



Monitoring Report No. 2 (Second Edition):

Key data on Tasmania's out-of-home care system, 2020-2022

Out-of-Home Care Monitoring Program 2023

Acknowledgement of Country

The Commissioner for Children and Young People (Commissioner) acknowledges and pays respect to the palawa people of lutruwita as the original and ongoing custodians of this land and for the more than 40,000 years they have cared for their country and their children.

Further acknowledgements

The Commissioner wishes to acknowledge the members of the Expert Panel for the Commissioner's Out-of-Home Care Monitoring Program – Professor Sharon Bessell, Professor Daryl Higgins, Dr Greet Peersman and Professor Kitty te Riele. The Expert Panel's insights and expertise have informed the development of the Monitoring Plan of which this report is an output. Members also generously provided feedback on an early draft of this report.

The Commissioner also wishes to extend her thanks to the former Department of Communities Tasmania and the Department *for* Education, Children and Young People for their support of her ongoing monitoring activities, including through the provision of previously unpublished data.

In publishing this report, the Commissioner acknowledges that while the data contained in this report relates to the functioning of the Child Safety Service, many issues, including those outside the direct control of the Child Safety Service, have a substantial impact on how this service functions and outcomes for children, young people and their families. In recent years, the Child Safety Service has been, and continues to be, under enormous strain. In recognition of this, the Commissioner expresses her profound appreciation to the many individuals who work tirelessly within this service to ensure children and young people in care are safe and well.

Commissioner for Children and Young People (Tas) 2023, *Monitoring Report No. 2: Key data on Tasmania's out-of-home care system, 2020-2022*

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

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Commissioner's foreword

One part of my role as Commissioner for Children and Young People in Tasmania (Commissioner), is to undertake independent, systemic monitoring of Tasmania's Out-of-Home Care system. This monitoring focuses on systemic issues in institutional and administrative practices – it is distinct from complaint handling and individual advocacy associated with Out-of-Home Care, which are not included in my legislative remit. Monitoring is important as it contributes to oversight of the Out-of-Home Care system, which in turn improves the accountability of those working within it – from Government Ministers to Government Departments, non-government providers of services, and carers, among others. In turn, accountability ensures that the safety and wellbeing of children in out-of-home care is, and remains, front and centre of everyone's minds.

Despite significant public interest in the Tasmanian Out-of-Home Care system, there is a concerning lack of transparency regarding its operation. While national reporting bodies publish some Tasmanian data, the Out-of-Home Care system remains largely opaque. This limits effective system oversight and raises questions about how the Government is meeting its financial and social obligations to care for our most vulnerable children.

The first edition of this report was released in March 2023. The report described some of the key characteristics of the Tasmanian Out-of-Home Care system and provided information about the experiences of children and young people in care for 2020-2021. This second edition further increases the transparency of Tasmania's Out-of-Home Care system by expanding the time-period reported upon to include 2021-2022.

I want to emphasise that the data quality issues that I commented on with the release of the first edition remain. I acknowledge the inherent challenges in improving data quality especially for a demand driven system like the Out-of-Home Care system. I am grateful for the commitment of the Tasmanian Government to transparency and to

improve the level of communication and indeed, data, so we can ensure that together we can make informed decisions about how we can improve our out-of-home care services¹

I further commend the staff of the Department for Education, Children and Young People (DECYP) on their dedication to accuracy in assisting me to ensure that the data contained in this edition of the report are informative. Further, I commend the Government for expanding its online data dashboard for the Out-of-Home Care system. I look forward to learning more about how DECYP will implement evidence-based solutions to improve accuracy in data entry, data revision and review, and data reporting. These solutions are

¹ *Tasmania Children's Commissioner raises concerns about transparency of child protection*, David Killick, The Mercury, 16 March 2023 ([Tasmania Children's Commissioner raises concerns about transparency of child protection data | The Mercury](#))

required to ensure that all data are reliable and reflect the experiences of children and young people in the Out-of-Home Care system in Tasmania.

In reporting on the data relevant to the experiences of children and young people, I acknowledge that these data do not tell us enough about the richness and complexity of the lives of children and young people who are in care in Tasmania. We cannot know or understand children and young people's experiences in care unless we ask them and listen to what they have to say.

This report includes four explanatory comments from DECYP where limited or no accurate data was available to me – these explanations appear in boxes throughout the report entitled DECYP Comment.

Data monitoring is only one element of my Out-of-Home Care Monitoring Program. In the context of my broader monitoring activities, I have the great privilege of meeting and listening to the views of many children and young people around Tasmania with a care experience. What I have heard is reported in my other publications including, as part of this monitoring cycle, a book called *"OK, so a nest is a home"*.

I am committed to ongoing monitoring of the rights and wellbeing of children and young people through my Out-of-Home Care Monitoring Program. This program will continue to directly inform my systemic advocacy for children and young people with experience of Tasmania's Out-of-Home Care system.

Leanne McLean

Commissioner for Children and Young People (Tasmania)

11 July 2023

The context for this report

This report was first released on 15 March 2023. At the time of release, the Commissioner noted that lengthy delays in obtaining permission to publish previously unpublished data from the data custodian (Communities Tasmania and subsequently the Department for Education, Children and Young People (DECYP), as well as unforeseen issues with the quality of the data, had required substantial time to resolve. In acknowledging these issues and underlining her commitment to improve the transparency of Tasmania's Out-of-Home Care system, the Commissioner stated her intention to update the report to include data for 2021-2022 period. This report delivers on that intent.

In recent years, Tasmania's Out-of-Home Care system has undergone a series of reforms, initially led by the Department of Communities Tasmania (Communities Tasmania). These reforms have primarily been implemented through the *Strong Families, Safe Kids* project which is reforming the child protection system. Under this project there have been several changes to the Out-of-Home Care system intended to improve the safety and wellbeing of children and young people in care. The Government has underlined its commitment to redesigning the Child Safety Service and Out-of-Home Care Supports in the *Strong Families Safe Kids Next Step Action Plan 2021-2023* (Action Plan) and the *Strong Families Safe Kids: Next Steps Action Plan 2021-2023 - Implementation Plan* (Implementation Plan).

A key part of the Implementation Plan includes the release by the Government of the [Tasmanian Out-of-Home Care \(OOHC\) Standards](#) (the Standards) in August 2022. These Standards are a welcome step towards the quality improvements to the Out-of-Home Care system that are needed in Tasmania. Further reforms are also underway, including the development of an Out-of-Home Care Accreditation Scheme based on the Standards, and a Carers' Register. Further to these changes, the Government announced that government services supporting children and families would be combined into a single department which is now called the Department for Education, Children and Young People. The combining of services into a single department represents a unique opportunity to create a more child-centered service system, and, if properly implemented and funded, has the potential to lead to improved and enduring wellbeing outcomes for Tasmania's children and young people.

Further reform is anticipated following the release of the recommendations of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. The Commission of Inquiry will deliver its final report by the end of August 2023.

In December 2022, the Commissioner announced an own motion investigation into the introduction of a new approach to the case management by the Child Safety Service. The investigation focuses on the allocation of children and young people in care to Child Safety Officers. It examines the effect of the change in case management approach on the rights and wellbeing of children and young people in care. Further information about the investigation is available at www.childcomm.tas.gov.au.

Key data insights – 2020 to 2022

On 30 June 2022, 1028 children were in the Tasmanian Out-of-Home Care system (AIHW, 2023). Consistent with 30 June 2021, Tasmania continued to have the third highest rate (per 1000 children) of children in care among all Australian states and territories (AIHW, 2023).

Addressing the over representation of Aboriginal and Torres Strait Islander children in the Tasmanian Out-of-Home Care system

The data in this report continue to underline the persistent over-representation of Aboriginal and Torres Strait Islander children in Tasmania's Out-of-Home Care system. As in 2020-2021, the rate of over-representation for 2021-2022 remains five times higher than non-Aboriginal and Torres Strait Islander children (AIHW 2023). A rate of 33.2 Aboriginal and Torres Strait Island children (per 1000 children) is 5.6 times higher than the rate for non-Aboriginal and Torres Strait Islander children (5.9) (AIHW, 2023).

A small but important step forward in Tasmania has been the dramatic decrease in the proportion of children in care with an 'unknown' Aboriginal or Torres Strait Islander status. This has fallen from around 30 per cent in 2019 to one per cent in 2022 (DECYP, 2023) due to significant work undertaken by Communities Tasmania to better ascertain and record the Aboriginal or Torres Strait Islander status of children in care. Despite this, there remains an enormous amount of work to do to reduce the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care (Family Matters, 2022).

Further, the lack of available and detailed data about the placement of Aboriginal and Torres Strait Islander children in care in Tasmania means that it is not possible to determine the extent to which children are being placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP), and whether best practice is being followed.

More information about children in out-of-home care with disability is needed to better understand their needs

There continues to be a lack of detailed data about the care experience of children with disability. Data provided by AIHW indicates that at least one in every five children living in care in Tasmania has a 'stated disability' (AIHW, 2023). However, issues with data quality mean that the true extent of children in the system with disability is unknown.

Improved support for the system is needed

There were 14 fewer active foster care households in 2021-2022 compared to 2020-2021 (DECYP 2023). Foster care remains the most common placement type in Tasmania, with the largest proportion of foster care households providing a placement for a single child. Any decline in the total number of foster households is a concern.

Further, expenditure data shows that since a peak in 2018-2019, there has been a fall in investment by the Tasmanian Government in the Out-of-Home Care system (Productivity Commission, 2023). This is highlighted by a decrease in the amount spent per placement

night as compared to the total number of placement nights provided (*Productivity Commission, 2023*).

Prioritising the participation of children to increase child safety across Tasmania

Upholding the right of children to participate (*United Nations Convention on the Rights of the Child (CRC), 1989*) contributes to their safety in institutional contexts (*Australian Human Rights Commission, 2018*).

Due to the implementation of the new Care Team model, accurate data about the numbers of children in care for whom individualised care planning has taken place, and the numbers of children who have been visited within appropriate timeframes remains unavailable. As I have already made clear in my previous report, this must be urgently addressed.

It is also essential, during the implementation of the new Care Team model, that every effort is made to ensure that all children in care, no matter where they live in Tasmania, have access to the same level of service.

This report

The effects of COVID-19

During the period covered by this report, Australia experienced its first wave of the COVID-19 pandemic. Tasmanians had to adjust to significant changes in their daily lives. The pandemic increased several risk factors for child abuse and neglect, including financial difficulties, housing stress, family violence, and challenges to mental wellbeing. There are concerns that these risk factors may increase the number of children entering care in the months and years to follow. Despite these concerns, during 2019 there were an average of 1090 children in out-of-home care. Although average daily numbers in 2020 increased to 1097, this was not substantially different from 2019.

Additional information about the experiences of children in out-of-home care in 2020, including during the COVID-19 lockdown, is contained in the Commissioner's November 2020 insight paper, [COVID-19 Monitoring Insights: Children and Young People in OOHC](#). This work forms part of the Commissioner's ongoing independent monitoring of the effect of COVID-19 on the provision of out-of-home care in Tasmania, as described in the Commissioner's [2021-2022 Annual Plan](#).

Data Sources

The data in this report are largely derived from publicly available sources, including data published by the Australian Institute of Health and Welfare (AIHW) and the Productivity Commission. The AIHW regularly publishes data on children in care as part of its Child Protection Series (available [here](#)). Similarly, the Productivity Commission publishes data on the Out-of-Home Care system as part of the Child Protection Services data series (available [here](#)).

This report also includes previously unpublished data provided by Communities Tasmania and subsequently by DECYP in the form of the *Quarterly Children, Youth and Families Reports* (CYF Reports). These reports are shared with the Commissioner through an ongoing data-sharing arrangement, and the Commissioner may only publish the data with the permission of data custodian (see further comment below regarding the adverse comment process).

With the creation of the new department on 1 October 2022, DECYP became responsible for the CYF Reports. In this report, where data relied on were provided to the Commissioner before 1 October 2022, the data source is referenced as "Communities" with the relevant year then identified. For data provided to the Commissioner after 1 October 2022, the data source is referenced as "DECYP", followed by the relevant year.

For those data that are publicly available, this report identifies the relevant data source, and the data caveats and notes are reproduced in the Appendix. For those data that are previously unpublished, all relevant data are included in tables in the Appendix, together with the relevant caveats and notes, unless otherwise provided in text.

Data revision process

This report has been revised to include data up until the period ending 30 June 2022. This has required small adjustments to data contained in the early publication of this report. This reflects the continual entry of data into source systems by the data custodians and/or other revision processes undertaken by the relevant reporting body or agency.

Adverse comment process

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

The Secretary of DECYP was invited to respond to any matter in the draft report that could constitute 'adverse comment'. Departmental responses have been considered and incorporated into this report as appropriate.

Key terms

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

Aboriginal and Torres Strait Islander: The Commissioner acknowledges that, in Tasmania, Indigenous people are referred to as 'Aboriginal' rather than 'Indigenous'. In this report, the terminology Aboriginal and Torres Strait Islander is used as all data sets use both identifiers. The term 'Indigenous' is not used.

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

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

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

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

Out-of-home care excludes:

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

Source: AIHW 2021

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

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

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

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

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

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

For further explanation of the terms used in this report please see the [*Monitoring Report No. 1: The Tasmanian Out-of-Home Care system and "Being Healthy"*](#).

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

1.1 The number of children in care

Daily average number of children in care

During 2021-2022, a daily average of 1049.4 children were in care in Tasmania; two fifths (40%) of these children were Aboriginal and/or Torres Strait Islander children (*DECYP, 2023*). This represents a decline of 28.9 children (based on daily average) when compared to 2020-2021 (1078.3); the percentage of Aboriginal and/or Torres Strait Islander children remained the same (40%) (*DECYP, 2023*).

Rate of children in care per 1,000 children

On 30 June 2022, Tasmania had the third highest rate of children in care (8.9 per 1000) among all the states and territories (*AIHW, 2023*). The rate was also higher than the national rate (8.0 per 1000) (*AIHW, 2023*). When compared to 30 June 2021, this represents a small decline in the rate of children in care (9.6 per 1000) and the national average rate of children in care (8.1 per 1000) (*AIHW, 2022*).

Despite small decreases in the rate of Aboriginal and Torres Strait Islander children in care during 2021-2022, as compared to 2020-2021, the rate of Aboriginal and Torres Strait Islander children remained five times higher (33.2 per 1000) than non-Aboriginal and Torres Strait Islander children (5.9 per 1000) (*AIHW, 2023*). This rate ratio² of Aboriginal and Torres Strait Islander children compared to non-Aboriginal and Torres Strait Islander children has increased from 5.3 in 2020-2021 to 5.6 in 2021-2022.

Under the 2021 Closing the Gap Agreement, the Tasmanian Government has committed to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in care by 45 per cent by 2031 (*Tasmanian Government, 2021*).

Spotlight on the number of children in care

Since 2018 there has been no consistent trend in the numbers or rates (per 1000) of children in care in Tasmania (rates shown in Figure 1 below). Between 2018 and 2020 the number of children in care in Tasmania increased from 1054 to 1112, whereas between 2020 and 2022 the number of children in care declined to 1028. The number of Aboriginal and Torres Strait Islander children in care between 2018 and 2021 increased from 328 to 403 before declining to 391 in by end June 2022.

² The **rate ratio** is a relative difference measure used to compare the rate of occurrence or incidence in one group with the rate of the same occurrence or incidence in another group. In this case, we use the **rate ratio** to illustrate the number of Aboriginal and Torres Strait Islander children in care per 1000 with the rate of non-Aboriginal and Torres Strait Islander children in care per 1000.

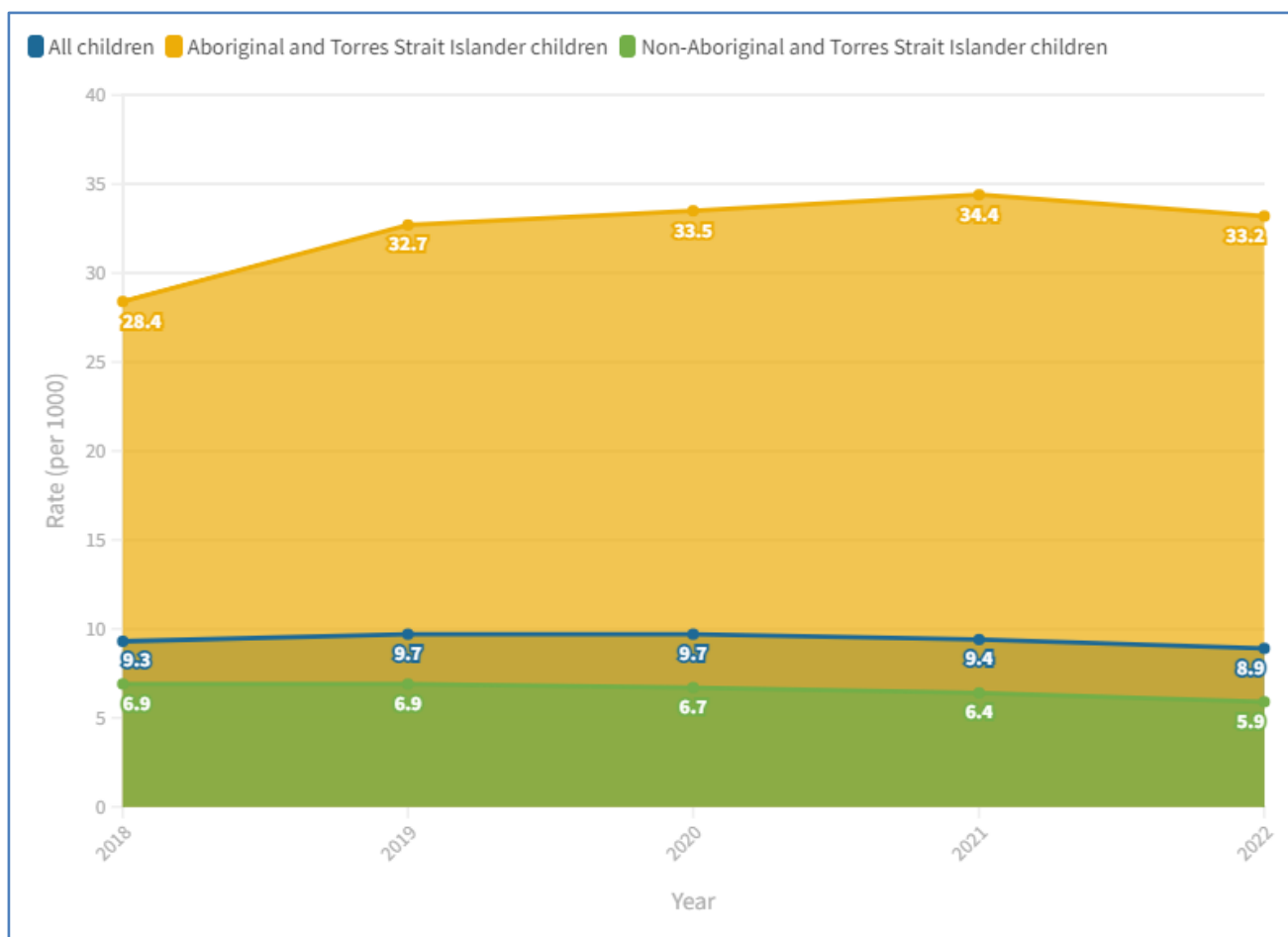


Figure 1: Rate of all children in care (number per 1000) by Aboriginal and Torres Strait Islander status, Tasmania 2018-2022. Between 2018 and 2022 there were no consistent trend in the rate of children in care in Tasmania. Source: AIHW 2023, Table T3, Refer to Figure 1 – caveats and notes.

The Commissioner sought data from DECYP to explain the decline in the number of children in care between 2021-2022. An explanation was provided (see DECYP Comment below). Data to support the explanation is not yet available.

DECYP Comment: Management comment regarding the number of children in care

A gradual reduction in the number of children in out-of-home care was an anticipated outcome of reforms under the Strong Families Safe Kids Project. Strong Families Safe Kids brought about a fundamental shift in how issues impacting the safety and wellbeing of children and young people are responded to and understood.

The Social Wellbeing Model recognises that for children and young people to be safe and well, the adults who care for them must also be resourced and supported to have their holistic wellbeing needs met. Investment in family preservation and restoration services has supported this and strengthened responses to the needs of families to improve family functioning and the safety and wellbeing of children.

The Advice and Referral Line applies a conversational approach to understand the needs of families, so that differential responses can be applied. The approach also builds capacity in the community to identify safety and wellbeing issues and take practical actions to support families in the care of their children.

Differential responses include referrals to specialist services for children and families to target their area(s) of need; referrals to family support and family preservation services; tertiary responses regarding safety issues to address the risk for children to enable the family to be preserved; active engagement with the Family Law Court to facilitate safe care arrangements with protective families.

Additional strategies have been applied to support timely discharge of children from out-of-home care where appropriate. This can be through restoration, transfer of order to the relevant jurisdictions where a child is residing with kin, and transferring guardianship of children to their carers.

1.2 The age of children in care

As of 30 June 2022, almost two thirds (62.6%) of all children in care were aged between 5-14 years, with the largest proportion in the 10–14-year age group (31.6%) (AIHW, 2023) (Figure 2). The smallest proportion of children in care were aged less than 1 year (3.3%) (AIHW, 2023). As shown in Figure 2, a greater proportion of Aboriginal and Torres Strait Islander children were represented in the 1–9-year age group (50.8%), compared to non-Aboriginal and Torres Strait Islander children (47.3%) (AIHW, 2023).

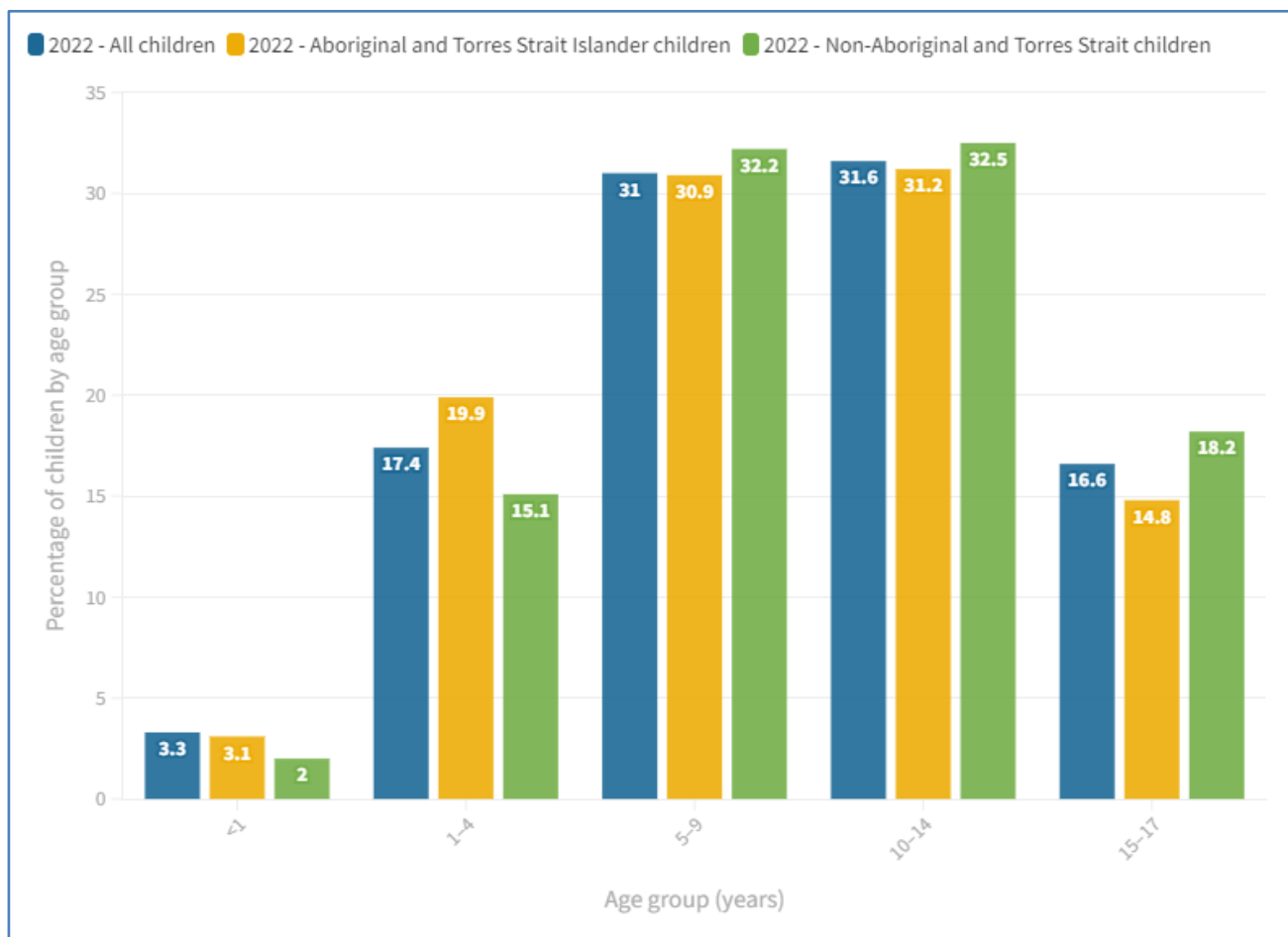


Figure 2: Children in out-of-home care, by age group, Indigenous status and state or territory, 30 June 2022 (number, per cent and rate), Tasmania, 30 June 2022. A larger proportion of Aboriginal and Torres Strait Islander children (compared to non-Indigenous children) were aged 9 years or less. Source: AIHW 2023, Table S5.5. Refer to Figure 2 – caveat and notes.

1.3 Number of children admitted and discharged from care

Consistent with 2020-2021, in 2021-2022, fewer children overall were admitted to care (in Tasmania) than were discharged (*AIHW, 2023*). There was a smaller decline in the number of children admitted to care between 2020-2021 (155) and 2021-2022 (149). The rate of admission for 2021-2022 (1.3 per 1000) remains below the national average (1.8 per 1000) (*AIHW, 2022 & 2023*).

As in 2020-2021, over a third (34.9%) of the children admitted to care during in 2021-2022 were Aboriginal and Torres Strait Islander (*AIHW, 2022 & 2023*). Compared to 2020-2021, the Aboriginal and Torres Strait Islander status of a slightly larger proportion of children (13.4% (+2.4%)) was 'unknown' in 2021-2022 (*AIHW, 2022 & 2023*).

For all children in care in Tasmania, the admission rate for 2021-2022 was 1.3 per 1000 children (*AIHW, 2023*). This is a decrease from 1.4 per 1000 children in 2020-2021 (*AIHW, 2022*). The admission rate for Aboriginal and Torres Strait Islander children decreased from 4.5 per 1000 children in 2020-2021 to 4.4 per 1000 children in 2021-2022 (*AIHW, 2022 & 2023*). Despite this apparent decrease, the corresponding decrease in the admission rate of non-Aboriginal and Torres Strait Islander children means that the rate of over-representation of Aboriginal and Torres Strait Islander children has increased from 5.3 in 2020-2021, to 5.6 in 2021-2022 (*AIHW, 2022 & 2023*).

The discharge rate for all Australian children in care for 2021-2022 was 1.6 per 1000 children (*AIHW, 2023*). This represents a small decline from 2020-2021 (1.7 per 1000) (*AIHW, 2022*). The discharge rate in Tasmania for both 2020-2021 (1.7 per 1000) and 2021-2022 (1.6 per 1000) remains below the national average for 2020-2021 (2.2 per 1000) and 2021-2022 (1.9 per 1000) respectively (*AIHW, 2022 & 2023*).

Spotlight on children admitted and discharged from the Out-of-Home Care system

Consistent with 2020-2021, the largest proportion of children admitted to care in Tasmania in 2021-2022 were under the age of 1 year (28.2%) while the smallest proportion of children were aged between 15–17 years (9.4%) (*AIHW, 2023*).

In 2021-2022, 63 per cent of Aboriginal and Torres Strait Islander children admitted to care were under the age of 9 years, with 28.8 per cent of those aged less than 1 year old (*AIHW, 2023*). This represents a decline in the proportion of younger children (aged 9 years or less) from 2020-2021 (-12%), and an increase in the proportion of older children in 2021-2022 (+12%) (*AIHW, 2022 & 2023*).

In 2021-2022, the largest proportion of children discharged from care were in the 10–14-year age group (33%) and the 15–17-year age group (33%) (*AIHW, 2023*). This represents a change from 2020-2021, when the largest proportion of children discharged from care were in the 15–17-year age group (39.2%) (*AIHW, 2022*). Between 2020-2021 and 2021-

2022, the smallest proportion of children discharged from care remained in the under 1 year age group (3.8%) (AIHW, 2022 & 2023).

In Tasmania, younger children were more likely to be admitted to care than older children (Figure 3). Since the 2018 reporting period there has been a consistent net increase in the number of younger children (0-4 years) admitted to care. Over the same five-year period (2018-2022), more older children (10-17 years) were discharged from care than were admitted, particularly in the 15-17 years age group (AIHW, 2023) (Figure 3).

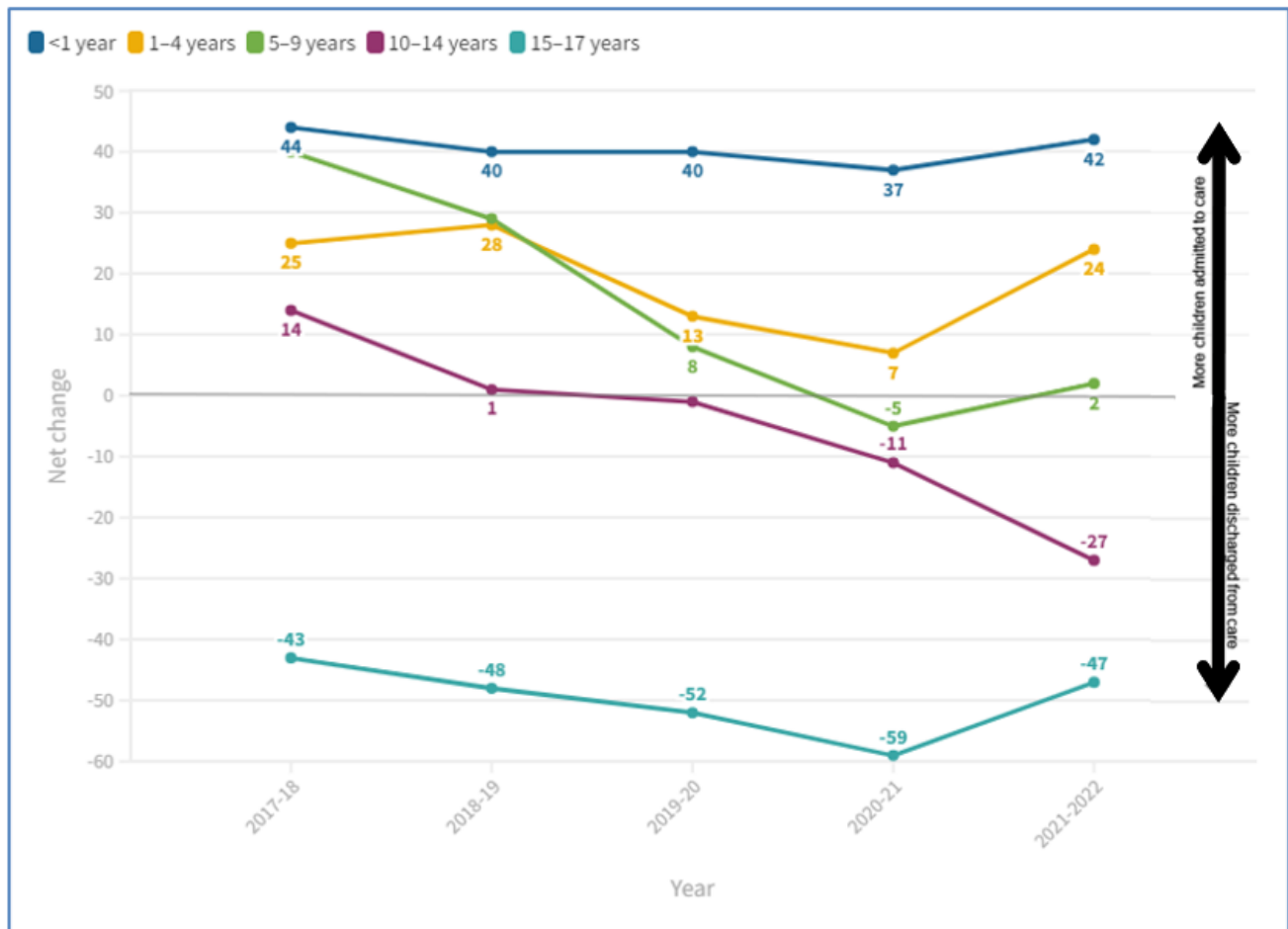


Figure 3: Net change in children in care (number), by age group, Tasmania, 2017-18 to 2021-22. More young children (<1 year and 1-4 years) were admitted to care. In contrast older children (10-14, 15-17 years-old) were more often discharged from care. Sources: AIHW 2023, Table S5.18 and Table S5.20 Refer to Figure 3 – caveat and notes.*

1.4 The length of time children spent in care

Length of time continuously in care

On 30 June 2022, more than three quarters (76.9%) of children in care in Tasmanian had been in continuous care for two or more years (AIHW, 2023). This is a very small increase from 2020-2021 (+1.3%). In line with 2020-2021, group comparison reveals that only slightly more Aboriginal and Torres Strait Islander children were in continuous care for between

2 years up to 5 years (35.5%) compared to non-Aboriginal and Torres Strait Islander children (28.9%) (AIHW, 2023). Conversely, more non-Aboriginal and Torres Strait Islander children were in continuous care for 5 years or more (49.1%) compared to non-Aboriginal and Torres Strait Islander children (44.5%) (AIHW, 2023).

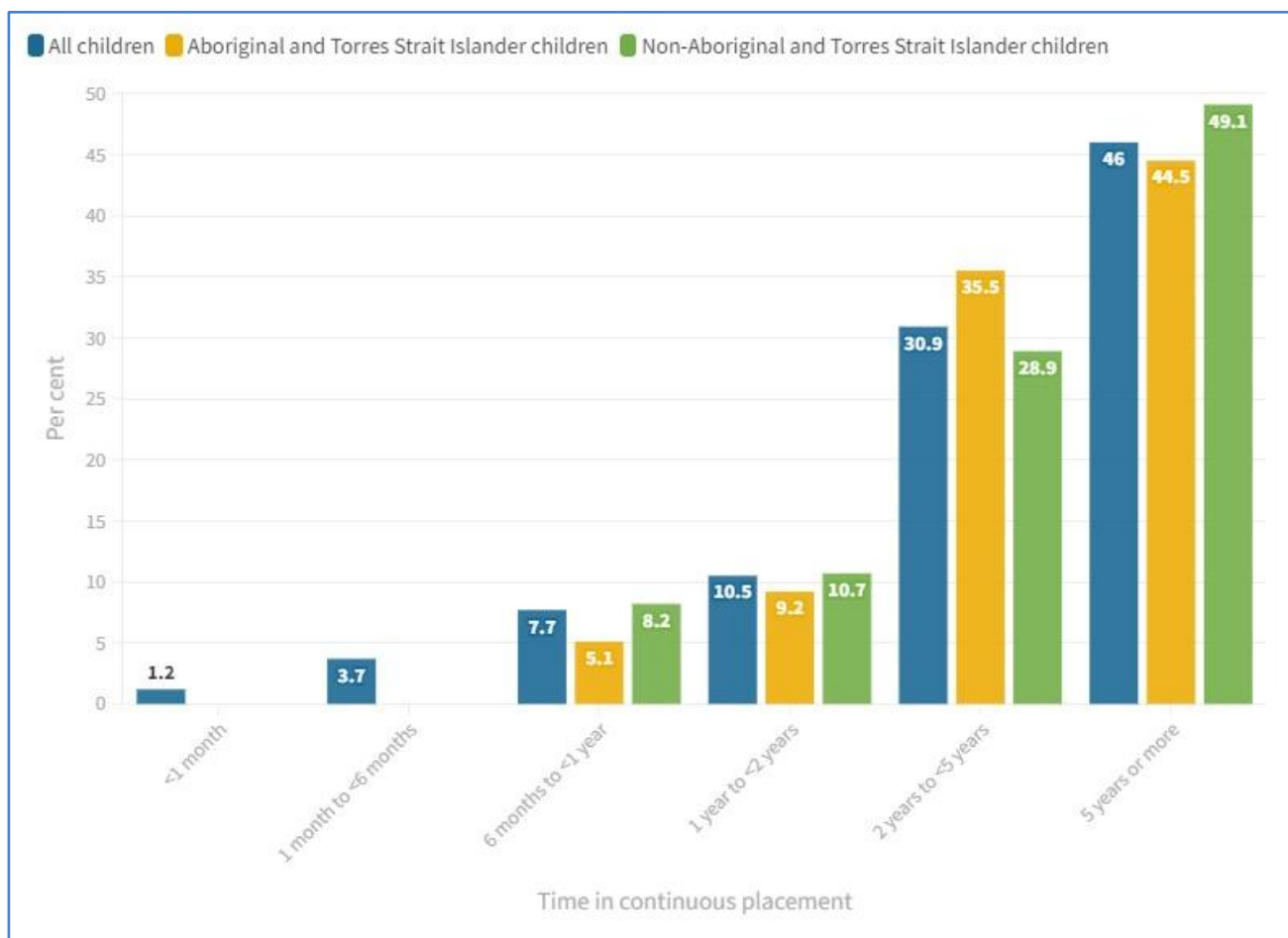


Figure 4: Children in out-of-home care (%), by length of time continuously in care, Indigenous status, 30 June 2022 (number and per cent), Tasmania. More than three quarters (76.9%) of children in care in Tasmania had been in continuous care for two or more years. Source: AIHW 2023 Table S5.14. Refer to Figure 4 – caveat and notes.

1.5 Placement types for children in care

Children in care by placement type

In 2021-2022, more than 90 per cent of children in care were living in family-based care (foster care (51.7%) or relative/kinship care (42.1%)) delivered in private homes (DECYP, 2023) (Table 1 below). A small proportion of children were living in residential care (5.6%) or other living arrangements (<1%) (DECYP, 2023). These figures indicate very little change from 2020-2021 values ($\pm 1\%$). Further description of the types of placements mentioned here are included in the Key Terms section of this report.

Table 1: Children in care (daily average) by Placement type, 2021-2022

Placement type	Number	%
Foster care	542	52
Kinship care	442	42
Residential care	59.2	6
Other placement types*	6.3	<1

Source: DECYP 2023, Indicator 7.4. Refer Table 1 – caveats and notes* ‘Other placement types’ include Independent living, other living arrangements and other home-based care.

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

One element of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) is ‘Placement’ (SNAICC, 2018). This element sets out a hierarchy of preferred placement options for caregivers of Aboriginal and Torres Strait Islander children in care. It provides that,

Placement of an Aboriginal or Torres Strait Islander child in out-of-home care is prioritised in the following way:

1. with Aboriginal or Torres Strait Islander relatives or extended family members, or other relatives or extended family members; or
2. with Aboriginal or Torres Strait Islander members of the child’s community; or
3. with Aboriginal or Torres Strait Islander family-based carers. If the above preferred options are not available, as a last resort the child may be placed with:
4. a non-Indigenous carer or in a residential setting.

If the child is not placed with their extended Aboriginal or Torres Strait Islander family, the placement must be within close geographic proximity to the child’s family (SNAICC, 2018).

Additional requirements include that child protection decision-makers ‘*exhaust all possible options at one level of the hierarchy before considering a lower-order placement*’; that placement must not occur until there has been a thorough consultation with representatives from the child’s family and community to make sure all possible higher-order placement options have been considered; and regular placement review must also occur (*see further SNAICC, 2018*).

With only small increases from the previous period, as of 30 June 2022, more than half of the 391 (51.2%) Aboriginal and Torres Strait Islander children living in care in Tasmania were living with ‘Indigenous’ (12% (+1.3%)) or ‘non-Indigenous relatives or kin’ (33%

(+0.7%)) or 'other Indigenous caregivers' (6.1% (+1.1%)) (*AIHW, 2023*). Accurate data on the proportion of Aboriginal and Torres Strait Islander children who were placed in accordance with the ATSICPP in Tasmania remains unavailable (for further, DECYP Comment below).

DECYP Comment: Implementing the ATSICPP to the standard of Active Efforts

The current available data is not accurate enough to draw definitive conclusions regarding application of the ATSICPP. Work is underway [to] improve data quality.

Tasmania is working together with the Australian Government, other state and territory governments, the non-government sector and First Nations representatives to deliver Safe and Supported: The National Framework for Protecting Australia's Children.

The Aboriginal and Torres Strait Islander First Action Plan 2023 - 2026 is one of the two national action plans launched this year, and set outs targeted actions and activities to address the over-representation of Aboriginal and Torres Strait Islander children in child protection systems. It also responds to the National Agreement on Closing the Gap target 12 (to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45% by 2031).

The department will work alongside the Tasmanian Aboriginal community to develop jurisdictional plans to implement the ATSICPP across the system elements; and will report annually on indicators and implementation progress.

1.6 Children in care with disability

On 30 June 2022, approximately one in every five children (22%) in care in Tasmania had a positive disability status recorded (*AIHW, 2023*). This is a very small increase from the 2020-2021 data (21%) (*AIHW, 2022*). It is likely that the proportion of children in care in Tasmania with disability is greater than 22 per cent as the disability status of more than one third of children in care (35.9%) is recorded as 'Not Stated' (*AIHW, 2023*). This "not stated" group has only increased slightly from the period 2020-2021 (+4.1%). There also remains considerable variation between the states and territories in relation to the availability of data on the disability status of children in care (Figure 5). This variability reflects known differences in how disability is defined and measured across different jurisdictions and means that any useful comparison beyond simple observation is limited (*see further, Note 2*).

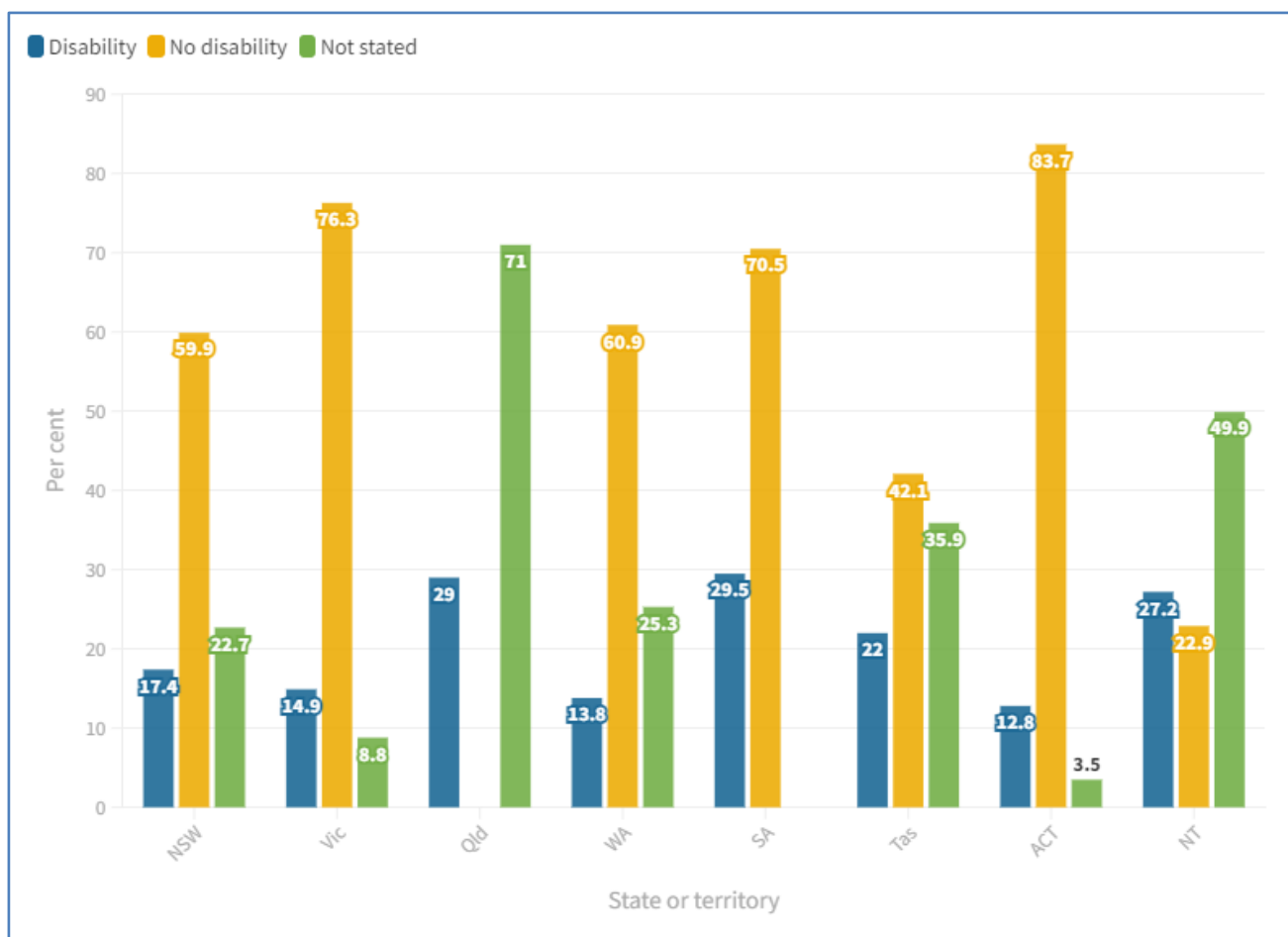


Figure 5: Percentage of children in care, with a stated disability, 30 June 2022. There remains considerable variability between the states and territories in the categorizing and recording of children in care by disability status. Source: AIHW 2023, Table S5.8. Refer to Figure 5 – caveat and notes.

Part 2: Tasmania's Out-of-Home Care system, 2020-2022

2.1 Out-of-home care providers

The Tasmanian Government, as represented by Communities Tasmania during the reporting period, is the owner of the Tasmanian Out-of-Home Care system, as well as being the largest provider of care services. As a provider, Communities Tasmania provided placements for a daily average of 721.6 children (68.8%) in care in 2021-2022 (DECYP, 2023). This is a small decrease in the number of placements that they provided for 2020-2021 (-1.5%) (DECYP, 2022). A mix of for-profit and not-for-profit non-government providers provided care placements for the remaining 31.2 per cent of children in care in 2021-2022 (daily average 327.9 children) (DECYP, 2023). This represents a small increase in placement numbers for 2020-2021 (+1.5%).

Regardless of region, Communities Tasmania provide care for more children on average compared for-profit and not-for-profit counterparts (Figure 6). For care provided by Communities Tasmania, the greatest number of children were cared for in the South (average 388.5) followed by the North (average 173.3), and north-west regions (average

159.6). For children in cared for by NGOs, most children were cared for in the south (average 203.4) followed by the north-west (average 64.6), and finally in the north (average 58.9) (Figure 6) (DECYP, 2023).

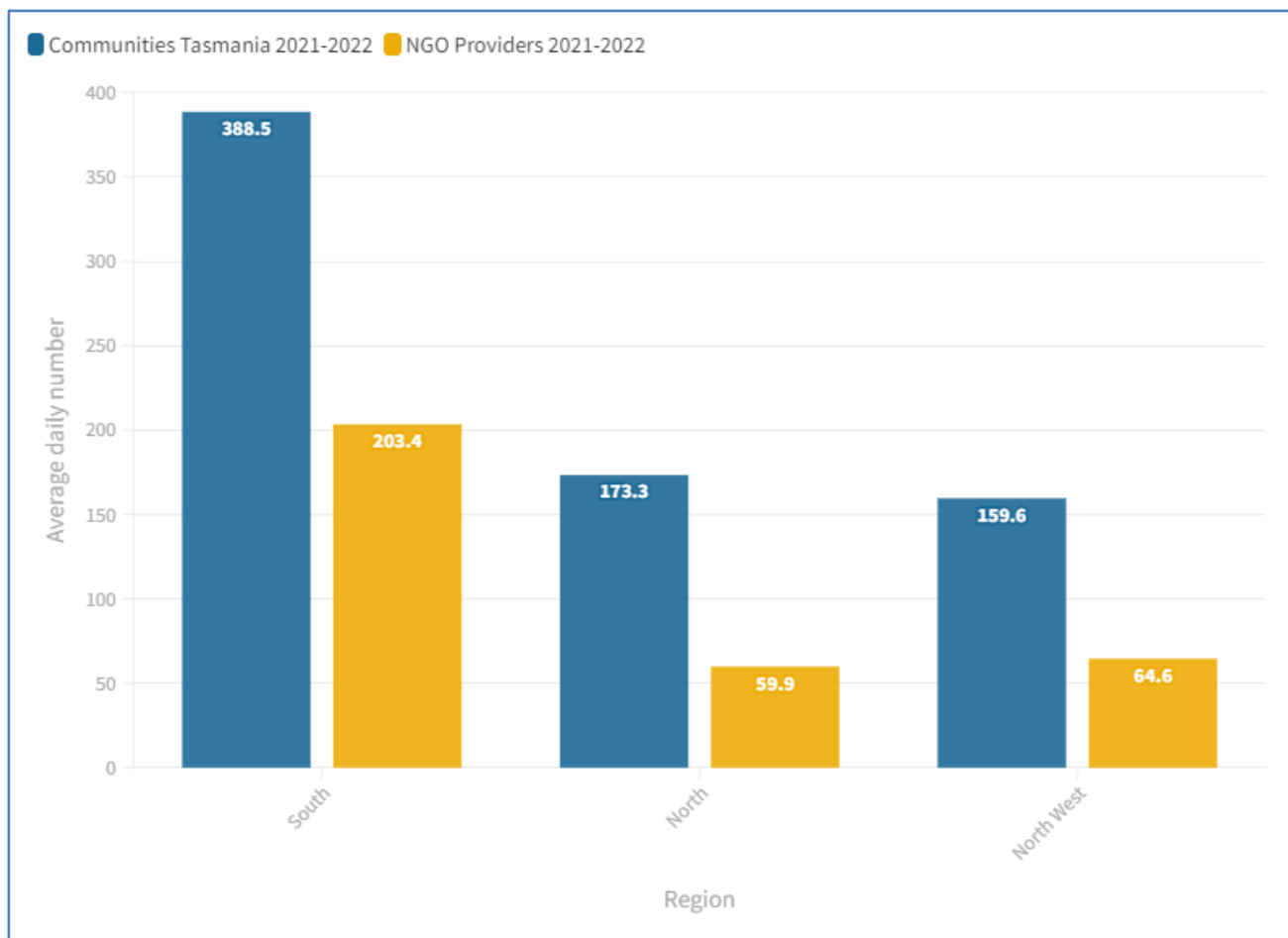


Figure 6: Children in care placed with Communities Tasmania or non-government providers (average daily number), by region, Tasmania, and 2021-2022. The Tasmanian Government remains both the owner of Tasmanian Out-of-Home Care system and the largest provider. Source: DEYCP 2023, Indicator 8 and Indicator 9. Refer to Caveats, notes and data table for Figure 6.

2.2 Providers of care placement types

For 2020-2022, Communities Tasmania provided foster and kinship care services, and for some, or all of this period, 13 non-government providers provided foster and kinship care services, in addition to other types of residential care service, including therapeutic residential care (see Table 2 for further details).

Table 2: Providers of care, by placement type, Tasmania, 2020-2022

Provider	Home-based care		Residential care	
	Relative/kinship care	Foster care	Therapeutic Residential Care (a)	Other residential care (b)
Anglicare				✓
Baptcare	✓	✓		
Caring Hearts				✓
CatholicCare			✓	✓
Choice Support Tasmania				✓
Communities Tasmania	✓	✓		
Devonfield Enterprises				✓
Eskleigh Foundation				✓
Glenhaven		✓		✓
Inglis Support Service				✓
Kennerley Children's Homes		✓		
Key Assets		✓		✓
Langford Support Services				✓
Life Without Barriers		✓		✓
Many Colours 1 Direction (c)				✓
Mosaic				✓
MSJ Aust (NT)				✓
Nexus				✓
Possability				✓
St Giles				✓
St Michaels				✓

(a) CatholicCare held the contract to deliver Therapeutic Residential Care during this period.

(b) Care provided by paid, rostered carers and funded by Special Care Packages.

(c) In 2020-2021, MC1D ceased delivering care to Tasmanian children in out-of-home care. Refer to Table 2 - notes.

Spotlight on foster care households

There were 248 active foster care households with a current foster care or respite placement in Tasmania in 2021-2022 (DECYP, 2023). This represents a decline of 14 active foster care households from the 2020-21 period; the retention rate was 77.8 per cent (DECYP, 2023).

As of 30 June 2022, foster care households provided placement for a single child (43.1%), with smaller proportions of households providing placements for two children (26.1%), three to four children (25.7%) or five or more children (5.1%) (AIHW 2023). Compared to 2020-2021, this represents a small increase in the number of foster care households providing a placement for a single child (+1.5%) three to four children (+1.5%) and five or more children (+0.6%) and a decline in the number of households providing placements for two children (-3.6%) (AIHW, 2022). Based on AIHW (2023) data, Tasmania (5.1%) continues to have the second largest proportion of foster care households with five or more children nationally, except for Queensland (7.1%). Other data, as shown in Table 3, indicates a lower proportion of households in Tasmania with five or more children for 2021-2022 overall (4.7%), although there was considerable regional variation between the South (7.5%), the North-West (0%) and North (1.8%).

Table 3: Foster care households with 5 or more foster children

(national data), 2021-2022

Region	Percent (%)
North-West	0.0
North	1.8
South	7.5
All	4.7

Source: DECYP 2023, Q3 Indicator 22.

Refer to Table 3 – caveats and notes.

2.3 Case management services for children in care

Communities Tasmania, through the Child Safety Service (Child Safety), provides case management services for all children in care, including those placed with non-government providers. With only small changes from 2020-2021, in 2021-2022, most active foster care households (58.5% (+2.8%)) were in the South; the remainder were in the North (21.4% (->1)) and North-West (20.2% (+2.7%)) respectively (DECYP, 2022, 2023).

It should be noted that the location of case management services does not, in every instance, reflect the region in which the child receiving case management services lives. For example, a child may have been residing in Hobart during 2021-2022 but was case managed by Child Safety staff in the North-West. Further, while most children in care live in Tasmania, a small number of children live in foster care, kinship care or residential care in other Australian states or territories but continue to be case managed by Child Safety in Tasmania.

Case and Care Plans for children in care

For 2021-2022, 41.7 per cent of children in care (on guardianship and custody orders) did not have a current Case and Care Plan which had been approved within the last 12 months (DECYP, 2023). This represents a very small increase from the period 2020-2021 (+1.7%) (DECYP, 2022). However, due to the implementation of a new model of care, these data are not a reliable indicator for individualised planning for children and young people in care. At the time of publication, accurate data about individualised planning for children and young people under the new model remain unavailable (see further, DECYP Comment below).

DECYP Comment Care Planning for children and young people in out-of-home care

The Child Safety Service in Tasmania is fully committed to improving child-centred case coordination by developing a Care Team for every child and young person in out-of-home care.

A Care Plan is one output of a Care Team; and taken alone, should not be considered a sound proxy indicator for quality case planning and decision-making processes for children.

This commitment to Care Teams is through a genuine intent to ensure that every child and young person has a network of people who know and care about them, who are continuously and actively helping them to achieve their goals.

This fundamental practice shift has progressed ahead of the capability of the information system to guide and capture this important activity in a way that can be accurately and meaningfully reported and monitored.

The Child Protection Information System is being incrementally upgraded under an Integrated Client Information Program. System upgrades to better support the Care Team process are a clear priority.

Spotlight on Case and Care Plans

Standard 4 of the National Standards for Out-of-home care requires that –

Each child and young person has an individualised plan that details their health, education and other needs (*Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, 2011 (hereafter 'FaHCSIA')*).

An individualised plan is essential to provide a child or young person with the opportunity to be actively involved in decision making about their lives. Standard 2 of the National Standards, requires that,

Children and young people participate in decisions that have an impact on their lives.

A failure to involve children in this way has the potential to undermine a child's emotional development and self-esteem (*FaHCSIA, 2011*).

According to nationally reported figures, the proportion of children in care in Tasmania with a current documented Case and Care Plan, as of 30 June each year, gradually increased from 2018 (55.1%) to peak at almost three-quarters of children in 2020 (73.3%), before declining in both 2021 (58.9%) and 2022 (57.3%) (*Productivity Commission, 2023*). In reporting

these figures, the Productivity Commissioner notes that these data do not assess the quality of Case and Care Plans (*Productivity Commission, 2023*). The question of quality is particularly relevant as the case and care planning is intended to focus on the wellbeing of the child living in care and, where appropriate, include the child's views and be developed in partnership with carers, families and significant others (*FaHCSIA, 2011*). If applicable, it may also include a cultural plan (*FaHCSIA, 2011*). Further, case and care planning are an opportunity to ensure that critical information about a child in care is shared in a timely manner (*Commissioner for Children and Young People, 2019*).

Due to policy and legislative differences regarding timeframes within which children are required to have case plans prepared, it is not possible to compare Tasmania with other states and territories (*Productivity Commission, 2023*).

Visits to children by Child Safety Officers

Child Safety Officers have responsibility for case management for children in care. Communities Tasmania's policy states that, as part of their child management responsibilities, Child Safety Officers are to visit each child in care at least once in every 1-week, 4-week or 6-week period, depending on the type of child protection order to which the child is subject (see further, Note 3).

Visits by Child Safety Officers are essential for a range of reasons, including, critically, to ensure that the child is safe, that they have access to the services and supports they need to stay well, and that they are listened to and have a say in decisions that affect them.

In 2020-2021, more than half (56.2%) of visits were conducted within required timeframes, while in 2021-2022, less than half (47.1%) of visits were conducted; this represents a fall of 9.1 per cent (*DECYP, 2023*). While these data do not reflect the practice shift to Care Teams described in the below DECYP Comment, at the time of publication, there was no other data available to show visits to children and young people on orders (for further, DECYP Comment below).

DECYP Comment: Expanding the Safety Network for children and young people in care

The Care Team approach is premised on the principle that children do better when they are surrounded by a community of people who care about them and support them.

Child Safety Officers are part of that community of support, but must work side by side with other people who know and care about the child who are critical in providing long-term and sustainable relationships, and the relational safety that comes with this.

Care Teams enable children to nominate people who are important to them, and who they trust to support them. The Child Safety Service has begun to focus on purposefully expanding sustainable networks for children, and inviting those people to play their part in the Care Team.

This doesn't remove the responsibility of Child Safety Officers to know children in care and monitor their safety, but seeks to create a more natural, consistent and meaningful support system for each child.

The Child Safety Service is committed to engaging well with children and young people in out-of-home care and improving the rate of child visits as well as the frequency of other forms of direct communication.

2.4 The Tasmanian Government's investment in the Out-of-Home Care system

Expenditure on care services

Over the last 10 years there has been an overall upwards trend in the amount that the Tasmanian Government invests in care services (Figure 7 below) (*Productivity Commission, 2023*). However, since a peak in 2018-2019, Government investment, as measured by real recurrent expenditure across both residential and non-residential out-of-home care services, has declined by 18.9 million or 19.6 per cent (*Productivity Commission, 2023*).

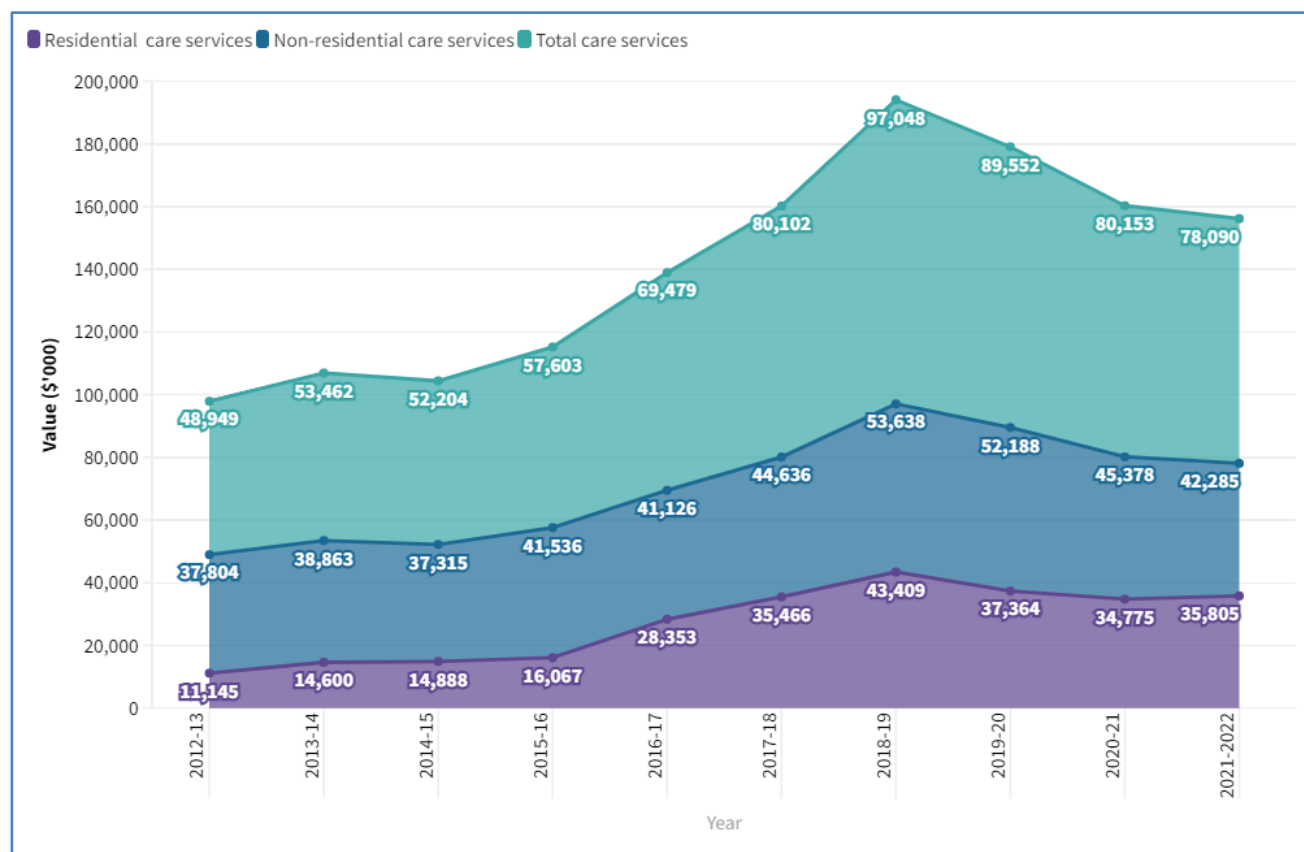


Figure 7: Tasmanian Government real recurrent expenditure on care services (2021-2022 dollars), 2012-13 to 2021-2022. Government expenditure has declined year on year since 2018-2019 but has overall increased in the 10 years to 20 June 2022. Source: Productivity Commissioner 2023, Table 16A.36. Refer to Caveats and Figure 8.

An alternate way to measure the level of Government investment is to look at the ‘unit cost of care’ (Figure 8). This measure indicates how much the Government is spending *per placement*, rather than overall. For 2021-2022, a total of 465,183 placement nights in care were provided by the Tasmanian Government, at a cost of \$167.87 per night – this is the lowest amount spent on placement nights since 2016-2017 (*Productivity Commission, 2023*). As the Productivity Commission (2023) notes, while decreasing investment per placement night may suggest improved service efficiencies, it can also indicate lower quality services.

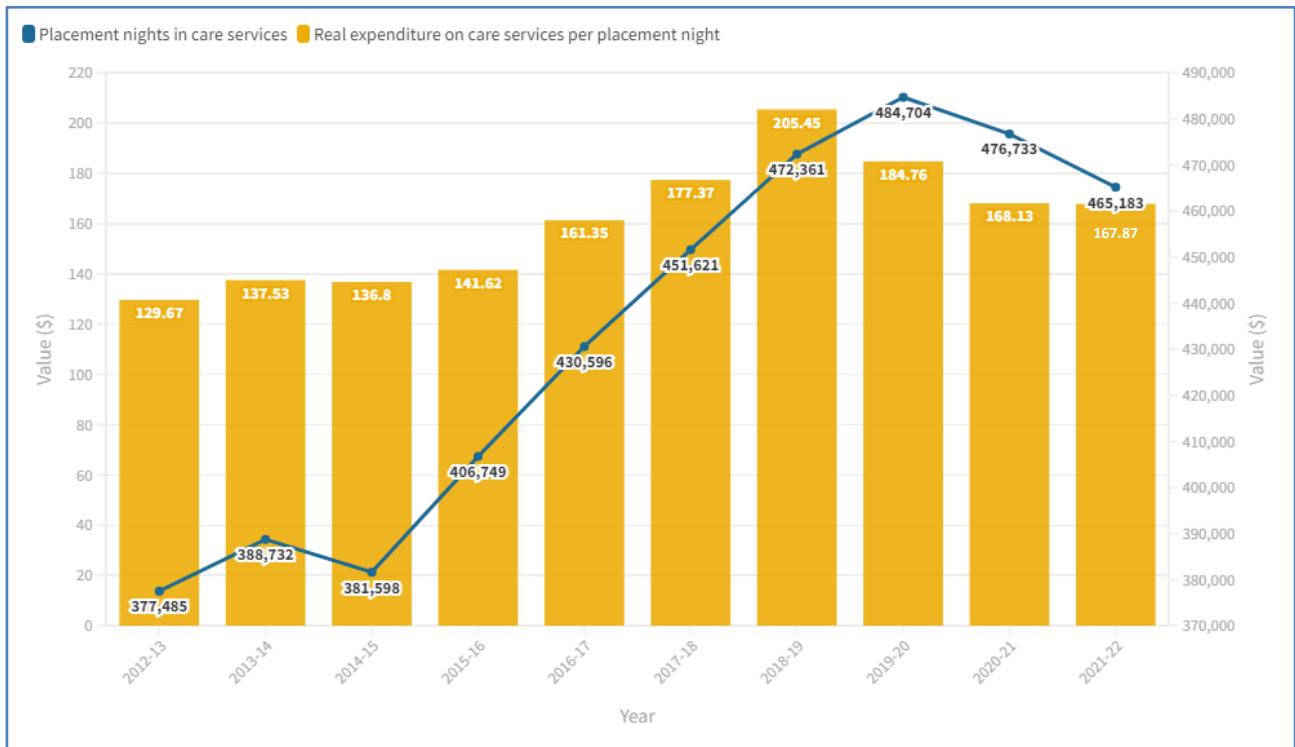


Figure 8: Tasmanian Government real recurrent expenditure on care services per unit cost (placement night) (2021-22 dollars), 2012-13 to 2021-22. Real expenditure on care on a unit cost per placement night has declined year on year since 2018-2019 but increased over the 10-year period to 30 June 2022. Source: Productivity Commission 2023, Table 16A.35. Refer to Caveats and notes Figure 9.

Except for a peak in 2018-2019, overall investment by the Tasmanian Government per child for both residential and non-residential care has remained similar, with a slightly greater increase in investment in residential care over the last two years (Figure 9) (*Productivity Commission, 2023*).

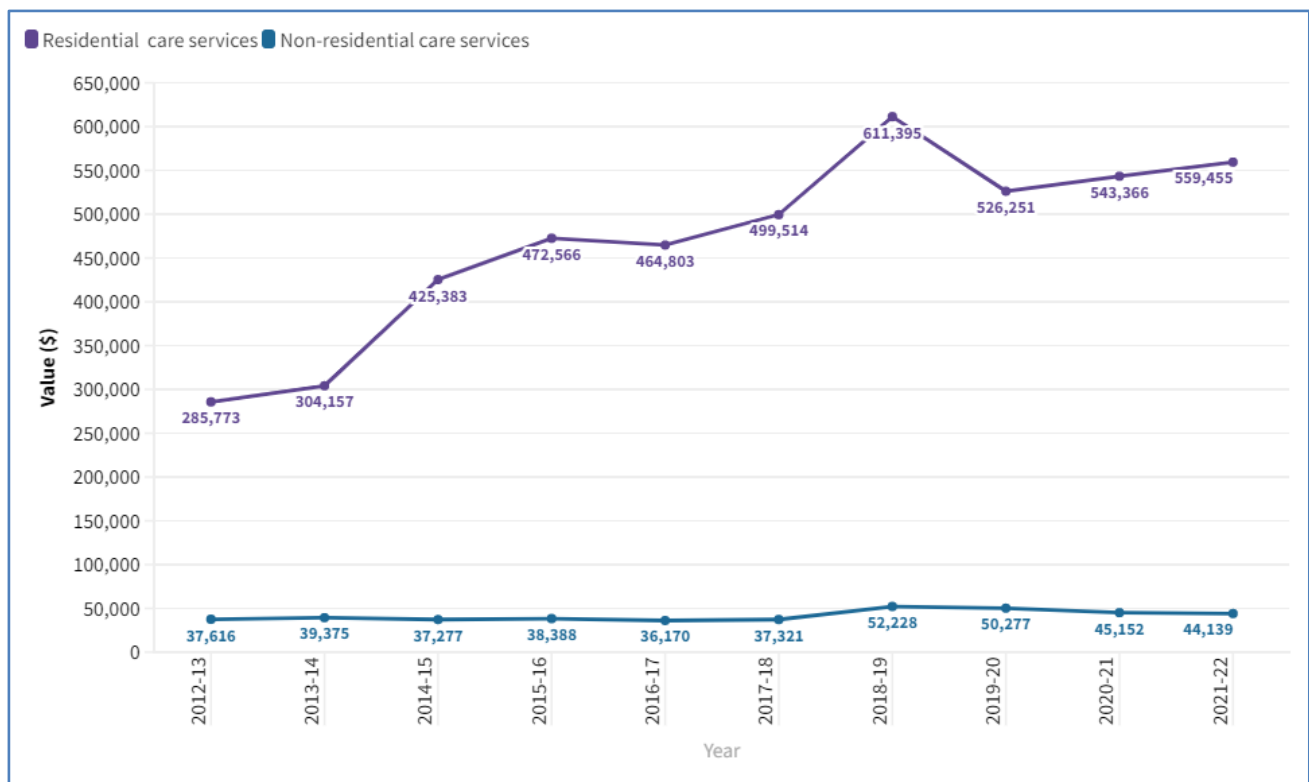


Figure 9: Tasmanian Government real recurrent expenditure on care services per child in care, 30 June (2021-2022 dollars), 2011-12 to 2021-22. The real recurrent expenditure per child in residential care has increased over the 10-year period to 30 June 2022. Source: Productivity Commission 2023, Table 16A.36. Refer to Caveats and notes Figure 10.

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Appendix

Notes

Note 1

The number of Aboriginal and Torres Strait Islander children in the 10–14-year age group and the 15-17-year age group are recorded as 'n.p.' in *Table 5.1: Children admitted to out-of-home care, by age group, Indigenous status and state or territory, 2021-21* (i.e., not published due to small numbers, confidentiality, and/or reliability concerns). It is further noted that 'Tasmania has adopted an interim policy to suppress numbers below 5 and AIHW has applied additional suppression'. No further information is provided.

Note 2

There are significant limitations with the data relating to disability. The AIHW (2023) notes that,

As disability is a multi-dimensional and complex concept, differences may exist across jurisdictions in how disability is defined, including which health conditions are classified as a disability. There are also differences in how information about disability is captured in jurisdictional processes and client information systems.

These issues are reflected generally with the collection and reporting of data on disability, including inconsistencies between the ways different jurisdictions and organisations define and measure disability, although work is ongoing to address these issues. The AIHW (2020) notes,

At present, there are challenges in presenting a complete picture of the experiences of, and outcomes for, people with disability in Australia. Different data sources can define disability in varying ways depending on the type of data and the purpose they were collected for, and data from mainstream services rarely include a mechanism to identify whether a person has disability. The AIHW continues to work towards improving the quality and availability of national data on disability, including developing a standardised disability flag for use in mainstream services.

Note 3

Communities Tasmania (2022) provides the following caveats/notes for *Indicator 17 – Visits conducted within required timeframes for children on orders*:

- A visit period is defined as a period of one week, four weeks or six weeks, depending on the order the child is subject to, as per the policy (below). A child's first visit period commences on the date the order commenced.
- 1. A child on an Assessment Order or a Voluntary Care Agreement will be visited in person and talked with no less than once in every week.
- 2. A child on a twelve-month Care and Protection Order and Interim Care and Protection Order will be visited in person and talked with no less than once in every four week period.

3. A child on a Care and Protection Order until 18 years will be visited in person and talked with no less than once every six week period.

This requirement does not apply to children whose guardianship has been transferred to a carer.

- Visit periods ending after an approved “Request to vary child visit frequency” Approval Request are not included in the numerator or denominator.
- CPIS fields: Visits are counted using case notes of type “Child Visits” and sub-type “CPW Visit – Kids check”, “TL Visit” or “SPC Visit”, and the child was flagged as sighted.

Figures

All the caveats and notes below have been reproduced in full, where relevant, from the applicable source material.

Figure 1 – caveats and notes

The data in Figure 1 is derived from the AIHW 2023 data tables, *Table T3: Children in out-of-home care or on third-party parental responsibility orders, by Indigenous status and state or territory, at 30 June 2017 to 2021*.

Caveats

- (a) *In 2018–19, all states and territories adopted a national definition of out-of-home care and the out-of-home care data have been back cast to 2016–17 with the national definition. Due to data revisions, data for 2016–17 and 2017–18 may differ from those published elsewhere. Data should not be compared with data published in previous versions of Child protection Australia.*
- (b) *For New South Wales, only children who are in the independent care of their guardian (third-party parental responsibility orders – non out-of-home care) are counted as being on third-party orders in this table.*

Notes:

- 1. *Some data may not match those published in previous Child Protection Australia publications due to retrospective updates to data.*
- 2. *Children of unknown Indigenous status are included in total.*
- 3. *See Technical notes for the method used to calculate rates, and Table P3 for the population data used.*

Sources: AIHW Child Protection Collection 2017–18 to 2021–22; Table P3.

Figure 2 – caveat and notes

The data in Figure 2 is derived from the AIHW 2023 data tables, *Table S5.5: Children in out-of-home care, by age group, Indigenous status and state or territory, 30 June 2022*.

Caveat

- (a) *Tasmania data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.*

Notes

- 1. *See Technical notes for the method used to calculate rates, and Table P3 for the population data used.*

2. Percentages in the table may not add to 100 due to rounding.

Source: AIHW Child Protection Collection 2021–22; Table P3

Figure 3 – caveat and notes

The data in Figure 3 is derived from the AIHW 2023 data tables,

Table S5.18: Children admitted to out-of-home care, by age group and state or territory, 2017–18 to 2021–22.

Caveat

- (a) Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.

Notes

1. In 2018–19, all states and territories adopted a national definition of out-of-home care and the out-of-home care data have been back cast to 2016–17 with the national definition. Due to data revisions, data for 2016–17 and 2017–18 may differ from those published elsewhere. Data should not be compared with data published in previous versions of Child Protection Australia.
2. The table includes all children admitted to out-of-home care for the first time, as well as those children returning to care who had exited care 60 days or more previously. Children admitted to out-of-home care more than once during the year were counted only at the first admission.
3. See Technical notes for the method used to calculate rates, and Table P2 for the population data used.

Sources: AIHW Child Protection Collection 2017–18 to 2021–22; Table P2.

Table S5.20: Children discharged from out-of-home care, by age group and state or territory, 2017–18 to 2021–22

Caveat

- (b) Tasmania data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.

Notes

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

2. The data for children exiting care include those who left care and had not returned in less than 60 days. Where a child exits care more than once during the year, the last discharge is counted. See Technical notes for the method used to calculate rates, and Table P1 for the population data used.
3. Data may include children who were discharged on their 18th birthday.
4. Some data may not match those published in previous Child Protection Australia publications due to retrospective updates to data.
5. See Technical notes for the method used to calculate rates, and Table P2 for the population data used.

Sources: AIHW Child Protection Collection 2017–18 to 2021–22; Table P2

* AIHW Table S5.20: Children discharged from out-of-home care, by age group and state, 2017-18 to 2021-22 (number and rate). Please note that for the age groups <1 and 1-4 years AIHW reported that no data was provided (n.p.). For the purpose of Figure 3, n.p., has been treated as zero.

Figure 4 – caveat and notes

The data in Figure 4 is derived from the AIHW 2023 data tables, *Table S5.14 Children in out-of-home care, by length of time continuously in care, Indigenous status and state or territory, 30 June 2022 (number and per cent), Tasmania.*

Caveat

- (a) Tasmania data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.

Notes

1. If a child has a return home or break of less than 60 days before returning to the same or different placement, he or she is considered to be continuously in care during this period.
2. Not all jurisdictions were able to identify whether children were in respite care. However, where it was known that children were in respite care, they were included in the relevant time category.
3. Percentages exclude cases where the length of time in a continuous placement was unknown or not stated.
4. Percentages in the table may not add to 100 due to rounding.

Source: AIHW Child Protection Collection 2021–22.

Figure 5 – caveat and notes

The data in Figure 5 is derived from the AIHW 2023 data tables, *Table S5.8: Children in out-of-home care, by disability status and state or territory, 30 June 2022.*

Caveat

- (a) ...
- (b) ...

Notes

1. As disability is a multidimensional and complex concept, differences may exist across jurisdictions in how disability is defined, including which health conditions are classified as a disability. There are also differences in how information about disability is captured in jurisdictional processes and client information systems.
2. Percentages in the table may not add to 100 due to rounding.

Source: AIHW Child Protection Collection 2020–22.

Figure 6 – caveat, notes and data table

The data in Figure 6 is derived from DECYP2023, *Indicator 8 – Children in out-of-home care placed with Communities Tas (daily average)* and *Indicator 9 – Children in out-of-home care placed with NGO providers (daily average)*.

Indicator 8 – Children in out-of-home care placed with Communities Tas (daily average)

Caveats/notes

- Placements with Communities Tasmania are those with a carer registered directly with the Department, rather than being registered with a private organisation.
- There are data quality issues with the recording of placements in the Child Protection Information Systems.

Indicator 9 – Children in out-of-home care placed with NGO providers (daily average)

Caveats/notes

- Placements with NGO providers are those with a carer registered with a private organisation, rather than being registered directly with the Department. In these placements, the Secretary is still the legal custodian.
- There are data quality issues with the recording of placements in the Child Protection Information System.

Data table

Region	NGO providers		Communities Tasmania		Total	
	Number	%	Number	%	Number	%
North	59.9	27%	162	73%	221.9	100
North-West	64.6	28.8%	159.6	71.2%	224.2	100
South	203.4	34.3%	388.6	65.7%	592	100
Total	327.9		721.6		1,038.1	100

Source: CYF Report 2022-23 Q3 – data for 2021-2022

Indicator 8 -Children in out-of-home care placed with Communities Tas (daily average); and
Indicator 9 -Children in out-of-home care placed with NGO providers (daily average).

Figure 7 – caveat and notes

The data in Figure 7 is derived from the Productivity Commission 2023, Report on Government Services (RoGS) Part F, Section 16, *Table 16A.36 State and Territory Government real recurrent expenditure on care services, 2021-22 dollars*.

Caveats/notes

- (a) Time series financial data are adjusted to 2021-22 dollars (i.e. 2021-22=100) using the General Government Final Consumption Expenditure (GGFCE) chain price deflator (table 2A.26).
- (b) Refer to table 16.4 for information on the comparability of expenditure data.
- (c) From 2018-19 data includes independent living arrangements and where living arrangements are unknown. Real expenditure per child in care for residential care services is calculated using the number of children in out-of-home care in residential care at 30 June. Real expenditure per child in care for non-residential care services is calculated using the number of children in out-of-home care in home-based care and family group homes at 30 June, except for Victoria which does not have family group homes.
- (d) ...
- (e) Expenditure data on residential and non-residential care services includes out-of-home care and other supported placements.
- (f) ...
- (g) ...
- (h) ...
- (i) ...
- (j) Tasmania: Data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.

- (k) ...
- (l) These data need to be interpreted with care because they do not represent and cannot be interpreted as unit cost measures. Expenditure per child in care at 30 June overstates the cost per child because significantly more children are in care during a year than at a point in time. In addition, these data do not reflect the length of time that a child spends in care.
- (m) Data relating to annual real expenditure per child in care should be interpreted with caution due to the effect of different proportions of children in residential care across jurisdictions.

State and Territory governments (unpublished); AIHW (unpublished) Child Protection National Minimum Data Set; ABS 2022, 'Table 36: Expenditure on Gross Domestic Product (GDP), Chain volume measures and Current prices, Annual' [time series spreadsheet], Australian National Accounts: National Income, Expenditure and Product, June 2022, <https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/jun-2022>, accessed 8 September 2022

Figure 8 – caveat and notes

The data in Figure 8 is derived from the Productivity Commission 2023, Report on Government Services (RoGS) Part F, Section 16, *Table 16A.35 Expenditure on care services, 2021-22 dollars*.

Caveats/notes

Data are not comparable across jurisdictions but are comparable (subject to caveats) within jurisdictions over time.

Data are complete (subject to caveats) for the current reporting period.

- (a) Time series financial data are adjusted to 2021-22 dollars (i.e. 2021-22=100) using the General Government Final Consumption Expenditure (GGFCE) chain price deflator (table 2A.26).
- (b)
- (c) ...
- (d) ...
- (e) ...
- (f) Tasmania: Data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.
- (g) ...

(h) Refer to table 16.4 for information on the comparability of expenditure data.

Source: State and Territory governments (unpublished); ABS 2022, 'Table 36: Expenditure on Gross Domestic Product (GDP), Chain volume measures and Current prices, Annual' [time series spreadsheet], Australian National Accounts: National Income, Expenditure and Product, June 2022, <https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/jun-2022>, accessed 8 September 2022.

Figure 9 – caveat and notes

The data in Figure 9 is derived from the Productivity Commission 2022, Report on Government Services (RoGS) Part F, Section 16, *Table 16A.36 State and Territory Government real recurrent expenditure on care services, 2020-21 dollars*.

Caveats/notes

- See above caveats and notes for Figure 7.

Tables

Table 1 - caveats and notes

The data in Table 1 is derived from DECYP 2023, *Indicator 7.4 Children in out-of-home care (daily average) by Placement type, 2021-22*.

Caveats/notes

- There are data quality issues with the recording of placements in the Child Protection Information System.
- Due to the continual updating of client records in source systems, figures reported in this document may differ from those reported in other publications.

Table 2 - caveats and notes

The list of NGO out-of-home care providers in *Table 2 Providers of out-of-home care, by placement type, Tasmania, 2020-2021* was confirmed by DECYP on 13 October 2022 and subsequently for this release of the report (second edition) on 29 June 2023.

Table 3 - caveats and notes

The data in Table 3 is derived from DECYP 2023, *Indicator 22 – Foster care households with 5 or more foster children (national)*.

Caveats/notes

- Please note that figures for this measure are generally lower if the last day of the reporting period falls on a Friday or Saturday. This is as a result of an increase in the number of children moving to a respite placement for the weekend.
- Due to the continual updating of client records in source systems, figures reported in this document may differ from those reported in other publications.
- Only children on foster care arrangements are counted in this measure. If the foster carer also cares for a child on a kinship care arrangement, the child on kinship care does not contribute to this count.