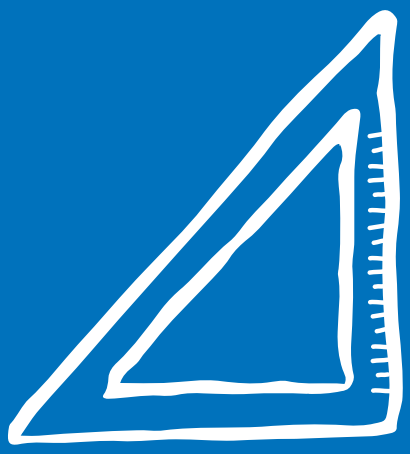
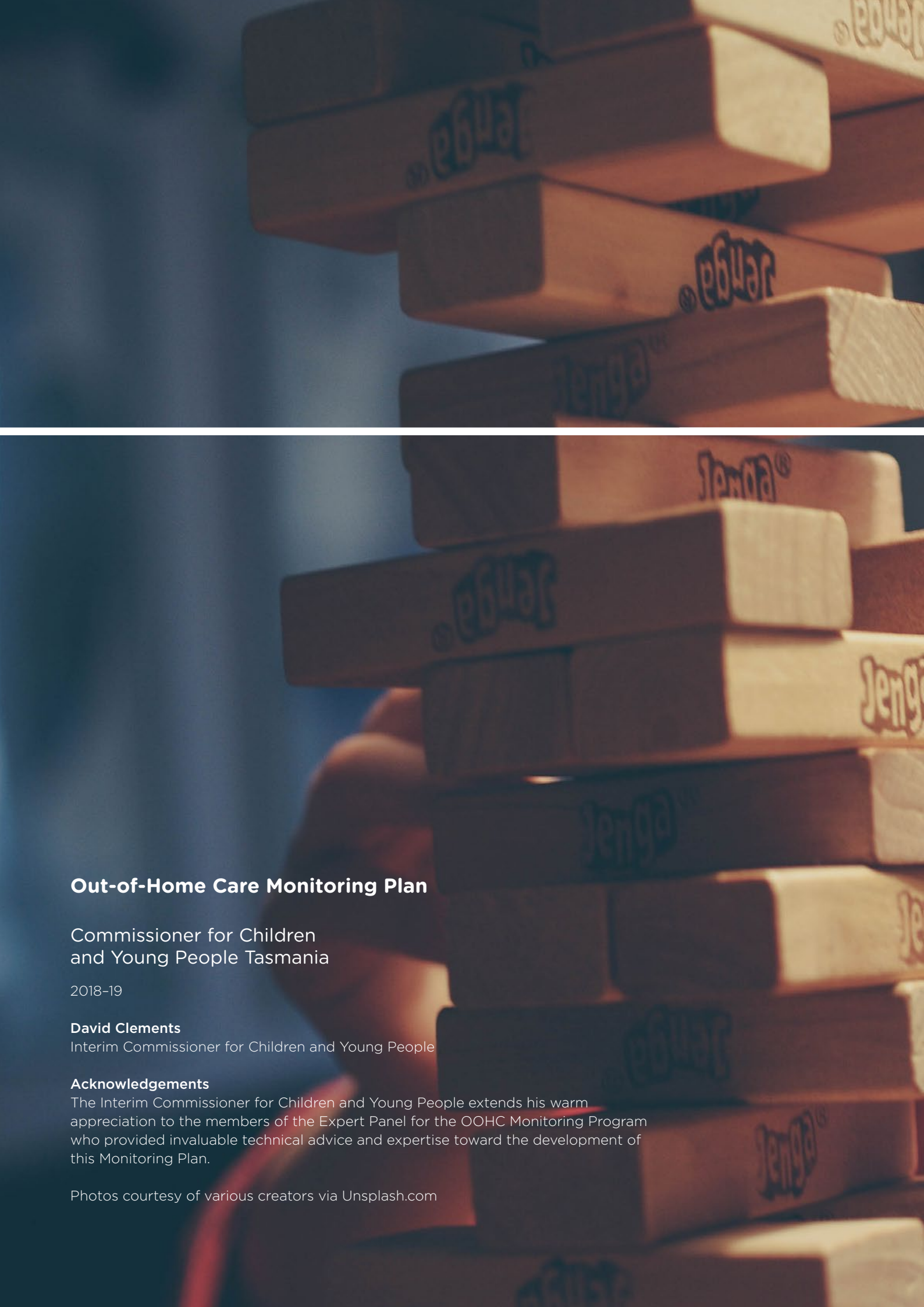
CCYP
Commissioner for Children and Young People Tasmania

Out-of-Home Care Monitoring Plan 2018–19



Commissioner for Children and Young People Tasmania

JULY 2018



Out-of-Home Care Monitoring Plan

Commissioner for Children
and Young People Tasmania

2018–19

David Clements
Interim Commissioner for Children and Young People

Acknowledgements
The Interim Commissioner for Children and Young People extends his warm appreciation to the members of the Expert Panel for the OOHC Monitoring Program who provided invaluable technical advice and expertise toward the development of this Monitoring Plan.

Out-of-Home Care Monitoring Plan 2018–19

Commissioner for Children and Young People Tasmania

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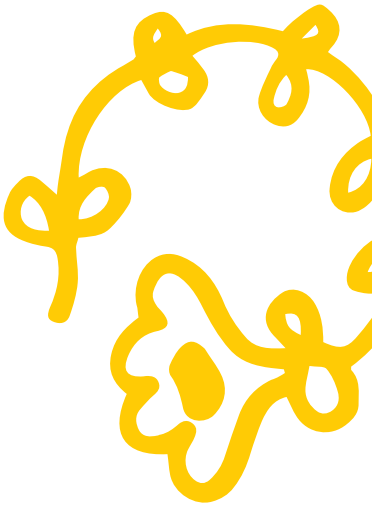
Foreword

Approaches to ensure the safety of children at risk of harm have evolved significantly over recent decades. Adoption of a public health approach along with recognition of the importance of listening to the voices of children and young people is growing, and service systems are beginning to respond accordingly. All children and young people should be afforded the opportunity to thrive and enjoy their childhood.



Successive federal and state governments have sought to improve the care and protection of children who experience the out-of-home care (OOHC) system. However, we still do not have all the policy and practice settings right. That does not mean we should abandon our efforts to do better for those children and young people living in OOHC placements. Reforms and investment in improved services and support for children and young people in OOHC mean Tasmania is well placed to implement system and practice changes that will lead to improved outcomes for these children and young people.

The introduction of this independent, systemic OOHC Monitoring Program is one of a number of important accountability mechanisms that can influence outcomes for children and young people in the State. The Tasmanian Government's recent release of the *Tasmanian Child and Youth Wellbeing Framework* sets the State on a path towards greater recognition of the intrinsic value of all Tasmania's children and young people. The imminent introduction of a set of indicators for this framework, along with the *Outcomes Framework for Children and Young People in Out of Home Care Tasmania* with its associated indicators and the recent commencement of a Child Advocate for children and young people in OOHC, are important steps towards strengthening our collective capacity to improve the lives of at-risk children in the State.

However, accountability measures are only one component of a well-functioning system. It is equally if not more important that we have the right number of skilled, dedicated, and well resourced adults able to respond to the needs of these children and young people. Additional investment in frontline staffing and placement options announced in the 2018-19 State Budget, continuing reforms to approaches to family-based care and the introduction of a Quality and Accountability Framework with associated standards, will also strengthen our collective approach.

As this is the first iteration of a Monitoring Plan for the CCYP OOHC Monitoring Program, it seeks to outline the areas of focus for 2018-19 as well as describe the overarching principles guiding the Monitoring Program. For this reason, there are some components of the Program that are described at a relatively high level for a monitoring plan.

We must continue to strive to improve the circumstances and outcomes for children and young people, and their families, who have experience of the OOHC system. Each of us can play a part in this effort. We should be especially determined to do everything possible to ensure those children and young people are given every opportunity to enjoy their childhoods, reach developmental milestones, and grow into healthy, engaged, and productive citizens.

David Clements
Interim Commissioner for Children and Young People

July 2018

1. Introduction

1.1 Overview and purpose of document

In the 2017-2018 Budget, the Tasmanian Government allocated $250,000 per annum for four years to the Commissioner for Children and Young People ('the Commissioner') to monitor out-of-home care (OOHC) in Tasmania.

This Monitoring Plan is the second major publication of the Monitoring Program. It provides detail about the focus and implementation of the Commissioner's Monitoring Program for 2018-19 to promote transparency and to support the engagement of stakeholders. The Monitoring Plan builds on *Laying the Foundations: A Conceptual Plan for Independent Monitoring of Out-of-Home Care in Tasmania* ('the Conceptual Plan'), released by the Interim Commissioner for Children and Young People in April 2018.

The Monitoring Plan:

- introduces the thematic focus for the Monitoring Program from 1 July 2018 to 30 June 2019, including monitoring questions and the monitoring rubrics (which include the domains and standards for assessing performance and outcomes);
- proposes potential monitoring topics for further discussion with stakeholders;
- provides details on data collection, management, and analysis; and
- outlines reporting arrangements for the Monitoring Program.

Tables which outline the monitoring rubrics for 2018-19 can be found in the appendices.

1.2 Design process for the Monitoring Plan

In developing this Monitoring Plan, the Interim Commissioner has been guided by the following principles:

- **Child-centred –** Primarily, monitoring will be child-centred; it will recognise each child or young person as an individual with rights, including their right to participate in decisions about them, in line with their age and maturity.[1] In practice, being child-centred requires that "we focus squarely on children's needs and best interests, their safety, care, support and wellbeing in all decisions which may affect them".[2]
- **Useful and contributory –** Monitoring will generate useful knowledge that supports the Tasmanian Government and relevant organisations to make informed decisions about achievable improvements to OOHC in Tasmania.
- **Relevant –** Monitoring will take into account the political and operational context of the OOHC system including: public concerns, current and future reform processes and monitoring frameworks, policy settings, legislation, and stakeholders' views.
- **Robust –** Monitoring activities will generate valid and reliable information that can be analysed to produce legitimate findings.
- **Responsive and flexible –** The Monitoring Plan will not be a fixed document; it will be reviewed and revised at least annually, to reflect the Interim Commissioner's decision to adopt a thematic approach to some monitoring activities, changing policy and program delivery contexts, and lessons learnt from previous years of monitoring.
- **Feasible –** The Monitoring Program will be based on data which can be reasonably obtained, either from existing data sources or through monitoring activities. Monitoring activities will be realistic and achievable, given available resources and timeframes. It will also seek improvement through data gap analysis and advocacy for new data collection where identified as valuable.
- **Ethical –** All monitoring activities will be conducted in accordance with the Commissioner for Children and Young People's policies and procedures, which are available at http://www.childcomm.tas.gov.au. In circumstances where the Commissioner may find it necessary to exercise his or her powers under the *Commissioner for Children and Young People Act 2016* in order to fulfill his or her monitoring functions, he or she will do so in an ethical and impartial manner.

1 United Nations *Convention on the Rights of the Child* and Munro, E. (2011). *The Munro Review of Child Protection: Final Report – A Child-Centred System,* May. London: England Department for Education

2 Morrissey, M. (2017). *Children and Young People in Out of Home Care in Tasmania*, January. Hobart: Commissioner for Children and Young People, p.19

As well as considering the guiding principles, the design process involved conducting a feasibility assessment, which entailed:

- consulting with service providers and advocacy organisations, and seeking their views on potential focus areas for the Monitoring Program;
- liaising with the Tasmanian Government about broader contextual and policy considerations;
- assessing the institutional context, including the reform processes underway in the child protection and OOHC sectors in Tasmania;
- considering potential limitations and restraints, for example, of a legislative, systemic, or resourcing nature; and
- determining the availability and quality of existing data sources which might be available for the Commissioner to draw on as part of the implementation of the Monitoring Program.

This process was undertaken to maximise the value of the Monitoring Program – by ensuring that its focus and products will be useful and relevant, thereby facilitating the engagement of stakeholders in monitoring and other activities aimed at policy and practice-based learning and decision-making.

Monitoring activities designed to assess and analyse wellbeing outcomes of children and young people in OOHC in Tasmania, especially in 2018-19, will be constrained by the following:

- indicators for the *Tasmanian Child and Youth Wellbeing Framework* have not been finalised;
- the *Outcomes Framework for Children and Young People in Out of Home Care Tasmania* and associated indicators are still being developed;
- the proposed Quality and Accountability Framework for OOHC is not yet available; and
- the collection and reporting of data focused on *outcomes* for children and young people by agencies and organisations is limited.

The Interim Commissioner expects the Monitoring Program will evolve over time as these broader reform elements are introduced.

Primarily, monitoring will be child centred; it will recognise each child or young person as an individual with rights, including their right to participate in decisions about them, in line with their age and maturity.

2. The Monitoring Program's principles, learning approach, and structure

2.1 Aim and intent of the Monitoring Program

The aim of the Monitoring Program is to promote and protect the wellbeing and rights of children and young people in OOHC in Tasmania, by engaging in independent, systemic monitoring of OOHC.

Monitoring involves routinely collecting information, often through standardised performance indicators linked to the objectives of a program or service.[3] Monitoring is primarily used for management and accountability purposes; information generated by monitoring can be used to assess whether the performance of a program or service is satisfactory, and can identify any challenges in a timely manner.[4]

The Interim Commissioner's commitment to engage in child-centred monitoring, as outlined in the Conceptual Plan, reflects Australia's obligations as a signatory to the United Nations *Convention on the Rights of the Child* (UNCRC). Child-centred monitoring can generate useful information which is beneficial to children and young people and assist organisations to:

- determine whether interventions respect and target children's rights, wellbeing, and development;
- determine whether interventions are making a discernible improvement to children's rights, wellbeing, and development;
- explore the process of implementing programs and policies for children and to better understand children's own experiences of these programs and policies;
- provide information about how to adjust programs, services, activities, and strategies to better meet children's needs and support them to fulfil their potential; and
- identify and share with others what has been learnt.[5]

2.2 Monitoring focus

The Commissioner has chosen to focus the Monitoring Program on two particular aspects of program performance – effectiveness and impact – in terms of wellbeing outcomes for children and young people. For the purposes of the Monitoring Program, these two criteria are defined as follows:

- **Effectiveness –** "the extent to which the program and broader stakeholder objectives were achieved, or are expected to be achieved, taking into account their relative importance. This domain indicates an overall assessment of the quality and value of the program and the fidelity of its implementation".[6]
- **Impact –** "positive and negative, medium to long-term changes produced by a program, directly or indirectly, intended or unintended".[7]

2.3 A learning approach to monitoring

The Monitoring Program will be systemic in nature; it will be concerned with monitoring overall outcomes for children and young people in OOHC in Tasmania as a group, as well as monitoring the processes or features of the Tasmanian OOHC system that have led to those outcomes. Therefore, the focus of the Monitoring Program is on contributing to system-wide policy-oriented learning and continuous improvement. The Program aims to focus on areas where improvements can be made and existing strengths maximised. This approach does not prevent the Commissioner from acting on particular systemic matters that, in the Commissioner's opinion, have or may lead to significant negative impacts on the wellbeing of children and young people in OOHC.

The Monitoring Program will be designed to maximise the use of findings, lessons learnt, and recommendations generated through:

- linking learning to system improvement;
- seeking to generate recommendations that are both useful and used; and
- developing a reporting and dissemination strategy to best support use of conclusions and recommendations, including consideration of different formats according to the needs of different audiences.[8]

3 Peersman, G. *et al.* (2016). *When and How to Develop an Impact-oriented Monitoring and Evaluation System,* a Methods Lab publication, London: Overseas Development Institute
4 Ibid
5 Blanchet-Cohen, N. *et al.* (2009). *Child Rights in Practice: Measuring and Improving our Impact, A Model of Accountability to Children,* International Institute for Child Rights and Development, Victoria, Canada: University of Victoria
6 Markiewicz, A. and Patrick, I. (2016). *Developing Monitoring and Evaluation Frameworks*, Thousand Oaks: Sage Publications, p.101
7 Ibid, p.102
8 Markiewicz, A. and Patrick, I. (2016). *Developing Monitoring and Evaluation Frameworks*, Thousand Oaks: Sage Publications

The Commissioner will consider how best to engage stakeholders in identifying and refining recommendations without compromising the Commissioner's independence or objectivity. The intention is to increase opportunities for the use and influence of conclusions, recommendations, and lessons from the Monitoring Program. The Commissioner may, for example, host 'learning events', which will bring together stakeholders to consider monitoring conclusions and identify lessons, and formulate, refine, or confirm recommendations arising from monitoring.[9]

This learning strategy is underpinned by and dependent upon the quality, credibility, and utility of the data that will be obtained and analysed throughout the Monitoring Program. Firstly, data needs to be high quality – this is determined by its completeness, consistency, accuracy, validity, and timeliness. Secondly, data needs to be credible – this is informed by:

- stakeholders' confidence in the evidence generated and methodologies employed;
- monitoring conclusions that are seen as valid because they are clearly grounded in the evidence presented; and
- conclusions and recommendations that resonate with the knowledge and experience of key stakeholders.[10] (It is, however, acknowledged that data can still be credible even if it contradicts or challenges, or is outside, the knowledge of stakeholders.)

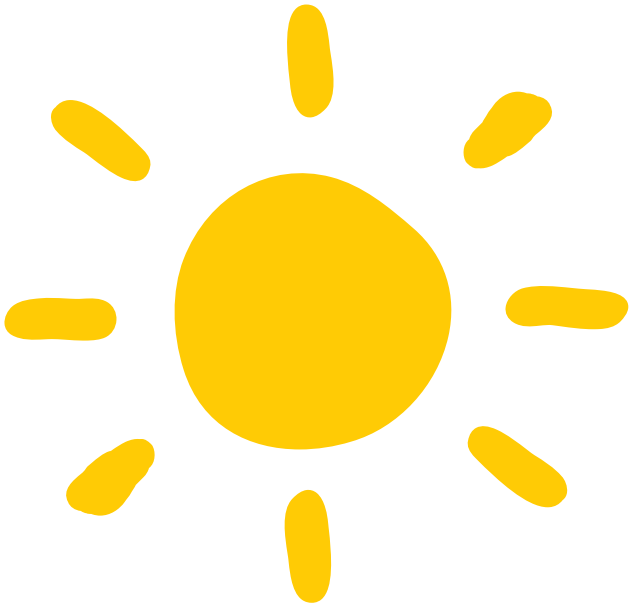
Thirdly, it is important that the information is useful, which can be supported by ensuring that:

- the Monitoring Program is aware of priority issues and concerns within the OOHC system;
- recommendations are phrased positively and provide feasible strategies to respond to any concerns identified;
- the timing of the release of recommendations is responsive to the implementation or decision making needs of stakeholders; and
- key messages are communicated in a timely and clear manner according to the needs of different stakeholders.[11]

2.4 The participation of children and young people

2.4.1 The significance of participation in decision-making processes for children and young people in OOHC

Promoting the capacity and ability of children and young people in OOHC to participate appropriately in decision-making processes and to express their views on matters that affect their lives, is essential to understanding their experiences, needs, challenges, and hopes for the future. Children and young people can also provide us with the information and insights needed to identify policies and practices which either promote their wellbeing or contribute to obstacles and problems.[12] In this way, we can improve the quality of services provided to children and young people and also promote their self-confidence, social and communication skills, and sense of agency. It is important to acknowledge that consideration of children's and young people's participation in decision-making processes should also assess whether that participation can influence decisions and bring about change.



9 Ibid
10 Ibid
11 Ibid
12 For examples, see: Moore, T. *et al.* (2016), *Our Safety Counts: Children and young people's perceptions of safety and institutional responses to their safety concerns*. Melbourne: Institute of Child Protection Studies, Australian Catholic University. Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney; Moore, T. *et al.* (2017). *Safe and Sound: The safety concerns of young people in residential care*, Research to Practice Series No. 17, Canberra: Institute of Child Protection Studies, Australian Catholic University; McDowall, J. J. (2013). *Experiencing Out-of-Home Care in Australia: The views of children and young people* (CREATE Report Card 2013). Sydney: CREATE Foundation; AIHW (2015). *The views of children and young people in out-of-home care*, Bulletin 132, March. Canberra: Australian Institute of Health and Welfare.

The Interim Commissioner acknowledges that there are particular challenges involved in ensuring that children and young people are provided meaningful opportunities to participate in decision-making processes in OOHC. A preliminary review of recent research on children's and young people's participation in child protection and OOHC systems, conducted by the Interim Commissioner earlier this year, led to the following key observations which have informed the design of the Monitoring Plan:

- there are multiple definitions and models of participation for children and young people – the phenomenon is both multi-dimensional and contested;
- participation is experiential and fluid, rather than a particular state which can be achieved and secured;
- for children and young people whose safety and wellbeing is being monitored and supported by the child protection system (including those placed in OOHC), participation has proved challenging to implement in practice. The barriers are well-documented and some of them are unique to children;
- participation for children and young people in the child protection system cannot be readily achieved through introducing new policies, processes, and procedures in isolation from considering cultural values and organisational structures;
- research points to the critical importance of fostering strong relationships between children and young people and child protection workers in order to enable children and young people to express their views and have their voices heard; and
- the important role of carers should not be underestimated.

The Royal Commission into Institutional Responses to Child Sexual Abuse has acknowledged the importance of ensuring processes are in place to facilitate and encourage children and young people in OOHC to express their views on matters that affect their lives. Recommendation 12.10 states:

> State and Territory governments, in collaboration with out-of-home care providers and peak bodies, should develop resources to assist service providers to:
>
> (a) provide appropriate support and mechanisms for children in out-of-home care to communicate, either verbally or through behaviour, their views, concerns and complaints
>
> (b) provide appropriate training and support to carers and caseworkers to ensure they hear and respond to children in out-of-home care, including ensuring children are involved in decisions about their lives
>
> (c) regularly consult with the children in their care as part of continuous improvement processes.[13]

During 2018-19, the Commissioner will establish a baseline of children's and young people's participation in decision-making and communication processes in OOHC in Tasmania. The Commissioner will also focus on encouraging organisations to review and implement mechanisms and processes which facilitate the provision of information to children and provide them with support to express their views and opinions should they wish to do so.

2.4.2 Ascertaining the views of children and young people in OOHC as a monitoring activity

The Commissioner is committed to enabling the participation of children and young people in the Monitoring Program. Consistent with the Monitoring Program's learning approach to monitoring, the Commissioner's engagement with children and young people in OOHC will develop year-by-year by means of a graduated, iterative process. In 2018-19 the Commissioner will investigate appropriate ways to ascertain the views of children and young people in OOHC, including through the use of existing consultative and other mechanisms, noting the fundamental and important need to do so in a manner that does no harm to children and young people.

13 Royal Commission into Institutional Responses to Child Sexual Abuse (2017). *Final Report: Preface and Executive Summary*, Canberra: Commonwealth of Australia, p.140

This approach acknowledges the resources available to the Commissioner and the challenges inherent in efforts to enable the engagement of children and young people who are in, and move between, a variety of OOHC placement types and circumstances (including different guardianship arrangements). Additionally, the Commissioner must always operate within the legislative framework that governs the performance of his or her functions and his or her exercise of powers.

Access to information is a necessary pre-condition to a child or young person deciding whether or not to express a view or otherwise participate.[14] Therefore, the Commissioner will adopt methods to ensure that children and young people in OOHC are made aware of the Monitoring Program and its aims, including by publishing and disseminating a 'child and youth-friendly' fact sheet about the Monitoring Program.

Over the course of the Monitoring Program, the Commissioner will seek to engage with children and young people in OOHC in a variety of ways, including:

- consulting with children and young people about particular issues identified through monitoring activities – for example, testing whether what is considered important by adults is also considered important by children and young people in OOHC; and
- engaging children and young people in OOHC in collaborative processes to contribute to the Monitoring Program's interpretation of monitoring findings and forming of judgements, where it is appropriate and achievable.

2.5 Outline of the Monitoring Program

2.5.1 The structure

As illustrated below in Figure 1, the Monitoring Program is made up of three interrelated parts:

- Part A: Regular Data Monitoring;
- Part B: Thematic Monitoring; and
- Part C: Responsive Investigations.

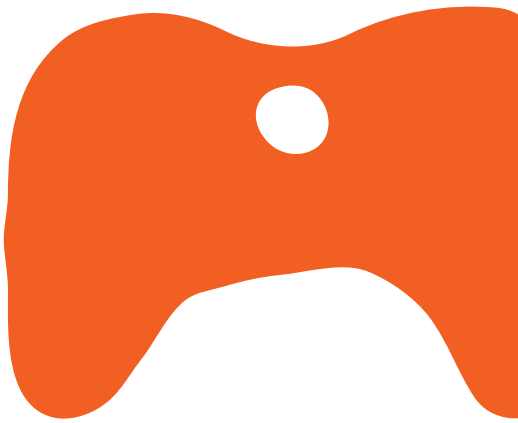
Through these three parts, the Monitoring Program balances the need for regular and concise information with the need for information that facilitates deeper understanding and learning.

2.5.2 Monitoring questions and rubrics

Monitoring questions have been developed by the Interim Commissioner for each of the three parts of the Monitoring Program. These monitoring questions will guide monitoring activities. These questions are not intended to be prescriptive – they may be reviewed and revised by the Commissioner at any stage during the Monitoring Program, either prior to or during each monitoring year, informed by emerging contextual issues, stakeholder views, and feasibility considerations. Further, the Monitoring Program will not necessarily address all of the monitoring questions.

2.5.3 Monitoring particular groups of children and young people

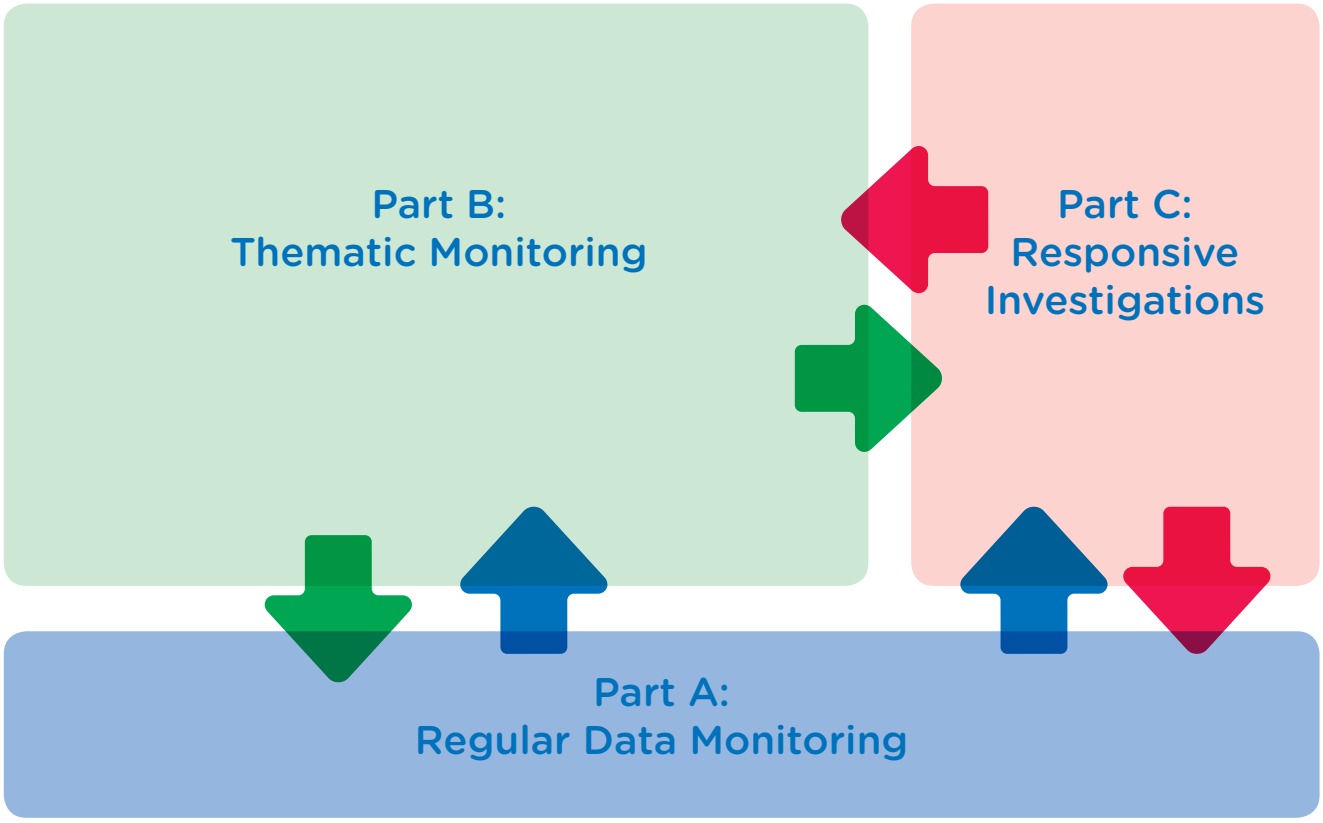
Through regular data monitoring and thematic monitoring processes, the circumstances of particular groups of children and young people will also be considered each year, as appropriate. These are: children and young people with a disability, Aboriginal children and young people, and children and young people from culturally and linguistically diverse (CALD) backgrounds. The Interim Commissioner's decision to take special account of these three groups has been informed by Recommendation 12.2 of the Royal Commission into Institutional Responses to Sexual Abuse, which calls on the Australian government and state and territory governments to prioritise enhancements to the Child Protection National Minimum Data Set to include, *inter alia,* data identifying children with a disability, children from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander children.[15]



14 Article 13, United Nations *Convention on the Rights of the Child*

15 Royal Commission into Institutional Responses to Child Sexual Abuse (2017). *Final Report: Royal Commission into Institutional Responses to Child Sexual Abuse, Volume 12: Contemporary Out-of-Home Care*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse

Figure 1: The structure of the CCYP OOHC Monitoring Program

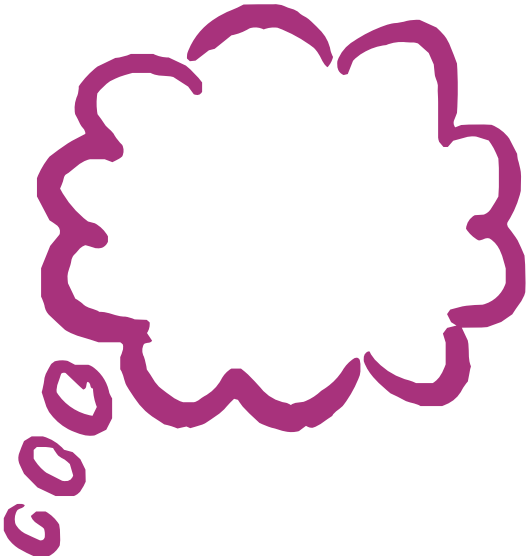


3. Regular Data Monitoring

3.1 Purpose and key elements

This focused form of monitoring will entail the regular, routine flow of discrete sets of information to the Commissioner from Tasmanian Government agencies, service providers, and advocacy organisations, on specified matters relevant to the provision of OOHC in Tasmania. Qualitative and quantitative data collected by Tasmanian Government departments will be particularly valuable to the Monitoring Program and are expected to inform future monitoring activities.

Although Regular Data Monitoring will make up a relatively small proportion of the total activities of the Monitoring Program, it is a significant element of the Monitoring Program because it will inform, in an ongoing and iterative manner, monitoring activities undertaken in both Thematic Monitoring and Responsive Investigations.



3.2 Monitoring questions

The monitoring questions for Regular Data Monitoring will remain consistent throughout the Monitoring Program, although there may be minor revisions informed by emerging contextual considerations and stakeholder views. The following monitoring questions for Regular Data Monitoring are focused on describing and understanding the status of children and young people in the OOHC system in Tasmania, particularly in relation to its effectiveness and impact on their wellbeing (see section 2.2).

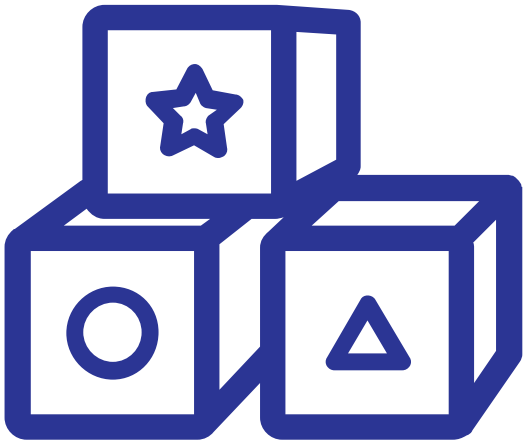
1. What are the characteristics of the OOHC system in Tasmania?
2. What is the status of children and young people's wellbeing in OOHC in Tasmania?
3. Where is performance favourable or improving?
   (a) In what domains/areas?
   (b) In what settings/contexts?
   (c) For which groups of children and young people?
4. What conditions may have contributed to this favourable or improving performance?
5. Where is performance unfavourable or declining?
   (a) In what domains/areas?
   (b) In what settings/contexts?
   (c) For which groups of children and young people?
6. What conditions may have contributed to this unfavourable or declining performance?
7. To what extent can we usefully compare Tasmania's performance and its context with other Australian states and territories?
   (a) What are the similarities?
   (b) What are the differences?
   (c) From these findings, what, if any, lessons can Tasmania learn from other Australian states and territories?
   (d) From these findings, what, if any, lessons can other Australian states and territories learn from Tasmania?

3.3 Data collation

Data from Tasmanian Government agencies, non-government service providers, and advocacy organisations may include those listed in Table 1 below. The Interim Commissioner is in discussions with Tasmanian Government agencies about receiving the sources of data numbered 1-4 below.

Table 1: Data sources for monitoring

Source of data	Frequency
1. Reports of data collected by the Department of Communities Tasmania[16] on a periodic basis	Quarterly
2. Data collected by other Tasmanian Government agencies	Quarterly
3. Department of Communities Tasmania *OOHC Outcomes Framework Quarterly Report*	Quarterly
4. Data from Department of Communities Tasmania's OOHC Child Advocate *(Noting the proposed Community Visitors Scheme)*	To be determined
5. Data from non-government OOHC service providers and advocacy groups	To be determined



16 The new Department of Communities Tasmania commenced on 1 July 2018. The new department includes Children and Youth Services, Housing, Disability and Community Services from the previous Department of Health and Human Services (DHHS), as well as Communities, Sport and Recreation from the Department of Premier and Cabinet (DPAC).

4. Thematic Monitoring

4.1 Purpose and key elements

A thematic approach to monitoring entails undertaking an in-depth exploration of a particular theme of significance to children and young people in OOHC. Each year, thematic monitoring activities will focus on a different theme, based on the six domains specified in the ARACY 'Nest' and the *Tasmanian Child and Youth Wellbeing Framework*. These themes – or domains – are:

- being loved and safe;
- being healthy;
- participating;
- having material basics;
- learning; and
- having a positive sense of culture and identity.[17]

In each year of the Monitoring Program, a different domain will be determined by the Commissioner as the focus for Thematic Monitoring activities, taking into account the views of stakeholders. The Commissioner will also return in subsequent years to a previous theme, in order to track progress and implementation of earlier recommendations. A mix of qualitative and quantitative data will be used and then supplemented with the collection of new data where significant gaps have been identified.

The Interim Commissioner has determined that in 2018-19 the focus of Thematic Monitoring will be: **"being healthy"**. Improving the health outcomes of children and young people in OOHC is a significant contributor to their overall wellbeing.

Thematic monitoring activities will allow for an in-depth exploration of policies and practices, experiences, and outcomes for children and young people in OOHC. Thematic monitoring especially invites the development of new data linkages across datasets managed by different government agencies. It also provides an avenue for enhanced collaboration between government agencies and/or non-government organisations, including service providers, in relation to data collection and policy-oriented learning.

In addition to the annual focus, thematic monitoring will focus on the important cross-cutting issue of: **"children and young people's participation"**. In the Monitoring Program, "participation" is understood as referring to children and young people having their voices heard and being actively engaged in decision-making processes around matters that are important to them.

4.2 The child rights framework for "being healthy" and participating in "being healthy"

Article 24(1) of the UN *Convention on the Rights of the Child* (UNCRC) states:

> States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

Additionally, Article 24(2) states that: "States Parties shall pursue full implementation of this right, and in particular, shall take appropriate measures" to achieve it. The United Nations Committee on Economic, Social and Cultural Rights interprets children's right to health, as outlined in Article 24, as an inclusive right, extending not only to timely and appropriate prevention, health promotion, curative, rehabilitative and palliative services, but also to the right of children and young people to grow and develop to their full potential and live in conditions that enable them to attain their highest standard of health. The UN Committee on Economic, Social and Cultural Rights has explained that:

> The right to health embraces a wide range of socio-economic factors that promote conditions in which people can live a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment.[18]

17 For a description of these domains, see the *Tasmanian Child and Youth Wellbeing Framework* released on 6 June 2018, available from: http://www.dhhs.tas.gov.au/children/strongfamilies-safekids; and ARACY (2014). *The Nest Action Agenda: Improving the wellbeing of Australia's children and youth while growing our GDP by over 7%*. Second edition. Canberra: Australian Research Alliance for Children and Youth

18 Economic and Social Council, Committee on Economic, Social and Cultural Rights, *Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights, General comment No. 14 (2000), The right to the highest attainable standard of health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)*, p.129

Although the UNCRC does not specifically address the health rights of children and young people in OOHC, several Articles of the UNCRC are relevant. Specifically:

- **Article 2 –** States Parties shall respect and ensure the rights of children without discrimination of any kind.
- **Article 3 –** the best interests of the child shall be a primary consideration in all actions concerning children.
- **Articles 13 and 17 –** the child shall have the right to seek, receive, and impart information, ideas, and material, "especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health".
- **Article 20 –** the child shall be entitled to special protection and assistance provided by the State, where the child has been temporarily or permanently deprived of his or her family environment.
- **Article 25 –** States Parties shall recognise the right of a child who has been placed for the purposes of care, protection, or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.
- **Article 27 –** States Parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral, and social development.
- **Article 39 –** "States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child".[19]

The UN General Assembly's *Guidelines for Alternative Care* provides guidance on health related issues for children and young people in care, including OOHC. Guideline 84 states that: "carers should promote the health of the children for whom they are responsible and make arrangements to ensure that medical care, counselling and support are made available as required".[20] Additionally, Guideline 87 reminds States Parties that "the specific safety, health nutritional, developmental and other needs of babies and young children, including those with special needs, should be catered for in all care settings, including ensuring their ongoing attachment to a specific carer".[21]

The participation of children and young people in decision making processes linked to health status needs to be considered in relation to:

- the planning, delivery, and monitoring of health services; and
- the health care of individual children, including issues related to having a say about specific health care options and the basis upon which that health care is provided (for example, whether confidentiality is observed).

Research asking children about their health care experiences has found that children "want to be listened to, want more information about their healthcare and want to understand the information they are given".[22] However, multiple barriers prevent the realisation of children's rights in relation to health: "issues of capacity, perceptions of childhood and different professional attitudes and cultural traditions all add to the complex challenge of ensuring that every child enjoys their right to healthcare".[23] Several studies have shown that children and young people in OOHC are often marginalised in decision-making processes in hospitals, outpatient clinics, and community healthcare settings.[24]

19 United Nations *Convention on the Rights of the Child*
20 United Nations General Assembly (2010). *Resolution Adopted by the General Assembly: 64/142, Guidelines for the Alternative Care of Children*, p.14
21 Ibid
22 Kikelly, U. (2015). "Health and children's rights", in Vandenhol, W. *et al.* (eds). *Routledge International Handbook of Children's Rights Studies*. Abingdon: Routledge, p.219
23 Ibid, p.217
24 RACP (2006). *Health of Children in Out-of-home Care*. Sydney: The Royal Australian College of Physicians

4.3 Conceptualising children and young people's health

Although human health is conceptualised in different ways, the Monitoring Program has adopted the holistic definition of health promulgated by the World Health Organization (WHO). The preamble to WHO's *Constitution* states: "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".[25] The United Nations Committee on the Rights of the Child has also adopted this definition, noting that this "positive understanding of health" provides a public health foundation for its *General comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health.*[26] The inclusion of social wellbeing in this definition is significant – health is thus understood as more than just physical and mental health; it also encompasses wellbeing which is more subjective and intangible.

The Australian Research Alliance for Children and Youth (ARACY) has usefully conceptualised health challenges for children and young people in terms of risk and protective factors. Within this model, a risk factor is defined as "a measurable causal contributor to later developmental outcomes".[27] Risk factors include behaviours, actions, and social influences. In contrast, protective factors are best understood as "characteristics that buffer, mediate, or moderate the influence of risk factors".[28] Although shaped by wider social determinants of health, the hallmark of risk and protective factors within this model is that they can be modified at the local community level – hence, they are narrower in their scope than the social determinants of health.[29] Table 2 below summarises four key risk processes that cause adverse outcomes for the physical, mental, and social wellbeing of children and young people – toxic stress, physical development risks, behavioural risks, and community risks – and also lists their corresponding risk and protective factors.[30]

Table 2: Risk processes and corresponding risk and protective factors[31]

Risk processes	Risk factors	Protective factors
"Toxic stress"	» Maltreatment, neglect and abuse. » Family conflict. » Bullying and victimisation. » Instability of community and school. » Unstable personal relationships.	» Emotional competence skills – which seek to reduce negative evaluation of emotions, and improve self-management, coping, social support, and problem solving.
Physical development	» Unhealthy food. » Early and frequent use of substances. » Low birth weight. » Early injury and disability. » Attitudes, laws, and norms favourable to unhealthy behaviours.	» Health opportunities and effective services. » Access to early intervention services for genetic, medical, and psychiatric conditions. » Access to healthy behaviours such as healthy eating and physical activity.
Behavioural	» Poor family management and parenting techniques. » Family history and favourable attitudes to poor behaviour amongst peers. » Antisocial behaviour. » Disengagement from school.	» Attachment and bonding to pro-social adults – which provide a moderating effect that protects against situations of high risk. » Social skills that can moderate the effects of negative social environments.
Community	» Family and community disorganisation. » Poor standard housing. » Social and cultural alienation – few purposeful activities for children and young people.	» Safe and stimulating environments – including resourcing for safe and constructive time-use options that reduce risk of injury.

25 World Health Organization (1948). *Constitution of the World Health Organization*, p.1
26 UN Committee on the Rights of the Child. (2013). *General Comment No. 15 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health*, adopted by the Committee at its sixty-second session, p.3
27 Toumbourou *et al.* (2014). *Review of Key Risk and Protective Factors for Child Development and Wellbeing (Antenatal to age 25)*. Canberra: Australian Research Alliance for Children and Young People, p.1
28 Ibid, p.2
29 Ibid
30 Ibid
31 Toumbourou *et al.* (2014). *Review of Key Risk and Protective Factors for Child Development and Wellbeing (Antenatal to age 25)*. Canberra: Australian Research Alliance for Children and Young People

4.4 Monitoring questions for "being healthy"

The monitoring questions for Thematic Monitoring naturally lend themselves to changing annually over the course of the Monitoring Program in order to ensure relevance to the particular wellbeing domain that is in focus that year.

The monitoring questions for 2018-19 were developed by compiling elements from several relevant conceptual frameworks:

- the wellbeing domains from ARACY's 'Nest' and the *Tasmanian Child and Youth Wellbeing Framework*;
- the United Nations *Convention on the Rights of the Child*;
- the criteria of effectiveness and impact, selected from the OECD's Development Assistance Committee; and
- the *National Standards for Out-of-Home Care*.

These monitoring questions are as follows:

1. To what extent – and how – does the OOHC system facilitate children and young people "being healthy", including access to health services?
   (a) Are there important differences by age and sex? If so, why?
   (b) Are there important differences by cultural background? If so, why?
   (c) Are there important differences by Aboriginal status? If so, why?
   (d) Are there important differences by disability status? If so, why?
   (e) What are the characteristics of children and young people who have a level of health that is below 'acceptable'? *(e.g. age, sex, cultural background, Aboriginal status, disability, geographic location, type of placement)*
   (f) What conditions (obstacles or enablers) contributed to any differences between groups of children and young people?
   (g) What lessons could be learnt and applied at organisational or system levels?

4.5 Monitoring questions for participating in processes for "being healthy"

The monitoring questions for participating in processes for "being healthy" are listed below.

1. To what extent – and how – are children and young people in OOHC enabled to have a say and be involved in decisions around "being healthy"?
   (a) Are there important differences for groups of children and young people with particular characteristics or with intersecting characteristics? *(e.g. age, sex, cultural background, Aboriginal status, disability, geographic location, type of placement)*
   (b) What were the conditions (obstacles) that hindered participation?
   (c) To what extent and how, when, and by which organisations or agencies can these be addressed?
   (d) What were the conditions (enablers) that fostered good participation?
   (e) To what extent and how, when, and by which organisations or agencies can these enablers be implemented more comprehensively or scaled up?
2. To what extent – and how – do children and young people in OOHC in Tasmania:
   (a) Receive the information they need to have a say and be involved in decisions around "being healthy"?
   (b) Have the ability to ask questions and have them answered?
   (c) Have the ability to express their views to decision-makers in their lives, for both small and big decisions?
   (d) Have their views closely listened to by people who can act?
   (e) Have their views taken seriously?

4.6 Monitoring rubrics

4.6.1 Intent and scope of the monitoring rubrics

A monitoring rubric is a means of ensuring the transparency and rationality of the process of forming judgements about the merit, worth and/or significance of an activity or service. It specifies the elements of an activity or service deemed to be important, as well as how they will be judged. These performance ratings make transparent the basis on which the Commissioner will make judgements about the performance of OOHC in Tasmania in terms of its outcomes and effectiveness regarding children's wellbeing.

Monitoring rubrics have been developed for 2018-19, as follows:

- Children and young people in OOHC "being healthy", utilising the age groups in the *Tasmanian Child and Youth Wellbeing Framework* (refer to Table A and Table B in Appendix 1); and
- Children and young people in OOHC having a say and being involved in decisions around "being healthy" (refer to Table C and Table D in Appendix 2).

The monitoring rubrics for the domain of "being healthy" are comprehensive for each age group: they address all of the areas to be considered for monitoring. Given the resources available to the Monitoring Program, the Commissioner will prioritise a limited number of discrete topics for monitoring within the domain of "being healthy", taking into account the views of stakeholders and contextual matters.

The purpose of the monitoring rubrics is to provide a framework for making decisions about which topics to focus on. Once particular topics have been selected, the most suitable indicators, data collection, analysis methods, and reporting formats for those topics will be determined. Accordingly, the monitoring rubrics presented in Appendix 1 and Appendix 2 are indicative and high-level, rather than prescriptive and highly detailed.

4.6.2 Monitoring of particular groups of children and young people in OOHC

Important sub-groups in OOHC were identified earlier in this Monitoring Plan: Aboriginal children and young people; children and young people of culturally and linguistically diverse (CALD) backgrounds; and children and young people with a disability. These sub-groups will be explicitly considered through application of the monitoring rubrics. As an example, referring to Table A in Appendix 1, exploring the focus area of "attendance at GP or maternal and child health or allied health service" in relation to Aboriginal children in OOHC may entail considering whether they could access the service of their choice, and the factors determining that preference. Again referring to Table A in Appendix 1, for the monitoring area of "the provision of treatment, medication and/or health aides", in relation to children and young people with a disability in OOHC, consideration could be given to how disability funding arrangements impact upon achievements within this focus area.

4.6.3 Monitoring rubrics for "being healthy"

The key focus areas for "being healthy" detailed in the monitoring rubrics were developed by adapting the "being healthy" statements from ARACY's 'Nest'[32] and combining them with the age groups for children and young people used by the *Tasmanian Child and Youth Wellbeing Framework*. The Commissioner's monitoring rubrics for "being healthy" are compatible with, but not identical to, this wellbeing framework. In order to maximise the value of monitoring for stakeholders, the Monitoring Program will report its findings in a manner which is consistent with the *Tasmanian Child and Youth Wellbeing Framework*.

32 ARACY (2014). *The Nest Action Agenda: Improving the wellbeing of Australia's children and youth while growing our GDP by over 7%.* Second edition: Canberra: Australian Research Alliance for Children and Youth

Table 3: Monitoring domains and monitoring areas for "being healthy"

Monitoring domain	Monitoring area
Children and young people in OOHC have their **physical health, psychosocial health, and mental health needs met**, and have opportunities to achieve their optimal developmental trajectories.	» Relevant physical, psychosocial, and mental health outcomes.
Children and young people in OOHC have **access to services**, including confidential services where appropriate, to promote their health and development.	» Assessment. » Health planning. » Primary health care services. » Specialist health care services. » Health treatment.
Children and young people in OOHC have **access to preventative measures** to promote "being healthy".	» Health promotion and information, and health literacy skills. » Emotional care and support. » Specific preventative strategies.

It is envisaged that, during 2018-19, the Commissioner will identify quantitative and qualitative indicators for each monitoring topic selected. This process will be informed by the (yet-to-be-confirmed) indicator framework for the *Tasmanian Child and Youth Wellbeing Framework* and the proposed *Outcomes Framework for Children and Young People in Out of Home Care Tasmania* and its associated indicators, as well as with input from key stakeholders.

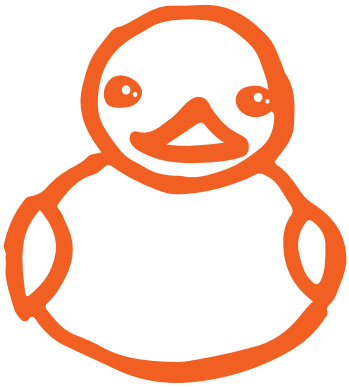
As Table 4 (below) shows, most focus areas within the domain of "being healthy" are relevant to all age groups of children and young people, with the exception of sexual health and substance use which are applicable only to children and young people aged over four years.

Table 4: Key focus areas for "being healthy" by age group

	Physical health							Mental and psychosocial health			
Age groups of children and young people	Acute and chronic conditions	Injuries and poisoning	Immunisation	Nutrition and physical activity	Oral health	Sexual health	Substance use	Emotional, social, and spiritual wellbeing	Psychological trauma	Suicide and self-harm	Serious mental health conditions[33]
4 years and under	✓	✓	✓	✓	✓	×	×	✓	✓	✓	✓
5 – 12 years	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13 years and over	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

4.6.4 Monitoring rubric for having a say in "being healthy"

The monitoring rubrics for the cross-cutting consideration of children and young people's participation in "being healthy" are provided in Tables B and C of Appendix 2 of this Monitoring Plan. This rubric is not-age specific. The Commissioner has taken the view that, in line with Article 12 of the UNCRC and consistent with s10(F) of the *Children, Young Persons and Their Families Act 1997*, having a say and being involved in decisions about "being healthy" is feasible for all ages of children and young people in OOHC, as long as exactly what that participation entails, and the way it is facilitated, is sensitive to the needs, maturity, and level of understanding of a child or young person.



33 Serious mental health conditions include schizophrenia spectrum disorders and other psychotic disorders, bipolar and related disorders, depressive disorders, and anxiety disorders. Source: The Royal Australian & New Zealand College of Psychiatrists (2016). *The Economic Costs of Serious Mental Illness and Comorbidities in Australia and New Zealand*, Melbourne: RANZCP

Table 5: Cross-cutting monitoring domains and monitoring areas for "participation"

Monitoring domain *Children and young people in OOHC in Tasmania:*	**Monitoring area** *Children and young people in OOHC in Tasmania:*
Receive information	» Receive information in an appropriate and timely manner. » Can ask questions and have them answered.
Have a voice	» Are given opportunities to speak up about small and big decisions.
Are heard	» Are listened to closely by people who can act.
Have their views taken seriously	» Have their views acted upon or taken into account. » Receive feedback on their views and any action taken.

4.7 Potential topics for monitoring

The specific health topics for monitoring activities to be conducted in 2018-19 of the Monitoring Program will be determined during that monitoring cycle, taking account of the monitoring rubrics (outlined in Section 4.6.4 above and provided in Appendix 1 and Appendix 2 of this Plan) and, where appropriate, the views of stakeholders.

Some indicative topics are provided below, in no particular order, as a basis for discussion, consideration, and prioritisation during 2018-19. These potential monitoring topics are provided here for illustration and to prompt stakeholder consideration. The Commissioner will identify, prioritise, and implement health-related topics for monitoring, including by taking into account the views of stakeholders.

Some indicative topics which may be considered for monitoring in 2018-19 include:

» Identification and analysis of data on factors within the OOHC care system that affect health status, such as case and care plans, visits by child protection workers, quality of care concerns, allegations of abuse and neglect while a child is in OOHC, and children and young people's participation in social and other community activities which support their wellbeing.

» The availability, access, and quality of health care services to children and young people in OOHC in Tasmania.

» The oral health status of children and young people in OOHC in Tasmania – and their access to dental care.

» The timeliness and adequacy of health assessments conducted for children and young people entering OOHC in Tasmania.

» Immunisation rates of children and young people in OOHC in Tasmania.

» Healthy eating, physical activity, and healthy weight of children and young people in OOHC in Tasmania.

» Access to treatment for complex behavioural issues and recovery from trauma for children and young people in OOHC in Tasmania, with reference to Action #8 of the Tasmanian *Youth at Risk Strategy*, which commits the Tasmanian Government to "provide targeted support to young people in OOHC" in the form of "specialised support and treatment options" for those who "have experienced significant trauma".

» The mental health of children and young people in OOHC in Tasmania, including self-harm and suicide (with reference to the *Youth Suicide Prevention Plan for Tasmania (2016-2020), National Suicide Prevention Strategy (NSPS)*, *Fifth National Mental Health Plan (2017-2022)*, and the work of the National Mental Health Commission).

» The subjective wellbeing of children and young people in OOHC in Tasmania, particularly in relation to bullying and social connectedness.

» Access to specialist alcohol and drug treatment for children and young people in OOHC in Tasmania.

» The sexual and reproductive health of young people, including the prevalence and outcomes of teenage parenting amongst young people in OOHC in Tasmania, with reference to the work of the National Commissioner for Children.

» Health literacy skills of children and young people in OOHC in Tasmania.

4.8 Data collection

4.8.1 Processes and methods

Data collection for Thematic Monitoring is envisaged as a process of conducting discrete case studies focusing on issues of a systemic nature, utilising some or all of the following methods:

1. Requesting data from Tasmanian Government agencies, non-government service providers, and advocacy organisations, specific to that year's theme, in addition to those data collected in Part A of the Monitoring Program: Regular Data Monitoring.
2. Undertaking desk-top reviews of published evidence and policy documents to identify performance standards and good practice for OOHC specifically in relation to that year's theme.
3. Obtaining the views of stakeholders, including the Tasmanian Government, non-government service providers, advocacy groups, carers, and children and young people with an OOHC experience.
4. Conducting observations and/or interviews during visits to Tasmanian Government and non-government OOHC service providers and advocacy organisations.

4.8.2 Case studies

The number of case studies conducted during a monitoring year will not be pre-determined. The topic of each case study will be decided by the Commissioner, according to available resources and whether the topic is:

- a policy issue of current or future relevance;
- a specific data gap identified from analysing the Government and non-government organisation data;
- a specific policy or data gap identified from a review of the evidence;
- an issue that is unclear and needs further exploration – for example, to understand what the available data means; and/or
- a noteworthy issue that children and young people in OOHC and care leavers have identified during consultations.

The specific methods of data collection to be used will be decided according to the specific monitoring questions selected. Some illustrative case study methods include:

- obtaining the views of children and young people who are in OOHC or care leavers;
- conducting a meta-review of pre-existing case review reports;
- engaging with OOHC providers or stakeholders including advocacy groups that work with children and young people in OOHC;
- collecting qualitative data and or/quantitative data from de-identified case files;
- collecting data with service providers via, for example, a survey;
- collating, linking, or aggregating existing data from separate datasets; and
- participatory piloting of innovative technology or research methods with children and young people and/or carers. For illustrative purposes, one such example is a suite of commercially-available apps – MOMO – developed by Mind of My Own (http://mindofmyown.org.uk/), which supports children and young people to express their views and assists social workers to capture those views. Another case study method which could be piloted is "momentary ecological assessment", which entails using mobile technology to repeatedly sample an individual's current experiences, behaviours, and moods in real time and in their natural environment.[34]

34 Burke, L. E. (2017). "Ecological momentary assessment in behavioural research: Addressing technological and human participant challenges", *Journal of Medical Internet Research,* 19(3); e77

5. Responsive Investigations

5.1 Purpose and key elements

In this component of the Monitoring Program, the Commissioner, whether utilising "own motion" investigatory powers or undertaking an investigation at the request of the Minister, in accordance with the *Commissioner for Children and Young People Act 2016*, may dedicate resources to undertake a targeted, in-depth investigation of a specific issue in OOHC in Tasmania, particularly in response to an emergent issue (which may or may not be health related).

The conduct of responsive investigations will allow the Commissioner to respond to any emergent issues of concern in the fluid policy and program environment; and also allow for in-depth enquiry of the complex factors leading to a particular set of outcomes for children and young people in OOHC.

5.2 Monitoring questions

Along with the monitoring questions for Regular Data Monitoring, it is anticipated that the monitoring questions for Responsive Investigations will remain consistent throughout the Monitoring Program, with the exception of some minor revisions informed by emerging contextual considerations and stakeholder views.

The following are monitoring questions to guide a responsive investigation in 2018-19 and in future years of the Monitoring Program:

1. What is the matter that is occurring or has occurred in OOHC in Tasmania?
2. Where does it (or did it) occur? Who does it (or did it) affect and to what extent?
3. When did it happen? Is it ongoing or resolved? Is it likely to affect other areas/people? Are there likely to be long-term consequences, either positive or negative?
4. How did it come to our attention? (How was it discovered and by which organisations or agencies?)
5. Is it currently being investigated? If so, by which organisations or agencies?
6. Has (something like) this happened before in Tasmania? If so, what was done about it, by which organisations or agencies and why?
7. To what extent and how quickly was the problem resolved? If there were enduring issues, what were they and why?
8. Why did it happen (or happen again)?
9. What can be done to prevent it from happening again?
   (a) What changes need to be made at organisational and/or system level?
   (b) What can be done and by which organisations or agencies (Government or non-government) in the short term to limit negative consequences?
   (c) What needs to be done and by which organisations or agencies in the longer term to put in place appropriate safeguards?
10. Are there lessons to be learnt from other jurisdictions in relation to this matter?

The nature of a Responsive Investigation, in which the particular issue to be investigated is not pre-determined and is instead determined by emerging contextual considerations or a request from the Minister, means that monitoring rubrics for Responsive Investigations have not been developed.

5.3 Data collection

Whilst data collection methods and data sources are not pre-determined for Responsive Investigations, they may include the following:

- formal correspondence between the Commissioner and Tasmanian Government agencies, non-government service providers, or other non-government organisations;
- reviews of documents; and/or
- requests for data from electronic databases managed by Tasmanian Government agencies.

All data will be de-identified prior to reporting. It is important to note that, under the *Commissioner for Children and Young People Act 2016*, the Commissioner does not have the authority to investigate or review a specific decision made in respect of an individual case or specific circumstances, unless requested by the Minister to do so.[35]

35 *Commissioner for Children and Young People Act 2016*, sections 9 and 14

6. Implementation of the Monitoring Program

6.1 Available resources

The design of the Monitoring Program is informed by the resources dedicated to this function. In the 2017-18 State Budget, the Tasmanian Government committed $250,000 per annum over four years to the office of the Commissioner, commencing in July 2017. This commitment arose from the Tasmanian Government's acceptance of former Commissioner Morrissey's recommendations in his January 2017 report into OOHC, *Children and Young People in Out of Home Care in Tasmania*. In October 2017, two Senior Policy Officers (1.8 FTE) were appointed to the Commissioner's office, assisting the Interim Commissioner to design the Monitoring Program in 2017-18 and implement it from 1 July 2018 to 30 June 2021.

In December 2017, the Interim Commissioner appointed an expert panel, initially for a term of 12 months, to provide high-level technical expertise and strategic advice to the Commissioner for this Monitoring Program. This Expert Panel has the following members:

- Professor Daryl Higgins, Institute for Child Protection Studies, Australian Catholic University;
- Professor Kitty te Riele, Peter Underwood Centre, University of Tasmania;
- Professor Sharon Bessell, Crawford School of Public Policy, Australian National University; and
- Dr Greet Peersman, the Australia and New Zealand School of Government (ANZSOG).

6.2 Indicative timeframes for the Monitoring Program

Monitoring will commence on 1 July 2018 and conclude on 30 June 2021. Monitoring activities under Part A, Part B, and Part C may be conducted in parallel throughout each monitoring year, as detailed in Table 6 below.

Table 6: Indicative schedule of activities for the Monitoring Program

Element of the Monitoring Program	Duration	Timing
Part A: Regular Data Monitoring	12 months of regular monitoring.	Periodic, according to agreed timetables with data providers.
Part B: Thematic Monitoring	12 months of thematic monitoring conducted as separate projects of unspecified duration.	Flexible timing for each monitoring project, according to its requirements and the needs of stakeholders.
Part C: Responsive Investigation	A particular investigation may carry over into the next year's monitoring.	As required during the 12-month period, with no specified start date.

7. Reporting and communication

7.1 Reporting strategy and structure

The Commissioner will report monitoring findings in different formats and at different times, taking account of the timing and type of monitoring activities conducted throughout the monitoring cycle. It is envisaged that reports will be prepared over the course of each year. An Annual Report will be prepared at the end of each year of monitoring. In addition, the Commissioner may release issues papers focusing on a particular matter.

Monitoring reports will include:

- key findings, answering the selected monitoring questions;
- monitoring judgements with specific reference to the monitoring rubrics; and
- recommendations for system or policy improvements, derived from the monitoring judgements.

7.2 Reporting schedule

The Annual Report will be prepared at the end of each financial year and be made publically available. Other reports may be prepared at any stage of the Monitoring Program when monitoring activities or investigations are either completed or generate significant interim findings. At the discretion of the Commissioner, these other reports may be made publically available at any stage during the monitoring cycle, noting the procedural requirements of the *Commissioner for Children and Young People Act 2016* ('the Act').

7.3 Reporting requirements

The Monitoring Program's reporting arrangements will comply with the requirements of the *Commissioner for Children and Young People Act 2016*. Section 20 states that the Commissioner may, at any time, prepare a report (which may include recommendations), and the Commissioner must provide the Minister with a copy of the report within 7 days after the report is finalised. The Act also deals with the inclusion of a comment in a report that is adverse to a person (s21) and provides the Commissioner with the option of tabling a report before both Houses of Parliament (s20 (4) and also s22 (2)). Information about the Commissioner's powers and other relevant matters can be found in the Act, which is available at: https://www.legislation.tas.gov.au/view/html/inforce/current/act-2016-002.

7.4 Reporting formats

Reporting formats will be determined according to the available resources and the needs and interests of specific groups of stakeholders. Where appropriate, the Commissioner will publish monitoring reports in formats that are suitable for children and young people in OOHC. Reporting formats may include:

- memos and emails;
- interim and final reports;
- newsletters, bulletins, briefs, and brochures;
- webpages;
- verbal and video presentations;
- posters;
- creative formats such as photography, cartoons, or poetry;
- working sessions with groups of stakeholders; and/or
- confidential discussions with stakeholders.[36]

36 Saunders, R.P. (2016). *Implementation Monitoring and Process Evaluation*, Thousand Oaks: Sage Publications

Appendices

Appendix 1: Monitoring Rubrics for "Being Healthy"

The monitoring rubrics for children and young people in OOHC "being healthy" are provided in Table A and Table B in this appendix.

[The material below is reproduced in part from section 4.6.1 of the Monitoring Plan.]

The monitoring rubrics for the domain of "being healthy" are comprehensive for each age group: they address all of its areas to be considered for monitoring. Given the resources available for the Monitoring Program, the Commissioner will prioritise a limited number of discrete topics for monitoring within the domain of "being healthy", taking into account the views of stakeholders.

The purpose of the monitoring rubrics (as presented in Appendix 1 and Appendix 2) is to provide a framework for making decisions about which topics to focus on. Once particular topics have been selected, the most suitable indicators, data collection, analysis methods, and reporting formats will be determined. Accordingly, the monitoring rubrics presented are indicative and high-level, rather than prescriptive and detailed.

The Commissioner's monitoring rubrics for "being healthy" are compatible with, but not identical to, the *Tasmanian Child and Youth Wellbeing Framework*. In order to maximise the value of monitoring for stakeholders, the Monitoring Program will report its monitoring findings in a manner which is consistent with this Tasmanian Government wellbeing framework.

It is envisaged that, during the first year of formal monitoring, the Commissioner will identify quantitative and qualitative indicators specific to each monitoring topic selected. This process will be informed by the (yet-to-be-confirmed) indicator framework for the Tasmanian Government's *Tasmanian Child and Youth Wellbeing Framework* and the proposed *Outcomes Framework for Children and Young People in Out of Home Care Tasmania*, as well as with input from key stakeholders.

Table A: Monitoring rubrics for children and young people "being healthy" in OOHC, by age group

4 years and under	Monitoring areas					
	Physical health					
Monitoring domains for "being healthy"	**Acute and chronic conditions**	**Injuries and poisoning prevention**	**Immunisation**	**Nutrition, activity and healthy weight**	**Oral health**	
Children and young people in OOHC have their **physical health, psychosocial health, and mental health needs met**, and have opportunities to achieve their optimal developmental trajectories.	Birthweight Height/weight Hearing and vision Disability Asthma Neuro-developmental disorders	Injury Poisoning Violence Hospital admissions for injury	Immunisation	Physical activity Nutrition Height/weight	Dental decay	
Children and young people in OOHC have **access to services**, including confidential services where appropriate, to promote their health and development.	Comprehensive health screening and assessment conducted	Comprehensive health screening and assessment conducted	Comprehensive health screening and assessment conducted	Comprehensive health screening and assessment conducted	Comprehensive health screening and assessment conducted	
	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	
	Attendance at General Practice or CFHN[37] or allied health service when required	Attendance at General Practice or CFHN or allied health service when required	Attendance at General Practice or CFHN or allied health service when required	Attendance at General Practice or CFHN or allied health service when required	Timely attendance at oral health service when required	
	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	
	Treatment, medication and/or health aides provided as required	Treatment, medication and/or health aides provided as required	Treatment, medication and/or health aides provided as required	Treatment, medication and/or health aides provided as required	Treatment, medication and/or health aides provided as required	
Children and young people in OOHC have access to **preventative measures** to promote "being healthy".	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	
	Personal hygiene of infants and pre-schoolers maintained	Safe home environment provided Safety equipment e.g. cot/high chair		Opportunities for physical activity provided Nutritious food and drinks		

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			Mental and psychosocial health				
	Sexual health	Substance use	Emotional, social, and spiritual wellbeing	Psychological trauma	Suicide and self-harm	Serious mental health conditions	
			Positive feelings about future [if possible] Self-reported health [if possible] Reports by carers	Traumatic events and experiences Psychological distress Behavioural responses	Self-harm	Serious mental illness High/very high psychological distress	**Health outcomes**
			Comprehensive health screening and assessment conducted	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	**Assessment**
			Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	**Health planning**
			Attendance at General Practice or CFHN or allied health service when required	Attendance at General Practice or CFHN or allied health service when required	Attendance at General Practice or CFHN or allied health service when required	Attendance at General Practice or CFHN or allied health service when required	**Primary health care services**
			Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	**Specialist health care services**
			Treatment, medication and/or health aides provided as required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	**Treatment**
			Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	**Health promotion and information, and health literacy skills**
			Emotional care and support provided	Emotional care and support provided	Emotional care and support provided	Emotional care and support provided	**Emotional care and support**
			Opportunities for social interaction provided, including with birth family Opportunities for play Cultural connections facilitated	Trauma-informed care provided			**Specific preventative strategies**

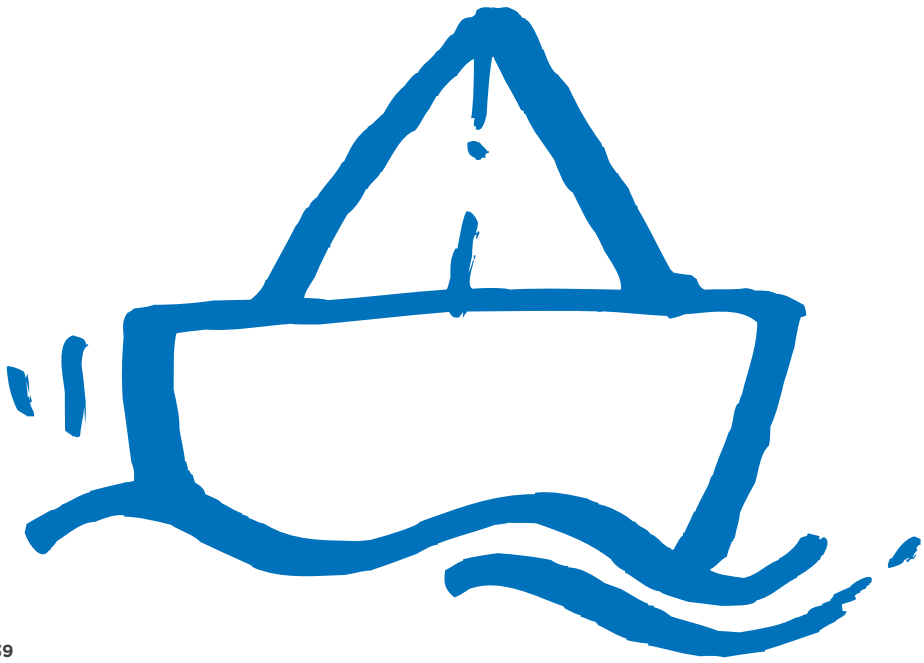
Table A: Monitoring rubrics for children and young people "being healthy" in OOHC, by age group

5 – 12 years	Monitoring areas					
	Physical health					
Monitoring domains for "being healthy"	**Acute and chronic conditions**	**Injuries and poisoning prevention**	**Immunisation**	**Nutrition, activity and healthy weight**	**Oral health**	
Children and young people in OOHC have their **physical health, psychosocial health, and mental health needs met**, and have opportunities to achieve their optimal developmental trajectories.	Height/weight Hearing and vision Disability Asthma Neuro-developmental disorders	Injury Poisoning Youth violence Hospital admissions for injury	Immunisation	Physical activity Nutrition Height/weight	Dental decay	
Children and young people in OOHC have **access to services**, including confidential services where appropriate, to promote their health and development.	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	
	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	
	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at oral health service when required	
	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	
	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	

			Mental and psychosocial health				
	Sexual health	Substance use	Emotional, social, and spiritual wellbeing	Psychological trauma	Suicide and self-harm	Serious mental health conditions	
	Pregnancy Sexually transmitted disease	Smoking Alcohol Substances	Positive feelings about future Self-reported health	Traumatic events and experiences Psychological distress Behavioural responses	Suicide Self-harm	Serious mental illness High/very high psychological distress	**Health outcomes**
	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	**Screening and assessment**
	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	**Health planning**
	Attendance at GP or allied health service when required	Attendance at GP or allied health service when required	Attendance at GP or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	**Primary health care services**
	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	**Specialist health care services**
	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	**Treatment**

Table A: Monitoring rubrics for children and young people "being healthy" in OOHC, by age group *continued*

5 – 12 years	Monitoring areas					
	Physical health					
Monitoring domains for "being healthy"	**Acute and chronic conditions**	**Injuries and poisoning prevention**	**Immunisation**	**Nutrition, activity and healthy weight**	**Oral health**	
Children and young people in OOHC have access to **preventative measures** to promote "being healthy".	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	
	Age appropriate health promotion and information provided *to children*	Age appropriate health promotion and information provided *to children*	Age appropriate health promotion and information provided *to children*	Age appropriate health promotion and information provided *to children*	Age appropriate health promotion and information provided *to children*	
	Personal hygiene of children maintained	Safe home environment provided Safety equipment e.g. bike helmets provided		Regular opportunities for physical activity provided	Oral hygiene routine maintained	



			Mental and psychosocial health				
	Sexual health	Substance use	Emotional, social, and spiritual wellbeing	Psychological trauma	Suicide and self-harm	Serious mental health conditions	
	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	**Health promotion and information, and health literacy skills**
	Age appropriate health promotion and information provided *to children*	Age appropriate health promotion and information provided *to children*	Age appropriate health promotion and information provided *to children*	Age appropriate health promotion and information provided *to children*	Age appropriate health promotion and information provided *to children*	Age appropriate health promotion and information provided *to children*	
			Emotional care and support provided	Emotional care and support provided	Emotional care and support provided	Emotional care and support provided	**Emotional care and support**
	Access to contraception provided when appropriate	Adequate supervision provided	Opportunities for social interaction provided, including birth family Opportunities for play Cultural connections	Trauma-informed care provided			**Specific strategies**

Table A: Monitoring rubrics for children and young people "being healthy" in OOHC, by age group

13 years and over	Monitoring areas					
	Physical health					
Monitoring domains for "being healthy"	**Acute and chronic conditions**	**Injuries and poisoning prevention**	**Immunisation**	**Nutrition, activity and healthy weight**	**Oral health**	
Children and young people in OOHC have their **physical health, psychosocial health, and mental health needs met**, and have opportunities to achieve their optimal developmental trajectories.	Height/weight Hearing and vision Disability Asthma Neuro-developmental disorders	Injury Poisoning Youth violence Hospital admissions for injury	Immunisation	Physical activity Nutrition Height/weight Type 2 diabetes	Dental decay	
Children and young people in OOHC have **access to services**, including confidential services where appropriate, to promote their health and development.	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	
	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	
	Attendance at GP or allied health service when required		Attendance at GP or allied health service when required	Attendance at GP or allied health service when required	Attendance at oral health service when required	
	Attendance at specialist services if required			Attendance at specialist services if required		
	Treatment, medication and/or health aides provided if required		Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	

			Mental and psychosocial health				
	Sexual health	Substance use	Emotional, social, and spiritual wellbeing	Psychological trauma	Suicide and self-harm	Serious mental health conditions	
	Pregnancy Sexually transmitted disease	Smoking Alcohol Substances	Positive feelings about future Self-reported health	Traumatic events and experiences Psychological distress Behavioural responses	Suicide Self-harm	Serious mental illness High/very high psychological distress	**Health outcomes**
	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	**Screening and assessment**
	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	**Health planning**
	Attendance at GP or allied health service when required	Attendance at GP or allied health service when required	Attendance at GP or allied health service when required	Attendance at GP or allied health service when required	Attendance at GP or allied health service when required	Attendance at GP or allied health service when required	**Primary health care services**
	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	**Specialist health care services**
	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	**Treatment**

Table A: Monitoring rubrics for children and young people "being healthy" in OOHC, by age group *continued*

13 years and over	Monitoring areas					
	Physical health					
Monitoring domains for "being healthy"	**Acute and chronic conditions**	**Injuries and poisoning prevention**	**Immunisation**	**Nutrition, activity and healthy weight**	**Oral health**	
Children and young people in OOHC have access to **preventative measures** to promote "being healthy".	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	
	Age appropriate health promotion and information provided *to adolescents*	Age appropriate health promotion and information provided *to adolescents*	Age appropriate health promotion and information provided *to adolescents*	Age appropriate health promotion and information provided *to adolescents*	Age appropriate health promotion and information provided *to adolescents*	
	Basic personal hygiene of younger adolescents maintained	Safe home environment provided Safety equipment e.g. car seats and bike helmets provided		Opportunities for physical activity provided	Oral hygiene routine maintained	

			Mental and psychosocial health				
	Sexual health	Substance use	Emotional, social, and spiritual wellbeing	Psychological trauma	Suicide and self-harm	Serious mental health conditions	
	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	Health promotion and information provided *to carers*	**Health promotion and information, and health literacy skills**
	Age appropriate health promotion and information provided *to adolescents*	Age appropriate health promotion and information provided *to adolescents*	Age appropriate health promotion and information provided *to adolescents*	Age appropriate health promotion and information provided *to adolescents*	Age appropriate health promotion and information provided *to adolescents*	Age appropriate health promotion and information provided *to adolescents*	
			Emotional care and support provided	Emotional care and support provided	Emotional care and support provided	Emotional care and support provided	**Emotional care and support**
	Access to contraception provided when appropriate	Adequate supervision provided	Opportunities for social interaction provided, including birth family Opportunities for recreation provided Cultural connections	Trauma-informed care provided			**Specific strategies**

Table B: Performance ratings and criteria for children and young people "being healthy" in OOHC

	PERFORMANCE RATINGS	Outstanding (Always)	Strong (Almost always)	
	PERFORMANCE DESCRIPTORS	*Clear example of exemplary performance or best practice: no weaknesses*	*Very good to excellent performance in virtually all aspects; strong overall but not exemplary; no weaknesses of any real consequence*	
MONITORING DOMAINS FOR "BEING HEALTHY"	Children and young people in OOHC have their **physical development, psychosocial health, and mental health needs met**, and have opportunities to achieve their optimal developmental trajectories.	Children and young people in OOHC are **always** healthy, have well-managed health, and/or have improving health	Children and young people are **almost always** healthy, have well-managed health, and/or show evidence of improving health	
	Children and young people in OOHC have **access to services**, including confidential services where appropriate, to promote their health and development.	Children and young people in OOHC **always** receive screening and assessment as required Children and young people in OOHC **always** have a current health plan which is shared Children and young people in OOHC **always** attend a GP or CFHN[38] or allied health service when required Children and young people in OOHC **always** attend a medical specialist when required Children and young people in OOHC **always** receive treatment, medication and/or health aides as required	Children and young people in OOHC **almost always** receive screening and assessment as required Children and young people in OOHC **almost always** have a current health plan which is shared Children and young people in OOHC **almost always** attend a GP or CFHN or allied health service when required Children and young people in OOHC **almost always attend** a medical specialist when required Children and young people in OOHC **almost always** receive treatment, medication and/or health aides as required	
	Children and young people in OOHC have access to **preventative measures** to promote "being healthy".	Carers and/or children and young people in OOHC **always** receive health information and promotion Emotional care and support is **always** provided Specific preventative strategies are **always** employed as necessary	Carers and/or children and young people in OOHC **almost always** receive health information and promotion Emotional care and support is **almost always** provided Specific preventative strategies are **almost always** employed as necessary	

	Developing **(Mostly, with some exceptions)**	Adequate **(Sometimes, with quite a few exceptions)**	Poor **(Never or occasionally, with clear weaknesses evident)**	Insufficient evidence
	Reasonably good performance overall; might have a few slight weaknesses, but none are significant	*Fair performance, some serious but non-crucial weaknesses on a few aspects*	*Clear evidence of unsatisfactory functioning; serious weaknesses across the board on crucial aspects*	*Evidence unavailable or of insufficient quality to determine performance*
	Children and young people are mostly healthy, have well-managed health, and/or show evidence of improving health	Children and young people are sometimes healthy, have well-managed health, and/or show evidence of improving health	Children and young people are never or occasionally healthy, have well-managed health, and/or show evidence of improving health	**Evidence is unavailable or of insufficient quality to determine to what extent** children and young people are healthy, have well-managed health, and/or have improving health
	Children and young people in OOHC **mostly** receive screening and assessment as required Children and young people in OOHC **mostly** have a current health plan which is shared Children and young people in OOHC **mostly** attend a GP or CFHN or allied health service when required Children and young people in OOHC **mostly** attend a medical specialist when required Children and young people in OOHC **mostly** receive treatment, medication and/or health aides as required	Children and young people in OOHC **sometimes** receive screening and assessment as required Children and young people in OOHC **sometimes** have a current health plan which is shared Children and young people in OOHC **sometimes** attend a GP or CFHN or allied health service when required Children and young people in OOHC **sometimes** attend a medical specialist when required Children and young people in OOHC **sometimes** receive treatment, medication and/or health aides as required	Children and young people in OOHC **never or occasionally** receive screening and assessment as required Children and young people in OOHC **never or occasionally** have a current health plan which is shared Children and young people in OOHC **never or occasionally** attend a GP or CFHN or allied health service when required Children and young people in OOHC **never or occasionally** attend a medical specialist when required Children and young people in OOHC **never or occasionally** receive treatment, medication and/or health aides as required	**Evidence is unavailable or of insufficient quality to determine to what extent** children and young people in OOHC receive screening and assessment as required **Evidence is unavailable or of insufficient quality to determine to what extent** children and young people in OOHC have a current health plan which is shared **Evidence is unavailable or of insufficient quality to determine to what extent** children and young people in OOHC attend a GP or CFHN or allied health service when required **Evidence is unavailable or of insufficient quality to determine to what extent** children and young people in OOHC attend a medical specialist when required **Evidence is unavailable or of insufficient quality to determine to what extent** children and young people in OOHC receive treatment, medication and/or health aides as required
	Carers and/or children and young people in OOHC **mostly** receive health information and promotion Emotional care and support is **mostly** provided Specific preventative strategies are **mostly** employed as necessary	Carers and/or children and young people in OOHC **sometimes** receive health information and promotion Emotional care and support is **sometimes** provided Specific preventative strategies are **sometimes** employed as necessary	Carers and/or children and young people in OOHC **never or occasionally** receive health information and promotion Emotional care and support is **never or occasionally** provided Specific preventative strategies are **never or occasionally** employed as necessary	**Evidence unavailable or of insufficient quality to determine to what extent** carers and/or children and young people in OOHC receive health information and promotion **Evidence unavailable or of insufficient quality to determine to what extent** emotional care and support is provided to children and young people in OOHC **Evidence unavailable or of insufficient quality to determine to what extent** specific preventative strategies are employed as necessary with children and young people in OOHC

Appendix 2: Monitoring Rubrics for Children and Young People Participating in "Being Healthy"

Tables C and D below present the monitoring rubrics for the cross-cutting consideration of children and young people being enabled to have a say and be involved in decisions around "being healthy".

[The material below is partially reproduced from section 4.6.4 of the Monitoring Plan.]

Unlike the rubric for "being healthy" provided in Appendix 1, this rubric is is not-age specific. In line with Article 12 of the UNCRC and consistent with s10(F) of the *Children, Young Persons and Their Families Act 1997*, having a say and being involved in decisions around "being healthy" is feasible for all ages of children and young people in OOHC. However, it is important to ensure that participation processes are sensitive to the needs, maturity, and level of understanding of a child or young person.

Table C: Monitoring rubrics for children and young people participating in "being healthy" in OOHC in Tasmania, for all age groups

All ages (0 – 19 years)	Monitoring areas					
	Physical health					
Monitoring domains	**Acute and chronic conditions**	**Injuries and poisoning prevention**	**Immunisation**	**Nutrition, activity and healthy weight**	**Oral health**	
Children and young people in out-of-home care have their **physical development, psychosocial and mental health needs met**, and have opportunities to achieve their optimal developmental trajectories.	Hearing and vision Disability Asthma Neuro-developmental disorders	Injury Poisoning Violence Hospital admissions for injury	Immunisation	Physical activity Nutrition Height/weight Type 2 diabetes	Dental decay	
Cross-cutting consideration: **Children and young people in OOHC have a say and are involved in decisions about their development and having their health needs met.**	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	
Children and young people in OOHC have **access to services**, including confidential services where appropriate, to promote their health and development.	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	
	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	
	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at oral health service when required	
	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	
	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	
Cross-cutting consideration: **Children and young people in OOHC have a say and are involved in decisions about their access to health services.**	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	

	Mental and psychosocial health						
	Sexual health	Substance use	Emotional, social, and spiritual wellbeing	Psychological trauma	Suicide and self-harm	Serious mental health conditions	
	Teenage pregnancy Sexually transmitted disease	Smoking rate Alcohol rate Illicit drugs rate	Positive feelings about future Self-reported health	Traumatic events and experiences Psychological distress Behavioural responses	Suicide Self-harm	Serious mental illness High/very high psychological distress	**Health outcomes**
	Receive information *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	
	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	Comprehensive health screening and assessment	**Screening and assessment**
	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	Health plan developed and shared	**Health planning**
	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	Attendance at General Practice or allied health service when required	**Primary health care services**
	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	Attendance at specialist services if required	**Specialist health care services**
	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	Treatment, medication and/or health aides provided if required	**Treatment**
	Receive information *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	

Table C: Monitoring rubrics for children and young people participating in "being healthy" in OOHC in Tasmania, for all age groups *continued*

All ages (0 – 19 years)	**Monitoring areas**					
	Physical health					
Monitoring domains	**Acute and chronic conditions**	**Injuries and poisoning prevention**	**Immunisation**	**Nutrition, activity and healthy weight**	**Oral health**	
Children and young people in OOHC have access to **preventative measures** to promote "being healthy".	Health promotion and information provided to carers	Health promotion and information provided to carers	Health promotion and information provided to carers	Health promotion and information provided to carers	Health promotion and information provided to carers	
	Age appropriate health promotion and information provided to children and young people	Age appropriate health promotion and information provided to children and young people	Age appropriate health promotion and information provided to children and young people	Age appropriate health promotion and information provided to children and young people	Age appropriate health promotion and information provided to children and young people	
	Basic personal hygiene of older adolescents maintained	Safe home environment provided Safety equipment e.g. bike helmets provided Driving supervised		Opportunities for physical activity provided	Oral hygiene routine maintained	
Cross-cutting consideration: **Children and young people in OOHC have a say and are involved in decisions about their access to preventative strategies to promote "being healthy".**	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	

			Mental and psychosocial health				
	Sexual health	Substance use	Emotional, social, and spiritual wellbeing	Psychological trauma	Suicide and self-harm	Serious mental health conditions	
	Health promotion and information provided to carers	Health promotion and information provided to carers	Health promotion and information provided to carers	Health promotion and information provided to carers	Health promotion and information provided to carers	Health promotion and information provided to carers	**Health promotion and information, and health literacy skills**
	Age appropriate health promotion and information provided to children and young people	Age appropriate health promotion and information provided to children and young people	Age appropriate health promotion and information provided to children and young people	Age appropriate health promotion and information provided to children and young people	Age appropriate health promotion and information provided to children and young people	Age appropriate health promotion and information provided to children and young people	
			Emotional care and support provided	Emotional care and support provided	Emotional care and support provided	Emotional care and support provided	**Emotional care and support**
	Access to contraception and STD prevention provided if appropriate	Adequate supervision provided	Opportunities for social interaction provided, including with birth family contact where suitable Opportunities for recreation provided Sleep routines maintained Cultural connections facilitated	Trauma-informed care provided			**Specific strategies**
	Receive information *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	*Receive information* *Have a voice* *Are heard* *Have their views acted upon or taken into account*	

Table D: Performance ratings criteria for children and young people participating in "being healthy" in OOHC

	PERFORMANCE RATINGS	Outstanding (Always)	Strong (Almost always)	
	PERFORMANCE DESCRIPTORS	*Clear example of exemplary performance or best practice: no weaknesses*	*Very good to excellent performance in virtually all aspects; strong overall but not exemplary; no weaknesses of any real consequence*	
MONITORING DOMAINS FOR PARTICIPATION OF CHILDREN AND YOUNG PEOPLE IN OOHC IN TASMANIA	**Receive information**	Children and young people in OOHC **always**: Receive information in an appropriate and timely manner Are able to ask questions and have them answered	Children and young people in OOHC **almost always**: Receive information in an appropriate and timely manner Are able to ask questions and have them answered	
	Have a voice	Children and young people in OOHC **always**: Are given opportunities to speak up about small and big decisions	Children and young people in OOHC **almost always**: Are given opportunities to speak up about small and big decisions	
	Are heard	Children and young people in OOHC **always**: Are listened to closely to by people who can act	Children and young people in OOHC **almost always**: Are listened to closely to by people who can act	
	Have their views taken seriously	Children and young people in OOHC **always**: Have their views acted upon or taken into account Receive feedback on their views and any action taken	Children and young people in OOHC **almost always**: Have their views acted upon or taken into account Receive feedback on their views and any action taken	

	Developing **(Mostly, with some exceptions)**	**Adequate** **(Sometimes, with quite a few exceptions)**	**Poor** **(Never or occasionally, with clear weaknesses evident)**	**Insufficient evidence**
	Reasonably good performance overall; might have a few slight weaknesses, but none are significant	*Fair performance, some serious but non-crucial weaknesses on a few aspects*	*Clear evidence of unsatisfactory functioning; serious weaknesses across the board on crucial aspects*	*Evidence unavailable or of insufficient quality to determine performance*
	Children and young people in OOHC **mostly**: Receive information in an appropriate and timely manner Are able to ask questions and have them answered	Children and young people in OOHC **sometimes**: Receive information in an appropriate and timely manner Are able to ask questions and have them answered	Children and young people in OOHC **never or occasionally**: Receive information in an appropriate and timely manner Are able to ask questions and have them answered	**Evidence is unavailable or of insufficient quality to determine the extent to which** children and young people in OOHC receive information
	Children and young people in OOHC **mostly**: Are given opportunities to speak up about small and big decisions	Children and young people in OOHC **sometimes**: Are given opportunities to speak up about small and big decisions	Children and young people in OOHC **never or occasionally**: Are given opportunities to speak up about small and big decisions	**Evidence is unavailable or of insufficient quality to determine the extent to which** children and young people in OOHC have a voice
	Children and young people in OOHC **mostly**: Are listened to closely to by people who can act	Children and young people in OOHC **sometimes**: Are listened to closely to by people who can act	Children and young people in OOHC **never or occasionally**: Are listened to closely to by people who can act	**Evidence is unavailable or of insufficient quality to determine the extent to which** children and young people in OOHC are heard
	Children and young people in OOHC **mostly**: Have their views acted upon or taken into account Receive feedback on their views and any action taken	Children and young people in OOHC **sometimes**: Have their views acted upon or taken into account Receive feedback on their views and any action taken	Children and young people in OOHC **never or occasionally**: Have their views acted upon or taken into account Receive feedback on their views and any action taken	**Evidence is unavailable or of insufficient quality to determine the extent to which** children and young people in OOHC have their views taken seriously

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