements solely funded by disability services, psychiatric services, specialist homelessness services, juvenile justice facilities, or overnight childcare services
- cases in which a child self-places without approval by the department.

We acknowledge that the term 'out-of-home care' is not necessarily used or well understood by Tasmania's children with a care experience. Most children in 'out-of-home care' are cared for within a home, regardless of whether they are living in family-based or residential care. However, the term 'out-of-home care' is widely used and understood in Australia by those working in government and non-government organisations, and in national statistical and performance reports, and as such, it has been used in this report.

**Foster care:** A type of out-of-home care where the caregiver is authorised and provided a contribution for the cost of care by the state for the care of the child. This category excludes relatives/kin who are provided a contribution for the cost of care.

**Region:** This report makes numerous references to the 'region' of a child's placement in out-of-home care. This does not always correspond to the region in which the child lives. For example, a child may reside in Hobart but receive case management by staff in the North-West. Further, while most children in care live in Tasmania, a small number of children live in foster care, kinship care or residential care in another Australian state or territory but continue to receive case management by CSS. For foster care placements, 'region' refers to the administrative region where support is provided to carers, or the region in which the household is managed. It may not reflect the geographic location of the foster care household.

**Relative/kinship care:** A form of out-of-home care where the caregiver is:

- a relative (other than a parent); or
- considered to be a family member or a close friend; or
- a member of the child or young person's community (in accordance with their culture); and
- who is provided a contribution for the cost of care by the State for the care of the child.

For Aboriginal and Torres Strait Islander children, a kinship carer may be another Aboriginal or Torres Strait Islander person who is a member of their community or a compatible community or from the same language group.

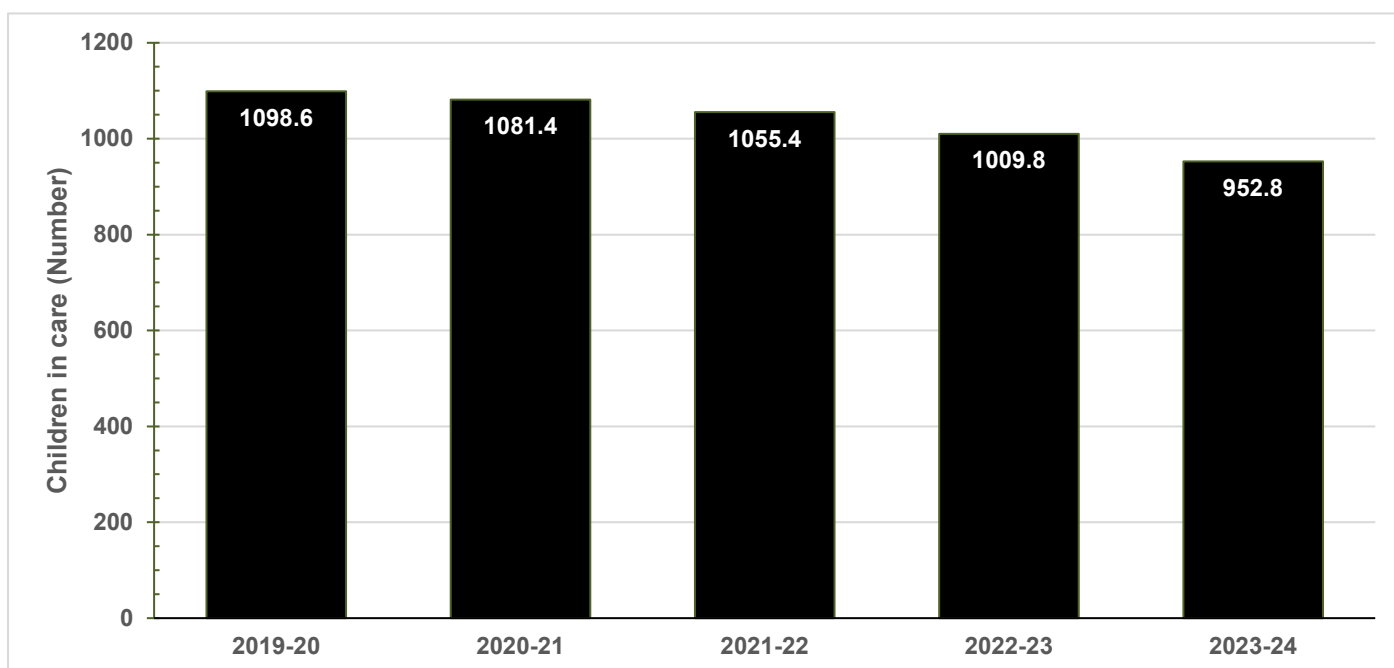
**Residential care:** Where the placement is in a residential building that exists to provide placements for children, and where there are paid staff. It appears through monitoring activities that the term 'residential care' is used by out-of-home care providers to describe care arrangements provided to children by paid staff on a rostered 24/7 basis. Within this broad definition, arrangements encompass a single child living in a house with paid staff to 2 or more children (who may or may not be related) living in a house with paid staff.

## Part 1: Children in Tasmania’s Out-of-Home Care system

### 1.1 Number of children in care

#### Daily average number of children in care

On an average day in 2023-2024 there were 952.8 children in care in Tasmania (Figure 1). Over half of children in care were case managed in the South (59.5%), and approximately one in five were case managed in the North (20.5%) or North-West (20.1%). The number of children in care in the 5 years since 2019-2020 has declined by 13.3 per cent, from 1098.6 (2019-2020) to 952.8 (2023-2024). Most children in care have been case managed through the South (58.2% in 2019-20, 59.5% 2023-2024) (see Supplemental Figure 1A).<sup>10</sup>



**Figure 1:** Daily average number of children in care in Tasmania (2019-2024). Since 2019-2020, there has been an approximately 13 per cent reduction in the number of children in care. Source: DECYP Data Request Indicator 1.

#### Number of Aboriginal and Torres Strait Islander children in care

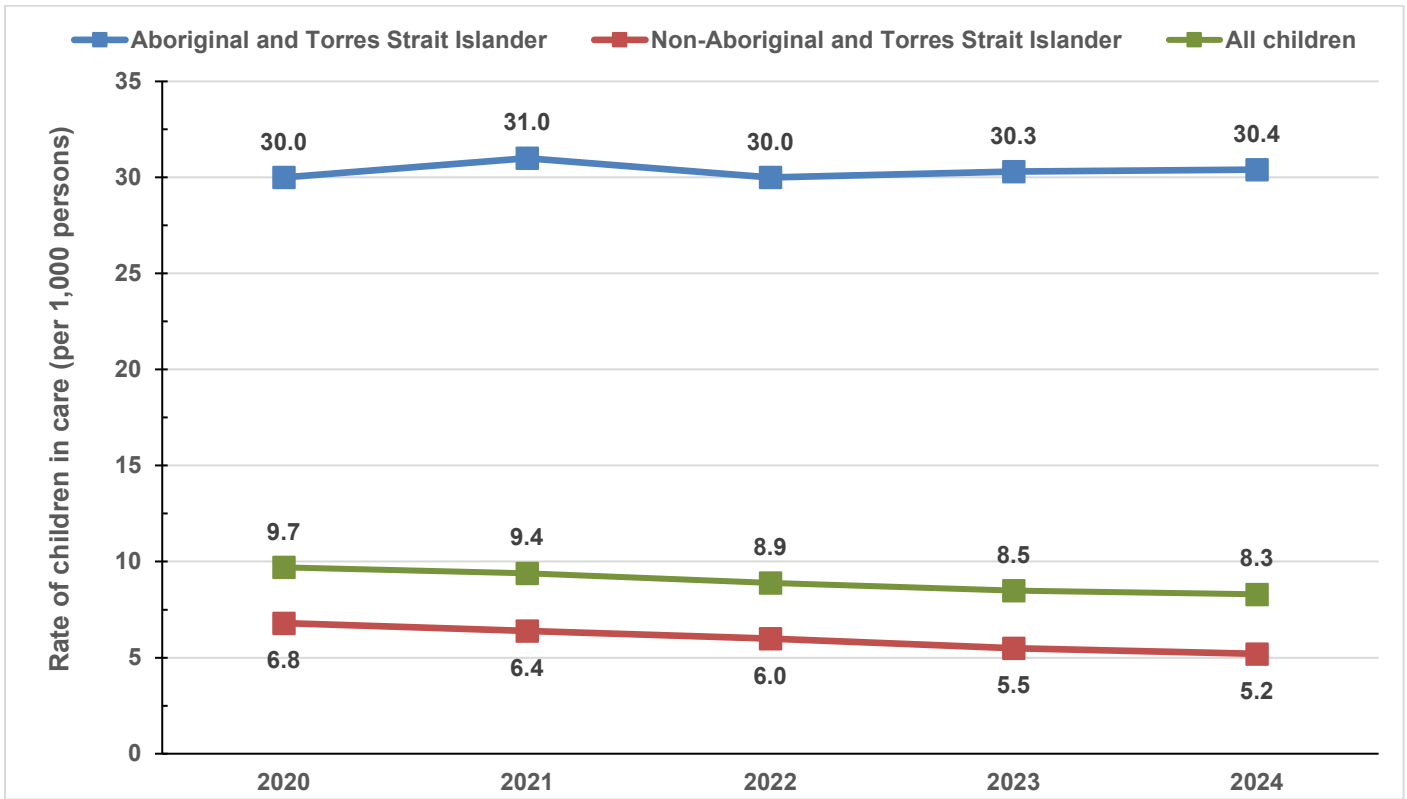
In 2023-2024, approximately 40 per cent of children in care were Aboriginal or Torres Strait Islander children. The proportion of Aboriginal and Torres Strait Islander children in care has remained relatively stable since 2019-2020 (see Supplemental Figure 1B).<sup>11</sup>

<sup>10</sup> Department for Education, Children and Young People (2024) *Quarterly Children, Youth and Families Data Request* (March 2025). Indicator 1: Daily average number of children and young people in care by Indigenous status and region (2019-2020 to 2023-2024) (*DECYP Data Request*).

<sup>11</sup> *DECYP Data Request* (n 10), Indicator: Daily average number of children and young people in care by Indigenous status and region.

## Rate of children in care per 1,000 children

As of 30 June 2024, Tasmania had the third highest overall rate of children in care nationally (8.3 per 1,000 children).<sup>12</sup> This rate was higher than the national average (7.7 per 1,000).<sup>13</sup> There has been a decrease in the rate of all children in care from 9.7 per 1,000 (at 30 June 2020) to 8.3 per 1,000 (at 30 June 2024) (Figure 2).<sup>14</sup>



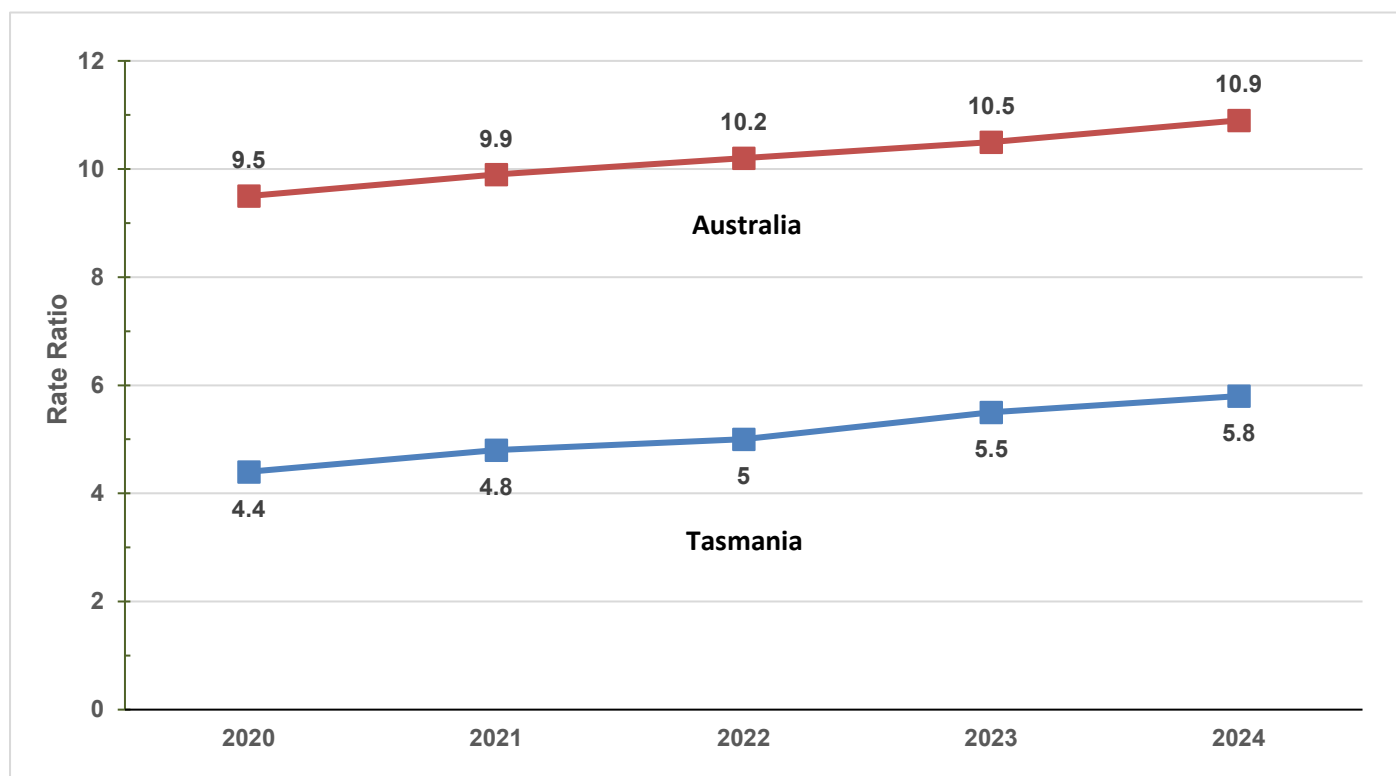
**Figure 2:** The rate of children in care in Tasmania (per 1,000 children) recorded at 30 June. Between 2020 and 2024 the rate of Aboriginal and Torres Strait Islander children in care has remained stable between 30.0 and 31.0 (per 1,000). During the same time, the rate of non-Aboriginal children in care has declined from 6.8 to 5.2 (per 1,000). Data Source: Productivity Commission Report on Government Services (RoGS), Table 16A.2.

<sup>12</sup> Productivity Commission *Report on Government Services* (Report, 30 January 2025) Part F: Section 16 Child Protection Services ('*Productivity Commission RoGS*'), Table 16A.2 Children aged 0-17 in care, by Indigenous status. Note: Tasmania has consistently had the 3<sup>rd</sup> highest overall rate of children and young people in care since 2019.

<sup>13</sup> *Productivity Commission RoGS* (n 12) Table 16A.2 Children aged 0-17 in care, by Indigenous status.

<sup>14</sup> *Productivity Commission RoGS* (n 12) Table 16A.2 Children aged 0-17 in care, by Indigenous status.

The rate of Aboriginal and Torres Strait Islander children in care in Tasmania recorded at 30 June 2024 was 30.4 (per 1,000). This rate was 5.8 times greater than the rate recorded for non-Aboriginal children (5.2 per 1,000) (see Figure 3). The rate ratio<sup>15</sup> between Aboriginal and Torres Strait Islander and non-Aboriginal children in care suggests that the over-representation of Aboriginal and Torres Strait Islander children in care increased<sup>16</sup> year-on-year from 4.4 (2019) to 5.8 in 2024 (Figure 3).<sup>17</sup>



**Figure 3:** Over representation of Aboriginal and Torres Strait Islander children in care in Tasmania (2019-2024). Since 2020, the ratio of Aboriginal and Torres Strait Islander children in care has increased from 4.4 to 5.8 times greater than the rate of non-Aboriginal children (grey line). A similar increase has been reported for the Australian average (red line). Note: Rate ratios are calculated as at 30 June of the reporting year. Data Source: Productivity Commission RoGS, Table 16A.2

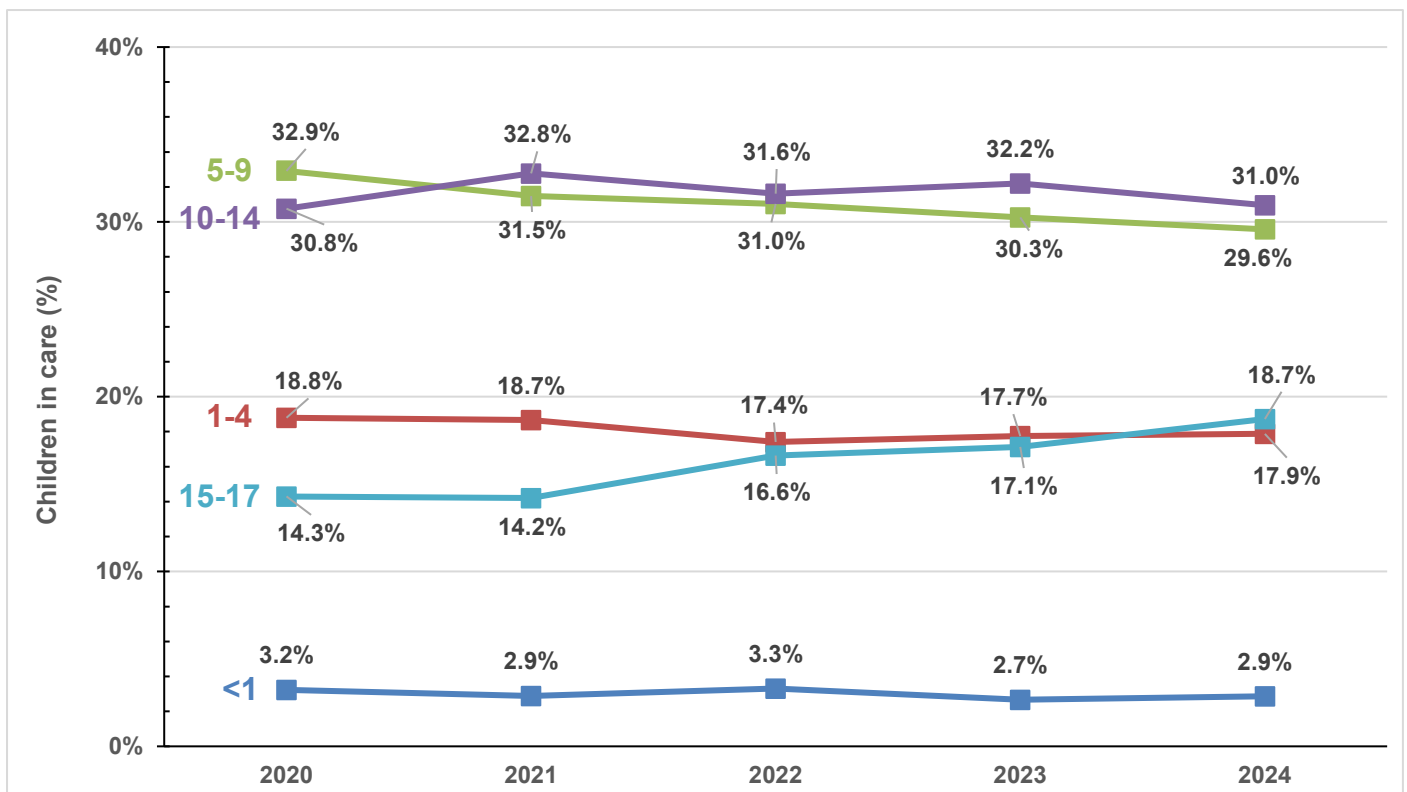
<sup>15</sup> A rate ratio (or RR) is a way to compare how often something happens in 2 groups. They are calculated by dividing the rate of children in care for Aboriginal and Torres Strait Islander children, by the rate of non-Aboriginal children in care. A RR greater than 1 suggests that Aboriginal and Torres Strait Islander children are more likely to be in care relative to the non-Aboriginal population.

<sup>16</sup> The increase in the rate ratio is likely due to there being relatively fewer non-Indigenous young people in care, rather than an increase in the rate of Aboriginal and Torres Strait Islander young people in care.

<sup>17</sup> Productivity Commission RoGS (n 11) Table 16A.2 Children aged 0-17 in care, by Indigenous status.

## 1.2 Age of children in care

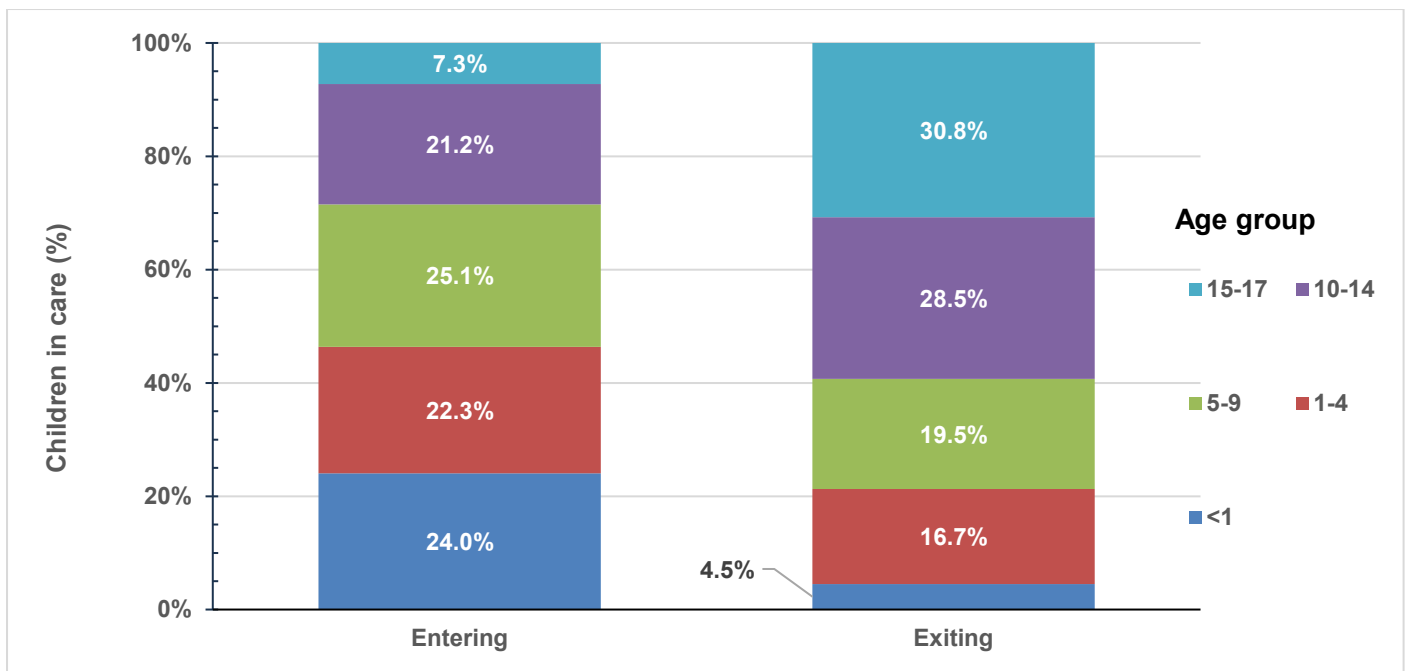
The out-of-home care system provides placements for children who are aged between 0-17 years. On 30 June 2024, the largest proportion of children in care were aged between 5 and 14 years of age (Figure 4). Of this group, most were aged between 10 and 14 years. Infants (<1 years of age) were the smallest group of children in care, making up only 2.9 per cent of the total population of children in care (Figure 4 and Supplemental Figure 1C). While there were fewer children in care overall (see Figure 1), the proportion of 15 to 17 year-olds has increased from 14.3 per cent (at 30 June 2020) to 18.7 per cent (at 30 June 2024).



**Figure 4:** Children in care (%) by age-group in Tasmania 2020 to 2024. Over half the number of children in care were aged between 5 and 14 (5-9 and 10-14 age groups). Since 2020, there has been an increase in the proportion of 15 to 17 year-olds in care. Note: age groups are shown to the left of each data set and data are calculated as of 30 June of reporting year. Source: AIHW Child Protection Reports, Table S5.5

### 1.3 Number of children entering and leaving care

In 2023-2024, 179 children aged between 0 and 17 entered (were admitted to) care in Tasmania. The largest proportion of children admitted to care were aged between 5 and 9 (25.1%), and less than one year old (24%).<sup>18</sup> In contrast, around 7.3 per cent of children entering care were aged between 15 and 17 years (Figure 5). Of the 221 children exiting care in 2023-2024, over half were between 10 and 17 years of age. Of these, nearly one in three (30.8%) were aged between 15 and 17.<sup>19</sup>



**Figure 5:** Children admitted to and exiting care by age group (2023-2024). Infants (<1 year) made up the largest proportion of children admitted to care (24.0%). In contrast, children aged 15 to 17 were more likely to be exiting care (30.8%). Source: AIHW Child Protection Reports, Tables S5.1, S5.2.

In 2023-2024, one in 2 children entering care were non-Aboriginal or Torres Strait Islander children (50.2%).<sup>20</sup> The proportion of non-Aboriginal children entering care has remained relatively stable over the 2019-2020 to 2023-2024 reporting period (Supplemental Figure 1D). In contrast, the proportion of non-Aboriginal children exiting care has decreased from around 65 per cent (2019-2020) to 50 per cent in 2023-2024 (Supplemental Figure 1D).

<sup>18</sup> Australian Institute of Health and Welfare, *Child Protection Australia 2023-2024* (Report, 25 June 2025) ('AIHW Child Protection Report'). Table S5.1 Children admitted to out-of-home care, by age group, Indigenous status and state or territory, 2023-2024.

<sup>19</sup> AIHW Child Protection Report (n 18) Table S5.2 Children discharged from out-of-home care, by age group, Indigenous status and state or territory, 2023-2024.

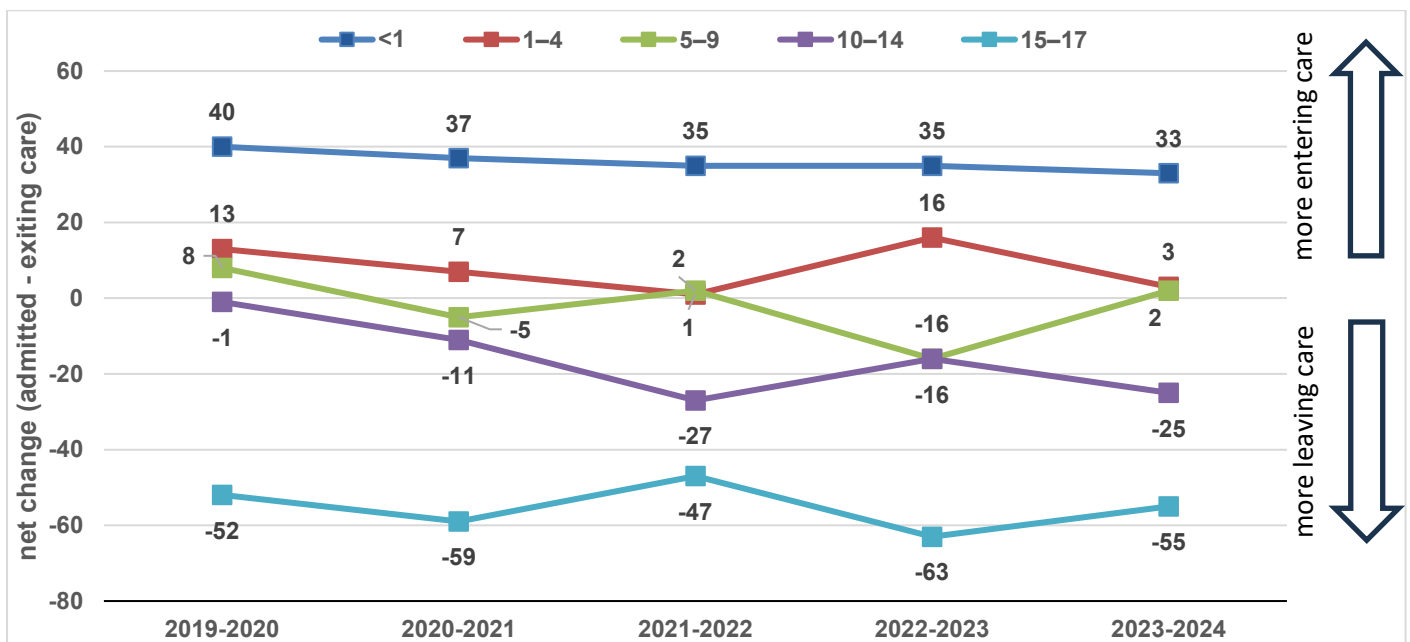
<sup>20</sup> AIHW Child Protection Report (n 18). Table S5.1. Note: in 2023-2024, 6.7% of children and young people admitted to care had 'unknown' Aboriginal and Torres Strait Islander status recorded. As a result, these figures may under report the true values.

### Comment on the unknown Aboriginal Status of children entering care

The Department is required to ensure appropriate supports are in place to assist children in care to maintain their connections with culture and community (see Spotlight on Aboriginal and Torres Strait Islander Child Placement Principle). Therefore, identifying the Aboriginal status of children entering the out-of-home care system is vital.

In 2019-2020, the Aboriginal status of nearly one in five children entering care (18.8%) was recorded as 'unknown'. Subsequently, the out-of-home care system was unable to provide appropriate supports to all Aboriginal and Torres Strait Islander children as they entered care.<sup>21</sup> In 2023-2024 there was an improvement in the recognition of Aboriginal and Torres Strait Islander children entering care, with 6.7 per cent of children having an unknown Aboriginal status.<sup>22</sup> Interestingly, in 2023-2024 the proportion of children exiting care with an unknown Aboriginal status was 3.2 per cent - possibly reflecting efforts made to identify Aboriginal and Torres Strait Islander children throughout the course of their time in care.

Since 2019-2020, there has been a net annual increase in the number of children in care amongst younger age groups (Figure 6, <1 and 1-4 years). The largest net increase was for infants (<1 year), with annual increases of between 33 and 40 recorded. Over the 5-year period from 2019 to 2024, larger numbers of older children (10-17 years) were discharged from care than were admitted, particularly in the 15-to-17 years age group.<sup>23</sup>



**Figure 6:** Net change in the number of children in care according to age-group (2019-2020 to 2023-2024). Since 2019-2020, more younger children have been admitted to care (>30 per year) than exiting care. Conversely, larger numbers of older children were leaving care. Note: A positive number in the figure above indicates more children were admitted to care over that year. Source: AIHW Child Protection Reports, Tables S5.1 and S5.2.

<sup>21</sup> Commissioner for Children Tasmania, *Monitoring Report No 1. The Tasmanian Out-of-Home Care System and "Being Healthy"* (Report, October 2019). See Recommendation 4: Making sure we know about and promote Aboriginal culture.

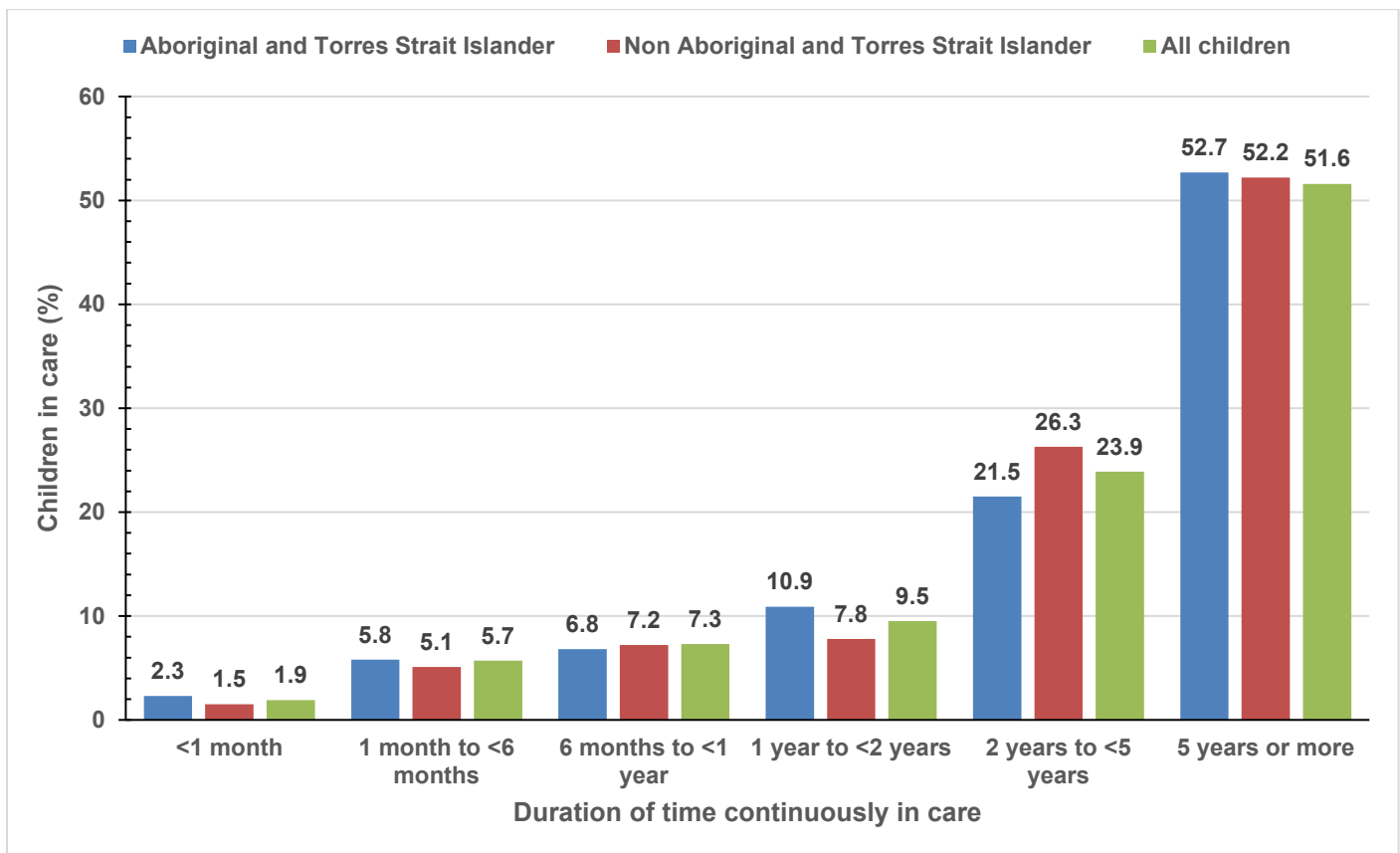
<sup>22</sup> AIHW Child Protection Report (n 18) Tables S5.1 and S5.2.

<sup>23</sup> Australian Institute of Health and Welfare *Child Protection Reports* published between (2019-2020) and (2023-2024) were used to create 5-year trend data. Data were sourced from Tables S5.1 and S5.2 of these reports.

## 1.4 Length of time children spent in care

### Length of time continuously in care

As of 30 June 2024, three quarters (75.5%) of all children in care had been in continuous care for at least 2 years (Figure 7), and over half (51.6%) had been in continuous care for at least 5 years (Figure 7). While the proportion of children with at least 2 years of continuous care decreased from 77.3% (at 30 June 2023), the proportion of children continuously in care for at least 5 years has increased from 48.5 per cent (2023) to 51.6 per cent (2024).<sup>24</sup>



**Figure 7:** Children in out-of-home care (%) by length of time continuously in care and Aboriginal status (at 30 June 2024). Over half of children in care, including Aboriginal and Torres Strait Islander children, had been in continuous care for 5 years or more. Note: Despite there being fewer numbers of children with an ‘unknown’ Aboriginal status, over 80 per cent of these children had been in continuous care for between one month to less than 2 years (data not shown). Source: AIHW Child Protection Reports, Table S5.14.

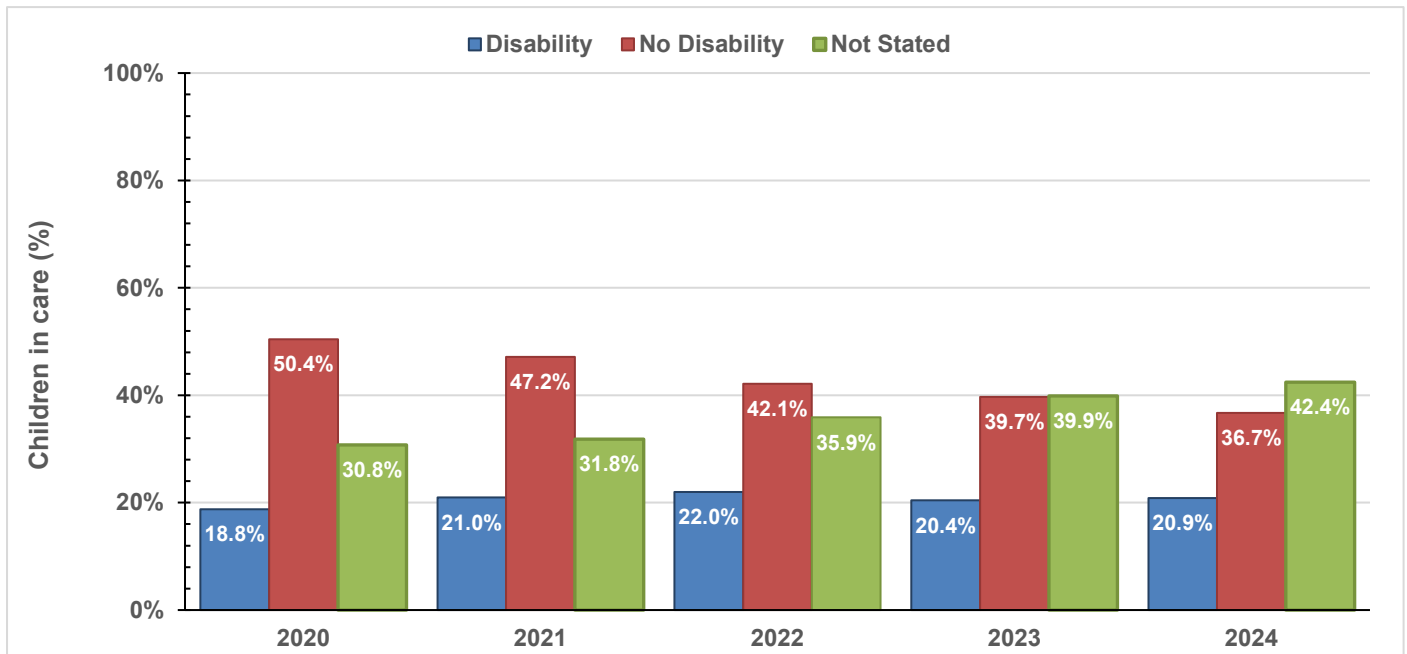
Group comparison reveals that there were relatively fewer Aboriginal and Torres Strait Islander children in continuous care for between 2 years up to 5 years (21.5%), compared to non-Aboriginal and Torres Strait Islander children (26.3%).<sup>25</sup> There were approximately equal proportions of Aboriginal and Torres Strait Islander and non-Aboriginal children in continuous care for at least five years as of 30 June 2024.

<sup>24</sup> AIHW Child Protection Report (n 18) Table S5.14: Children in out-of-home care, by length of time continuously in care, Indigenous status and state or territory, 30 June 2024.

<sup>25</sup> AIHW Child Protection Report (n 18) Table S5.14: Children in out-of-home care, by length of time continuously in care, indigenous status and state or territory.

## 1.5 Children in care with disability<sup>26</sup>

On 30 June 2024, approximately one in every 5 children (21%) in care in Tasmania were recorded as having a disability.<sup>27</sup> This figure remained relatively stable in the 5 years from 2020 to 2024 (Figure 8). Despite the apparent stability in the proportion of children recorded with a disability, it is likely that the proportion of children in care in Tasmania with a disability is greater than the reported 21 per cent, as 42.4 per cent of children in care had a disability status recorded as 'Not Stated' (Figure 8). In the 5 years between 2020 and 2024, the proportion of children with an unknown disability status has increased by 11.6 per cent from 30.8 per cent (2020) to the 42.4 per cent recorded (2024) (Figure 8, 'Not Stated').



**Figure 8:** Disability status (%) of children in care (as at 30 June 2020 to 2024). Since 2020, around one in five children in care (20%) have a recorded disability. The proportion of children with stated disability is likely a lower estimate due to the increase in the proportion of children in care without a known disability status ('Not-Noted' has increased from 30.8% in 2020 to 42.4% in 2024). Source: AIHW Child Protection reports, Table S5.8.

<sup>26</sup> There are differences in how disability is defined and measured across different Australian jurisdictions.

<sup>27</sup> AIHW Child Protection Report (n 18) Table S5.8 Children in out-of-home care, by disability status and state or territory.

## Part 2: Tasmania’s Out-of-Home Care system, 2019-2020 to 2023-2024

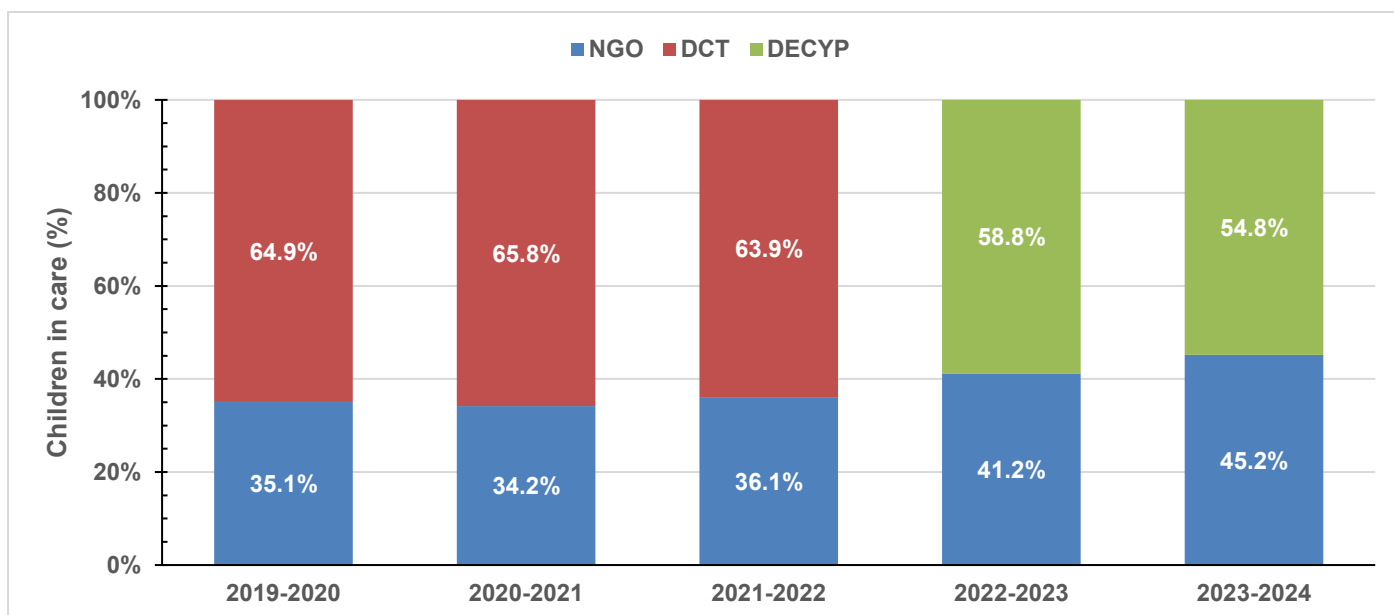
### 2.1 Out-of-home care providers

The Tasmanian Government, as represented by DECYP during the 2023-2024 reporting period, is the owner of the Tasmanian out-of-home care system.<sup>28</sup> Currently, DECYP is also the largest provider of care services.

#### Comment on the Government’s provision of care services

While DECYP is the largest provider of care services in Tasmania, a key recommendation arising from the Commission of Inquiry is for the Tasmanian Government to outsource the provision of all forms of out-of-home to the non-government sector. The Tasmanian Government recently adjusted the timeframe for implementing this change from 1 July 2026 to 2028 and has said it will determine the proportion of care provision to be provided by the non-government sector by end 2026.<sup>29</sup>

In 2023-2024, DECYP provided placements for a daily average of 522.3 children (54.8%) (Figure 9).<sup>30</sup> This represents a decrease of approximately 10 per cent in the proportion of placements provided by DECYP recorded in 2019-2020 (64.9%) (Figure 9).<sup>31</sup> The remaining placements provided to children in care were provided by a mix of for-profit and not-for-profit non-government providers.



**Figure 9:** Children (%) in care by placement provider (2019-2020 to 2023-2024). While the Tasmanian Government (DCT, DECYP) has provided most placements for children in care, there has been an increase in the proportion of placements provided by Non-Government Organisations (NGO). Note: In 2022-2023

<sup>28</sup> The responsibility for administering out-of-home care services in Tasmania was transferred from the DCT to DECYP in October 2022.

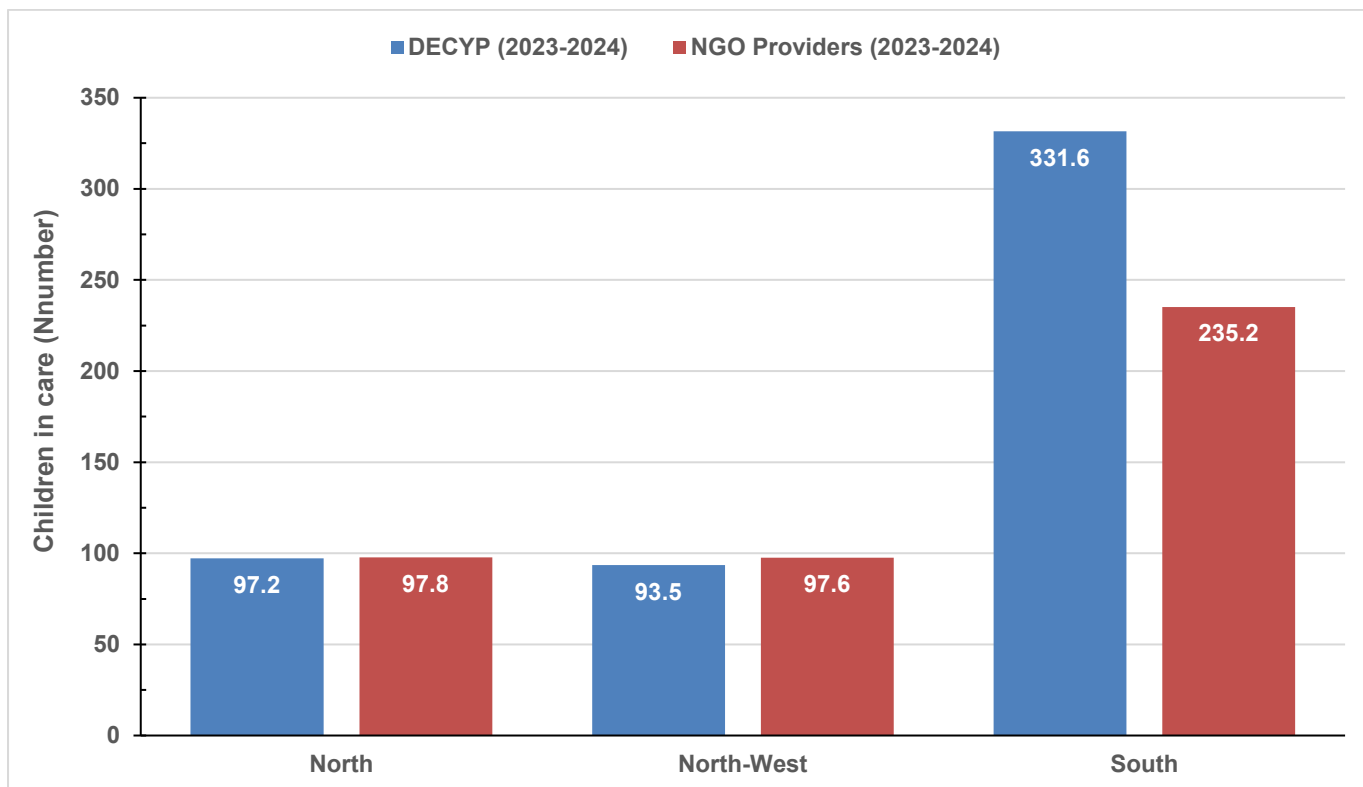
<sup>29</sup> Tasmanian Government, *Keeping Children safe: Quarterly Report 1 August to 31 October 2025* (Report, 2025) [assets.keepingchildrensafe.tas.gov.au/media/documents/COI-Recommendations-Aug-Oct-2025.pdf](https://assets.keepingchildrensafe.tas.gov.au/media/documents/COI-Recommendations-Aug-Oct-2025.pdf).

<sup>30</sup> DECYP Data Request (n 10) Indicator 9: Daily average number of children and young people in care by region and placement provider.

<sup>31</sup> DECYP Data Request (n 10) Indicator 9: Daily average number of children and young people in care by region and placement provider.

responsibility for the out-of-home care system was transferred from DCT to DECYP. Source: DECYP Data Request Indicator 9.

Regardless of provider type, most children in care were case managed in the South (59.5%) (Figure 10).<sup>32</sup> Approximately equal numbers of children were case managed in the North (20.5%) and North-West (20.1%) (see also Supplemental Figure 1A).<sup>33</sup>



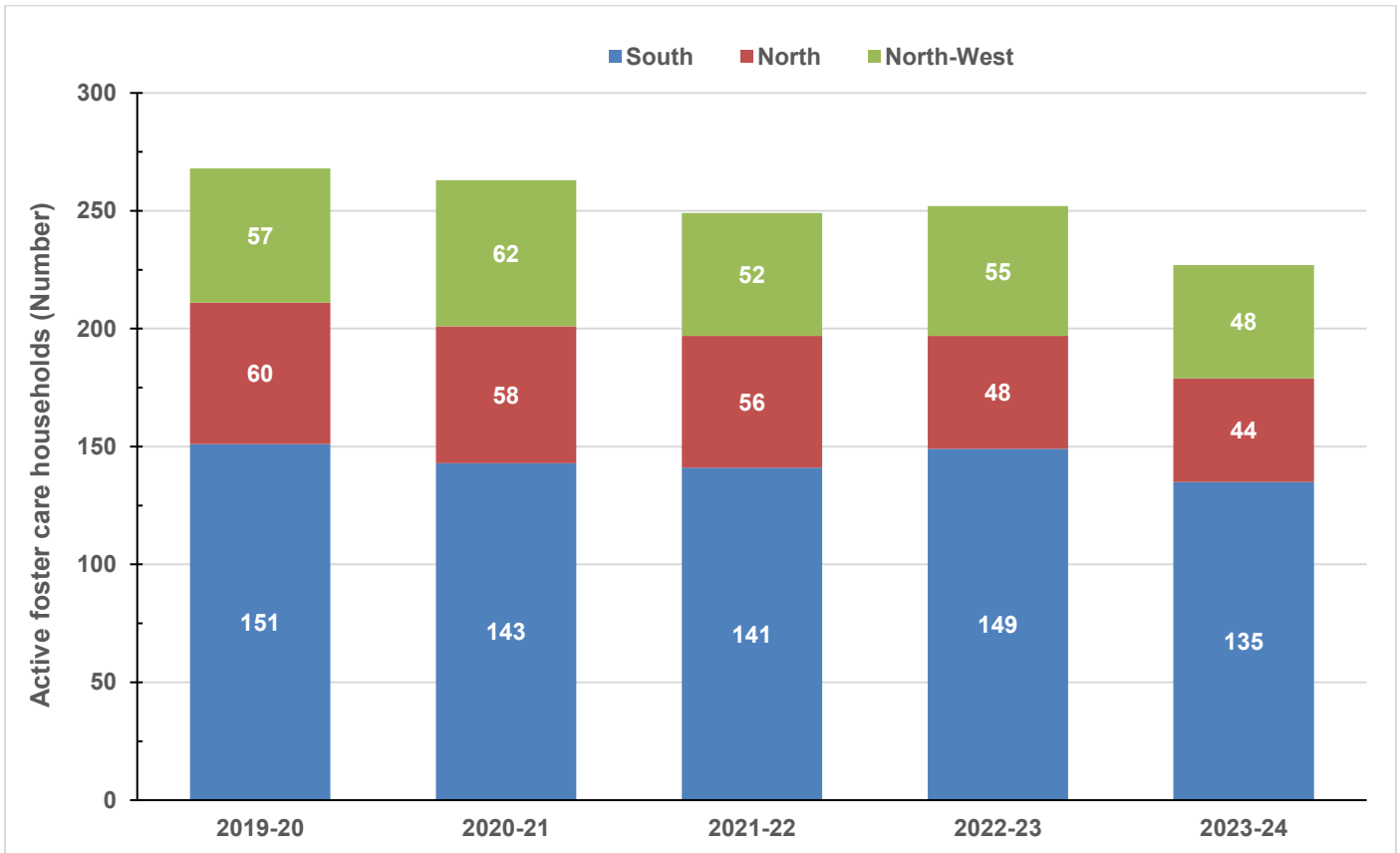
**Figure 10:** Average daily number of children in care placed with Department for Education Children and Young People (DECYP) or non-government providers (NGO) by case management region (2023-2024). Most children in care were case managed in the South. Source: DECYP Data Request Indicator 9.

<sup>32</sup> DECYP Data Request (n 10) Indicator 9: Number of children in care by region and placement provider.

<sup>33</sup> DECYP Data Request (n 10) Indicator 9: Number of children in care by region and placement provider.

## 2.2 Number of active foster care households

There were 227 active foster care households with a current foster care or respite placement in Tasmania in 2023-2024 (Figure 11).<sup>34</sup> This represents a decline of 41 active foster care households from the 2019-2020 reporting period (268 households). Despite there being fewer active foster care households in Tasmania since 2019-2020, the foster care retention rate has remained relatively stable at around 80 per cent across Tasmania (Supplemental Figure 2A).<sup>35</sup>



**Figure 11:** Number of active foster care households (2019-2020 to 2023-2024). Since 2019-2020, there has been a decline in the number of active foster care households across Tasmania. Note: Active foster care households include those providing foster care or respite placements. Source: DECYP Data Request Indicator 11.

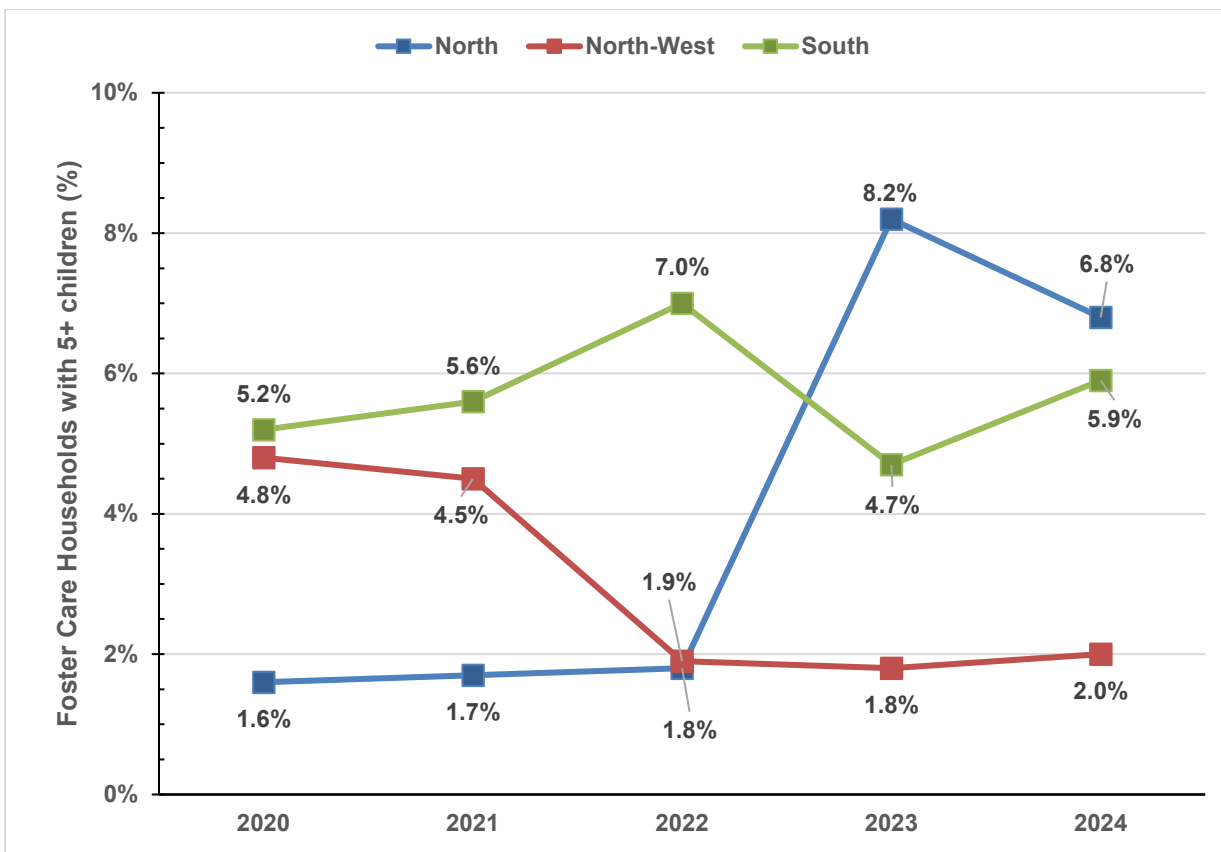
<sup>34</sup> DECYP Data Request (n 10) Indicator 11: Number of active foster care households by region.

<sup>35</sup> Department for Education Children and Young People, *Quarterly Children, Youth and Families Reports 2023-2024* (Report) Indicator 19 Foster care household retention rate. Note: According to DECYP, the retention rate refers to the proportion of current approved foster care households who remained approved to provide foster care in the 12 months prior to the reporting period.

### 2.3 Number of children per foster care household

As of 30 June 2024, most foster care households provided placement for a single child (48%), with smaller proportions of households providing placements for 2 children (24.5%), 3 to 4 children (22.3%), or 5 or more children (5.2%) (Supplemental Figure 2B).<sup>36</sup>

While this proportion has remained relatively stable in the South<sup>37</sup> (Figure 12), there has been considerable variability in the other regions.<sup>38</sup> The proportion of families with 5 or more children for the North has increased substantially from around 1.6 per cent (at 30 June 2020) to 6.8 per cent (2024). Furthermore, it is also interesting to note the four-fold increase (from 1.9 to 8.2 per cent) recorded for the North between 2022 and 2023 (Figure 12).



**Figure 12:** Foster care households (%) with more than 5 children by region (as at 30 June). Note: Caution is advised when interpreting these data, as individual data points may comprise low numbers of individual households. Source: DECYP Data Request Indicator 10.

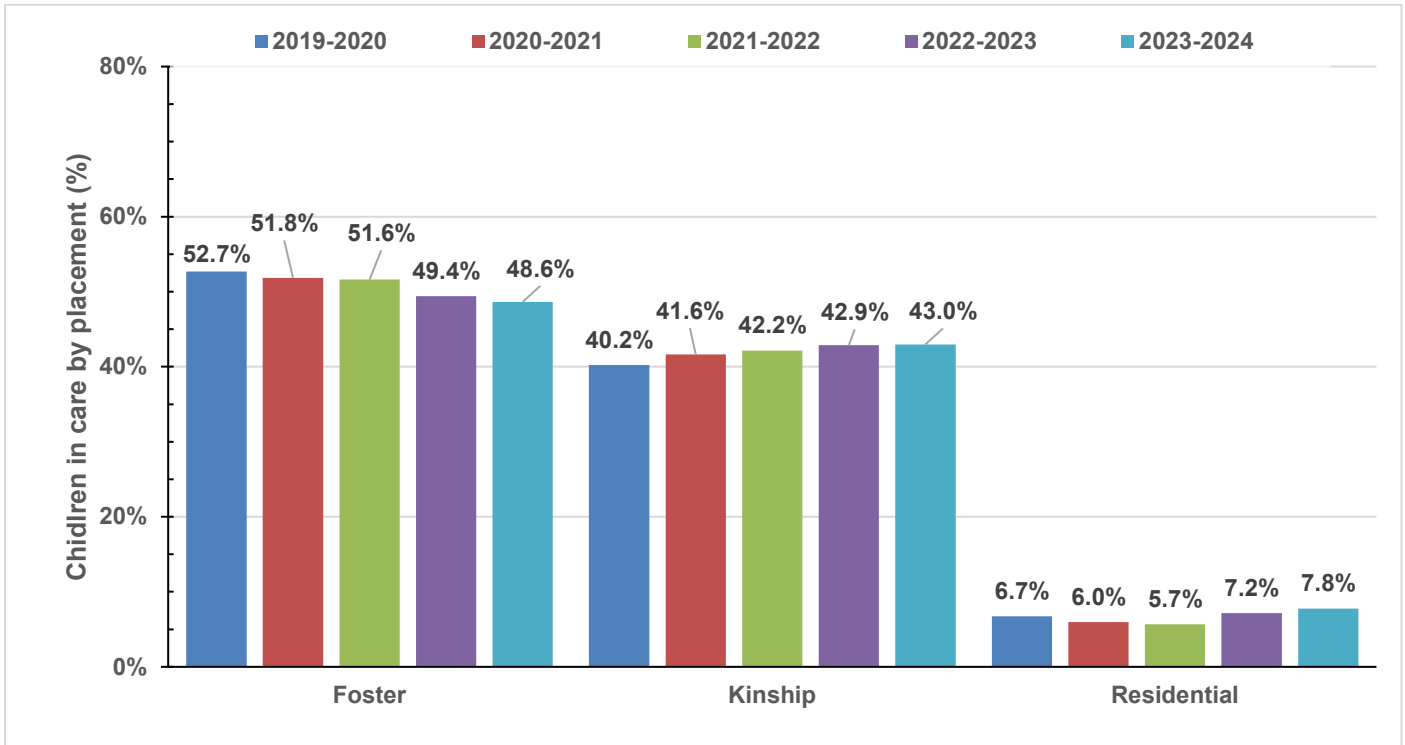
<sup>36</sup> *AIHW Child Protection Report* (n 18) Table S7.2 Foster care households with a placement at 30 June 2024, by number of foster children placed and state or territory.

<sup>37</sup> See key terms section for definition of region in the context of foster care placements.

<sup>38</sup> Caution is advised when interpreting these values as yearly data points may comprise low numbers of individual households.

## 2.4 Placement types for children in care<sup>39</sup>

In 2023-2024, more than 90 per cent of children in care were living in family-based care (foster care accounted for 48.6% and relative/kinship care accounted for 43%) delivered in private homes (Figure 13).<sup>40</sup> Since 2019-2020, there has been a small but growing proportion of children living in residential care (6.7% in 2019-2020 to 7.8% in 2023-2024) or other living arrangements including independent living (<1%).<sup>41</sup>



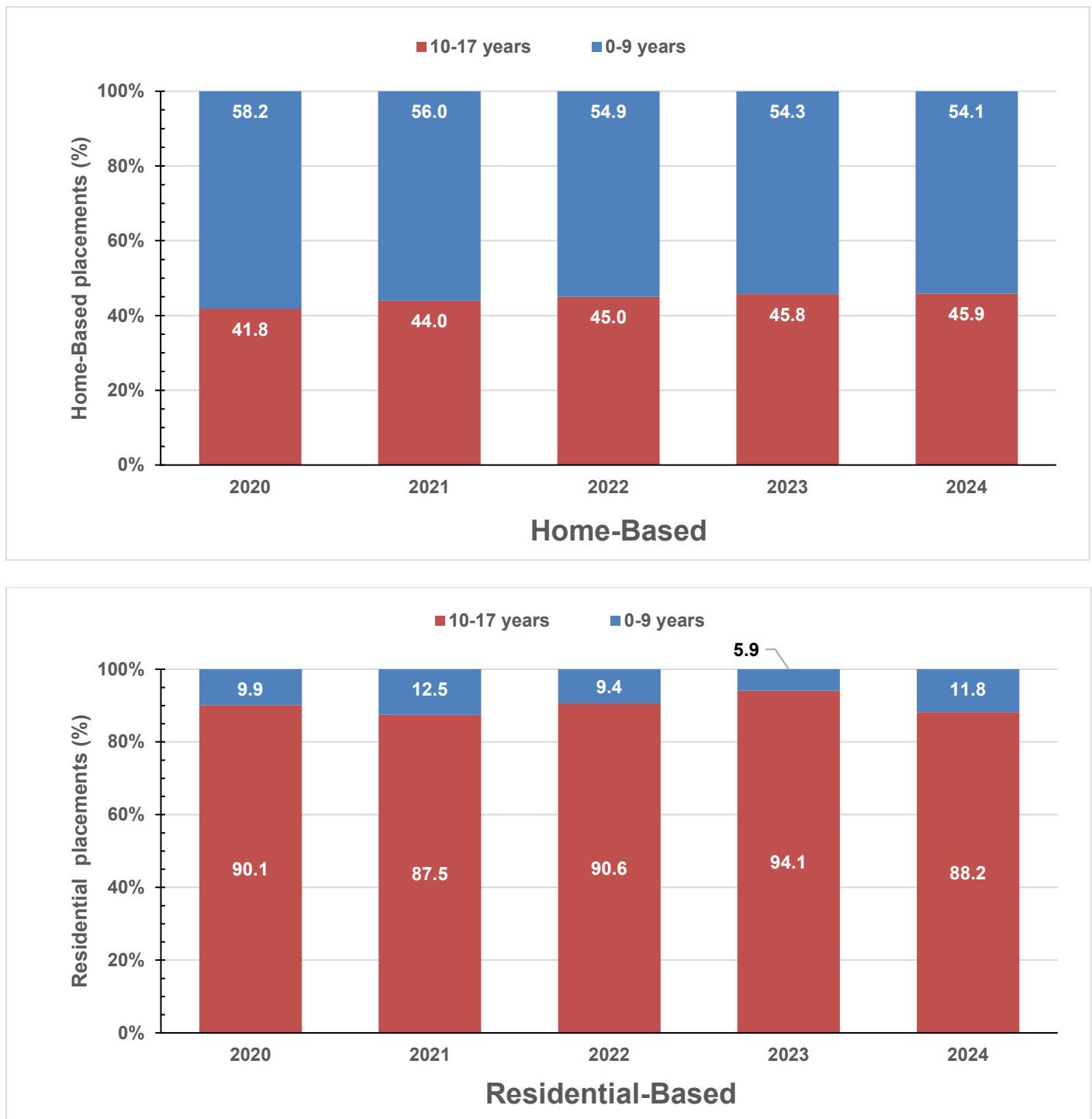
**Figure 13:** Placement types for children in care in Tasmania (2019-2020 to 2023-2024). Most children in care (>90%) were placed in either foster care or kinship care. A small proportion of children in care were placed in residential care. Less than 0.7 per cent of children in care were living independently, or in other home-based care placements (data not shown). These proportions in ‘other-care arrangements’, which includes children living independently, have remained relatively stable since 2019-2020. Source: DECYP Data Request Indicator 6.

<sup>39</sup> Further descriptions of the types of placements included in this section can be found in the Key Terms section of this report.

<sup>40</sup> DECYP Data Request (n 10) Indicator 6: Daily average number and percent of children and young people in care by placement type.

<sup>41</sup> DECYP Data Request (n 10) Indicator 6: Daily average number and percent of children and young people in care by placement type.

At 30 June 2024, most children in home-based care (foster and kinship care) were aged between 0-9 years (Figure 14 upper panel).<sup>42</sup> Although fewer in number, around one in ten children in residential-based care<sup>43</sup> were aged less than 9 years (Figure 14, lower panel).



**Figure 14:** Children in care (%) by age-group and placement type (at 30 June). While most children in home-based care were aged 0-9 years, around one in ten (11.8%) of this younger cohort had an experience of residential-based care. Note: According to the AIHW, residential-based care includes family group homes. Source: AIHW Child Protection Reports table S5.7.

<sup>42</sup> AIHW Child Protection Report (n 18) Table S5.7 Children in out-of-home care, by age group, type of placement and state or territory.

<sup>43</sup> According to the Australian Institute of Health and Welfare (AIHW), residential-based care includes family group homes.

## Spotlight on the placement of Aboriginal and Torres Strait Islander children in care

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)<sup>44</sup> is a national approach to ensuring that children remain connected to families, communities, culture and Country. These principles also require that Aboriginal and Torres Strait Islander people are central to decision-making, especially regarding decisions involving the care and protection of young Aboriginal and Torres Strait Islanders.

Under the *Safe and Supported: First Action Plan 2023–2026*,<sup>45</sup> the ATSICPP continues to guide decision-making to ensure children are placed in environments that strengthen cultural identity, community ties, and wellbeing. Placement of an Aboriginal or Torres Strait Islander child in out-of-home care is prioritised in the following way:

1. with Aboriginal or Torres Strait Islander relatives or extended family members, or other relatives or extended family members; or
2. with Aboriginal or Torres Strait Islander members of the child's community; or
3. with Aboriginal or Torres Strait Islander family-based carers.

If the above preferred options are not available, as a last resort the child may be placed with:

4. a non-Indigenous carer or in a residential setting.

If the child is not placed with their extended Aboriginal or Torres Strait Islander family, the placement must be within close geographic proximity to the child's family.<sup>46</sup>

Additional requirements include that child protection decision-makers '*exhaust all possible options at one level of the hierarchy before considering a lower-order placement*'; that placement must not occur until there has been a thorough consultation with representatives from the child's family and community to make sure all possible higher-order placement options have been considered; and regular placement review must also occur.

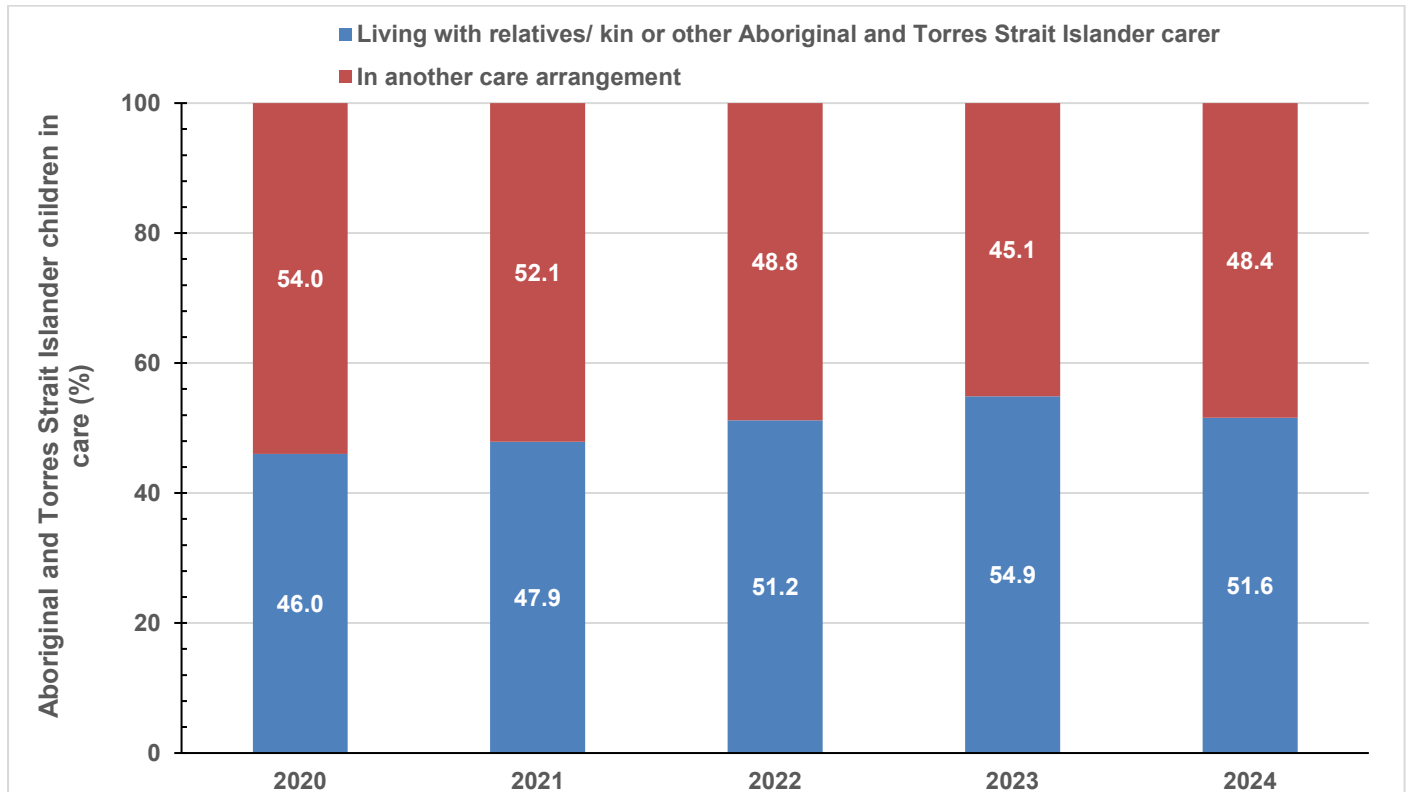
---

<sup>44</sup> For more information go to [SNAICC – What is the Child Placement Principle](#).

<sup>45</sup> Commonwealth of Australia, *Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan 2023-2026* (2022) <https://www.dss.gov.au/child-protection/resource/safe-and-supported-aboriginal-and-torres-strait-islander-first-action-plan-2023-2026>.

<sup>46</sup> Secretariat of National Aboriginal and Islander Child Care (SNAICC) *Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle: A resource for Legislation, Policy, and Program Development* (2018) [https://www.snaicc.org.au/wp-content/uploads/2017/07/Understanding\\_applying\\_ATSICCP.pdf](https://www.snaicc.org.au/wp-content/uploads/2017/07/Understanding_applying_ATSICCP.pdf).

As at 30 June 2024, just over half (51.6%) of Aboriginal and Torres Strait Islander children in care were living with Aboriginal or Torres Strait Islander relatives or kin (17.7%), with non-Aboriginal relatives or kin (24.1%), or with other Aboriginal or Torres Strait Islander caregivers (9.9%).<sup>47</sup> While there has been a general increase in the overall proportion of Aboriginal and Torres Strait Islander children living with Aboriginal or Torres Strait Islander relatives, extended family members, or Aboriginal and Torres Strait Islander care givers from 46 per cent (2020) to 54.9 per cent (2023), there was a decline to 51.6% in 2024 (Figure 15).<sup>48</sup>



**Figure 15:** Aboriginal and Torres Strait Islander children in care (%) in placements according to the ATSCIPP (at 30 June). In the reporting period, there was an annual increase in the proportion of Aboriginal and Torres Strait Islander children placed according to the ATSCIPP. However, this proportion decreased in 2024 (51.6%). Source: Productivity Commission RoGS, Table 16A.23.

<sup>47</sup> Productivity Commission RoGS (n 12) Table 16A.23. Aboriginal and Torres Strait Islander children aged 0-17 in care by relationship with caregiver.

<sup>48</sup> Productivity Commission RoGS (n 12), Table 16A.23. Aboriginal and Torres Strait Islander children aged 0-17 in care by relationship with caregiver.

## 2.5 Case management services for children in care

During the reporting period (2019-2020 to 2023-2024), there have been 2 government departments responsible for Child Safety Services, including DCT (until October 2022) and DECYP (from October 2022 onwards).<sup>49</sup> These departments have been responsible for providing case management services for all children in care in Tasmania.<sup>50</sup>

For 2023-2024, most children in care continued to receive case management services based in the South (59.5%), with smaller proportions of children receiving case management through services based in the North (20.5%) and the North-West (20.1%) respectively (see also Supplemental Figure 1A).<sup>51</sup>

### Comment on team-based case management approach for children in care

In 2023, the Commissioner for Children and Young People published *A Place at the Table*, a report on the then Commissioner's investigation into changes to case management for children in care.<sup>52</sup> According to the report, by 23 January 2023, 395 children case managed in the South had been allocated to a new team-based approach.

Updated figures from DECYP show that by June 2023, the team-based approach had expanded to include an additional team, with a daily average of 488.2 children being case managed in the South under this new approach. The data also show that team-based case management had expanded to include children managed in the North (72.4 daily average) and North-West (103.1 daily average).<sup>53</sup>

## Care Plans for children in care

Under the Tasmanian<sup>54</sup> and National Standards for out-of-home care, each child in care should have "...an individualised plan that details their health, education and other needs".<sup>55</sup>

---

<sup>49</sup> As part of the Adverse comment process, DECYP provided the following information about case management: "In 2023, industrial action significantly impacted CSS's {Child Safety Services} ability to recruit Child Safety Officers (CSOs), particularly in the Northwest region, where staffing levels dropped below 30 per cent in March 2024. The South and North regions also experienced fluctuations between 60-70 per cent. These workforce challenges directly affected the Department's capacity to meet statutory requirements and maintain consistent documentation and visitation schedules. Despite these challenges, the Department remains committed to improving outcomes for children and young people and as of June 2025, 47.4 per cent of children had approved case and care plans within the previous 12 months".

<sup>50</sup> This includes children placed with non-government organisations.

<sup>51</sup> *DECYP Data Request* (n 10) Indicator 1: Daily average number of children and young people in Care by Indigenous status and region from 2019-20 to 2023-2024.

<sup>52</sup> Commissioner for Children and Young People (Tas) *A Place at the Table: An investigation into a change to the case management of children and young people in care in Tasmania* (Report, December 2023) [www.childcomm.tas.gov.au/young-people/a-place-at-the-table](http://www.childcomm.tas.gov.au/young-people/a-place-at-the-table) ('*A Place at the Table*').

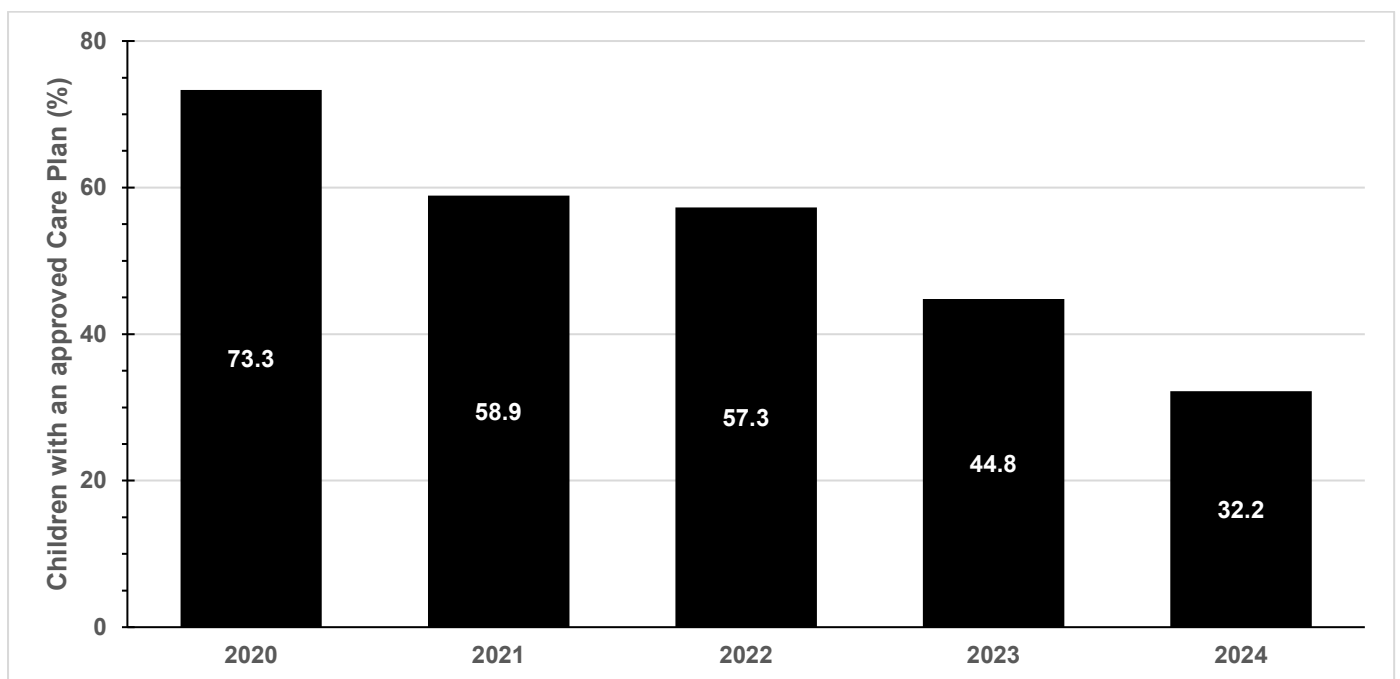
<sup>53</sup> *DECYP Data Request* (n 10) Indicator 17a and 17b: Number of children and young people in OOHC in the South, assigned to a case management team, Number of children and young people in OOHC in the North or North-West assigned to team-based case management.

<sup>54</sup> *Tasmanian Out of Home Care Standards* (2022), see Standard 5: Participating: Children and young people are engaged with their peer and community; have a say in decisions that affect them, understand their rights and are able to effectively express their views and raise concerns about the things that matter to them.

<sup>55</sup> Australian Government Department of Social Services *National Standards for out-of-home care* (2011) [www.dss.gov.au/outline-national-standards-out-home-care-2011/national-standards-out-home-care](http://www.dss.gov.au/outline-national-standards-out-home-care-2011/national-standards-out-home-care) ('*National OOHC Standards*').

Having an approved Care Plan is critical to ensuring children in care are given opportunities to actively participate in their care, to be involved in decisions about their lives, and to have some sense of stability and security during their time in care.<sup>56</sup> Failing to provide opportunities for children to be active participants in their care risks undermining their emotional development and self-esteem,<sup>57</sup> and is inconsistent with their right to have their views respected under the United Nations Convention on the Rights of the Child (UNCRC).<sup>58</sup>

As at 30 June 2024, around one in three children in care<sup>59</sup> (32.2%) had an approved Care Plan (Figure 16).<sup>60</sup> Relatively more children case managed in the North (51.2%) and North-West (46.0%) had an approved Care Plan by region. Only around one in five (19.9%) children case managed in the South had an approved Care Plan (see Supplemental Figure 2C).



**Figure 16:** Children (%) in care with an approved Care Plan (as of 30 June). Since 2020, there has been a marked reduction (-41%) in the proportion of children with an approved Care Plan. Source: Productivity Commission RoGS, Table 16A.24

Since 2020, there has been a marked decline in the proportion of children with an approved Care Plan (-41%) across Tasmania.<sup>61</sup> This decline has been recorded across Tasmania, including the North (-17%), North-West (-26.6%) and South (-57.6%) (Supplemental Figure 2C).<sup>62</sup>

<sup>56</sup> *National OOH Standards* (n 55), see Standard 1: Children and young people will be provided with stability and security during their time in care, Standard 2: Children and young people participate in decisions that have an impact on their lives. and Standard 4: Each child and young person has an individualised plan that details their health, education and other needs.

<sup>57</sup> *National OOH Standards* (n 55).

<sup>58</sup> *United Nations Convention on the Rights of the Child*, GA Res 44/25, (20 November 1989) ('*UNCRC*'). Refer to Article 12 and Article 13.

<sup>59</sup> Under guardianship and custody orders.

<sup>60</sup> *Productivity Commission RoGS* (n 12) Table 16A.24 Children aged 0-17 with documented case plans, by Indigenous status. Note: Tasmania 'case plans' are referred to as 'Care Plans'.

<sup>61</sup> *Productivity Commission RoGS* (n 12) Table 16A.24 Children aged 0-17 with documented case plans, by Indigenous status.

<sup>62</sup> *DECYP Data Request* (n 10) Indicator 12 Percent of children and young people in OOH with a current or approved care plan by region.

In the previous monitoring report,<sup>63</sup> DECYP acknowledged a change towards a ‘new model of care’, which included a change to case management for some children in care.<sup>64</sup> Based on the data presented in Figure 16 above and in Supplemental Figure 2C, significant challenges persist in ensuring all children have an approved Care Plan.

## Care Team records

Children should be supported during their time in care through an active Care Team. According to DECYP a Care Team is “... a team of key people important in the life of a child or young person”.<sup>65</sup>

Care Teams play a vital role in working with the child to identify their needs and hear their views and wishes during their time in care. There is no ‘standard’ Care Team, however, in addition to a member of the Child Safety Service, a child’s Care Team can include family, friends, and professionals (such as an Aboriginal service representative, advocate, healthcare professional or teacher) involved in the child’s life.<sup>66</sup> Care Team meetings include conversations about what is going well, and how to address any concerns and worries the child may have. Care Teams are responsible for working with the child to generate a ‘Care Team record’. Upon completion of a Care Team meeting, a case note is generated and attached to the child’s record.<sup>67</sup> Taken together, these documents outline the child’s needs during their time in care.

Despite a lack of accurate data about the numbers of children in care with an active Care Team, in 2023-2024, just over one in three children (36.9%) in Tasmania had a Care Team record on file with DECYP.<sup>68</sup> A larger proportion of children case managed in the North (40.9%) and North-West (41.5%) had a Care Team record, compared to those case managed in the South (33.9%).<sup>69</sup>

Furthermore, the available data suggests that there have been modest improvements in the proportion of children with a “Care Team case note recorded”. In 2023-2024, around two-thirds (64.7%) of children had a case note recorded by DECYP (an increase from 56.8% in 2022-2023).<sup>70</sup>

## Visits to children by Child Safety Officers<sup>71</sup>

The CSS is responsible for ensuring visits with each child placed under a Child Protection Order. According to DECYP policy, visits are a shared responsibility between the CSS and other people

---

<sup>63</sup> *Monitoring Report 2 (Second Edition)* (n 1)

<sup>64</sup> *A Place at the Table* (n 52)

<sup>65</sup> Department for Education, Children and Young People *Child Safety Service Care Teams* (Webpage, 21 Sept 2023) [www.decyp.tas.gov.au/safe-children/guide-to-tasmanias-child-safety-services/child-safety-service-care-teams](http://www.decyp.tas.gov.au/safe-children/guide-to-tasmanias-child-safety-services/child-safety-service-care-teams). (‘DECYP Care Teams’).

<sup>66</sup> *DECYP Care Teams* (n 65).

<sup>67</sup> Care Team records are included as part of the Care Team case note.

<sup>68</sup> *DECYP Data Request* (n 10) Indicator 13: Percent of children and young people in OOHC with an active Care Team by region.

<sup>69</sup> *DECYP Data Request* (n 10) Indicator 13: Percent of children and young people in OOHC with an active Care Team by region.

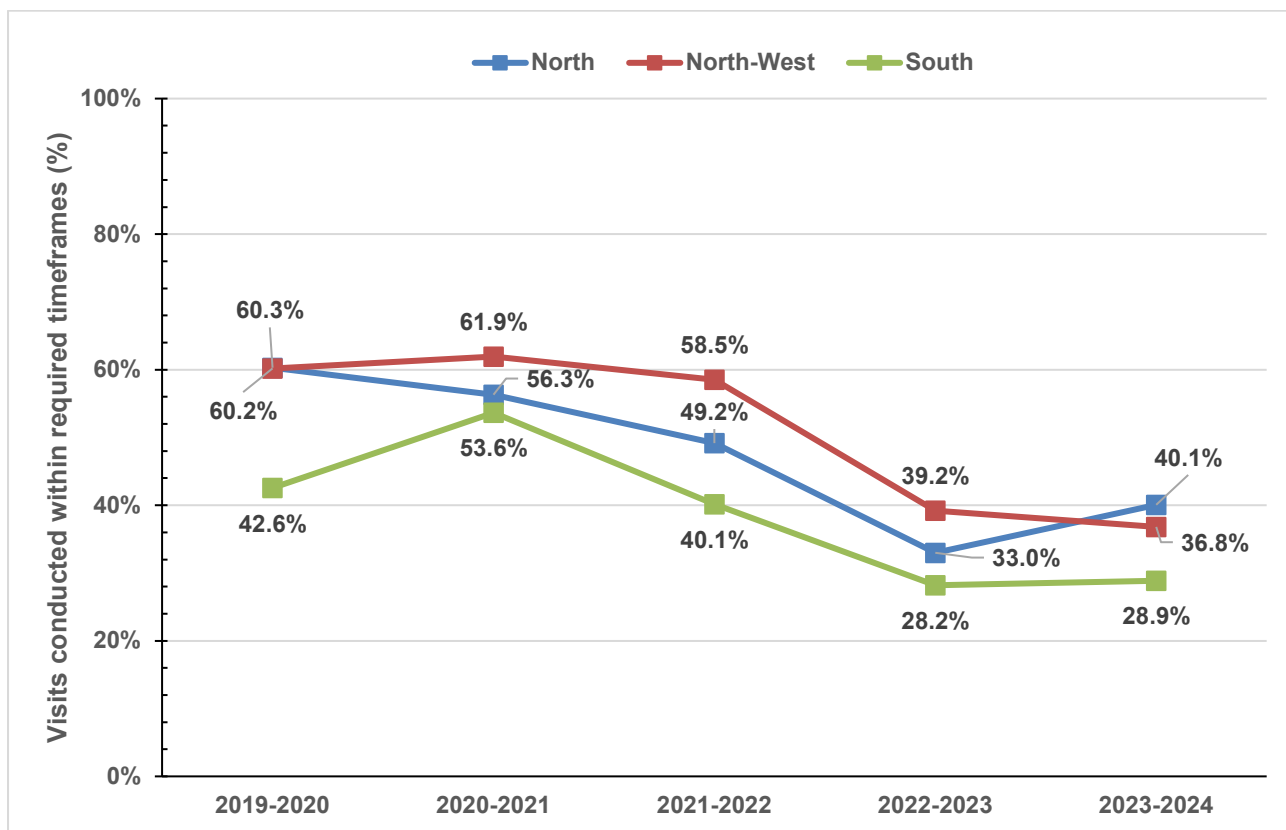
<sup>70</sup> *DECYP Data Request* (n 10) Indicator 13: percent of children and young people in OOHC with an active care team by region.

<sup>71</sup> As part of the Adverse Comment Process under s21 of the CCYP Act, DECYP stated “...[visits] are recorded as case notes in the Child Protection Information System. Caution should be exercised when interpreting visit data, including the type of worker undertaking visits, due to the potential for misclassification of case notes”.

in the child's Care Team network.<sup>72</sup> The type of legal order and the child's individual circumstances are considered in determining visit frequency. Visits are commonly set at weekly, four-weekly, or six-weekly intervals.<sup>73</sup>

Visits by Child Safety Officers are essential for many reasons - most importantly, to ensure the child's safety, that they have access to the services and supports they need to be well, and that their views are heard and considered in decisions that affect them.

In 2023-2024, one in three (33.5%) of all visits to children in care were conducted within required timeframes.<sup>74</sup> More visits in the North (40.1%) and North-West (36.8%) were conducted within required timeframes compared to the South (28.9%) (Figure 17). Between 2019-2020 and 2022-2023, there was a general decline in the proportion of visits conducted within required timeframes across Tasmania (Figure 17). While the proportion of visits continued to decline for the North-West (-2.4%), the other 2 administrative regions either reported a marginal (+0.7%, South) or modest increase (+7.1%, North) in 2023-2024.<sup>75</sup>



**Figure 17:** Visits (%) conducted within required timeframes (2019-2020 to 2023-2024). In the reporting period there was a general decline in the proportion of visits conducted within required timeframes across Tasmania. Source: DECYP Data Request Indicator 14.

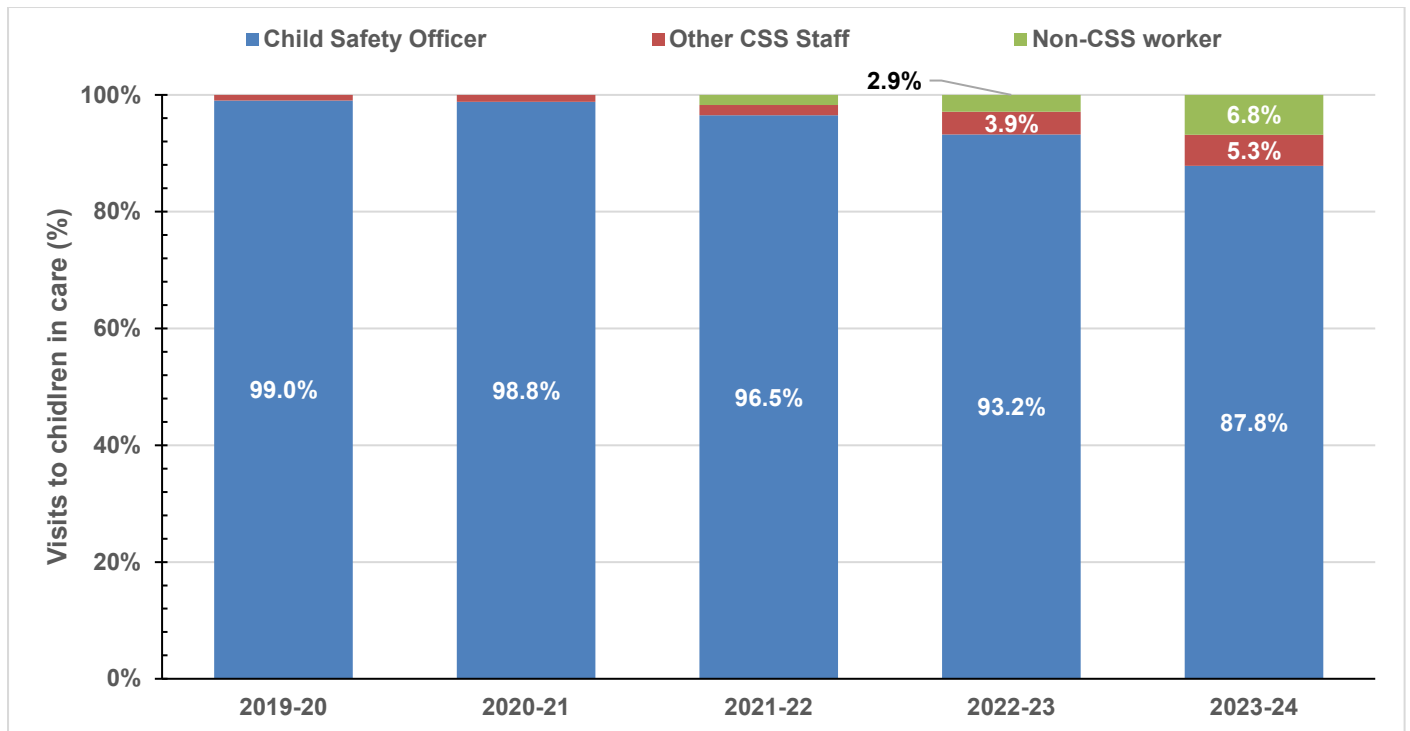
<sup>72</sup> Department for Education Children and Young People *Visiting Children and Young People on Orders* (Procedure, D22/50301, 10 May 2022).

<sup>73</sup> Department for Education, Children and Young People *Visiting Children and Young People on Orders* (Procedure, D22/50301, 10 May 2022).

<sup>74</sup> DECYP Data Request (n 10) Indicator 14: Percent visits conducted with children in OOHC within required timeframes by worker type and by region.

<sup>75</sup> DECYP Data Request (n 10) Indicator 14: Percent visits conducted with children in OOHC within required timeframes by worker type and by region.

While most visits to children in care are performed by Child Safety Officers, there has been a recent increase in the proportion of visits conducted by other Child Safety Staff (e.g. Practice Leaders / Practice Managers) and by non-Child Safety Service (non-CSS) workers (see 2022-2023 and 2023-2024 in Figure 18).<sup>76</sup> It is possible that visits to children by non-CSS workers reflect the DECYP’s change in approach to case management and the implementation of the new Care Team model of care.<sup>77</sup>

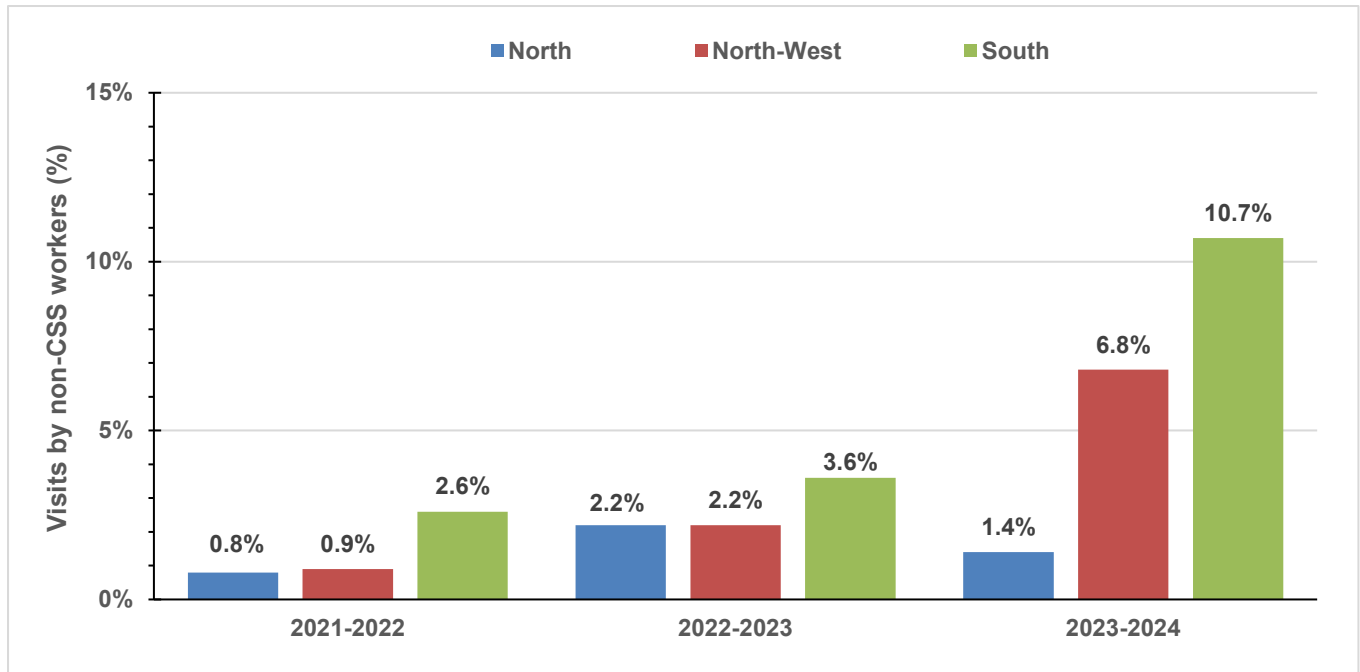


**Figure 18:** Visits to children (%) by worker type (2019-2020 to 2023-2024). Visits are conducted by a range of Child Safety Service (CSS) and non-Child Safety Service (non-CSS) workers. While most visits continue to be performed by Child Safety Officers, there has been a recent emergence of using non-CSS staff (6.8% in 2023-2024) to conduct visits. Note: Other CSS staff include Practice Leaders, Practice Managers and Senior Practice Consultants (2019-2021). Source: DECYP Data Request Indicator 14.

<sup>76</sup> DECYP Data Request (n 10) Indicator 14: Percent visits conducted with children in OOHC within required timeframes by worker type and by region.

<sup>77</sup> As part of the Adverse Comment process, the Department stated, “...[current] practice advice indicates that in certain circumstances, it may be preferable for a member of the care team, other than the CSS worker, to undertake visits with the child or young person. This typically occurs when the child has a stronger, more trusting relationship with a care team member who provides therapeutic or support-based services. These individuals are often from external organisations working closely with the child and are well-positioned to engage meaningfully during visits.”

Between 2021-2022 and 2023-2024<sup>78</sup> the proportion of visits conducted by non-CSS workers has increased across Tasmania (Figure 19). This increase is most evident for the South, where visits by non-CSS workers increased from 2.6% (2021-2022) to 10.7% (2023-2024).<sup>79</sup>



**Figure 19:** Visits to children by non-CSS workers by case management region (2021-2022 to 2023-2024). Source: DECYP Supplemental Data: Indicator: Per cent of all visits conducted for children on care and protection order which were conducted by non-CSS workers, by region. Data Source: DECYP Additional Data Request Indicator: Per cent of all visits conducted for children on care and protection orders which were conducted by non-CSS workers, by region.

<sup>78</sup> According to data supplied by DECYP, there were no visits conducted by non-CSS workers between 2019-2020 and 2020-2021.

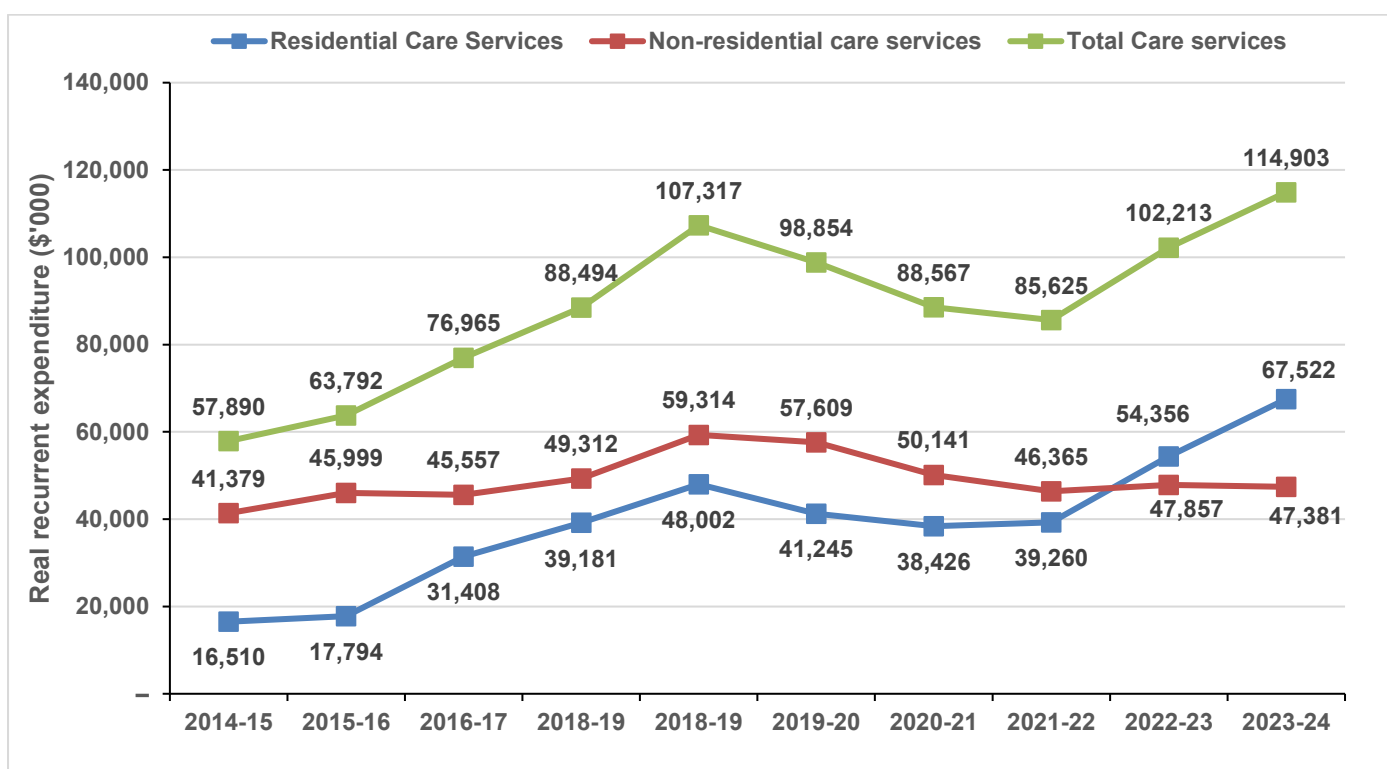
<sup>79</sup> As part of the Adverse Comment process, DECYP supplied additional data relating to the per cent of all visits conducted for children on care and protection orders which were conducted by non-CSS workers, by region (17 October 2025).

## Part 3: The Tasmanian Government’s investment in the Out-of-Home Care system

This section of the report focuses on the Tasmanian Government’s expenditure on the out-of-home care system. In the 5 years between 2019-2020 and 2023-2024, there has been a general increase in Government expenditure on the out-of-home care system. Most of this increase in spending has been directed towards Residential Care Services (see Figure 20 and Figure 22).

### 3.1 Expenditure on care services

Government investment in care services has generally increased in the 10 years between 2014-2015 to 2023-2024 (Figure 20).<sup>80</sup> Total Government expenditure has increased by 29.3 million between 2021-2022 and 2023-2024, driven largely by investment in Residential Care services (28.3 million increase).<sup>81</sup>

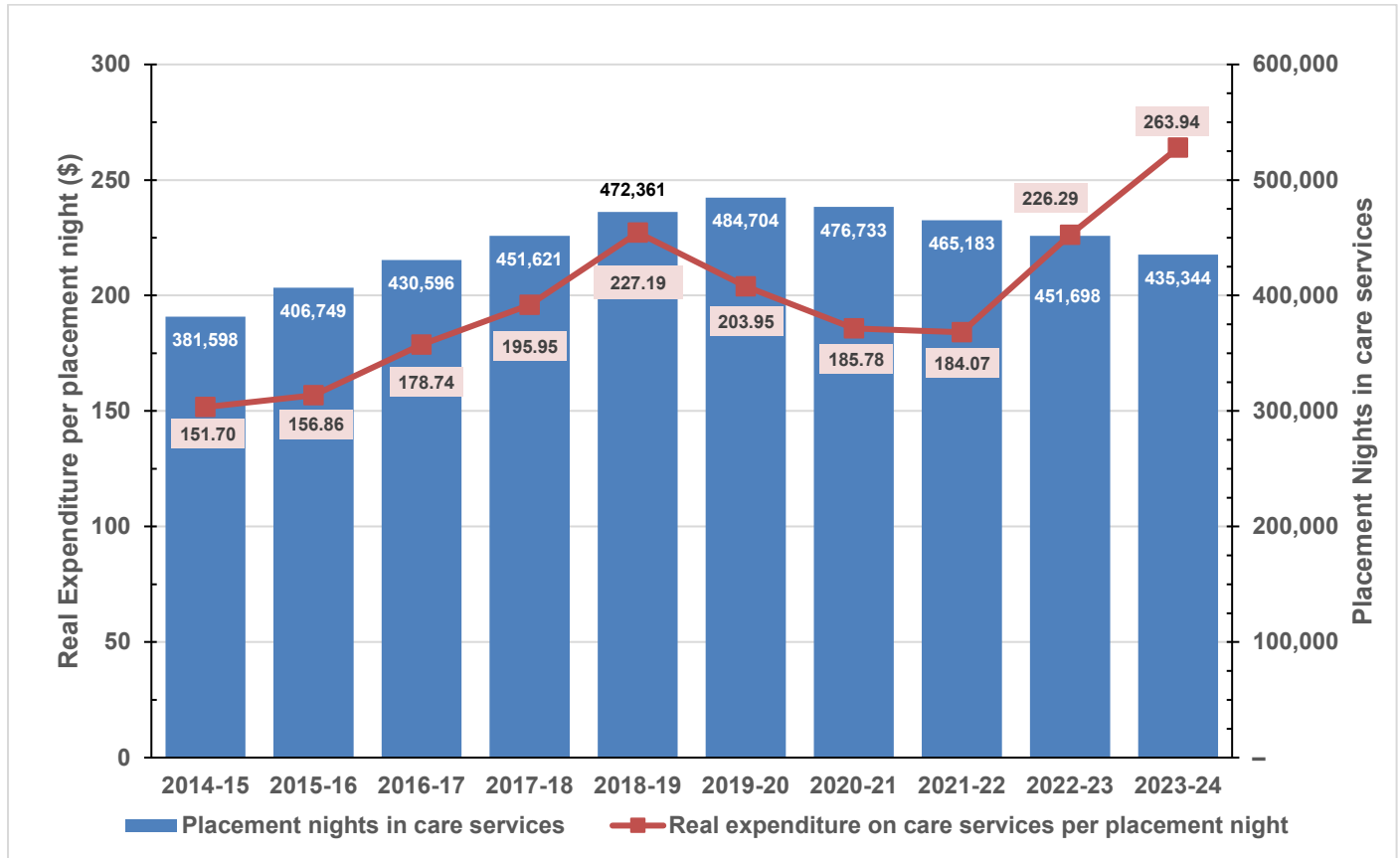


**Figure 20:** Tasmanian Government real recurrent expenditure on care services (2023-2024 dollars), 2014-2015 to 2023-2024. Between 2021-2022 and 2023-2024, there has been an increase in total care service expenditure driven primarily by increased funding of residential care services. Source: Productivity Commission RoGS, Table 16A.37.

<sup>80</sup> Productivity Commission RoGS (n 12) Table 16A.37 State and territory government real recurrent expenditure on care services, 2023-2024 dollars.

<sup>81</sup> Productivity Commission RoGS (n 12) Table 16A.37 State and territory government real recurrent expenditure on care services, 2023-2024 dollars.

Consistent with there being fewer children in care in Tasmania (Figure 1), there has been a corresponding decrease in the total number of placement nights in care services between 2019-2020 and 2023-2024 (Figure 21, columns). Despite providing fewer placement nights, there has been a 29.4 per cent increase in the 'unit-cost'<sup>82</sup> of care from \$203.95 (in 2019-2020) to \$263.94 (in 2023-2024).<sup>83</sup>

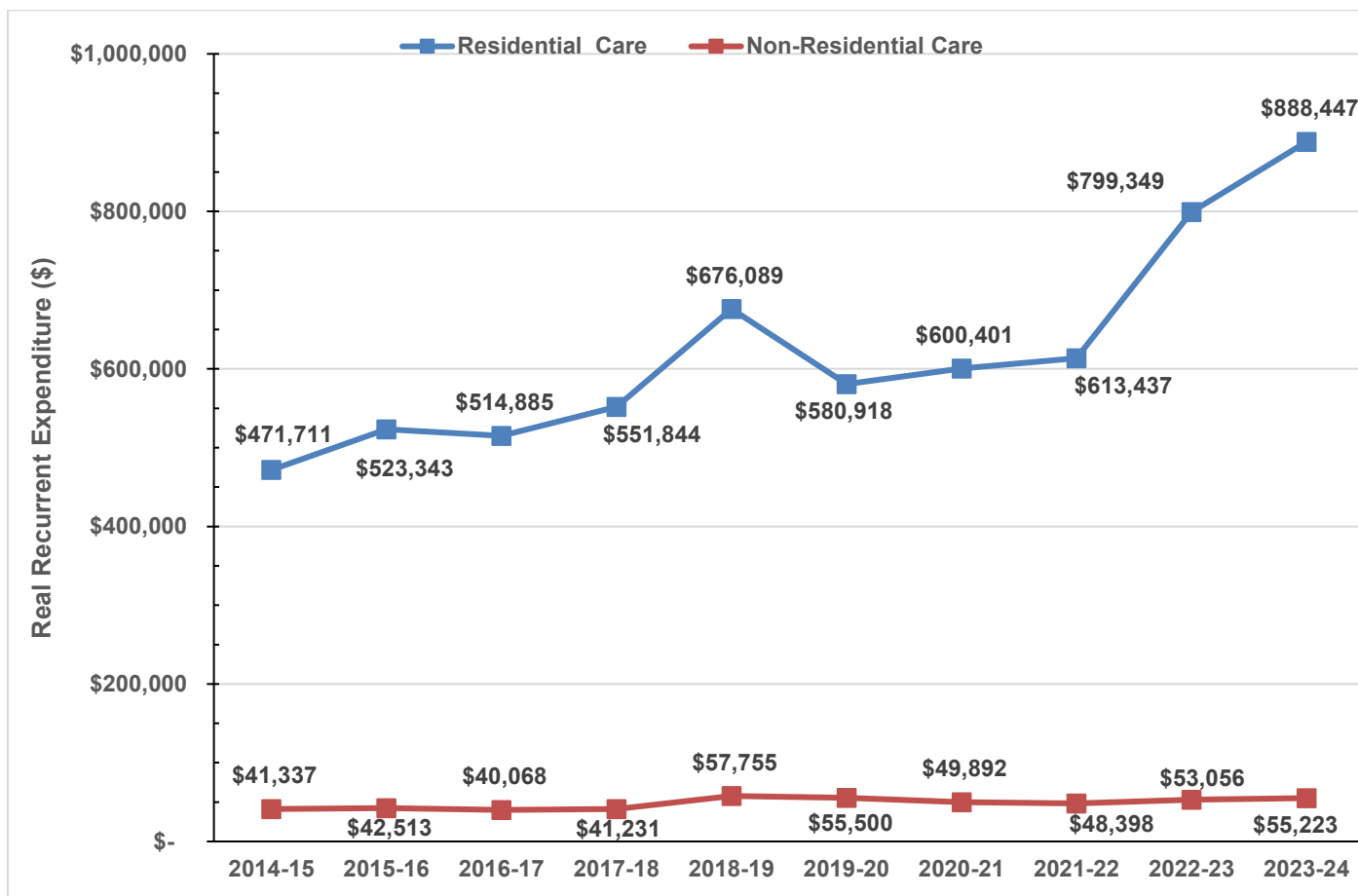


**Figure 21:** Tasmanian Government real recurrent expenditure on care services per placement night as at 30 June (2023-2024 dollars). There has been an increase in expenditure per placement night from \$184 (2021-22) to \$264 (in 2023-2024). Source: Productivity Commission RoGS, Table 16A.36.

<sup>82</sup> The unit cost of care refers to the amount of money the Government spends per placement night as at on 30 June.

<sup>83</sup> Productivity Commission RoGS (n 12) Table 16A.36 Expenditure on care services, 2023-2024 dollars.

Since 2019-2020, overall investment by the Tasmanian Government per child for non-residential care has remained relatively stable at around \$55,500 per child (Figure 22). In contrast, there has been a 53 per cent increase in real Government investment for residential care services, from around \$581,000 (2019-2020) to \$888,000 (2023-2024).<sup>84</sup>

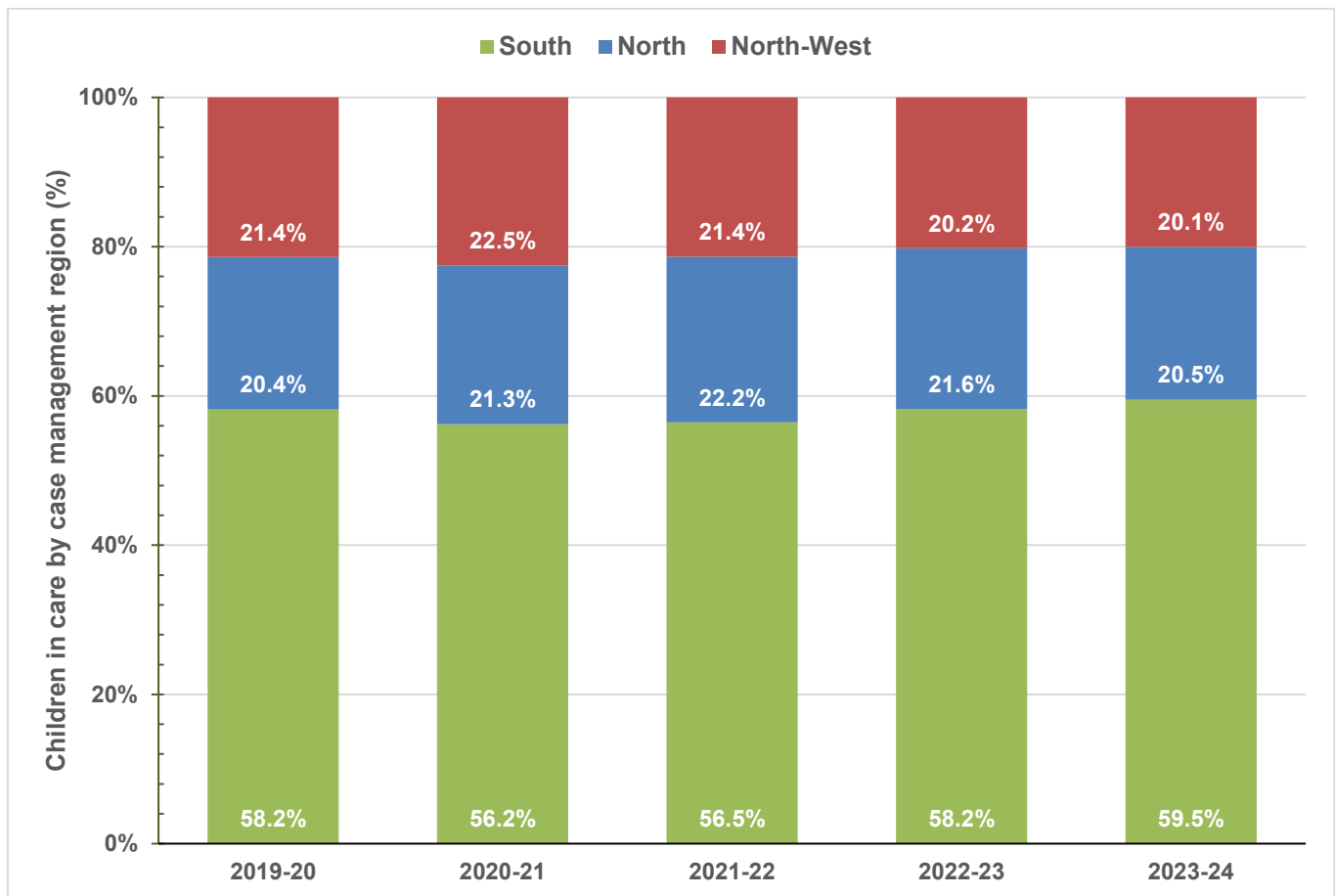


**Figure 22:** Tasmanian Government real recurrent expenditure on care services per child in care (as of 30 June, 2023-2024 dollars), 2014-2015 to 2023-2024. Between 2019-2020 and 2023-2024 there has been a 53 per cent increase in expenditure on residential care. Source: Productivity Commission RoGS, Table 16A.37.

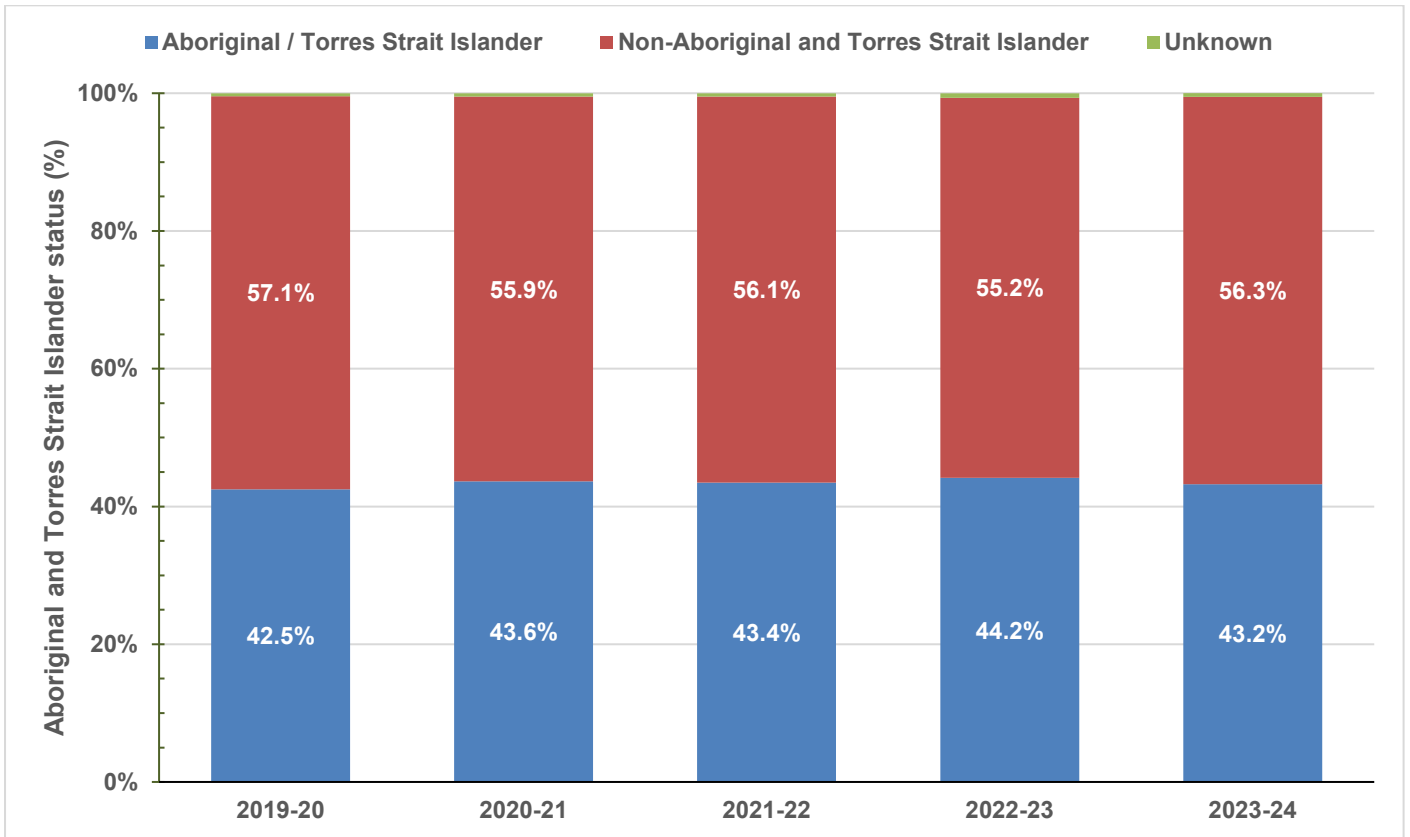
<sup>84</sup> Productivity Commission RoGS (n 12) Table 16A.37 State and territory government real recurrent expenditure on care services, 2023-2024 dollars.

## Appendix

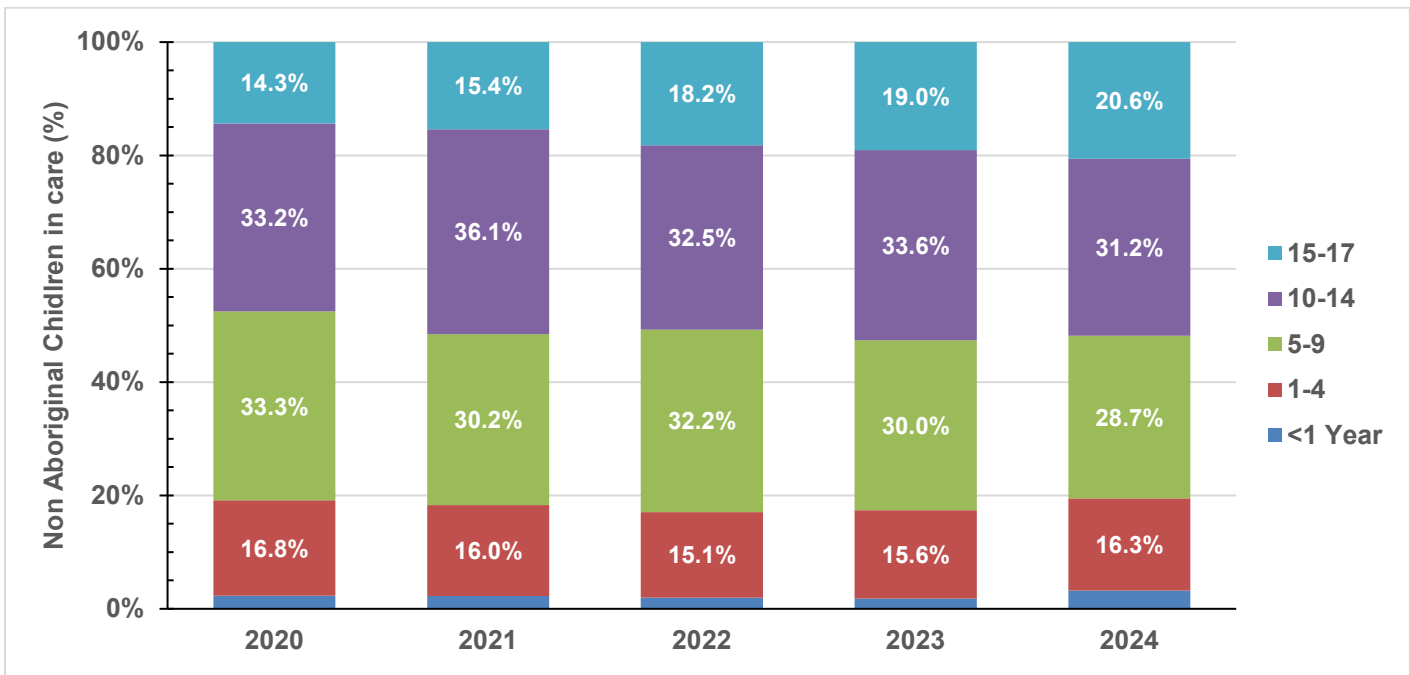
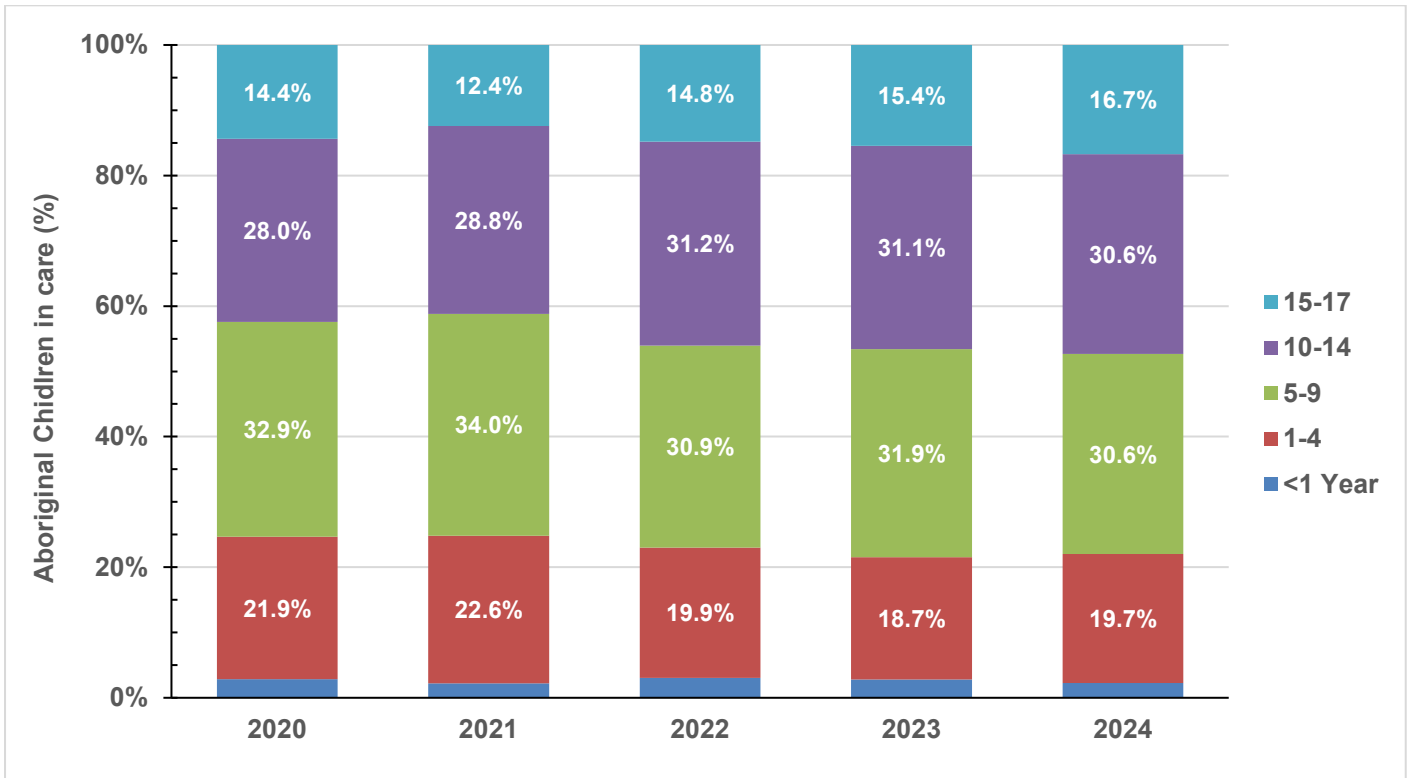
### Supplemental Figures for Part 1: Children in care



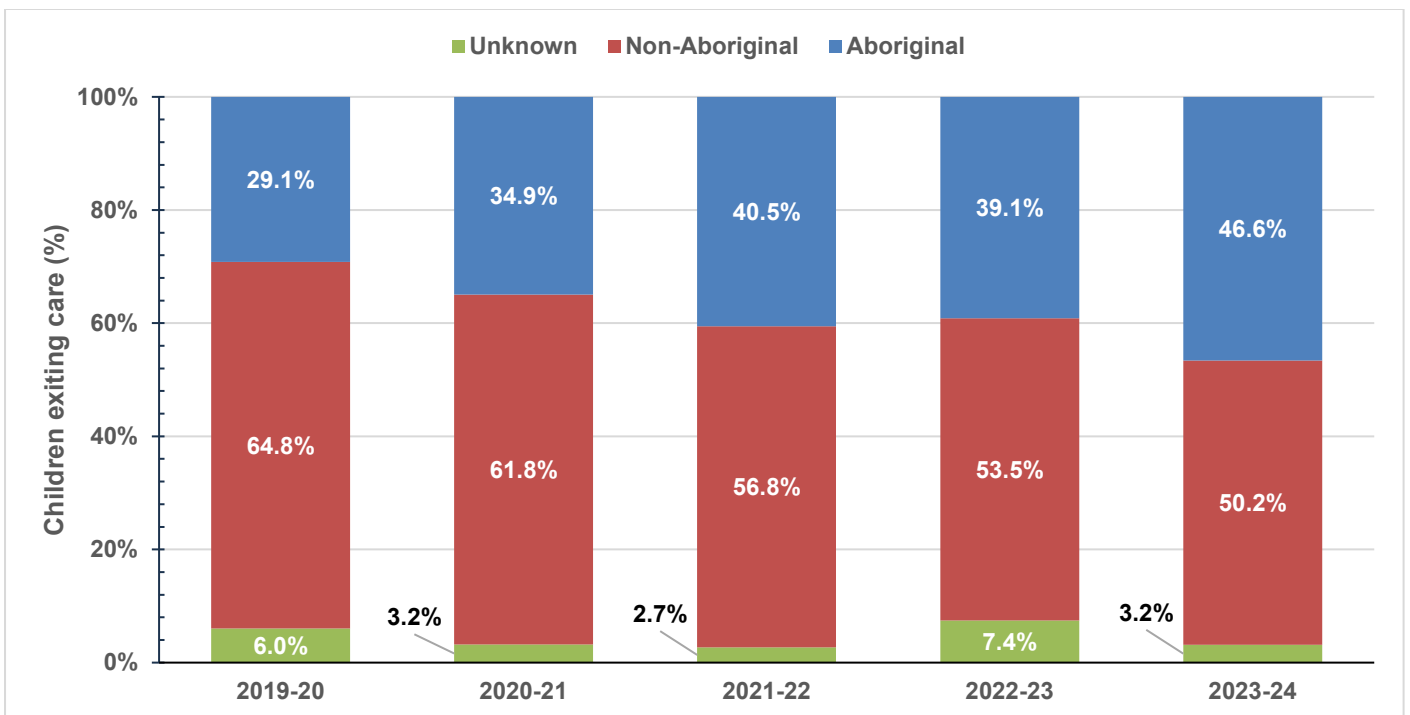
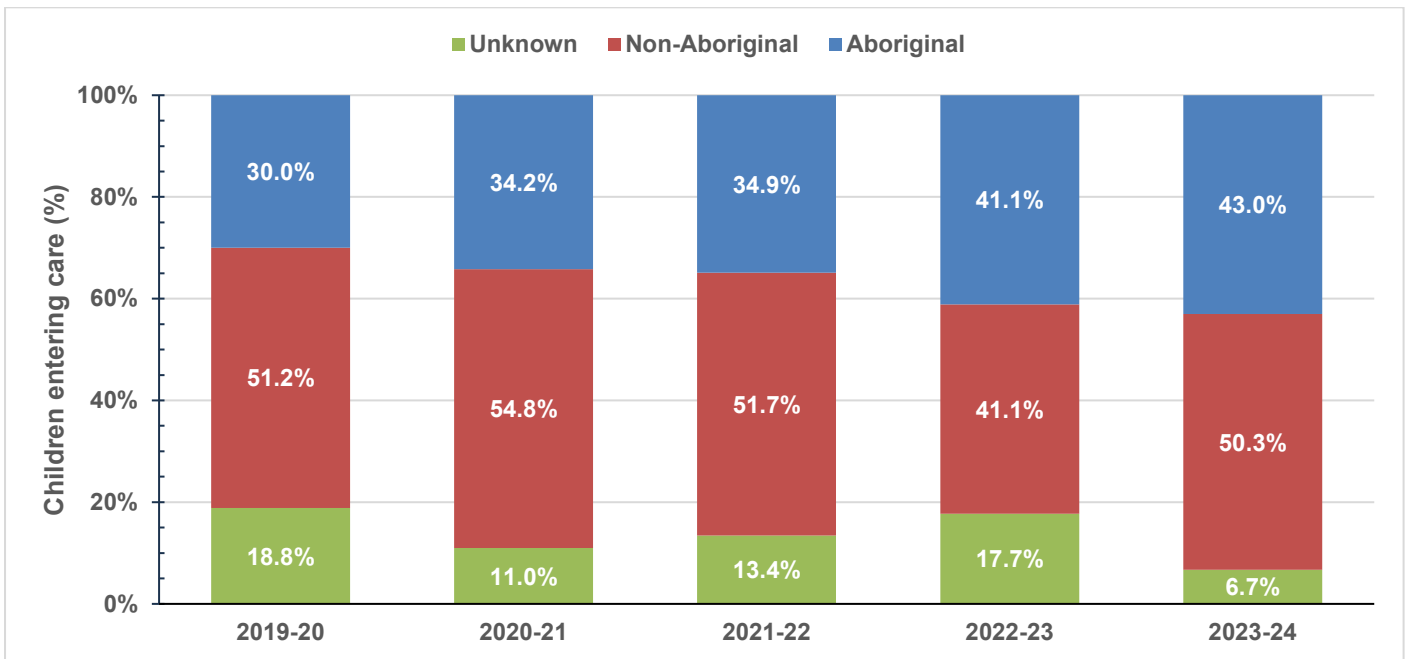
**Supplemental Figure 1A:** Location of children in care by case management region in Tasmania (2019-2020 to 2023-2024). Since 2019-2020, around 3 in 5 children in care have been case managed in the South. The remaining children in care are case managed in the North or North-West. Source: DECYP Data Request Indicator 1.



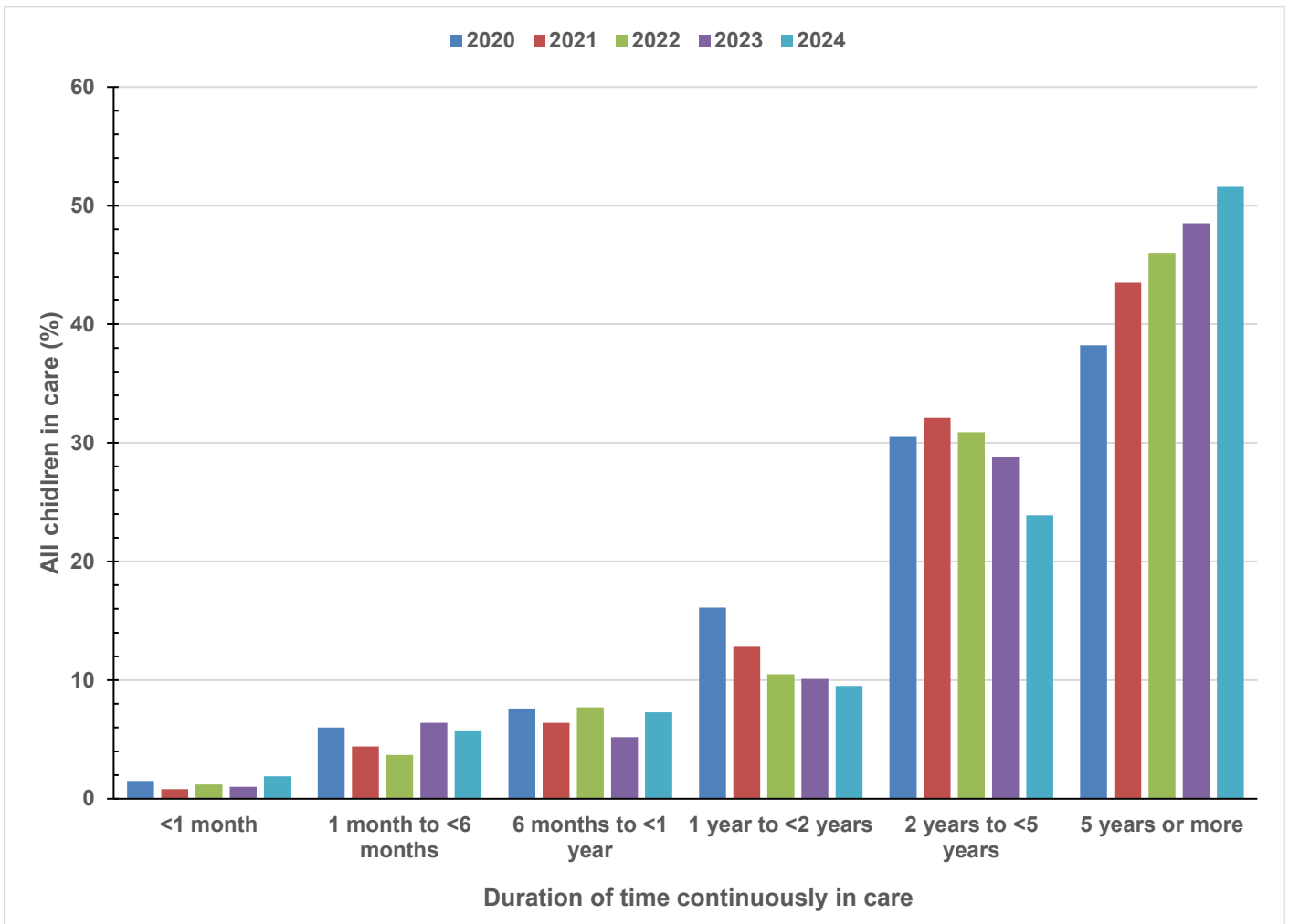
**Supplemental Figure 1B:** Aboriginal and Torres Strait Islander children in care (%) in Tasmania (2019-2020 to 2023-2024). Since 2019-2020 the proportion of Aboriginal and Torres Strait Islander children in care has remained relative stable between 42.5 per cent and 43.2 per cent (2023-2024). Source: DECYP Data Request Indicator 1.



**Supplemental Figure 1C:** Children in care (%) by age-group (as at 30 June). The proportions of Aboriginal (upper) and non-Aboriginal (lower) children in care were generally similar with most children aged between 5 and 14 years. Source: AIHW Child Protection Australia, Table S5.5



**Supplemental Figure 1D:** Children entering (upper) and exiting (lower) care (%) in Tasmania (2019-2020 to 2023-2024). Apart from 2022-2023 (41.1%), over half of children entering care and most young people leaving care were not Aboriginal or Torres Strait Islander. Note: While the proportion of children with an “unknown” status upon entering care have generally improved, the values shown in this figure may under-represent the actual proportions of both non-Aboriginal and / or Aboriginal and Torres Strait Islander children entering and leaving care. Data Source: AIHW Child Protection Report, Tables S5.1 and S5.2.

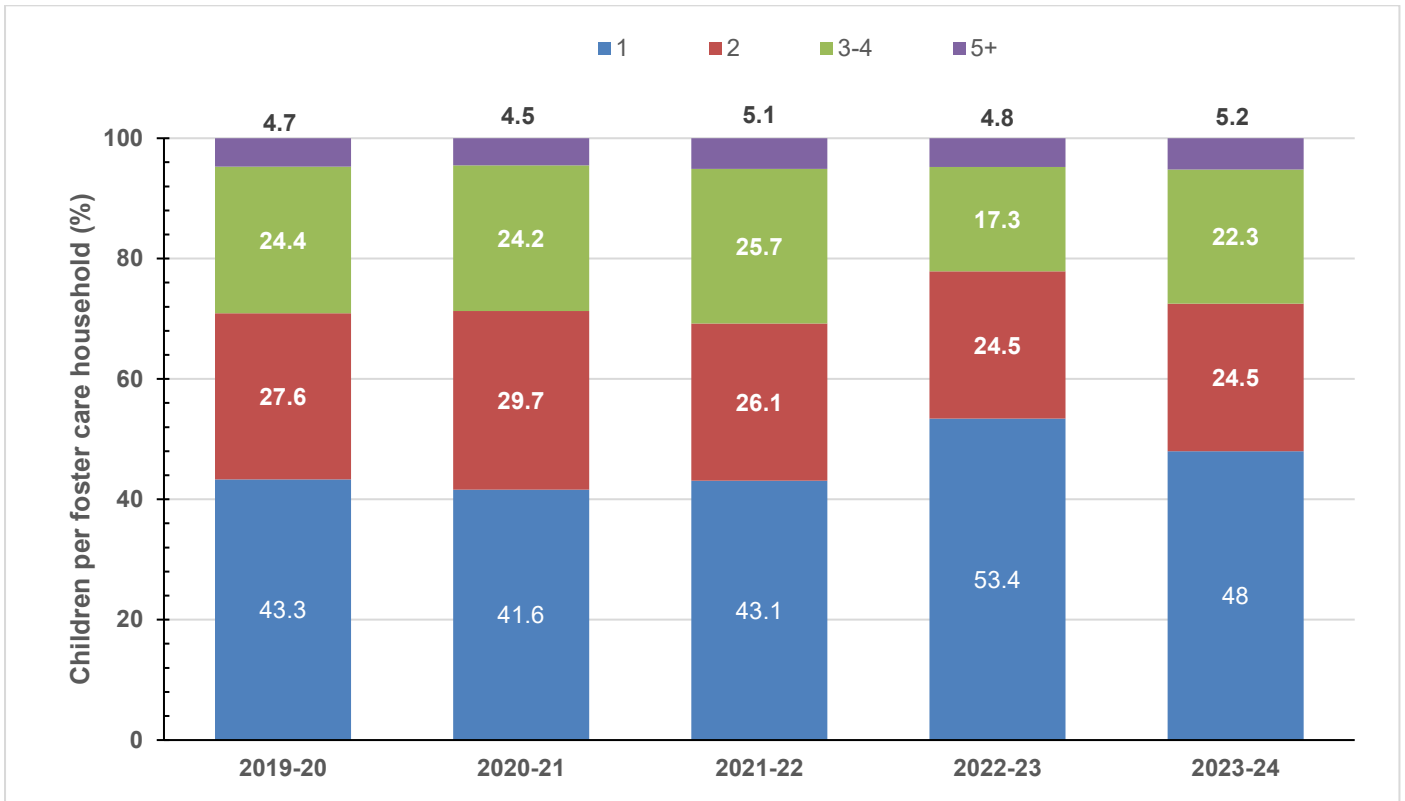


**Supplemental Figure 1E:** Children in care (%) by continuous length of time in care in Tasmania (as at 30 June of reporting year). Data Source: AIHW Child Protection Report, Table S5.14.

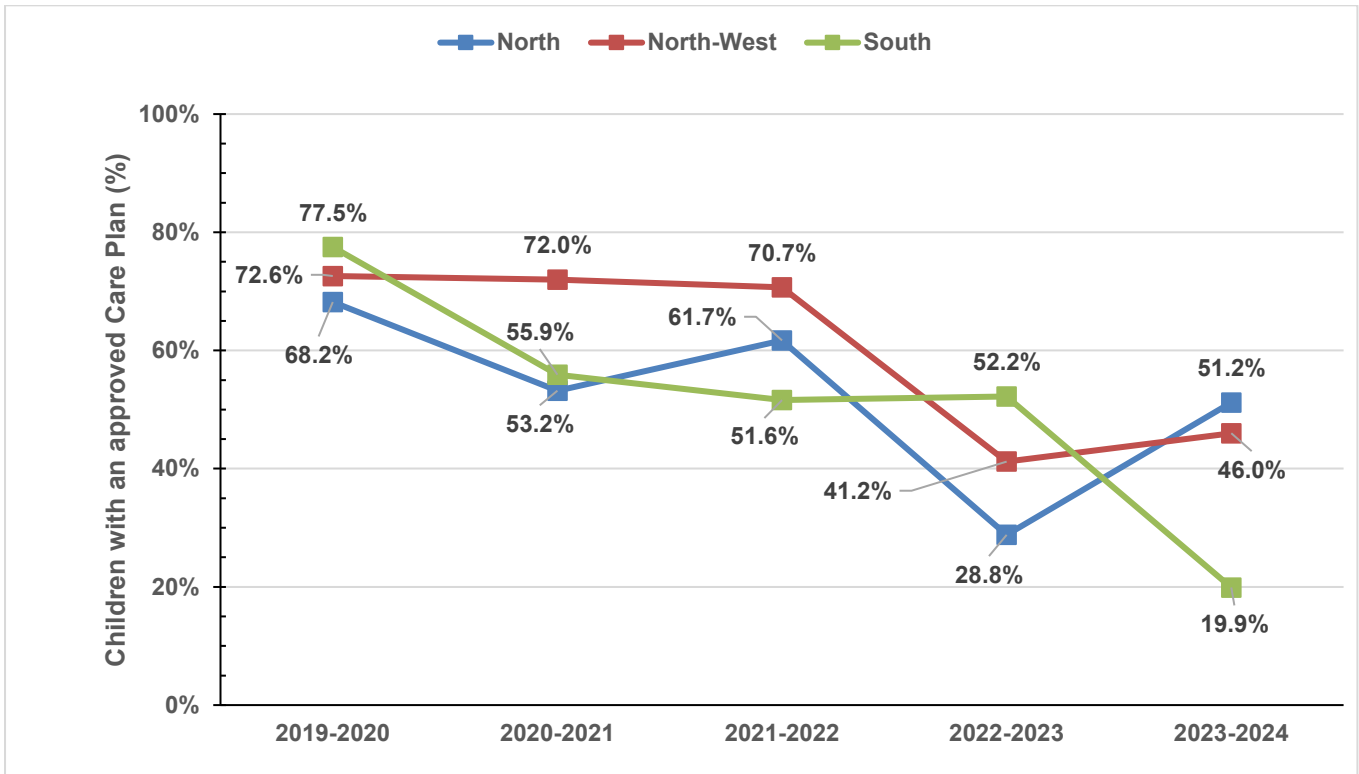
## Supplemental figures for Part 2: Tasmania's Out-of-Home Care system



**Supplemental Figure 2A:** Foster care household retention rate (2019-2020 to 2023-2024, Tasmania). Despite a change in the overall number of active foster care households (see Figure 11), there has been a stable retention rate of foster care households in Tasmania. Since 2019-2020, the total retention rate has remained at approximately 80 per cent (data not shown). Source: DECYP Children Youth and Families Quarterly Reports, Indicator 19.



**Supplemental Figure 2B:** Foster care households by number of foster children placed (2019-2020 to 2023-2024). Between 40 to 55 per cent of foster households in Tasmania have provided care for a single child. Note: Numbers above data columns refer to households with 5+ children. Data Source: AIHW Child Protection Report, Table 7.2.



**Supplemental Figure 2C:** Proportion of children in care in Tasmania with an approved Care Plan. Between 2019-2020 and 2023-2024, there has been a general decrease in the proportion of children on orders with an approved Care Plan. Despite this trend, there was a marked increase (22.4%) recorded for children case managed in the North. Source: DECYP Data Request, Indicator 12