



A Place at the Table:

An investigation into a change to the case management of children and young people in care in Tasmania

Out-of-Home Care Monitoring Program

December 2023

Commissioner for Children and Young People (Tas) 2023 A Place at the Table: An investigation into a change to the case management of children and young people in care in Tasmania.

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Acknowledgement of country

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

Acknowledgements

Children and young people in care and with a care experience

The Commissioner extends her heartfelt gratitude and appreciation to the children and young people in care who courageously shared their experiences, thoughts, and voices during this investigation. Your contributions have been invaluable in helping me to understand the impact of this decision on your lives and how they have changed.

Your voices matter, and you have been heard.

It is my strong hope that your bravery in speaking out will help create a better care system for you and other children and young people who come into care.

Other 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 throughout the development and completion of this report have been invaluable.

The Commissioner would like to thank members of the Department *for* Education, Children and Young People, for their support of her ongoing monitoring activities, including through the provision of unpublished data relating to children and young people in care and for supporting staff to participate in this investigation without fear of reprisal.

The Commissioner also wishes to thank staff of the Child Safety Service including Child Safety Officers who support children and young people in care. The Child Safety Service in Tasmania is under enormous pressure. The Commissioner acknowledges your tireless efforts in trying to ensure continuity of service so that every child and young person in care remains safe and well.

The Commissioner also acknowledges the carers and out-of-home care providers who contributed to this investigation.

Content Warning

This investigation is about the experiences of children and young people in care in Tasmania. Some of their stories reference feelings of neglect, abandonment, and insecurity. In telling these stories, some children and young people have used strong language. Some readers might find parts of this report distressing.

The following services listed below can be contacted for support:

- Kids Helpline: [1800 55 1800](tel:1800551800)
- 1800 Respect: [1800 737 732](tel:1800737732)
- Lifeline: [13 11 14](tel:131114)
- Family Violence Counselling Support Service: [1800 608 122](tel:1800608122)
- The Tell Someone website: tellsomeone.tas.gov.au
- 13YARN Aboriginal and Torres Strait Islander Crisis Support: [13 92 76](tel:139276)

If you are worried about the health and safety of a child or young person, please contact the Strong Families Safe Kids Advice and Referral Line on [1800 000 123](tel:1800000123).

A note about terminology

The Commissioner acknowledges that the term 'out of-home care' is not necessarily used or well understood by Tasmanian children and young people with a care experience. Most Tasmanian children and young people in care are cared for within a home, regardless of whether they are living in family-based care or residential care. However, the term 'out-of-home care' is widely used and understood across Australia by governments and the community sector, and as such, it has been used in this report.

Commissioner's Foreword

As Commissioner for Children and Young People, I have a role in monitoring the Tasmanian out-of-home system to ensure that it supports the wellbeing of children and young people in care by upholding their rights.

In 2022, I heard from a young person in care who was concerned about a change to their case management. This young person told me that they no longer had a dedicated Child Safety Officer and instead they had been allocated to a team within the Child Safety Service.

On 15 December 2022, I announced an own motion investigation into the change to case management of children and young people in care.

In publishing this report, I wish to thank every child and young person who bravely participated in this investigation and shared their views about the effect that the change to case management had on children and young people in care.

You shared your views with me in different ways - I learnt from your words and through the art that many of you created on plates, bowls, cups and biscuits - representing your right to have a place at the table. You will find your words and the images of your art throughout this report.

I also extend my thanks to other stakeholders who made submissions to this investigation, including carers, providers and other individuals and organisations that support and work with children and young people in care.



The views that you shared with me were invaluable and provided me with even greater insight into how the change to case management affected the rights of children and young people in care.

I wish to thank the Department for Education, Children and Young People for its support of the investigation leading up to and following my announcement in December 2022. I have appreciated the Department's commitment to continuous improvement and the support that they provided to me in the spirit of collaboration.

I would like to draw particular attention to the support provided by the Department to its staff, including Child Safety Officers, to participate in this investigation and to share their views.

I commend senior staff of the Department on their willingness to hear and learn from children and young people in their care and their staff.

I also commend the dedication of Child Safety Officers, who participated in this investigation, to keeping children and young people in care safe.

I have heard from many Child Safety Officers who impressed upon me their dedication to safeguarding the rights of children and young people in their care. Your commitment to knowing and understanding the needs of individual children and young people in care to best support them is fundamental to children's safety and I thank you for all that you do.

The Tasmanian child protection system is chronically under-resourced, and I acknowledge that the change to case management was made while the Child Safety Service was experiencing significant pressures on service delivery. Even so, failing to recognise and uphold the rights of children and young people in care, particularly their right to participate in decisions that affect them, is not acceptable.

This investigation found that the change to the case management of children and young people in care had an effect on multiple rights under the *Charter of Rights for Tasmanian children and young people in out of home care*.

Chief among the rights affected was the right to participate. Children and young people told me that they did not find out about the change to case management until after it began and, as a result, some children and young people felt distressed and angry.

All children and young people have a right to participate in decisions that affect them at both the individual and systemic level. In particular, children and young people in care should be provided with opportunities to have a say to

ensure that decisions made about them are in their best interests.

During this investigation, the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings released 191 recommendations. While these recommendations are being implemented, it is important to remember that a child or young person's right to participate, and be heard, across all aspects of our systems, is fundamental to their safety.

It is clear to me that our system is not appropriately arranged, or resourced, to fully uphold the rights of children and young people in care.

Looking forward, I call upon the Tasmanian Government to acknowledge the findings of this report and to accept and implement the recommendations.

Now, more than ever, the Tasmanian Government must act to ensure that the processes and practices of Government, and government agencies, are resourced and supported to uphold the rights of children and young people in care.

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Abbreviations / Acronyms

ARL - Strong Families Safe Kids Advice and Referral Line

CCYP - Commissioner for Children and Young People

CPIS - Child Protection Information System

CSLO - Child Safety Liaison Officer

CSO - Child Safety Officer

Child Safety - The Child Safety Service

CYPTF Act - Children Young Persons and Their Families Act 1997 (Tas)

Child Advocate - Out-of-home Care, Department for Education, Children and Young People

DECYP - The Department for Education, Children and Young People

DCT - Department of Communities Tasmania

DoE - Department of Education

NDIS - National Disability Insurance Scheme

OOHC - Out-of-home care

TAC - Tasmanian Aboriginal Centre

YAG - Youth Advisory Group

Executive Summary

In 2022, the Commissioner began hearing from children and young people in out-of-home care and others that there had been a change to the way children were being looked after, or case managed, by the then Department of Communities. For some children and young people, this change meant that they no longer had a dedicated Child Safety Officer. Instead, they were case managed by a team of Child Safety Officers, who they could contact via a generic email or telephone number. The Commissioner heard that children and young people in care were concerned by the change, and they did not have a say.

The Commissioner was concerned that the development and implementation of the change to case management may not have been consistent with some or all of the nine rights of children and young people under the *Charter of Rights for Tasmanian children and young people in Care* (the *Charter*). Further to ensuring the health, safety and wellbeing of children and young people in care, the *Charter* sets out the right of a child or young person to participate in decisions that affect them.

In line with her powers under the *Commissioner for Children and Young People Act 2016* (Tas), the Commissioner investigated this change as a matter relevant to the wellbeing and rights of children and young people in care, and the operation of the out-of-home care system as a whole.¹

Under the terms of reference, the investigation aimed to:

1. Develop a detailed understanding of the new Out-of-Home Care case management model² (the model) in the context of relevant policy, practice, and legislation.
2. Examine any effect of the new model on the rights and wellbeing of children and young people in care.
3. Report and make recommendations in respect of the introduction of the new model in line with the general functions of the Commissioner as outlined in section 8 of the *Commissioner for Children and Young People Act 2016* (Tas).

To realise the above aims, the Commissioner sought the views of children and young people in care, together with the Department and other individuals and organisations that support, or work with, children and young people in care.

This report provides an overview of the Commissioner's investigation findings, including the nature of the change to case management, and the effects of this change on the rights and wellbeing of children and young people in care.

Hearing from children, young people and other stakeholders

Almost 70 children and young people with a care experience participated in this investigation. Children and young people chose to participate

1. *Commissioner for Children and Young People Act 2016* (Tas) s 11 (3) (c) ('CCYP Act')

2. Note, in consultation with DECYP and other stakeholders, the Commissioner was advised that the change to case management was an 'approach' not a 'model'.

in different ways. Some chose to complete a short questionnaire that had been co-designed with a focus group of young people with a care experience. Others chose to speak directly to the Commissioner about their experiences. Some children and young people shared their views, including what it means to be included in decision making about their care, through an art activity called '*A Place at the Table*'.

The investigation also received 67 submissions from individuals (including groups of individuals) and organisations that support and/or work with children and young people in care. Respondents included the Department *for* Education, Children and Young People, Child Safety Officers, carers, care providers, and other stakeholders.

Qualitative data collected during the investigation from children, young people, and others, were thematically analysed using a right-based framework based on the *Charter*. In addition, quantitative data relating to children and young people in care published and provided by the Department *for* Education, Children and Young People were analysed and are included alongside the qualitative data in this report.

Tasmania's statutory child protection system

In Tasmania, the *Children, Young Persons and Their Families Act 1997* (Tas) provides the principled framework for the protection of children and young people who may come into the care of the State. Under this *Act*, children and young people who are deemed at risk of harm, and who can no longer live with their families of origin, may be placed under a range of legal orders, including interim and long-term care and protection orders. Under an order, the custody and/or the guardianship of a child or young

person may be granted to the Secretary. Some children and young people who are the subject of an order will enter the out-of-home care system.

Since October 2022, the Department *for* Education, Children and Young People has been the government department responsible for the child safety system, including the out-of-home care system. However, at the time that the change to case management was developed and implemented (July-September 2022), the Department of Communities was the responsible department.

The case management of a child or young person in care has, until recently, been based on the allocation of an individual child or young person to a dedicated Child Safety Officer. In addition to conducting visits with children and young people in care, Child Safety Officers establish and co-ordinate Care Teams and Care Team Meetings. The Care Team is a group of individuals identified by a Child Safety Officer and a child or young person, who meet regularly to discuss and review the needs of the child or young person.

Change to case management

In 2022, the Department of Communities reported increased service-delivery pressures on the Child Safety Service due to low staffing. During the investigation, other stakeholders told the Commissioner that a growing political and public awareness of the number of children and young people awaiting allocation was a further pressure on the Child Safety Service. While children and young people awaiting allocation are known to the Child Safety Service, they are not yet actively case managed by a dedicated Child Safety Officer.

Before transitioning to the new department in October 2022, the Department of Communities, together with the former Department of Education, established an intra-agency executive called the Control Group. The Control Group designed and implemented the *Co-ordinated Response Plan* (the *Plan*) to respond to the above pressures. The *Plan* had two overarching priorities :

1. to employ more staff and ease workload issues, and
2. to reprioritise work to focus on service delivery.

This investigation focused on the second priority under the *Plan*, the prioritisation of service delivery to the most vulnerable and at-risk cohorts of children and young people. These cohorts included those children and young people who were (i) in the assessment phase of a child safety intervention, (ii) in the first three years of care, and (iii) at risk of harm in care.

Under the *Plan*, at-risk cohorts would continue to receive case management supports through a dedicated Child Safety Officer, while children and young people who were deemed to require low-intensity case work (or, as also described, children and young people who were stable in their placements) would receive revised case management supports.

Revised case management supports for some children and young people in care

The revised case management supports for children and young people who were deemed to require 'low-intensity case work' included allocation to a team that was staffed by Child Safety Officers working on a duty roster. Children and young people allocated to the team could contact the team via a generic phone number or email address.

In the South, children and young people in care were allocated to two case management teams called Team 7 and Team 10. Quantitative data supplied by the Department for Education, Children and Young People reveals that in the first four months of operation (September 2022 – January 2023), 395 children and young people were allocated to these teams. Further analyses showed that several cohorts of children and young people allocated to these teams had complex needs. These cohorts included children and young people (i) with less than 12 months care experience, (ii) transitioning to independence, (iii) with a recorded disability and (iv) in youth justice detention.

Team-based case management also operated in the North and North-West. In these regions, children and young people were case managed by a duty roster of Child Safety Officers.

The Commissioner found that, inconsistent with the *Plan*, children and young people who required more than low-intensity case work (who were not stable in their placement) were allocated to team-based case management. Stakeholders, including Child Safety Officers, told the Commissioner that *any* child or young person on long-term orders was to be team-managed regardless of their needs.

Child Safety Officers' experiences of team-based case management

The Commissioner found that under team-based case management, Child Safety Officers found it challenging to meet the needs of children and young people allocated to the teams.

Child Safety Officers assigned to work on the teams were required to respond to requests about children and young people that they did

not know. This created chaotic environments in which there was little time for proactive work. Instead, as one Child Safety Officer put it, their work was ‘putting out spot fires’.

The change in case management and the right of children and young people in care to participate in decisions that affect them

In developing the change to case management, the Commissioner found that children and young people were not consulted or listened to before the change was made. This is inconsistent with the *Charter* (Right 3) and principles of the *Children, Young Persons and Their Families Act 2016* (Tas).

Under the *Act*, a decision-maker must uphold the principles of the *Act* to ensure that children and young people are respected, and that their best interests are the paramount consideration in decision making.

The Commissioner identified that the Department of Communities, and later the Department for Education, Children and Young People, were the responsible department. This meant that decision-makers in the department were required under the *Act* to ensure children and young people in care were given the opportunity to participate in this change. The Commissioner found that children and young people were not provided with:

- clear information about the proposed change in a way that they understood
- an opportunity to respond to the proposed change
- an opportunity to express their views freely about the proposed change, and
- assistance to express their views.

The investigation further found that, following the first allocations of children and young people to teams under the *Plan*, official communication from the relevant department to children, young people and their carers was inadequate.

In their submission to this investigation, the Department for Education, Children and Young People acknowledged that there were gaps in their communication about the change to case management to children and young people in care.

How children and young people in care found out about the change

Children and young people heard about the change to their case management in several ways, and from a variety of people. For some, their Child Safety Officer told them that they were going onto a team. For others, their carers told them about the teams, but they could not provide them with information about what this involved or what it would mean for them. One young person explained that they told another young person about the change at an event for children and young people in care. When asked how they felt when they heard about the change, young people described feeling a range of emotions including sadness, frustration, and anger.

The change in case management and the other rights of children and young people in care

Further to the effect of the change to case management on Right 3 (participation), this investigation identified effects on at least the following six *Charter* rights.

Right 1: Right to feel and be safe

Under team-based case management children and young people interact with strangers rather

than an individual Child Safety Officer when contacting the team. Some children and young people in care told the Commissioner that they 'don't feel as safe with strangers'. Supporting this, Child Safety Officers and carers expressed concern that children and young people in the teams did not have a trusted adult to talk to if they were unhappy or felt unsafe.

Right 2: Right to receive health care when needed

Children and young people in care are supported by dedicated outpatient clinics staffed by paediatricians. Under the change to case management, the right of a child or young person to receive healthcare when needed was affected by reduced health clinic attendance, and increased healthcare delays for children on teams. Paediatricians and carers described impacts including delayed diagnoses, worsening of behavioural symptoms (resulting in children displaying high-risk behaviours including self-harming), and children and young people not receiving timely access to disability supports.

Right 4: Right to have regular meetings alone with my worker

Under team-based case management, some children and young people in care were not being regularly visited by Child Safety Officers. Without regular meetings with their individual Child Safety Officer, children and young people said that they no longer 'knew their guardian', they 'didn't know who to go to' for help and they did not know how they would participate in decisions about their care. Child Safety Officers also expressed concern that children and young people were not being visited by Child Safety Officers; if children and young people are not visible to the Child Safety Service, their treatment and safety in care is less known. While the *Plan* states that visits to

children and young people allocated to teams would be made by other appropriate services, no evidence of these visits occurring was provided during the investigation.

Right 5: The right to be treated fairly and with respect for who I am

Under team-based case management, some children and young people felt that they were not respected or treated fairly because their individual circumstances were not known. Young people told the Commissioner said that were not being 'cared for enough' and this made them feel sad, worried, and angry. Stakeholders described how team-based case management meant young people were treated as 'a number' rather than being 'seen and heard as individuals'.

Right 7: The right to have safe contact with my family and people who matter to me

Children and young people rely on their Child Safety Officer to organise and supervise safe meetings with their families. Under team-based case management, some young people were not seeing their families as regularly as they would like. Without this contact with their families, young people felt 'sad', 'disappointed', and 'lonely'. Providers, carers, and Child Safety Officers said that young people were becoming disconnected from their families. In some instances, carers were bypassing the Child Safety Service to organise visits, which meant that young people had unsupervised contact with their families.

Right 8: The right to have an education and to gain life skills

Under team-based case management, children and young people experienced delays in accessing appropriate education supports and were no longer being linked into life skills

programs and services. For example, Child Safety Officers described how transition planning for team-managed young people was not meeting their needs. Despite efforts by Child Safety Officers to prepare team-managed young people to leave care, the Commissioner heard that some young people were at risk of leaving care without fully understanding their right to access various after care supports.

Commissioner's recommendations

In summary, and in line with the functions set out in the *Commissioner for Children and Young People Act 2016* (Tas), the Commissioner makes several recommendations to ensure the rights and wellbeing of children and young people in care are upheld.

The Commissioner recommends that the Department *for* Education Children and Young People urgently develop and implement an evidence-based approach to case management that upholds the rights of children and young people in care.

The Commissioner recommends that the Department take immediate actions to repair their relationship with children and young people in care. This must include developing plans to identify and rectify all negative effects experienced by individual children and young people in care.

The Commissioner calls for a commitment from the Department *for* Education, Children and Young People to, in collaboration with the Commissioner, work with children and young people in care to refresh the *Charter of Rights for Tasmanian children and young people in care*.

Further, the Commissioner calls on the

Government to amend the *Children, Young Persons and Their Families Act 1997* (Tas) to ensure consistency with Article 12 of the *United Nations Convention on the Rights of the Child* and to enshrine the *Charter of Rights for Tasmanian children and young people in care* in legislation.

To enhance staff understanding of the rights of children and young people in care, the Commissioner recommends that the Department *for* Education Children and Young People implement an internal strategy that includes: a new governance framework for systemic decision-making that upholds the right of the child to participate; an evaluation and review mechanism for systemic changes; and a requirement that system-level decisions made under the *Children, Young Persons and Their Families Act 1997* (Tas) are accompanied by a contemporary child-rights impact assessments.

The Commissioner recommends that the Department *for* Education Children and Young People establish a comprehensive communication strategy for all stakeholders, especially for children and young people in care. Informed by Lundy's Model of Participation, communication between stakeholders must also engage children and young people in decision-making.

Adverse Comment Process

Section 21 of the *Commissioner for Children and Young People Act 2016* (Tas) provides that the Commissioner is not to include any comment in a report that is adverse to a person unless that person has had at least 15 working days to make representations to the Commissioner before the report is finalised. The Commissioner provided the Secretary of the Department *for* Education, Children and Young People with a draft of the report on 25 September 2023. A response was received on 12 October 2023. Representations by the Department have been considered and incorporated into this report as appropriate.

Comment on Commission of Inquiry

During this investigation the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings released its final report (COI Report). Of note, Volume 4 of the COI Report (Chapters 7-9) analyses the past responses of the Tasmanian Government to child sexual abuse in the Tasmanian out-of-home care system to identify what changes are needed to ensure that children and young people are safe.

This investigation examines a topic raised in section 6.1 of the COI Report (Case management). By examining the rights-based impacts of the change to case management on children and young people in care, this report provides a further level of understanding of children and young people's case management experiences.

In doing so, this report underlines two areas for reform identified by the COI Report, namely the importance of (i) empowering children and young people in care through participatory processes across all stages of their care experience; and, (ii) ensuring that every child and young person in care has a dedicated case manager (a Child Safety Officer).

The findings and recommendations of this report provide a complementary rights-based reform agenda in relation to the case management of children and young people in care.

The COI report is available at: <https://www.commissionofinquiry.tas.gov.au/report>.

Findings and Recommendations

Findings

Informed by the terms of reference, the Commissioner makes the following findings:

1. Staffing shortages within the Department of Communities resulted in the Department of Communities, and subsequently the Department for Education, Children and Young People, taking a series of actions. These actions included:

- Standing up an intra-agency executive (Control Group) for the purposes of ensuring the safety of all clients (children and young people) of the Child Safety Service through the implementation of a *Coordinated Response Plan*. The *Plan* outlined two priority actions.
- Implementing the priority actions through revised supports for children and young people in care. This included implementation of team-based case management for children and young people in the South and different approaches to case managing children and young people in the North and North-West. None of these changes were evidence based.
- Setting parameters for the allocation of children and young people to the new team-based case management, and then deviating from those parameters, including through the allocation of children and young people requiring a high level of ongoing support for complex needs.
- In the first four months of operation, allocating 395 children and young people in the South to case management teams (Team 7 and Team 10). No data was provided by the Department for Education Children and Young People on the numbers of children and

young people specifically allocated to team-based case management, or its equivalent, in the North or North-West.

2. The introduction of the *Coordinated Response Plan*, including the change to team-based case management, represents a substantial systemic change to the case management of children and young people in care in Tasmania. However, its design, introduction and ongoing implementation has not included the level or quality of consultation, communication, monitoring and evaluation, that should underpin a systemic change to afford children and young people their participatory right.³ For example:

- The governance structures associated with the change to case management, including the composition of the Control Group, did not account or provide for the participation of children and young people, as is their right.
- Communication with all stakeholders, including and particularly with children and young people in care about the change, was and continues to be inadequate. This includes that children and young people in care were not afforded their right to receive clear information about the change to case management.
- The stated aim of the *Coordinated Response Plan*, which included the introduction of team-based case management, was “[to] ensure that all children who are clients of the Child Safety Service are safe”. The

3. Note: As part of the Adverse Comment process, DECYP stated that this finding is ‘incorrect’. They note that “[a] Coordinated Response Report is generated and distributed to internal Children and Families stakeholders on a weekly basis and contributes to review of the coordinated response plan”. The Department acknowledges that no information was provided to the Commissioner during the investigation about the weekly Coordinated Response Reports.

Coordinated Response Plan did not include a methodology to measure effectiveness of implementation. No information was provided to the Commissioner to indicate whether the introduction of the revised supports kept children and young people in care safe.

- It remains unclear whether the change in case management was a permanent change, or an interim measure.

3. The change to case management may have initially reduced the numbers of children and young people awaiting allocation (which is a key risk indicator), however, if present, this reduction was short-lived. There is no evidence to indicate an overall reduction in the numbers of children and young people awaiting allocation since the change to case management in September 2022.

4. The change to case management was not consistent with the *Participation principle* outlined in the *Children Young Persons and Their Families Act 1997* (Tas), as all children and young people in care were not provided with:

- clear information about the proposed change in a way they could understand
- an opportunity to respond to the proposed change
- an opportunity to express their views freely about the proposed change and
- assistance to express their views.

5. The change to case management had effects on the rights of children and young people in care. Applying the *Charter of Rights for Tasmanian children and young people in care*, the following effects were identified for many children through consultation with young people, Child Safety Service staff, and other stakeholders:

Right 1: Children did not feel safe.

Right 2: Children did not receive healthcare when needed.

Right 3: Children were not consulted and listened to seriously about a decision that affected them.

Right 4: Children did not have regular meetings alone with their workers.

Right 5: Children were not treated respectfully.

Right 7: Children did not have safe contact with family.

Right 8: Children were less supported in their education and life skills development.

6. Child Safety Officers, including those assigned to Team 7 and Team 10, experienced significant challenges in case managing children and young people allocated to the teams. These challenges arose from:

- overwhelming numbers of children and young people allocated to teams
- a lack of detailed knowledge of individual children and young people and their placements
- and a loss of relationships between Child Safety Officers and individual children and young people in care and their carers.

7. Child Safety Officers view their individual relationships with children and young people in care as critical to ensure relational stability and to upholding the rights of children and young people in care. The change to team-based case management impacted the ability of Child Safety Officers to establish and maintain relationships which, in turn, influenced role

clarity and job satisfaction. This contributed to the resignation, and/or unplanned leave of Child Safety Officers, further exacerbating staffing shortages.

8. The changes to case management demonstrate a systemic lack of awareness of the principles outlined in the *Children Young Persons and Their Families Act 1997* (Tas), in particular, the *Participation principle* in Part 1A, and the relevance of these principles to decisions made under the *Act*.

9. Parts of the *Participation principle*, as described in the *Children Young Persons and Their Families Act 1997* (Tas), are inconsistent with Article 12 of the *United Nations Convention on the Rights of the Child*.

Recommendations

Informed by the terms of reference, the Commissioner recommends that:

1. The Department for Education Children and Young People take immediate steps to re-set its relationship with children and young people in care by demonstrating a commitment to recognising, understanding and upholding the rights of children and young people in care. This should include:

1.1. An acknowledgement that in developing and implementing the changes to case management, the rights of children and young people in care under the *Charter of Rights for Tasmanian children and young people in care* were not upheld.

1.2. Identifying, and where possible developing, plans to rectify any negative effects of the change on individual children and young people, including ensuring that children and young people and other stakeholders are

provided with clear information about the change to case management.

1.3. A commitment to work with children and young people in care and other key stakeholders to refresh the *Charter of Rights for Tasmanian children and young people in care* as a priority.

1.4. A commitment to working with the Commissioner for Children and Young People to establish a rights-based independent systemic monitoring program for all children and young people in care.

2. The Department for Education Children and Young People develops and implements an internal strategy to increase staff knowledge and understanding of the rights of children and young people in care and their application in decision making processes consistent with the principles of the *Children, Young Persons and Their Families Act 1997* (Tas). This should include, at a minimum:

2.1. A new governance framework for systemic decision-making that includes the participation of children and young people in care.

2.2. Requirements that any proposed systemic changes to the out-of-home care system are accompanied by evaluation and review plans which ensure the immediate effects and longer-term impacts of proposed changes can be effectively measured.

2.3. A requirement that systemic decisions made to support the administration of the *Children Young Persons and Their Families Act 1997* (Tas) are accompanied by a statement considering the contemporary impact on the rights of children and young people in care (Child Rights Impact Assessments).

3. The Department *for* Education Children and Young People urgently develops and implements an evidence-based approach to case management that upholds the rights of children and young people in care.

3.1. The new model should be developed with the participation of children and young people with a care experience and be evidence-based.

3.2. Consistent with the evidence, any new model of case management should prioritise relationships. Child Safety Officers should be supported and encouraged to establish safe relationships with children and young people in care taking into account the needs and wishes of the child or young person.

3.3. Independent review of the model should occur at regular intervals to ensure that it upholds the rights of children and young people in care.

4. While the new case management model is under development, the Government should provide adequate resourcing to the Department *for* Education, Children and Young people to support continuous recruitment of appropriately trained staff. This will ensure Child Safety Service teams can continue to implement a key worker model so that children and young people in care are allocated a dedicated Child Safety Officer who they know.

5. The Department *for* Education Children and Young People develops and implements a comprehensive communication strategy for all stakeholders, including and especially children and young people in care. This should include:

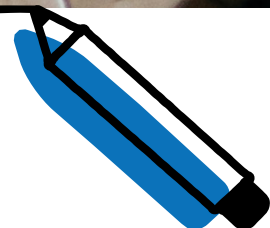
5.1. Establishing a child-friendly communication strategy that is informed by Lundy's Model of Participation:

- Establishing minimum communication requirements with children and young people in care to give effect to the *Participation principle* in the *Children Young Persons and Their Families Act 1997* (Tas)
- The promotion of dialogue between all stakeholders, with a special emphasis on engaging children and young people in decision-making processes
- The creation of an accurate centralised information portal for all information about the Department *for* Education, Children and Young People's commitments, processes, and services for children and young people in care. This must include a child-friendly space where children and young people can find out about the care system, and their rights.

6. That Government amends the *Children Young Persons and Their Families Act 1997* (Tas) to ensure consistency with Article 12 of the *United Nations Convention on the Rights of the Child*.

7. That Government ensures that the Department *for* Education Children and Young People is adequately resourced to enable the practical realisation of the principles contained in the *Children Young Persons and Their Families Act 1997* (Tas) and any subsequent amendments.





Chapter 1:

This investigation

1.1 Introduction

In Tasmania, children and young people in care have nine rights which are set out in the *Charter of Rights for children and young people in care* (the *Charter*). These rights are about ensuring the wellbeing and protection of children and young people in the Tasmanian out-of-home care system. In 2022, the Commissioner began hearing from children and young people, carers, care providers, and others, that their case management had changed. The Commissioner heard that large numbers of children and young people on long-term orders no longer had a dedicated Child Safety Officer, and instead, children and young people had been given a generic telephone number and email address that they could use to contact a team of Child Safety Officers within the Child Safety Service. The first young person who told the Commissioner about this change explained:

*"I was told by my Child Safety Officer, that about 300 children and young people were going to be removed from their CSOs and were going to be moved to two teams. Meaning me and all the other children on 18 Year Orders would have no worker of our own.... My worker explained that all children on 18-year orders, like me were being moved into two teams. Where we would be given an email address and number and that is how we talk to Child Safety from now on. My worker does not think we will receive calls or visits and will have to call the number provided to ask for anything."*⁴
[Young person, 16]

The Commissioner was concerned about this change, as she has previously stated:

*Where a child's rights have been respected, protected and fulfilled, their wellbeing should improve.*⁵

4. Email from Young Person, to Commissioner for Children and Young People (Tas), 16 October 2022.

5. Commissioner for Children and Young People Tasmania, [Investing](#).



1.2 This investigation

Under the *Commissioner for Children and Young People Act 2016* (Tas) ('CCYP Act'), the Commissioner advocates for the rights and wellbeing of all children and young people in Tasmania, with a particular focus on the children and young people who are disadvantaged or vulnerable for any reason. This includes children and young people who are in care.⁶

The Commissioner's advocacy adheres to the principle that the wellbeing and best interests of children and young people are paramount, guided by the *United Nations Convention on the Rights of the Child* ('UNCRC').

The Commissioner's Out-of-Home Care Monitoring Program, which was established in 2018, provides independent, systemic monitoring of the Tasmanian out-of-home care system.⁷ The overarching aim of this program is to engage with children and young people in care, and other stakeholders, to promote and protect the rights and wellbeing of Tasmanian children and young people in care.

[in the Wellbeing of Tasmania's Children and Young People](#) (Report, February 2020) ('Commissioner for Children and Young People report').

6. Under the CCYP Act s 4, "vulnerable" is defined to include any child or young person who are, or were, the subject of a Care and Protection Order; who are at risk within the meaning of the *CYPF Act*; or who is receiving, or has received, services under the *CYPF Act*. The definition of vulnerable children therefore includes all children and young people in the out-of-home-care system in Tasmania.

7. In the 2017-18 State Budget, the Tasmanian Government committed dedicated resources to the Commissioner to conduct independent systemic monitoring of out-of-home care in Tasmania. The overarching aim of the Commissioner's monitoring of out-of-home care is to promote and protect the rights and wellbeing of children and young people in out-of-home care in Tasmania.

On 15 December 2022, the Commissioner launched an investigation into the change to the case management of children and young people in care.⁸ This change occurred during 2022, when the Department of Communities (DCT) was responsible for the delivery of case management services for children and families. In October 2022, responsibility for case management service delivery for children and families transitioned from DCT to the new Department for Education Children and Young People (DECYP).

1.3 Terms of reference

This investigation adopted the following terms of reference:

1. Develop a detailed understanding of the new out-of-home care case management model⁹ (the model) in the context of relevant policy, practice, and legislation.
2. Examine any effect of the new model on the rights and wellbeing of children and young people in care.
3. Report and make recommendations in respect of the introduction of the new model in line with the general functions of the Commissioner as outlined in section 8 of the *Commissioner for Children and Young Person Act 2016* (Tas).

In investigating these terms of reference, the Commissioner adopted a right-based approach to examine the effects of the change to case management on children and young people in care.¹⁰

1.4 Methodology

This investigation had three key components:

1. Consultation with children and young people in care (and with a care experience)
2. Consultation with stakeholders (see below) and
3. Analysis of quantitative data including data provided or published by DECYP.

1.5 Structure of the report

Chapter 2 provides an overview of the child protection system in Tasmania, outlining the legislative and policy context for this investigation. This chapter also provides an overview of the out-of-home care system in Tasmania and describes key roles within the system. Particular attention is given to the important role of Child Safety Officers.

Chapter 3 introduces and describes the change to the case management of children and young people in care. This chapter explores the reasons for the change and introduces team-based case management.

Chapters 4 describes the effects of the change to case management on the right of children and young people in care to participate in decisions that affect them.

Chapter 5 presents a further exploration of the effects of the change to case management on the other rights of children and young people in care.

8. Commissioner for Children and Young People, 'CCYP Systemic Investigation into Out-of-Home Care', *Media Release* 19 December 2023.

9. In consultation with DECYP and other stakeholders, the Commissioner was advised that the change to case management was an 'approach' not a 'model'.

10. *Commissioner for Children and Young People report* (n 5)

1.5.1 Consultation with children and young people

The Commissioner used a range of methods to hear from children and young people, this included:

- A short online survey called the *Commissioner's Big Questions* (Appendix A)
- Face-to-face discussions with children and young people in care based on the *Commissioner's Big Questions* and,
- An art engagement activity called *A Place at the Table* (see Box 1).



Box 1: *A Place at the Table* – children and young people's views of participation

The Commissioner worked with artists from *All That We Are* to design and develop a child-friendly art activity that gave children and young people in care an opportunity to express their views about participating in decisions that affect them. In sharing their views, children and young people drew on recycled crockery using food-safe pens and wrote messages on commercially baked biscuits shaped like speech bubbles. Images of the work they created appear throughout this report.

The Commissioner used the following methods to increase awareness of the investigation with children and young people and their carers:

- Advertising the opportunity to participate on the Commissioner's social media (i.e., Instagram and Facebook)
- Co-ordinating awareness campaigns through non-government care providers and other out-of-home care support organisations (e.g., CREATE Foundation and Foster and Kinship Carers Association of Tasmania (FKAT)) and
- The Commissioner and her staff worked with DECYP to directly mail out invitations to children and young people in care for whom DECYP is the care provider.

The Commissioner heard from children and young people in the following ways:

- 20 responses to the *Commissioner's Big Questions* (online and hand-written)
- 7 young people participated in a face-to-face discussion with the Commissioner and
- more than 40 children and young people attended the *A Place at the Table* art activities.

All participation opportunities for children and young people were informed by Lundy's model of participation.¹¹

Responses to the *Commissioner's Big Questions* were collated and analysed using qualitative analysis software (NVivo). Face-to-face discussions with children and young people in care were recorded, transcribed, and similarly analysed. All responses were then thematically mapped to the *Charter*. All children and young people were asked for their permission to share their experiences and views.

1.5.2 Consultation with other stakeholders

The Commissioner invited submissions from a range of stakeholders on the terms of reference. Between December 2022 and May 2023, the Commissioner received submissions from the following stakeholders:

- DECYP (as system owner)
- Child Advocate for Children and Young People in care
- Child Safety Service staff
- Tasmanian Aboriginal Centre (TAC)
- Foster and kinship carers
- Non-government out-of-home care providers
- Other out-of-home care support organisations
- Out-of-home care paediatric clinic staff
- Lawyers from Tasmania Legal Aid
- Other interested parties



11. Laura Lundy, 'Voice is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child' (2007) 33(6) *British Educational Research Journal* 927-942.

In addition to providing stakeholders with the terms of reference, the Commissioner created a *Submission Guide* to support individuals and organisations to make their submission (Appendix B). Stakeholders were invited to provide submissions through an online form, via email or through in-person facilitated submission sessions with the Commissioner (at their request). An overview of submissions received during this investigation are presented in Table 1.

Stakeholder responses, including from DECYP (as system owner), were thematically analysed with reference to the terms of reference and the key questions identified in the *Submission Guide*. Where stakeholders identified effects of the change to case management on the rights of children and young people in care, their responses were mapped to the *Charter*.

Table 1: Overview of stakeholder responses to this investigation by submission type

| | Online Form | Written Submission^ | Facilitated Submission |
|---------------|---|--|--|
| Number | 37 | 20 | 10 |
| Received from | Carers, current and previous Child Safety Service staff, family members of children and young people in care (including siblings), non-government out-of-home care providers and other stakeholders | Carers, current and previous Child Safety Service staff, non-government out-of-home care providers, family law practitioners, FKAT, CREATE, other interested parties | Child Advocate, union members (CPSU, HACSU), Child Safety Service staff, FKAT, Tasmania Legal Aid, out-of-home care paediatric clinic staff, TAC |

^some written submissions included supporting documents which were included in analyses where appropriate.



1.5.3 Quantitative analysis of the change in case management for children and young people in care

Quantitative data was used to develop a deeper understanding of the children and young people affected by the change to case management.

These data include:

- Data provided to the Commissioner by DECYP as part of the Commissioner's ongoing Monitoring Program (*Quarterly Children, Youth and Families Reports*)¹²
- Data published by DECYP on their website (*Human Services Dashboard*)¹³
- Administrative data requested from DECYP on indicators relating to children and young people in care generally, and for those children and young people who had experienced the change in case management.¹⁴

According to DECYP, the administrative data supplied for the above request were correct as of 23 January 2023 for children and young people in the South. When asked about children and young people living in the North and North-West DECYP stated:

"The greater north does not currently adopt a team case management approach. While there are children in these regions who are not allocated to a case worker, business processes are in place to ensure their oversight".¹⁵

12. Commissioner for Children and Young People Tasmania, [Out-of-Home Care Monitoring Report No.2 \(Second Edition\): Key data on Tasmania's out-of-home care system, 2020-2022](#) (Report, July 2023). ('CCYP Data Monitoring Report (2nd Edition)').

13. Department for Education Children and Young People, *Human Services Dashboard* (Web Page, 1 June 2023). Note: As part of the Adverse Comment process, DECYP indicated they had replaced the Human Services Dashboard with the 'Key Dataset'. Of further note, the data previously available through this dashboard is no longer in the public domain.

14. Note, according to DECYP, the data received from this request was correct as of 23 January 2023. These data give insight into the first four months following the change to case management.

15. Letter from the Department for Education, Children and Young People to Commissioner for Children and Young People (Tas), 29 June 2023.

For a full list of indicators included in the administrative data request see Appendix C.¹⁶

1.5.4 Limitations

Limitations on qualitative data

In relation to the qualitative data, the Commissioner made every effort to ensure that all stakeholders could freely share their experience and views about the change to case management and the effect of the change on the rights of children and young people in care.

The Commissioner endeavoured to provide every child and young person in care with the opportunity to participate, in a way that worked for them (see further 1.5.1). However, the Commissioner acknowledges that not all children and young people in care chose to participate, as is their right. This investigation may not be representative of the experiences and views of all children and young people in care.



16. This appendix contains the measures requested and does not include the data provided by DECYP.

Moreover, children and young people shared their views with the Commissioner at a time when many had only recently learnt about the change to case management. This may have had implications for how they were thinking and feeling about the change, and what it meant. Further, the Commissioner designed the investigation to ensure children and young people had the opportunity to share ‘good things’ and/or ‘bad things’ about the change to case management (see further Appendix A). Despite these efforts, the Commissioner acknowledges the concern of DECYP that:

“some children, young people and their families or carers that have had positive experiences because of the change in case management approach are unlikely to respond to this investigation”.¹⁷

For other stakeholders, the terms of reference, and the *Submission Guide* were designed to elicit stakeholders’ experiences and views of ‘any effect’ of the change in case management on the rights of children and young people in care. This framing was intended to ensure that all experiences and views, both positive and negative, were provided to the Commissioner. The Commissioner acknowledges the concern of DECYP, noted above, is also relevant to other stakeholders.

Limitations on quantitative data

The Commissioner acknowledges the following limitations on use of quantitative data in this investigation. The quantitative data used in this report:

- does not capture the complex experiences, and views of children and young people in care
- is point-in-time only (23 January 2023) and does not take account of ongoing improvements in data quality undertaken by DECYP (as data custodian) and
- only provides insight for children and young people in the South (see further, Special Focus).

17. The Department for Education, Children and Young People, *Submission to the Commissioner for Children and Young People, Investigation into a change to the case management of children and young people in care in Tasmania* (24 March 2023) 8. (‘DECYP Submission’)



Chapter 2: **Tasmania's statutory child protection system**

As noted above, the terms of reference for this investigation require that the Commissioner develops a detailed understanding of the change to case management in the context of relevant policy, practice, and legislation. This chapter considers the aim of child protection systems generally and provides an overview of the fundamental rights of children under the *United Nations Convention on the Rights of the Child* ('*UNCRC*'). It examines the legislative framework for, and the rights-based principles underpinning, Tasmania's statutory child protection system. It notes the broader environment within which the statutory child protection system operates, including the national and state policy contexts. The roles and responsibilities of various actors within the out-of-home care system are also described.

2.1 Introduction

The aim of any child protection system is to enable families to care for and protect their children and young people, to protect children and young people who are at risk of abuse or neglect, and to support children and young people whose families are unable to provide for their care and protection. Australian states and territories are responsible for statutory child protection. Statutory child protection services are focussed on receiving reports, assessing, investigating, and intervening to protect children and young people.

In Tasmania, the *Children, Young Persons and Their Families Act 1997* (Tas) ('*CYPTF Act*') sets out and guides the statutory responsibilities of the Tasmanian Government including by providing a principled framework for the protection of children who are reported to be at risk of abuse or neglect.¹⁸ The statutory

framework exists within the broader context of international law, other national and state laws, and national and state policies for the protection of children and young people.

The following section outlines some of the main influences on the operation of the *CYPTF Act*, and how these influences inform the responsibilities of the Tasmanian Government, including where it assumes guardianship for children and young people in care when making decisions about them.

2.2 What are the rights of children and young people in Tasmania?

Children have the same human rights as adults but are also entitled to special protection under international human rights law, including through the *UNCRC*.¹⁹ The *UNCRC* outlines the fundamental rights of every child and requires governments to uphold these rights by meeting their basic needs and helping them to reach their full potential.

Australia ratified the *UNCRC* in December 1990, which means that the Australian Government has a duty to ensure that all children in Australia enjoy the rights set out in the treaty. The *UNCRC* contains four fundamental principles that guide the application, implementation, and interpretation of the *UNCRC*:

- Respect for the best interests of the child as a primary consideration (Article 3)
- The right to survival and development (Article 6)
- The right of all children to express their views

18. Tasmanian Government, *Redesign of Child Protection Services Tasmania 'Strong Families - Safe Kids'* (Report, March 2016) 15. ('*Redesign: Strong Families Safe-Kids*')

19. The *Convention on the Rights of the Child*, opened for signature 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990) ('*Convention on the Rights of the Child*').

freely on all matters affecting them (Article 12) and

- The right of all children to enjoy the rights of the *UNCRC* without discrimination of any kind (Article 2).²⁰

The *UNCRC* commits public and private social welfare institutions, courts of law, administrative authorities, and legislative bodies to ensure that the best interests of the child are a primary consideration in all actions concerning them.²¹ Social welfare institutions are defined as all institutions whose work and decisions effect children and young people and the realisation of their rights.

Australia's status as a signatory to the *UNCRC* carries with it international legal obligations that require the Australian Government to act in 'good faith' in fulfilling its commitments under the

UNCRC.²² The *CYPTF Act* makes it clear that the principles of the *UNCRC* are relevant as extrinsic material to guide interpretation of all provisions of the *Act* (see section 8 of *CYPTF Act*), and the principles set out in Part 1A mirror, to a large extent, articles in the *UNCRC*.

It is important to note that the *CYPTF Act* requires that the best interests of the child must be the *paramount consideration* in any action taken. This legislative requirement sets a higher standard than that set by the *UNCRC* which requires only that the best interests of the child be a primary consideration.

22. See *Vienna Convention on the Law of Treaties*, opened for signature 23 May 1969, 1155 UNTS 331 (entered into force 27 January 1980) art 26.

20. *Convention on the Rights of the Child* (n 19).

21. *Convention on the Rights of the Child* (n 19) art 3(1).



Spotlight: The Charter of Rights for Tasmanian children and young people in out-of-home care, 2009

The *Charter of Rights for Tasmanian children and young people in out of home care* ('*Charter*') outlines the rights of children and young people in care in Tasmania.

Launched in 2009, the *Charter* was developed by the then Commissioner for Children, in collaboration with a steering group of peak stakeholders including Tasmania's Foster Carers Association, CREATE Foundation and representatives of the then Department of Health and Human Services (where the Child Safety Service was formerly housed). The project involved extensive consultations with children and young people, including with the then Commissioner's Children's Consultative Council, children with lived experience of the care system, Child Safety Officers, carers, and non-government care providers.

The then Department of Health and Human Services was responsible for developing a strategy to distribute the *Charter* and to integrate the *Charter* into practice. It was anticipated that the *Charter* would be embedded into the *CYPTF Act* in line with other jurisdictions (e.g., New South Wales, Victoria, and Queensland). While this has not yet occurred, the *Charter* is consistently referenced in policy documents, and is provided to children and young people when they enter care. The current *Child Safety Practice Manual* (Practice Manual) states that, 'as soon as possible after placement', a child or young person in care must be provided with the *Charter*.²³ The Practice Manual further requires that, the child or young person's Child Safety Officer

*"must discuss the most relevant rights with the child and advise the child that during the period in care there will be opportunities to discuss what the rights mean".*²⁴

In 2017-18, at the request of the then Minister for Human Services, the *Charter* received a graphic redesign. This work was led by the Commissioner, in consultation with children and young people with a care experience.

A copy of the poster of the *Charter* appears on the following page.

23. Tasmanian Government, *Child Safety Practice Manual*, 3.3 Practice Advice: Key tasks when a child or young person enters care for the first time (Practice Manual, October 2009) 2. ('*Child Safety Practice Manual*')

24. *Child Safety Practice Manual* (n 23).

Charter of Rights

for **Tasmanian children** and **young people**
in out of home care

These are your rights as a child or young person living away from your parents and in out of home care. All of these rights are important - some might be more important to you than others. That is why they are not in any particular order. Each right is followed by some examples of how the right might work in daily life.

This Charter establishes that **all children** and **young people** living in **out of home care** in **Tasmania** have the following **rights**:



1 I have the right to be safe and feel safe

This includes:

- not being abused or hurt
- not being physically punished
- feeling safe where I live
- not being moved around a lot
- feeling cared for and living with people who care for me
- having someone to talk to if I am unhappy or I don't feel safe
- not being verbally abused

2 I have the right to receive health care when it is needed

This includes:

- having a health check when I first go into care
- being able to see a doctor or dentist or counsellor or other health care worker when I feel the need to
- getting healthy food and time to exercise and play

3 I have the right to be consulted and listened to seriously about decisions that affect me

This includes:

- being told why I am in out of home care
- being told what plans have been put in place for my future
- having a say in what those plans are and in the sorts of support that will be given to me
- having a say about decisions affecting me such as where I go to school, what clothes I wear, who my friends are and how I spend my time

4 I have the right to have regular meetings alone with my worker

This includes:

- having a worker who is there for me
- having someone to complain to if I am unhappy about the way I am being treated or if I am not feeling safe

5 I have the right to be treated fairly and with respect for who I am

This includes:

- being able to feel good about myself
- being able to relax and have fun
- not being discriminated against
- being treated as an individual
- being accepted for who I am

6 I have the right to identify with my culture and community and to observe my chosen religion

This includes:

- learning about my background and my family's heritage
- being able to go to religious ceremonies if I want to
- having contact with cultural elders and leaders
- taking part in artistic and cultural activities

7 I have the right to have safe contact with my family and people who matter to me

This includes:

- having regular and safe contact with:
 - brothers and sisters, cousins and other family members who are important to me,
 - friends and former carers if that is what I want
- having a say about people I don't want to spend time with

8 I have the right to have an education and to gain life skills

This includes:

- being able to go to school and get training
- being able to learn how to act responsibly
- being able to learn skills for living as independently as I can when I leave care
- having somewhere quiet to study
- being supported and encouraged in these things

9 I have the right to have my privacy respected

This includes:

- having my own things
- having a private space
- knowing that personal information about me is shared only where it is needed and by adults who have a right to know

This is who **I can call** if I need extra **help**:

| | |
|--|-------------------------------|
| Child Advocate | 1800 549 725 / 0419 970 181 |
| CREATE | 1800 655 105 / (03) 6223 7749 |
| Child Safety Service | 1300 737 639 |
| Commissioner for Children and Young People | (03) 6166 1366 |
| Kids Helpline (24 hour) | 1800 551 800 |

Although these are **my rights**, I have the **responsibility** to **respect other people's rights** and **property** and to **respect what they have to say**.



2.3 Children, Young Persons and Their Families Act 1997

The *CYPTF Act* describes the statutory responsibilities of the Tasmanian Government for children and young people in Tasmania. In particular, it provides a principled framework for the protection of children and young people who are reported to be at risk of abuse or neglect.²⁵ As it is 'strongly based' on the *UNCRC*,²⁶ the *Act* provides for the care and protection of children in a way that gives paramountcy to the best interests of the child or young person and recognises the role of a child's family in their care and protection.²⁷

Under Part 1A of the *CYPTF Act*, a person performing or exercising a function or power under the *Act* is required to uphold six principles.²⁸ These principles include:

- 10B. Responsibility of Government
- 10C. Role of child's family
- 10D. Treating child with respect
- 10E. Best interests of child
- 10F. Child participation
- 10G. Aboriginal children

A person engaged in performing or exercising a function or power under the *Act* must uphold and apply each principle 'as far as practicable'. In addition, a person performing or exercising a function or power under the *Act* must have regard to relevant Commonwealth national standards and charters relating to the rights or treatment of children.²⁹

Further to the legislative framework described above, there have been a succession of federal and state frameworks, policies and strategies which aim to promote and uphold the wellbeing and rights of children and young people involved in the child protection system. These include successive national frameworks for protecting Australia's children (currently *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031*), and the National Agreement for Closing the Gap. In Tasmania, this includes the *Redesign of Child Protection Services Tasmania: 'Strong Families - Safe Kids'* and the whole-of-government strategy to improve the wellbeing of all children and young people, *It Takes a Tasmanian Village* (see further Appendix D).

2.4 Care and Protection Orders

Under the *CYPTF Act*, if a child or young person is 'at risk', the Secretary of the Department for Education, Children and Young People can apply for a range of legal orders including a care and protection order (CAPO).³⁰

A CAPO may grant the custody of a child or young person to the Secretary and/or place the child or young person under the guardianship of the Secretary for a specified period of time. Relevantly, a CAPO may extend until a young person reaches the age of 18 years.³¹

Section 69 of the *CYPTF Act* sets out the powers and duties of the Secretary in relation to children and young people under the guardianship or custody of the Secretary.³² This includes making arrangements for the care and protection of the child.³³ Care arrangements may include placing

25. *Redesign: Strong Families Safe-Kids* (n 18) 15.

26. Department for Education, Children and Young People, '[Object, Principles and Provisions of Legislation](https://www.decyp.tas.gov.au/about-us/policies-legislation-data/legislation/object-principles-and-provisions-of-legislation/)' (Web Page, 22 September 2023) <<https://www.decyp.tas.gov.au/about-us/policies-legislation-data/legislation/object-principles-and-provisions-of-legislation/>>.

27. *Children Young Persons and Their Families Act 1997* (Tas) s 7(1)(a)-(c). ('*CYPTF Act*')

28. *CYPTF Act* (n 27) s 10A.

29. *CYPTF Act* (n 27) s 10A-10G.

30. *CYPTF Act* (n 27) s 42(3)(a). In reality, such applications are made by a delegate of the Secretary.

31. These are also referred to in the system as 'long-term orders' and/or '18-year orders'.

32. *CYPTF Act* (n 27) s 69.

33. *CYPTF Act* (n 27) s 69.

the child in the care of a guardian or family member (kinship care), another person (foster carer), or a residential care provider. While children are residing in these placements, they are generally considered to be living within the out-of-home care system.³⁴

The Secretary may delegate the exercise and performance of relevant powers to officers within DECYP.³⁵



34. The national definition of 'out-of-home care' is as follows: '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.' Australian Institute of Health and Welfare. [Out-of-home care: Identifying and definitional attributes](https://meteor.aihw.gov.au/content/735716) (Glossary Item, METEOR identifier 735716, 2023). <<https://meteor.aihw.gov.au/content/735716>> Note also, the *UNCRC* refers to out-of-home care as 'alternative care arrangements'.

35. *CYPF Act* (n 27) s 110.



Box 2: Investigation insight

Children and young people in care in Tasmania have traditionally been supported by dedicated Child Safety Officers. Child Safety Officers exercise the functions of the guardian while the child or young person is in care through a process of case management.

This investigation has explored whether the change to case management, including the allocation of some children and young people to teams, had an effect on the rights of children and young people in care.

2.5 What is the role of the Department for Education, Children and Young People in the out-of-home care system?

The Minister for Education, Children and Youth has administrative responsibility for the *CYPTF Act*. Since the machinery-of-government changes in October 2022, DECYP has been the government agency responsible to the Minister for the administration of the *Act*. Prior to the change, responsibility sat with the Department of Communities (DCT).

DECYP is both the system owner of Tasmania's out-of-home system and a provider of care placements. As system owner, DECYP 'develops and delivers statewide policy, programs and services to support and enhance the safety and wellbeing of Tasmanian children, young people, families, carers and [DECYP] staff'.³⁶

The Child Safety Service within DECYP is responsible for initiating statutory interventions

36. Department for Education Children and Young People, *Children, Youth and Families* (Web Page, October 2022); DECYP, *Services for Children and Families* (Intranet Site Page, 31 October 2023): Note: the *Children, Youth and Families* Web Page is no longer available.

and for managing the care and protection needs of children in care. As stated in the relevant Practice Manual:

"[t]he Child Safety Service provides case management for children and young people who are under the guardianship of the Secretary and assumes all responsibilities of the guardian in providing protection and quality care".³⁷

The out-of-home care system also includes non-government providers of care, carers, and other service providers.

In addition to its role as system owner, DECYP provides the largest number of care placements for children and young people in care. DECYP also purchases placements from non-government care providers or supports placements in other ways (see Box 3).

37. Department for Education Children and Young People, *'Practice Manual - Services for Children and Families, and Services for Youth Justice'* (Intranet, 12 September 2023).

Box 3: Overview of placements for children and young people in care

According to data provided by DECYP, there were 1006 children and young people in care on the 23 January 2023. Of these, approximately two-thirds (63%) of children and young people were in placements provided by DECYP, as the care provider. Among all care providers, most placements were provided to children and young people living in the south (58%), with the remaining placements distributed across the North (22%) and North West (20%). Half of the children and young people in care were in foster care (50%), with the remainder in kinship care (42%), residential care (7%), and other living arrangements (<1%).³⁸

Children and young people can be placed in a range of placement types including family-based care (foster and kinship care), residential care, and therapeutic residential care.³⁹ Only non-government care providers offer residential and therapeutic residential care placements.⁴⁰ Both DECYP and non-government care providers recruit and support carers to provide day-to-day care for children and young people.

38. Letter from the Department for Education Children and Young People to the Commissioner for Children and Young People, 17 February 2023

39. The Department provides foster and kinship care placements only.

40. Letter from the Department for Education Children and Young People to the Commissioner for Children and Young People, 17 February 2023

Advocacy services for individual children and young people in care are provided by the Child Advocate who is located within DECYP. The position was created by the Tasmanian Government in response to a 2017 recommendation by former Commissioner Morrissey. The Commissioner recommended establishing a visiting program for individual children and young people in care which incorporates an individual advocacy component. There is currently no independent visitor program for children and young people in care in Tasmania.



Spotlight: The role of the Child Advocate

The role of the Child Advocate commenced in June 2018. It is a non-statutory role located within DECYP reporting directly to the Secretary and the Deputy Secretary, Keeping Children Safe. The Child Advocate offers systemic and individual advocacy services for and on behalf of children and young people in care, ensuring that their voices are heard in decisions that affect them.

The Child Advocate provides systemic advocacy by creating opportunities for children and young people in care to actively participate in shaping the service system. DECYP can hear the views of children and young people in care.⁴¹

In 2022, the role of the Child Advocate was strengthened by the additional position of the Child Advocate Liaison (North). More recently, further resources were provided for an additional Child Advocate Liaison (South), and a Principal Policy and Project Officer.

41. Child Advocate, *Annual Activity Statement 2021*, (Statement, May 2021) 3.

2.6 What is the role of a Child Safety Officer?

Within the Child Safety Service, a Child Safety Officer is a key frontline statutory officer. Child Safety Officers adopt a child-centred approach to ensure the safety and stability of children and young people in care. As a 'tangible presence' in the often-unpredictable lives of children and young people in care, Child Safety Officers are able to improve the health and wellbeing of vulnerable people (in part) by being attentive, consistent, proactive, reliable, and for some young people, just being 'present' in their life.⁴² In performing their role, Child Safety Officers assume responsibility for the overall safety and wellbeing of the child during their time spent in care.⁴³

In Tasmania, Child Safety Officers are employed under a generic Statement of Duties which means that a Child Safety Officer may be assigned to any team within the Child Safety Service. These teams include Response Services, Case Management Services, and Out-of-home care Services.⁴⁴ The functions that a Child Safety Officer performs depend on the team that they are assigned to and include, among other things, ongoing assessment, planning and decision-making to respond to the needs of children and young people in care. Within case management, Child Safety Officers coordinate the case planning process for children and young people in care.⁴⁵ This includes establishing Care Teams

and visiting children and young people in care (see Box 4).⁴⁶ All Child Safety Officers work within the parameters of the *CYPTF Act* and relevant policies.⁴⁷



46. Tasmanian Government, *Care Teams and Care Planning D20/18650* (Procedure, 15 May 2023).

47. Note, these policies include Child Protection Practice Framework, Child Protection Professional Practice Standards, and the Child Safety Practice Manual.

Box 4: Care Teams and Care Plans

Every child under a CAPO is required to have a Care Team.⁴⁸ A Care Team is a group of people who are identified by a Child Safety Officer, together with a child or young person in care, who meet regularly, and work together to identify, plan, and monitor the needs of the child or young person. The Care Team, along with the child or young person, is the main decision-making forum through which the child or young person's needs, and wellbeing goals can be met.⁴⁹

42. The CREATE Foundation, *Relationships with Caseworkers in the care system* (Position Paper 16, 23 July 2020) 12-15.

43. Royal Commission into Institutional Responses to Child Sexual Abuse, *Contemporary out-of-home care* (Final Report Vol 12, 1 August 2017) 72-73.

44. In this context, the out-of-home care team supports the needs of carers rather than directly supporting the child or young person in care (this is performed by Case Management). As described in the Practice Manual - out-of-home care teams provide recruitment, training and support to carers to ensure that children and young people who are unable to live safely at home are provided safe, nurturing care, and support services geared to their developmental needs and circumstances.

45. Department for Education Children and Young People, Child Safety Services Careers, (Web Page, September 2023); Tasmanian Government, *Child Safety Officer Fixed Term Employment Register* (Web Page, September 2023) <<https://careers.pageuppeople.com/759/cw/en/job/7004227/child-safety-officer-fixed-term-employment-register>>

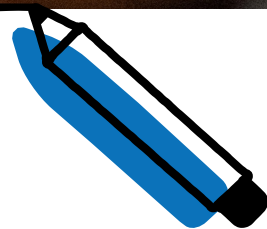
48. Tasmanian Government, *Care Teams and Care Planning D20/18650* (Procedure, 8 December 2020) 1. ('Care Teams and Care Planning Procedure')

49. *Care Teams and Care Planning Procedure* (n 48) 1.



Chapter 3:

Team-based case management



3.1 Introduction

This chapter describes the systemic change to case management for children and young people in care initially implemented by the Department of Communities (DCT) in September 2022.

3.2 An overview of the change to case management

During this investigation, the Commissioner heard that the change to case management was made in response to mounting pressures on and within the Child Safety Service. Describing these pressures, the Department for Education Children and Young People (DECYP) explained,

*“The symptoms of a system under pressure include wait-times for allocation, children who are awaiting reallocation or being ‘held’ by a Practice Leader, large caseloads, and delays in achieving permanency outcomes for children”.*⁵⁹

Staffing shortages were identified by all stakeholders, including DECYP, as the primary cause of the pressure to the system.

3.2.1 Staff shortages

DECYP identified ‘increased staffing shortages across the State’ to explain the change in case management.⁶⁰ In July 2020, citing operational issues caused by staffing shortages, DCT began allocating some children and young people in care to a ‘newly formed case management team (Team 10)’.⁶¹ Team 10 was focused on moving children and young people through to permanency (for example third party guardianship), or through to independent after-care living.⁶²

In 2022, the Child Safety Service again reported that staffing shortages, arising from a combination of COVID-19 outbreak-related leave, winter illness, and staff leave, had created a ‘high-risk’ situation.⁶³ In response, in September 2022,

*“the decision was made [by DCT] to expand the Team 10 model of practice to include another team of the same structure, Team 7”.*⁶⁴

This resulted in a gradual transfer of children and young people in the South from dedicated Child Safety Officers to Team 7 or Team 10 starting from the 12 September (see Timeline Appendix E). The Child Safety Service expected these transfers to be completed within 12 to 14 weeks.⁶⁵

DECYP did not provide evidence to the Commissioner that the change to case management improved staff shortages. However, members of the Community and Public Sector Union (CPSU) and Child Safety Service staff told the Commissioner that the change led to an acceleration of staff attrition. Describing this, a CPSU member told the Commissioner:

*“We’re worse off now in terms of staffing than before this thing... We’ve lost 12, 13 staff since this came out... we’re three now, aren’t we?... We had a worker start two weeks ago.... [They] emailed on Monday and [they’re] not coming back.... So, we’re down to us three again and we should be six”.*⁶⁶

63. Children Youth and Families, The Department of Communities Tasmania, ‘Coordinated Response Plan’ (Version 3.0, 23 September 2022) 4 (‘Coordinated Response Plan’); DECYP submission (n 17) 5.

64. DECYP submission (n 17) 5.

65. Coordinated Response Plan – Key Points and Step by Step Guide 2. Note, this document was provided to Commissioner for Children and Young People during Investigation. (‘Key Points and Step by Step Guide’).

66. Community and Public Sector Union, Facilitated Submission 1 to CCYP Investigation (8 February 2023) (‘CPSU Submission 1’).

59. DECYP Submission (n 17) 4.

60. DECYP Submission (n 17) 5.

61. DECYP Submission (n 17) 5.

62. DECYP Submission (n 17) 7.

3.2.2 Unallocated children and young people in care (pending child safety assessment)⁶⁷

In addition to staff shortages, other stakeholders identified the numbers of children and young people who were unallocated (referred to as the unallocated list) as a reason for the change to case management. The Child Advocate stated:

*“this change was undertaken as a result of staffing shortages and blockages in allocation”.*⁶⁸

Providing insight, a Child Safety Officer explained that:

“...were promised that this new model would eliminate the need for an ‘unallocated at response’ list. This is a list in which the most vulnerable children in our state, can sit on for up to 3-4 months at a time whilst they are awaiting an assessment by Child Safety Services...were told that the ‘permanent’ [children on 18-year orders] moving to teams 7 or 10 would allow...[case management] to take... cases from the assessment end more quickly, when it has been determined that a legal order is needed, thus meaning that...could pick up new assessments.”

Members of the CPSU shared how the unallocated list was impacting assessments:

“... there was a massive backlog which meant that there was a huge unallocated list to the point where children weren't receiving any assessments for up to 12 months but were still on that list.”

Similarly, an out-of-home care provider explained how:

*“Child Safety and out-of-home care services in Tasmania have been, and continue to be, under duress. Pressures are experienced within the system at all stages and the maintenance of an ‘unallocated list’ of ‘cases waiting for allocation’ has been a strategy that has been implemented in various forms for more decades [sic]”.*⁶⁹

Other stakeholders, including out-of-home care clinic staff,⁷⁰ explained that:

*“...[they] were also told that it was a resource issue in terms of lots of children sitting at the response and unallocated and so...unknown risk children...sitting without allocation was higher risk for the service, for the organisation, than kids who were well known on 18-year guardianships”.*⁷¹

Some staff from the Child Safety Service also noted that during this time (mid-2022), concern about the numbers of children on the unallocated list was receiving political and media attention.⁷²

67. Note: As part of the Adverse Comment process, DECYP indicated that the term ‘unallocated’ is no longer their preferred term. DECYP recommends using the terminology ‘pending child safety assessment’ to refer to children and young people who have not been allocated to a caseworker. In the interests of clarity, and to reflect the language used by stakeholders when discussing this issue during this investigation, the Commissioner uses the term ‘unallocated children’ to refer to children and young people who were unallocated to a caseworker.

68. Child Advocate, *Submission to CCYP Investigation*, (1 May 2023) (*‘Child Advocate Submission’*).

69. Kennerley, *Submission to CCYP Investigation* (27 March 2023) 4 (*‘Kennerley Submission’*).

70. Children and Young People in out-of-home care have access to a dedicated paediatric clinic staffed by Paediatricians, for more information see Chapter 5.

71. Out of Home Care Paediatric Clinic, *Submission to CCYP Investigation*, (5 May 2023) (*‘OOHC Clinic Submission’*).

72. Rob Inglis, ‘More than 160 vulnerable children waiting for case workers in Tasmania’s Child protection system’, *The Mercury* (22 June 2022). See also: Evidence to Tasmanian Budget Estimates Committee (9th June 2022) during which Secretary (DCT), the Acting Deputy Secretary (Children, Youth and Family Services), and the Executive Director (Children and Family Services) were asked about the numbers of children in ‘active transition’ (or ‘unallocated’).

Explaining the impact of this attention, and how it led to the change in case management, a CPSU member stated:

"...We had a couple of pages on the newspaper. There were a few articles and they talked about the unallocated children. That media shone on the response side, okay. So, they rapidly thought to themselves, this is what we'll do, without any consultation with anyone, children, family, carers, whatever. It was a knee jerk reaction to - without any protective factors around. There was no risk assessment, there was nothing".⁷³

Did the change in case management reduce the number of children and young people on the unallocated list?

Analysis of data published by DECYP does not suggest that the change to case management substantially reduced the number of children and young people awaiting allocation. From May 2022 to April 2023, there were between 62 and 103 children and young people referred to Child Safety Service for investigation due to concerns about their safety (see Figure 1).⁷⁴ Some children and young people were reported to be awaiting assessment for up to a year.⁷⁵

During the investigation, the Commissioner heard that Child Safety Officers initially noticed a reduction in the number of unallocated children and young people sitting with the assessment teams.⁷⁶ DECYP data shows that



since the introduction of Team 7 in September 2022, the number of children awaiting allocation remained stable (Figure 1, black line) despite no appreciable change in the number of notifications (Figure 1, blue line). These data suggest that any improvements did not occur in the first 7 months of operation (September 2022 to April 2023).⁷⁷

73. CPSU submission 1 (n 66).

74. Department for Education Children and Young People, *Human Services Dashboard* (Web Page, 12 July 2023). Note: As part of the Adverse Comment process, DECYP indicated they had replaced the Human Services Dashboard with the 'Key Dataset'. Of further note, the data previously available through this dashboard is no longer in the public domain.

75. CPSU submission 1 (n 66).

76. Child Safety Service staff, *Submission to CCYP Investigation* (15 March 2023) ('Child Safety Staff Submission 1').

77. Note: As part of the Adverse Comment process, DECYP indicated that they have observed a 'downward' trend in the numbers of children and young people awaiting assessment from 92 in April 2023 to 52 on 8 October 2023.

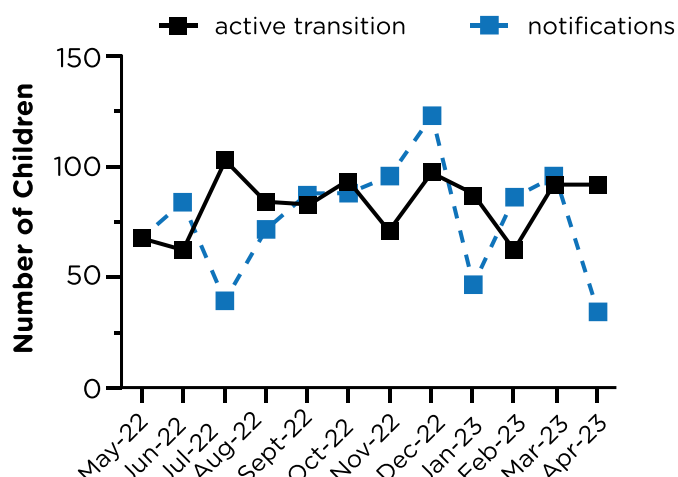


Figure 1: Number of notifications referred for investigation ('notifications', blue line) and number children in active transition ('active transition', black line) in Tasmania between May 2022 and April 2023. Between September 2022 and April 2023 there was no systematic reduction in the number of children awaiting allocation despite relatively stable referrals.

Notes: (a) the decline in referrals (July 22, Jan 23, April 23) reflect school holiday periods where children and young people at risk are less likely to be identified (e.g., by teachers) (b) these data were sourced from the DECYP Human Services dashboard in June 2023. These data are no longer in the public domain.⁷⁸

Confirming that the number of unallocated children and young people did not decrease, staff of the Child Safety Service told the Commissioner that 'numbers sitting on the unallocated list' had 'started to build again',⁷⁹ and were 'higher than prior to the new model'.⁸⁰ Explaining this further,

78. Note: As part of the Adverse Comment process, DECYP commented on changes to their reporting of data on the Human Services Dashboard. Their preferred measure for children and young people awaiting allocation is a quarterly figure known as 'Average daily cases pending child safety assessment'. DECYP further indicated that '[t]he Notifications indicator is subject to continual entry of data. The data presented above may not align with more recently published data'.

79. Anonymous Child Safety Officer, *Submission to CCYP Investigation* (Online 28 February 2023).

80. Anonymous Child Safety Officer, *Submission to CCYP Investigation* (Online 28 February 2023).

a Child Safety Officer stated that the change had not resulted in Child Safety Officers being able to reduce the number of children and young people awaiting assessment:

"This has not occurred at all with a total of around 35 children sitting on this list at a time, higher numbers than prior to the new model".⁸¹

81. Anonymous Child Safety Officer, *Submission to CCYP Investigation* (Online 28 February 2023).

Spotlight: Insight from CPSU members with direct experience of the change to case management – impact on unallocated children and young people

According to DECYP, between August 2021 and March 2023, young people were waiting up to 293 days for assessment following notification.⁸² When discussing unallocated children and young people 'sitting in assessment', CPSU members told the Commissioner, that,

"[t]he change has been good in terms of activating the flow from assessment to case management... prior to the change we were sitting on a lot of case management cases to the point we were unable to take any new assessments... there was a massive backlog which meant that there was a high unallocated list to the point where children weren't receiving any assessments for up to 12 months".⁸³

82. Note: As part of the Adverse Comment process, DECYP reported that between August 2021 and March 2023 the 20 assessments with the longest time between the date of referral for an assessment and the date of allocation ranged from between 175 to 293 days.

83. CPSU submission 1 (n 66).



CPSU members further described how, despite initial improvements, staff from the Child Safety Service who worked in assessment found it:

“...harder now for us to transition our children, we place them on Children Protection Orders [sic] over to case management...”⁸⁴

Describing the difficulties further, CPSU members cited capacity issues, stating:

“...the coordinated response plan that we were provided at the start of the changes said that caseloads in case management were 10 children with a cap of 12. That’s reasonable, but with us transitioning cases, that’s way over and above capacity for any team”.⁸⁵

When describing what this meant for children and young people, CPSU members stated that although children and young people were allocated to case management teams, young people:

“...sit [...] with Practice Leaders until they can be allocated [to a case worker]. So, the more we’re [the assessment and response team] transitioning down, the higher the unallocated is becoming (sic) in each team”.⁸⁶

When the Commissioner asked for insight into what that would be like from the child’s perspective, CPSU members stated:

“[they] get put in foster or kinship care – so often we [Child Safety] will go for a 12-month order with a really clear plan of what needs to happen within that 12 months”.⁸⁷

However, due to capacity issues within the teams, the child or young person is not ‘actively managed’ and will:

“sit there, and [the Child Safety Service will] have to go for further orders which means children are in care longer, which means the likelihood of them actually returning home is very low”.⁸⁸

84. CPSU submission 1 (n 66).

85. Note: The above description of caseloads is consistent with the *Coordinated Response Plan – Key Points and Step by Step Guide*, which states: ‘Caseloads in case management will be **10 children with a cap of 12 for a full time CSO** (emphasis in original). This is to ensure that the intensive work needed for restoration and/or to identify long-term planning can be done. Caseloads that fall outside these numbers will trigger a conversation with the relevant PL (practice leader) and PM (practice manager)’.

86. CPSU submission 1 (n 66).

87. CPSU submission 1 (n 66).

88. CPSU submission 1 (n 66).

3.3 What was the process for implementing the change to case management?

Shortly before transitioning to the new Department in October 2022, Children and Family Services worked with the secretaries of DCT and the Department of Education (DoE) to initiate the *Coordinated Response Plan* (the *Plan*).⁸⁹ The *Plan* remains in place and is managed by the 'Control Group' (see Box 5).

89. *Coordinated Response Plan* (n 63) 4.

Box 5: Who is the Control Group?

In September 2022, the Control Group consisted of senior members of both DCT and the Department of Education (DoE). Representatives from DCT included Child Youth and Families, Ashley Youth Detention Centre, and People and Culture. Representatives from DoE included Budgets and Finance, People and Culture, and Strategic Marketing Communication and Media.⁹⁰

Of note, the Child Advocate, who has responsibility for ensuring children and young people in care have a voice in decisions that affect them and in services provided to them, was not part of the Control Group.⁹¹

90. *Coordinated Response Plan* (n 63) 14.

91. Department for Education Children and Young People, *Child Advocates for Out of Home Care* (Web Page, 17 July 2023) <<https://www.decyp.tas.gov.au/children/out-of-home-care-in-tasmania/child-advocate/>>

The objective of the *Plan* is to:

“ensure that all children who are clients of the Child Safety Service are safe”.⁹²

The *Plan* has two priority actions:⁹³

- (1) Employing more staff to help ease workload issues, and
- (2) Reprioritising work to focus on service delivery.⁹⁴

While the initiatives under priority action 1 may play a role in improving capacity to deliver services, this investigation has focused on priority action 2.

3.3.1 What was priority action 2 of the *Coordinated Response Plan*?

In describing priority action 2, the *Control Group* identified that the allocation of children and young people to Child Safety Officers would be adjusted to provide:

“the most intensive services to children who might not be safe, or who are in their early stages of being in care”.⁹⁵

This adjustment was further outlined in the *Plan* as an ‘immediate realignment of core duties’ so that the service could respond to the ‘most vulnerable’ and ‘at-risk cohorts’.⁹⁶ In the *Plan*, at-risk cohorts were defined as:

- Those children and families that are in the assessment phase of their Child Safety intervention, and/or

92. *Coordinated Response Plan* (n 63) 4.

93. Children and Youth Services, The Department of Communities Tasmania, *Children and Family Services Action Plan*, (‘*Children and Family Services Action Plan*’).

94. *Children and Family Services Action Plan* (n 93).

95. *Coordinated Response Plan* (n 63) 4.

96. *Coordinated Response Plan* (n 63) 5.

- Those children and young people in their first three years of care, and/or
- Children and young people who were subject to Care and Protection Orders who are assessed as being at risk of harm in care (wellbeing in care assessments, homelessness, placement breakdown).⁹⁷

It is presumed that if any child or young person met any of the above high-risk criteria, they would remain allocated to a dedicated Child Safety Officer and continue to receive ongoing case management in line with existing practices. The *Plan* described children and young people who did not meet the above criteria as ‘requiring low intensity case work’(Box 6).⁹⁸

97. *Coordinated Response Plan* (n 63) 5.

98. *Coordinated Response Plan* (n 63) 5.

Box 6: How is low intensity case work defined?

In the *Plan*, low intensity is defined as:

- Stable placement or care arrangements and/or receiving support from their care provider organisations
- Robust Care Team processes that are self-sustaining
- Contact arrangements that require little management or intervention by the Child Safety Service
- Consistent school attendance with good community contacts/ visibility and where another member of the Care Team can undertake client visits and provide advice back to the Child Safety Service.⁹⁹

In their submission to this investigation, DECYP used the term ‘stability’ instead of ‘low intensity’ to refer to the relevant criteria. In addition, DECYP referred to the second criterion as ‘a robust self-sustaining Care Team with Child Safety participation’, and, in describing the fourth criterion, it did not include reference to Care Team members undertaking client visits.¹⁰⁰

99. *Coordinated Response Plan* (n 63) 5.

100. *DECYP Submission* (n 17) 5.



3.3.2 What were the revised case management supports?

Under the *Plan*, children and young people requiring ‘low intensity case work’ receive ‘revised case management supports’ including allocation from a dedicated Child Safety Officer (who performed case management) to a ‘duty roster for case management’¹⁰¹ (see Table 2). The revised case management supports that children and young people received differed depending on where the case management for the child or young person was based (South, North and North West).¹⁰²

In the South, children and young people were allocated to Team 7 or Team 10.¹⁰³ DECYP explained that allocation,

*“occurred over the course of numerous months to facilitate conversations in a child-focussed manner and ensure hand-over processes were robust. Children, young people, their family, carers, and care teams were provided with correspondence regarding how to access supports and who to contact for any queries in relation to the change in service delivery”.*¹⁰⁴

In the South, children and young people allocated to the teams could contact them using a generic telephone number and email address (see Box 7 and Appendix G).

In contrast, in the North, children and young people on a long-term care and protection orders were assessed using:

*“[a] state-wide consistent definition of stability and have been allocated to two dedicated case management teams. Those assessed as requiring higher levels of support have been allocated a dedicated Child Safety Officer within the team. Those that have been assessed as requiring less support and intervention from Child Safety Service are managed by a duty roster that is staffed within the teams. Additionally, there is a dedicated liaison worker undertaking all the visits for children and young people case managed by the team”.*¹⁰⁵

Finally children and young people living in the North-West were ‘triaged’ by the Child Safety Service into one of three groups:

1. children on short-term orders
2. children with complex needs¹⁰⁶ and
3. children who are stable in care arrangements and require low-intensity supports.

The case management team situated in the North West were assigned a caseload of children and young people on short term orders and children and young people with complex needs (i.e., children from groups 1 and 2 above).

Children and young people who were deemed to be in stable care arrangements and requiring low intensity supports (i.e., children in group 3 above) would be supported by a case management team rostered onto a duty phone and duty email.

101. *Coordinated Response Plan* (n 63) 5.

102. These outlines are summarised from *DECYP Submission* (n 17) 7.

103. Note, this investigation heard from Child Safety Officers who indicated children and young people were also being allocated to Team 10 during the same period.

104. *DECYP Submission* (n 17) 7.

105. *DECYP Submission* (n 17) 7.

106. It is unknown what the definition of a ‘complex need’ is.



Box 7: How do children and young people contact the teams?

Between December 2022 and January 2023, a letter was sent by the Child Safety Service 'on behalf of Team 7' to 'families'. In the letter, Team 7 welcomed 'families' to the team, and introduced the Child Safety Officers on the team. As shown below, the letter provided families with two telephone numbers and an email that they could use to contact the team during business hours. Families were directed to the Advice and Referral Line (ARL) if they needed 'urgent help' outside business hours.

You can always call us on 1300 737 639 – just ask for Team 7. Or the team mobile is [REDACTED]. You can also email us at [REDACTED]

We work from 8.30am to 5pm, Monday to Friday. If you ever need urgent help after hours, please call 1800 000 123.

As of 8 February 2023,¹⁰⁷ Child Safety Officers on the teams told the Commissioner that they were only being contacted by ‘parents, or carers, or professionals’.¹⁰⁸ Perhaps providing some explanation of this, children and young people told the Commissioner that they did not know the appropriate number to call to speak with the teams. Children and young people explained that they were relying on other supports such as support staff, or they would go ‘straight up to the Woodhouse building’,¹⁰⁹ where they would ask for a ‘random Team [number] member to sign off on their request’.¹¹⁰

In addition to Child Safety Officer allocations, the reprioritisation of work under the *Plan* included changes to Care Team meetings, and visits to children and young people in care. A comparison of the case management supports provided to children and young people identified as requiring ‘low intensity case work’ prior to, and following the implementation of the *Plan* is shown in Table 2.

107. This date is around 5 months following the first transfer of children to the teams in September.

108. *CPSU submission 1* (n 66).

109. Young person, *Submission to CCYP Investigation* (18 April 2023).

110. Young person, *Submission to CCYP Investigation* (18 April 2023).

Table 2: Overview of revised supports established by the Control Group (September 2023)

| Parameter | Prior to the Coordinated Response Plan [#] | Coordinated Response Plan [*] |
|---|---|---|
| Formal Care Teams | Child Safety Officer to schedule a Care Team meeting once every six weeks for the first 12 months, or more frequently if required. In the event that the Child Safety Officer will be absent, the Child Safety Officer will delegate this role to someone else. After 12 months, review the frequency and determine the frequency that meetings should happen. ¹¹¹ | Movement of formal Care Teams to a three-monthly frequency [*] . |
| Frequency of Care Team meetings | Care Team meetings should be held at least every six weeks for the first 12 months and then at a frequency decided by the Care Team. The first meeting should happen within the first six weeks of an Interim Care and Protection Order being granted by the Court, however it is best practice for a Care Team to be established as early as possible in the placement of the child in out-of-home care. ¹¹² | Children on long term orders will have three monthly (12 weeks) Care Team meetings. |
| Care-team lead | The Child Safety Officer, and if absent, the Child Safety Officer will delegate their role to someone else. ¹¹³ | Alternate lead, not Child Safety Officer. ¹¹⁴ |
| Child Safety Officer allocation | Each young person has access to a dedicated Child Safety Officer. | Low-intensity cases are allocated to either Team 7 or Team 10 (South), or a duty-roster (North and North West). Child Safety Officers work on a 'duty-roster' to respond to incoming requests. |
| Escalation of Child Safety supervision | Increased frequency of visits with young person and carers, recruitment of other specialists to help assist as indicated. | Re-priority for allocation back to substantive Child Safety Officer under Practice Manager / Principal Practice Manager clinical guidance. |
| Visits to children in care | The frequency of Child Safety Officer visits with a child varies according to the type of order that the child is under and the child's circumstances. All children will be visited and talked with no less than once: <ul style="list-style-type: none"> a week for a child on an Assessment Order or Voluntary Care Agreement every four weeks for a child on a 12 month Care and Protection Order and Interim Care and Protection Order in every six-week period for a child on a Care and Protection Order until 18 years a child who is on a Care and Protection Order and who is being reunited with parents - every week for the first four weeks following reunification and thereafter (providing that there are no major concerns for the child's wellbeing) a minimum of every six weeks until the order is revoked.¹¹⁵ | "Routine visits to children by Child Safety Officers are not occurring as frequently as they have previously. Children who are safe and stable and requiring low intensity support are being seen by appropriate services, and these people report back to let us know if everything is ok, or if there is any additional support needed". ¹¹⁶ |

[#] DECYP's submission did not detail existing supports for children and young people in care. As such, the Commissioner has relied on documents sourced from DECYP's intranet, and other publicly available documents. ^{*} Modified supports were taken from CYF Coordinated Response Plan. ^{*} It is unclear what is meant by 'formal Care Teams' and what movement refers to in this context.

111. *Care Teams and Care Planning Procedure* (n 48) 1.
112. *Care Teams and Care Planning Procedure* (n 48) 1.
113. *Care Teams and Care Planning Procedure* (n 48) 1.
114. The Commissioner heard from the Child Advocate that 'CSS will only attend every 3rd Care team meeting' [*Child Advocate*].
115. Tasmanian Government, *Visiting Children and Young People on Orders D22/50301* (Procedure, 10 May 2022) 1.
116. *Coordinated Response Plan* (n 63) 5.

3.3.3 What were the parameters for transferring a child or young person to Team 7 or Team 10?

As mentioned above, revised case management supports included the expansion of the Team 10 approach to case management. Under the *Plan*, the parameters for transfer to Team 10 were adopted by Team 7. Team 10 was established to support a population of children and young people who were stable in their placements and being actively transitioned out of care (see further Appendix F).

With the inclusion of Team 7, a new set of parameters for transfer to Teams 7 and 10 were created. As set out in the *Coordinated Response Plan – Key Points and Step by Step Guide* these included:

- all children subject to finalised Care and Protection Orders until they attain the age of 18
- no active legal work (no interim orders)
- up to date Case and Care Plans (including essential information).¹¹⁷

Of note, there was provision under the *Coordinated Response Plan – Key Points and Step by Step Guide*, to enable a Child Safety Officer to delay the transfer of a child or young person to Team 7 or Team 10 by up to 6 weeks if:

- there was a current wellbeing in care concern
- there was a recent placement breakdown
- the young person was experiencing housing instability.¹¹⁸

These delays were limited (six weeks) and only intended to provide immediate placement stabilisation prior to transfer within the specified timeframe. As outlined in the *Coordinated Response Plan – Key Points and Step by Step Guide*:

“if stability has not occurred within this timeframe, these issues will be considered ongoing and will be transferred regardless with as much planning completed as possible”.¹¹⁹

For further information about the children and young people transferred to Team 7 and 10 see *Special Focus: Children and young people allocated to teams*.

DECYP stated that some children and young people had achieved ‘positive long-term outcomes’ through Team 10.¹²⁰ Providing an example of such an outcome, DECYP attached the following ‘Positive Experience’ to their submission:

“A young person who has been in OOHC for many years [sic]. The young person was previously allocated to an individual worker that they refused to engage with. The young person was moved into Team 10. The team identified multiple Child Safety Officers who would connect positively with the young person. As a result, the young person has built multiple meaningful relationships with Child Safety Officers in Team 10. The young person now willingly engages with Child Safety Services and as a result has been connected to multiple agencies for support that previously would not have happened”.

117. *Key Points and Step by Step Guide* (n 65).

118. *Key Points and Step by Step Guide* (n 65).

119. *Key Points and Step by Step Guide* (n 65).

120. *DECYP Submission* (n 17) 7.

3.3.4 Were the parameters applied?

As discussed above, the change to team-based case management initially applied only to children and young people requiring 'low intensity support' (who were 'stable') (see Appendix F). Despite this, the Commissioner heard from stakeholders, including the Child Advocate, that the overall process of assessing the care needs of children and young people and their placements was poor. The Child Safety Service relied on internal information only and was not collaborative.¹²¹ The Child Advocate stated,

*"[t]he process by which CSS identified which children and young people had low, medium or high case management needs was not collaborative, and only undertaken internally. ... In my view, relying solely on internal information to make such substantial changes in children's lives was both rash and risky."*¹²²

In April 2023, the Commissioner heard from several stakeholders that children and young people in the South were being allocated to teams without any regard to whether they were 'stable'. Describing this, a HACSU member stated:

*"...we've pretty much been told anyone else that comes in, because they're continuing - they're just going to continue to come in there. There's no stop, there's no cut off, that they won't even be looked at because there's just so many that there comes a point that we just can't even get to them at all"*¹²³

During the investigation it became clear that the original parameters for transfer to the teams were no longer being followed. Any child or young

person on a long-term order was being allocated to a team regardless of their placement stability and ongoing casework needs. Describing this, a Child Safety Officer explained:

*"So, then they [children allocated to a team] will sit under our practice leader completely - because we have no capacity to take them on. We're all at capacity and continuing to lose staff. So, our Practice Leader is then taking on the cases of - that had been previously allocated to those staff that have now left. So, not only are they getting more in from response all the time - and there's no stop gate. As soon as they're on an order or there's been an order applied for, they're coming. They're coming whether we have capacity or not"*¹²⁴



¹²¹. Child Advocate Submission (n 68) 12.

¹²². Child Advocate Submission (n 68).

¹²³. Health and Community Services Union, Submission to CCYP Investigation (26 April 2023) ('HACSU Submission')

¹²⁴. HACSU Submission (n 123).

young people they may not know and reacting to issues when they had little-to-no information about the situation. Remarking on how a child or young person (or their carer) may experience this, a Child Safety Officer said:

"it'd be [the] luck of the draw as to whether a carer of child has spoken to that particular worker before, or if we have any knowledge of them...it just depends on what day they ring".¹³¹

Child Safety Officers also commented on how their lack of knowledge of the child or young person and their situation affected their ability to perform their role. A Child Safety Officer explained that they had:

"...very limited information about the families that I'm ringing or about what's happening for those children. My very first phone call Monday morning, when it was for a team managed [child] - to a team managed parent, he was an aggressive parent, and it's really difficult when you don't have any background information and you've got to quickly trawl through CPIS¹³² to try and get your head around what's happening for people".¹³³

Another Child Safety Officer described the experience of working on the box as chaotic and likened it to putting out spot-fires:

"[w]e don't have time to gain that in-depth knowledge around the kids on the team model, or around their families and around what needs to happen, and it is chaotic and very difficult to do anything other than spot-fire work that day, when you are sitting on the box, or answering phone calls".¹³⁴

Other Child Safety Officers also reflected on the confusion experienced by the wider support network of children and young people allocated to the teams stating:

"I've taken a couple of calls for children on the box this week, two professionals, one to a staff member, one to the pharmacy at the hospital. On both occasions, the worker who'd made the initial call wasn't there. If I was case manager for those kids, I would have had a more in depth understanding of what that particular worker was ringing about, and I could have had a more productive conversation with the staff.... I just think it makes it more confusing for the children and for their support networks".¹³⁵

Child Safety Officers further described how the lack of information and understanding they had about children and young people in care affected the functioning of other structures that support children and young people in care, including Care Teams. For example, when discussing the role of Child Safety Officers in co-ordinating Care Team meetings for children and young people allocated to the teams, a Child Safety Officer said:

"[i]t seems like, for us here in Hobart, with children on orders to 18 now, in Team 7 or Team 10, it isn't clear as to who's arranging Care Team Meetings".¹³⁶

Even when Care Team Meetings did occur for children and young people allocated to the teams, some Child Safety Officers reported struggling to contribute to the discussion because they had limited information and understanding of the child or young person and their placement. One Child Safety Officer asked:

131. CPSU Submission 2 (n 127).

132. CPIS – Child Protection Information System.

133. CPSU Submission 2 (n 127).

134. CPSU Submission 2 (n 127).

135. CPSU Submission 2 (n 127).

136. CPSU Submission 2 (n 127).

“How are we [Child Safety Officers] supposed to contribute [to the Care Team] when we don’t know the matter? When we’ve only got that very surface level information?”¹³⁷

Despite the stated expectation that ‘team structures always create maximum visibility on interactions between staff and children’¹³⁸ the accounts of frontline staff indicated that this is not the case. Indeed, a Child Safety Officer described how ‘[the] quiet children were not getting looked at’.¹³⁹ Reinforcing this, other stakeholders, including the Child Advocate,

observed that the work of Child Safety Officers on the teams ‘is now soaked up with crisis-related high-risk kids’. Put another way, a CPSU member stated that, the teams do not have capacity to do anything other than the ‘bare minimum’.¹⁴⁰

140. CPSU Submission 1 (n 66).

137. CPSU Submission 2 (n 127).

138. DECYP Submission (n 17) 8.

139. Child Safety Service Staff Member, Submission to CCYP Investigation (27 March 2023).

Spotlight: Evolving practice of frontline staff

In their submission to this investigation, DECYP stated:

“the case management teams have designed and adjusted their work practice through action-learning to ensure that there is always a staff member who knows the child or young person, available and responsive”¹⁴¹

While no further explanation of the adjusted work practices was provided by DECYP, Child Safety Officers on Team 7 and Team 10 told the Commissioner that they had adopted a ‘key worker model’ for children and young people allocated to their teams.¹⁴²

Under this model, a child or young person has two key workers, a primary case worker and a secondary case worker who would be known to the child or young person. Commenting on this model, a CPSU member explained:

“[s]omebody has to know something about them [the child in care]... So, [the Practice Manager] said “what I’m going to do is make each of you a key worker for children”. So, now – ... effectively each of us in the team has 25 children. That is completely unmanageable”¹⁴³

141. DECYP Submission (n 17) 7.

142. CPSU Submission 1 (n 66).

143. CPSU Submission 1 (n 66).

3.3.6 Was the move to team-based case management an interim or permanent change?

During the investigation, the Commissioner heard from a range of stakeholders that at the time the change to case management was implemented in September 2022, it was widely understood to be permanent.¹⁴⁴ Describing this, the Child Advocate recalled that:

“...when it first happened, so you go the September to December phase and it was all just the full-on, this is it, get on with it, ...move on. It’s not changing”.

The assumption that it was a permanent change was, as Child Safety Officers described, also reflected in correspondence from the Child Safety Service to carers. A Child Safety Officer outlined:

*“Carers were sent out a letter between September and December informing them that the children on orders to 18 in their care were then changing to either Team 7 or Team 10... that letter didn’t indicate whether it was time limited change or not... Because that information wasn’t in it about a timeframe, the assumption from all of us was that it was probably a change of model of service provision that was here to stay”.*¹⁴⁵

Following the announcement of the investigation by the Commissioner in December 2022,¹⁴⁶ DECYP clarified that the change to case management was ‘interim’.¹⁴⁷ To explain this, DECYP stated, ‘the current team case management approach is not the final or

preferred model for the Department’, rather, it is ‘a risk mitigation strategy’ that will remain in place until underlying service delivery pressures were fully addressed and ‘a new case management approach is designed and implemented’.¹⁴⁸

3.4 Was there an evidence base for the change to team-based case management?

Several mentions of an evidence base supporting the use of small teams in relation to child protection were made during the investigation (see Box 9: the Hackney Model). Despite this, there was no evidence provided during the investigation that the change to team-based case management, as designed and implemented under the *Plan*, was evidenced-based. Of note, DECYP stated that team-based case management was ‘not the new model introduced under our ongoing Strong Families Safe Kids reforms’.¹⁴⁹ The Child Advocate noted that she had voiced concerns:

*“...to senior staff that this fundamental change to the way Child Safety work would be undertaken, did not present with a supportive evidence base to suggest that it was the best change to meet the needs of children. In fact, the approach being implemented was in direct contrast to the evidence base which consistently emphasises a relational approach to ensure that the safety needs of children are adequately met”.*¹⁵⁰

144. *Child Advocate Submission* (n 68); *OOHC Clinic Submission* (n 71); *Anonymous Carer, Submission to CCYP Investigation* (28 March 2023).

145. *CPSU Submission 2* (n 127).

146. *Child Advocate Submission* (n 68).

147. *DECYP Submission* (n 17) 5.

148. *DECYP Submission* (n 17) 5.

149. *DECYP Submission* (n 17) 7. Note, Under the *Strong Families Safe Kids (SFSK) reforms: Implementation Plan (2016-2020)*, Child Safety was to undergo a restructure into small Child Safety teams (Action 15), and frontline staff were to receive additional administrative, and practice supports (Action 16) to allow them to focus on ‘core functions’.

150. *Child Advocate Submission* (n 68).

Box 9: Does the change reflect the Hackney Model?

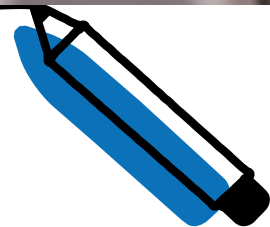
During this investigation, several stakeholders spoke highly of the Hackney Model of social work which was adopted in the London Borough of Hackney in 2008. Under this model, children in care are supported by multidisciplinary 'small social work units' (or teams) that wrap around and support a child or young person by adopting a relational approach. The teams have a small caseload and include, a consultant social worker (coordinator of the team), a secondary social worker, a family therapist/clinical practitioner, and a unit coordinator (administrator). These teams exist within a system that provides them with autonomy and decision-making power to respond to emerging issues and improve child outcomes.

While this model has shown promise in reducing administrative burden on caseworkers, and improving outcomes for children in care, its effectiveness is dependent on professionals who have detailed knowledge of the child and their care arrangement.

Under the *Plan*, the change to team-base case management adopted by the Child Safety Service, where a small number of caseworkers manage hundreds of children in care, does not reflect the Hackney model. In describing the difference between the Hackney Model and team-base case management, a Child Safety Officers stated:

"...someone referred to this as best practice as in a team approach using Team 10. This is where I want to pick up on that. I worry they drop these little soundbites, because as you remember, the codesign which was based on a model from the UK – which is nothing like the model in the UK because they didn't have the funding for it – so basically cherry-picked things they thought they could do... They are trying to imply that they're doing this model, the Hackney model, but they're not".¹⁵¹

151. CPSU Submission 1 (n 66).



Special focus:
**Children and young
people in out-of-home
care allocated to teams**

According to the *Coordinated Response Plan – Key Points and Step-by-Step Guide*, children and young people began being allocated to team-based case management from the week beginning 12 September 2022 (see Appendix E). Over the next 12-14 weeks, children and young people were to be progressively transferred to Team 7 and 10 at a rate five children per day.¹⁵² At this expected rate and duration of transfer, at least 350 children and young people would be case managed by Team 7 and 10. This figure does not include those children and young people already allocated to Team 10 prior to the first allocation in September 2022.

Analysis of quantitative data provided by the Department for Education, Children and Young People (DECYP) indicate that between September 2022 and January 2023 (first 4 months of operation), 395 children and young people in the South were case managed by either Team 7 or Team 10.¹⁵³

In April 2023, discussions with staff from the Child Safety Service indicated they were case managing numbers of children and young people far exceeding those reported in January 2023. For example, HACSU members explained they were managing 240 children and young people, and that they were being allocated more all the time.¹⁵⁶

Further analysis of these data show that as of 23 January 2023, children and young people in the teams included:

- children with less than a year of care experience
- young people transferring to independence (15-17 year olds) and
- children and young people with a recorded disability.

¹⁵². *Key Points and Step by Step Guide* (n 65).

¹⁵³. Note: As part of the Adverse Comment DECYP noted that '[a]s there were already children allocated to Team 10 since its inception in 2020, there was already going to be more than 350 children allocated across the two teams'.

¹⁵⁶. *HACSU Submission* (n 123)

Box SF1: Children and young people in case management but not in out-of-home care

As of 23 January 2023, there were 205 children and young people (aged 0-17 years) who were being case managed by the Department but were not in out-of-home care.¹⁵⁴ This may have included young people who were living with their parents, in independent living, or who were on interstate orders.¹⁵⁵

As the independent monitor of the out-of-home system, this investigation focused on the effects of the change to case management on the rights of children and young people in out-of-home care. While this special focus presents quantitative data about these young people, the Commissioner acknowledges that there is a further cohort of young people who may have been affected by the change to case management.

¹⁵⁴. Letter from Department for Education Children and Young People to Commissioner McLean, 23 October 2023.

¹⁵⁵. Letter from Department for Education Children and Young People to Commissioner McLean, 12 October 2023.

Table SF1: Selected demographics of children and young people in care and children and young people allocated to team-based case management in the South (as of 23 January 2023)¹⁵⁷

| Indicator | All children in out-of-home care | Children in Team 7 or Team 10 [^] |
|---|----------------------------------|--|
| Number | 1006 | 395 |
| Average age (years) | 9.1 | 11.5 |
| Gender [#] | | |
| Female | 475 | 183 |
| Male | 528 | 210 |
| Not recorded | 3 | 2 |
| Cultural background | | |
| Aboriginal | 398 | 135 |
| Non-Indigenous | 576 | 247 |
| Unknown | 32 | 13 |
| Disability status | | |
| Has disability recorded | 208 | 97 |
| No disability | 413 | 199 |
| Not Recorded | 385 | 99 |
| Placement type ^{^^} | | |
| Foster Care | 309 | 188 |
| Kinship Care | 244 | 120 |
| Residential Care | 31 | 22 |
| Independent Living | 4 | 3 |
| Not Applicable | - | 62 |
| Children who previously had a Child Safety Officer for >12 months | 811 | 353 |
| Yes | 84 | 21 |
| No | 111 | 21 |
| Not Applicable | | |

[^] data relating to Team 7 and Team 10 refer to young people case managed through the South. At time of data request, unallocated lists were not in effect.^{^^} data for placement type is presented for young people in the South only [#] - this data relates to the sex of the young person. Gender is not recorded by DECYP.

157. Note: As part of the Adverse Comment process, DECYP indicates that there are data quality issues with the recording of some of the indicators.

Children with less than a year of care experience

A key determinant of establishing positive outcomes for children and young people in care is the formation of stable relationships with their families of origins, their carers, and other adults in their lives such as their Child Safety Officer.¹⁵⁸ Of the 395 children and young people allocated to teams in the South, 89 percent had known a Child Safety Officer for the 12 months prior to transfer. This suggests a degree of case management stability prior to allocation. Of concern, 21 young people (5%) had spent less than 12 months in care prior to allocation.¹⁵⁹ These children and young people were identified by the Control Group as being some of the 'most vulnerable and at-risk cohorts'.¹⁶⁰ Noting the parameters discussed above, it is unclear why these children and young people were allocated to the teams.

Older children and adolescents were preferentially allocated to a team

While the average age of children and young people allocated to the teams was 11.5 years (compared with 9.1 years for all children and young people in care), older children and adolescents tended to have the highest frequency of transfer (Figure SF 2). As of late January 2023, there were relatively few children aged less than one year of age in out-of-home care (5.6%) allocated to a team in the South. The proportion of young people in Team 7 and 10 increased to between 30-67 percent of children and young people aged between 6-15 years, and again rises to 86 percent of 17-year-olds in out-of-home care.

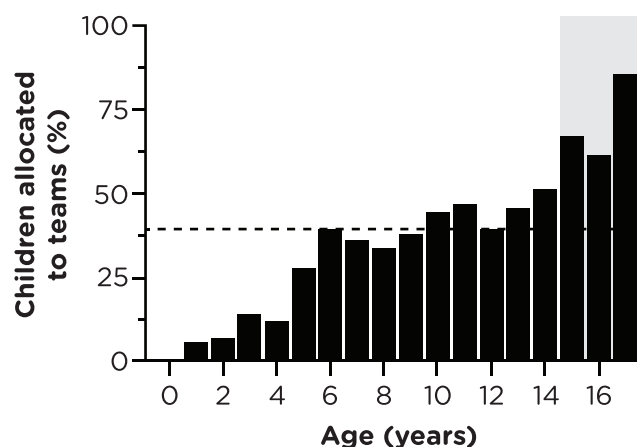


Figure SF 2: Percentage of children and young people in out-of-home care allocated to teams in the South as of 23 January 2023. The proportion of children and young people on teams increased from 5.6 percent (1-year-old) to over 86 percent (17-year-old). For older adolescents, their care experience is marked by planning for transition to independent living that typically starts around 15 years of age (grey box). This transition can involve a complex shift in case management and is benefited by having a stable case worker. **Note:** The horizontal line shows the overall unweighted proportion (39.3%) of all young people (across all ages) allocated to a team in the South. Data were sourced from DECYP.

Throughout childhood and adolescence, the needs of a child or young person in care evolves from ensuring appropriate developmental milestones are being met (while very young), through to ensuring they have developed a set of life-skills to assist with their life after care. This means that children and young people in care need stable placements, and stable case management, regardless of their age.

Young people transitioning from care remain vulnerable,¹⁶¹ and need support from experienced Child Safety Officers to provide information on their rights to receive additional supports for life after care (see Chapter 5).¹⁶²

158. Laura Gypen, Johan Vanderfaeillie, Skrallan De Maeyer, Laurence Belenger, Frank Van Holen, 'Outcomes of children who grew up in foster care: Systemic review' (2017) 76(C) *Children and Youth Services Review* 74.

159. As part of the Adverse Comment process, DECYP outlined that of these 21 young people 14 were on interstate orders. The remaining 7 children were on 18-year Care and Protection Orders and were recorded as being in care for less than a year.

160. *Coordinated Response Plan* (n 63) 5.

161. Department of Health and Aged Care (Cth) [National Action Plan for the Health of Children and Young People 2020-2030](#) (Strategy, April 2019) 9-21.

162. *HACSU Submission* (n 123).

One in four children on the teams have a recorded disability

Every child and young person in care has the right to be treated as an individual and to have access to supports that meet their needs.¹⁶³ Children and young people with disability are more likely to require additional supports, including case management, to ensure their ongoing health and wellbeing needs are met. As of 23 January 2023, approximately one in four young people in out-of-home care allocated to Team 7 and Team 10 had a recorded disability. This is likely to be an underestimation as DECYP has no record of the disability status of a further 25 percent children young people allocated to the teams (see Table SF1, 'not recorded').

One in three children and young people in residential care were allocated to a team

Children and young people in residential care are generally considered to have high levels of vulnerability. This is because they may have:

"higher levels of complex psychological and behavioural problems and tend to be older especially if they have a history of multiple placements".¹⁶⁴

The data revealed that one in three children and young people in residential care were allocated to a team.

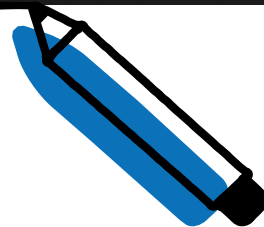
Other children and young people with complex needs

Through her advocacy work, the Commissioner is aware that some young people detained at the Ashley Youth Detention Centre are allocated to a team. Children and young people in care and in contact with the Youth Justice system, referred to as 'cross over children', are often vulnerable due to having complex needs. This is particularly the case for children in and transitioning from custody.



163. Tasmanian Government, [Charter of Rights for Tasmanian children and young people in out of home care](#) (Poster, 2018) 5 ('Charter of Rights').

164. Royal Commission into Institutional Responses to Child Sexual Abuse, [Contemporary out-of-home care](#) (Final Report Vol 12, 1 August 2017) 164.



Chapter 4:

The right of children and young people in care to participate in decisions that affect them

The next two chapters of this report are about the effects of the change to case management on the rights of children and young people in care as described in the Charter of Rights for Tasmanian children and young people in out of home care (the *Charter*).

4.1 Introduction

This chapter is about Right 3 of the *Charter* which states that children and young people in care have the right to:

“be consulted and listened to about decisions that affect them, and this includes ‘being told’ about plans that have been put in place for their future, having ‘a say in what those plans are’ and ‘having a say about decisions affecting [them]”.

Upholding the right to participate, especially for children and young people in care, is critical to ensure their wellbeing, and to fully realise all other rights (see Chapter 5). This chapter explores children and young people’s participation through the voices of children, young people, carers, and other support organisations.

4.1.1 What right do children and young people in care have to participate in decisions that affect them?

Charter Right 3 embodies the right to participate which is enshrined in Article 12 of the *UNCRC*. Article 12 states that every child has the right to freely express their views, in all matters affecting them, and the right for those views to be given due weight, according to the child’s

age and maturity.¹⁶⁵ In Tasmania, this right is expressed and protected through various legal and policy frameworks.¹⁶⁶ For children and young people who are under the care of the State, the *CYPTF Act* outlines the rights and protections for children and young people. This includes the importance of involving children and young people in decisions that affect them, which is reflected in various sections of this *Act*.¹⁶⁷ Relevant here, Part 1A of the *CYPTF Act* (Principles to be observed in dealing with children) requires that a person (the decision-maker),¹⁶⁸ in performing or exercising a function or power under the *Act* uphold the principles ‘as far as practicable’ (see Box 10).¹⁶⁹

165. UN Committee on the Rights of the Child, *General Comment No. 12 (2009): The right of the child to be heard*, CRC/C/GC/12, (20 July 2009) 5 (‘*UNCRC General Comment no.12*’): As the Committee on the Rights of the Child explains, ‘the principle embodied in this right, addresses the legal and social status of children, who, on the one hand lack the full autonomy of adults but, on the other, are subjects of rights’.

166. The *CCYP Act* contains specific reference to the importance of ensuring that the views of children on all matters affecting them should be given serious consideration and taken into account s 3(2)(d).

167. A child’s right to be heard and to have their views taken into consideration appears throughout the *CYPTF Act* including in: the mandatory principles for administering the *Act* in sections 10A, 10D, 10E, and 10F; the principles governing the way family group conferences are convened in sections 34(1), 34(5), 35, 36 and 39; the processes that a court must adopt in hearing an application for a care and protection order in sections 42(6), 56, 57 and 58; and, the procedure that the Secretary must adopt in making any administrative decisions for the care and placement of a child in section 69.

168. As discussed in Chapter 2, under the *CYPTF Act*, the Secretary has the powers and duties described in section 69 of the *Act* to provide for the care of a child who is under the guardianship or in the custody, of the Secretary. The Secretary delegates the care of children to the Child Safety Service, which then makes decisions under the *Act* for children in care. For this reason, this chapter refers to the Child Safety Service as the ‘decision-maker’ under the *Act*.

169. *CYPTF Act* (n 27) s 10A.

Box 10: The meaning of ‘as far as practicable’

The phrase ‘as far as practicable’ is a common legal term used to indicate that a particular action or requirement should be carried out to the fullest extent possible within the constraints of what is ‘practicable’.¹⁷⁰ While the exact interpretation of the phrase varies depending on the context and specific legal provisions, in general, it requires a person to make a reasonable and practical effort to fulfill their obligations. The *CYPTF Act* uses the phrase ‘as far as practicable’ which means that a decision-maker should ‘ensure the fullest expression of the entitlement that is feasible up to the point at which it comes impracticable’.¹⁷¹

It is the Commissioner’s view that a decision maker must do everything they can to ensure that the right of the child to participate in decisions that affect them is upheld.

170. *Pioneer Concrete Services Ltd v Yelnah Pty Ltd* (1986) 5 NSWLR 254, 268.

171. *CNK v The Queen* at [8]; 264-265.

Of the six principles contained in Part 1A, three are directly relevant to the right to participate including:

- Treating child with respect (*Respect principle*)¹⁷²
- Best interests of the child (*Paramountcy principle*)¹⁷³ and
- Child Participation (*Participation Principle*).¹⁷⁴

Broadly, the first and second principles are about how a decision-maker should make a decision about a child under the *Act*. The *Respect principle* requires that a person deciding something about the care of a child under the *Act* must treat the child with respect. This means that any decision they make needs to be made with the ‘informed participation of the child’.¹⁷⁵ Put another way, respecting the child means making sure the child

understands what is going on and why a decision is being made.

The *Paramountcy principle* requires that when a person decides something about the care of a child under the *Act*,¹⁷⁶ they must consider the best interests of the child as the paramount consideration. Further, the *Act* provides that for a decision-maker to determine the best interests of a child, the decision-maker must consider the views of the child, having regard to the maturity and understanding of the child.¹⁷⁷ Put simply, to decide what is best for a child, the decision-maker should know the views of the child or young person.

176. *CYPTF Act* (n 27) s 10E.

177. *CYPTF Act* (n 27) s 10F. If a decision is, or is to be, made under this *Act* in relation to a child –(a) the child –(i) should be provided with adequate information and explanation about the decision in a manner that the child can understand; and(ii) if appropriate having regard to the child’s maturity and understanding, should be provided with the opportunity to respond to the proposed decision; and (iii) if appropriate having regard to the child’s maturity and understanding, should be provided with the opportunity to express his or her views freely; and(iv) should be provided with assistance in expressing those views; and (b) the views of the child should be taken into account, having regard to the child’s maturity and understanding.

172. *CYPTF Act* (n 27) s 10D.

173. *CYPTF Act* (n 27) s 10E.

174. *CYPTF Act* (n 27) s 10F.

175. *CYPTF Act* (n 27) s 10D.

The *Participation principle* emphasises that the views of the child must be taken into account when a decision is made,¹⁷⁸ and sets out what is required for a child or young person to participate.¹⁷⁹ The principle requires that the child,

- receives clear information about the proposed decision in a way that they can understand (see Box 11)
- is be provided with the opportunity to respond and express their views about the proposed decision and
- is given assistance to express their views if needed.

The *CYPTF Act* states that the opportunity provided to a child or young person to respond and express their views is conditional (i.e., ‘if appropriate having regard to the child’s maturity and understanding’). The conditional nature of these provisions is inconsistent with Article 12 *UNCRC* because, as the wording of this article makes clear, the age and maturity of a child is relevant only to the weight that is given to the views expressed by a child, **not** whether their views are sought in the first instance (emphasis added).

The rest of this chapter focuses on whether the change to case management for children and young people in care was consistent with the *Participation principle* and whether, as a result, children and young people in care were treated with respect (*Respect principle*) and had their best interests considered as the paramount consideration (*Paramountcy principle*).

This chapter only considers the first requirement of the *Participation principle*, that children and young people receive clear information about the proposed decision in a way that they can understand. The further requirements of the *Participation principle* could not be considered because they are dependent on the first requirement being met and this investigation found no evidence that the first requirement was met.



178. *CYPTF Act* (n 27) s 10F(b).

179. *CYPTF Act* (n 27) s 10F(b) with regard to the maturity and understanding of the child.

Box 11: What does the requirement that the child receives clear information in a way that they can understand mean?

The *CYPTF Act* says that the child should be provided with ‘adequate information and explanation about the decision in a manner that the child can understand’. The need to provide the child with adequate information and explanation recognises, consistent with commentary on Article 12 *UNCRC*, that the child needs ‘sufficient understanding to be capable of appropriately forming [their] own views on the matter’.¹⁸⁰

180. *UNCRC General Comment no.12* (n 165).

4.1.2 Were children and young people in care provided with clear information about the change to case management in a way they could understand?

Prior to the allocation of children and young people to team-based case management in September 2022, only the Department of Communities (DCT) and then the Department for Education, Children and Young People (DECYP) knew of the proposed change and only they were in a position to provide clear information about the change to children and young people in care.

During the investigation, no child or young person reported receiving any information or explanation from DCT or DECYP about the change before it occurred.¹⁸¹ A young person explained:

"I was in just the department's care and we didn't know. We barely knew anything and that's got to be saying something because that's Child Safety".¹⁸²

From September 2022, when children and young people began being allocated to teams, some young people reporting hearing bits and pieces of information about the change from various sources. As described below, these sources included caseworkers, carers, other support organisations, and other children and young people in care. Yet, even as late as April 2023, a young person in care told the Commissioner that they believed that the Child Safety Services still had not told most children and young people in care about the change or what team they were on:

"Most young people in care right now, most haven't been told about the change or what team they're even on".

[Young person, 12-15]

Child Safety Officers (caseworkers)

In describing how they found out about the change to case management, one young person shared that they became aware of it when they overheard their caseworker talking to someone else about it:

"No one told me apart from my caseworker because I overheard them".

[Young person 15-18]

Another young person described their attempt to contact their caseworker, only to be informed that they had been allocated to a team and could no longer contact them:

"My most recent one [case worker], she was great, and then I gave her a call one day and then the next thing I know apparently, I shouldn't be calling her number. She gave me her personal one and apparently, I shouldn't be because I've been moved into team 10 for some reason".

[Young person, 18]

In another case, a young person discovered the change because their previous caseworker had resigned. Recounting this situation, the young person explained that they were informed they now had a 'group of caseworkers,' but they were left without any means to contact them for some time:

181. Answers were provided in response to the question 'Can you tell me what you know about this change', and 'Can you give me some details about when and where you were told' (Commissioner's Big Questions Appendix A).

182. Young person, *Submission to CCYP Investigation* (18 April 2023).

“our [caseworker] quit so then we were just told, oh yeah, we don’t have a caseworker, just one caseworker, we have a whole group. I was like, okay, what is this? Can I get a number or something.... Then four or five weeks later I finally got the number from [care provider support worker], which is crazy”.

[Young person, 15-18]

Supporting the accounts of children and young people, nearly all current, and former Child Safety Officers confirmed that children and young people in care were not informed about the change or what it meant for them as individuals before it occurred.

Carers

Young people described finding out about the change from their carers, although it was apparent that carers had very little information about the change as well. One young person explained that their carer told them that their caseworker was leaving and that they were going on to an unknown team. Explaining this experience, the young person said

“... she [carer] just said that your caseworker’s leaving. You’re going on to some sort of team. I asked what a team was and she said she had no clue”.

[Young person, 15-18]

Carers also confirmed that information about the change was not communicated to children and young people, or to them, until after children and young people had begun being allocated to the teams. A carer noted that the young person they were caring for:

“wasn’t consulted just told that it was happening.”

Carers also emphasised their own lack of awareness regarding the change until after it had occurred.¹⁸³ Several carers further emphasised that not only were the children and young people in their care not provided with any information about the decision, but they also had no say about it. In one case, a carer stated:

“they [the young person]”¹⁸⁴ didn’t get a say, just like the carers didn’t get a say”.

Support organisations

Some young people learnt about the change through their interactions with support organisations like the CREATE Foundation and Mission Australia. Describing how this happened for them, one young person stated:

“I was only just told about it last YAG,¹⁸⁵ so I know now, but I didn’t know through child safety”.

[Young person, 17]

Describing a similar experience, another young person said:

“My Mission Australia worker told me about the change, not Child Safety. I was told when I was in resi care¹⁸⁶ a while back. I can’t remember when exactly”.

[Young person, 12-15]

Care providers told the Commissioner that they took it upon themselves to inform children and young people about the change.

183. Anonymous Carer, *Submission to CCYP Investigation* (28 March 2023).

184. Initials have been removed to preserve anonymity of the carer and the child under their care.

185. Youth Advisory Group (YAG).

186. Residential care: a young person is placed in a residential building whose purpose is to provide placements for children where there are paid staff.

Other children and young people in care

Young people told the Commissioner they explained the change to other young people in care.¹⁸⁷

"I was at a CREATE event and apparently, so this person, she's 13, I'm not going to say anything else about her but she also wasn't told. She came to me asking whether I knew anything about the weird teams that are going on."

4.2 What did DECYP say about children's participation?

In its submission, DECYP did not acknowledge the right of a child or young person to participate in decisions that affect them, or their obligation to involve children and young people in the decision-making process (see 4.1.1).

4.2.1 What information was provided to children and young people after the change?

In their submission, DECYP describes communicating with stakeholders, including children and young people:

*"In September 2022, the decision was made to expand the Team 10 model of practice to include another team of the same structure, Team 7. Communication to stakeholders, carers, children and young people occurred regarding the expansion of the Team 10 approach in the South."*¹⁸⁸

While explaining this further, DECYP noted that for children and young people in the South, allocation:

*"...occurred over the course of numerous months to facilitate conversations in a child-focused manner and ensure hand-over processes were robust. Children, young people, their family, carers, and care teams were provided with correspondence regarding how to access supports and who to contact for any queries in relation to the change in service delivery"*¹⁸⁹

The Commissioner received no further information from DECYP regarding when or how these child-focused conversations occurred or whether they occurred for all children and young people in the South.

Based on the above description, and in particular the reference to individuals being 'provided with correspondence regarding how to access supports and who to contact', it appears that any communication with children and young people was limited to those children and young people who were being allocated to the teams, and who were told only after the change to case management had begun.

During the investigation, the Commissioner became aware that some children and young people and their carers, who were allocated to the teams, had received letters from the Child Safety Service.¹⁹⁰ Two letters were presented to the Commissioner, the first was addressed to 'Whom it may concern' while the second was addressed to 'Families'. It appears that both letters were sent between September 2022 and January 2023 and described, in general terms only, the change to case management (see Appendix G).

The Commissioner is unaware of further communication between the Child Safety Service and children and young people in care.

187. Young person, *Submission to CCYP Investigation* (18 April 2023).

188. *DECYP Submission* (n 17) 5.

189. *DECYP Submission* (n 17) 5.

190. Letter from The Department of Communities to To Whom it may Concern, September 2022.



The lack of clear information to children and young people in care is inconsistent with the *Participation principle* which requires that children and young people in care are provided with clear information *before* a decision is made so that they have an opportunity to respond and express their views about the proposed decision.

4.2.2 What did DECYP say about communication with children, young people and other stakeholders?

In its submission, DECYP acknowledged that there were ‘gaps’ in the way the change to case management was communicated to stakeholders. DECYP explained that:

“in the efforts to prioritise providing timely and appropriate services to children and young people, there were gaps in the implementation and communication surrounding the creation of Team 7”.

Sharing their experience of dealing with these gaps, frontline staff of the Child Safety Service described ongoing confusion about the change following its implementation:

*“They [carers] were still ringing and asking for [case worker name], and then having to be told that [case worker] is no longer their allocated worker. That they’re in a not actively managed pool. So, that happened for at least a month after this whole thing started, that the young people and the carers had no idea that it happened. They weren’t even being communicated with”.*¹⁹¹

While DECYP noted that there were gaps in their communication of the change, the Child Advocate went further outlining substantial flaws in the design, implementation, and communication of the change. The Child Advocate stated:

*“...this substantial change was undertaken with no overarching strategy, no consultation or inclusion of others in decision making (internal or external), no project management expertise, no defined implementation and no proactive communication with children and families (foster, kinship, biological) or with core service delivery partners in the OOH sector”.*¹⁹²

The Child Advocate told the Commissioner that in November 2022 the Child Safety Service advised that they were not required to consult with children and young people about the change. The Child Advocate explained that when she raised the lack of consultation, a ‘senior member’ within DECYP stated:

*“... I stand firm that it wasn’t appropriate to consult on this”.*¹⁹³

191. HACSU Submission (n 123).

192. Child Advocate Submission (n 68) 4.

193. Child Advocate submission (n 68) 5.

In acknowledging gaps in communication, DECYP pointed to the right of a child or young person to have a Care Team.¹⁹⁴ They asserted that a child or young person's participation in their Care Team was the primary means to:

*“ensure that the child or young persons voice is always heard and advocated for, in Care Teams and decisions affecting them”.*¹⁹⁵

Underlining this view, another senior member of the Child Safety Service stated that, in relation to the change to case management:

*“[the] appropriate forum to get their views [the views of children and young people] was through Care Teams”.*¹⁹⁶

It is unclear how the Child Safety Service anticipated that the Care Team would be able to provide clear information about the change to children and young people in care.¹⁹⁷ There is no evidence to suggest that Care Teams were informed about the change before it commenced. Even if Care Teams had been informed, there is no evidence that time was provided to ensure that a child or young person in care had an opportunity to respond and express their views about the proposed change through their Care Team (see Box 12).

In implementing the change, consistency with the *Participation principle* was not achieved. Even the **lowest requirement** of the *Participation principle* – to provide children and young people with clear information about the decision as far as practicable – was not achieved (see Box 10).

At the time the change to case management was being developed, DCT was under enormous strain (see Chapter 3). However, it is the Commissioner's view, that organisational pressures, do not diminish the responsibility to make decisions that are consistent with the principles of the *CYPTF Act*.

During the investigation, no explanation for the failure of DCT to act consistently with the principles of the *CYPTF Act* and uphold *Charter Right 3* was provided.



194. DECYP Submission (n 17) 7; CCYP Data Monitoring Report (2nd Edition) (n 12).

195. DECYP Submission (n 17) 7.

196. Child Safety Staff Member, Submission to CCYP Investigation (Online 21 February 2023)

197. The Department does not provide data to the Commissioner on the proportion of children and young people in care with a Care Team.



Box 12: Children and young people's ideas about what should have happened

When asked by the Commissioner about what should happen when a decision-maker wants to make a change to their care, children and young people pointed to the fundamental importance of communication. As one young person put it:

"They should talk to me".
[Young person, 5-8]

When it comes to how children and young people want to be asked for their views, the answer is simple:

"Ask us".
[Young person, 12-15]

Children and young people told the Commissioner that they are flexible about how they can be asked about their views. As one young person put it:

"Come in person, arrange a meeting or something, a conversation to be had".
[Young person, 15-18]

Alternatively, as another young person explained:

"...they should have a survey or something for young people to fill out".
[Young person, 15-18]

Spotlight: What children and young people told the Commissioner about how they felt because of the change

Children and young people told the Commissioner that they felt a range of emotions when they found out about the change to case management.¹⁹⁸

Young people told the Commissioner that the experience of being allocated to a team left them feeling sad and upset. For example:

"I felt sad and frustrated".

[Young person, 5-8]

"I felt upset".

[Young person, 12-15]

For other young people, the experience made them annoyed and angry:

"I went from feeling nice and supported, knowing that if something's wrong I had someone to turn to, that sort of thing, if I need any help or information about stuff, blah, blah, blah, I can go to her [case worker]. Then it was kind of just like a really just annoying moment of what the hell?"

[Young person, 15-18]

"I was fairly pissed off to be honest".

[Young person, 15-18]

It was also clear that some young people were not surprised that a change had been made to their care without their knowledge. As one young person put it:

"I didn't get told about this change, because they are too busy. It is always their excuse".

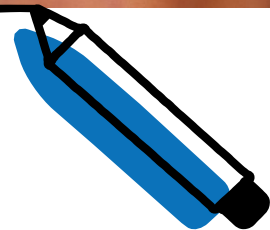
[Young person, 15-18]

Describing their experience of being allocated to a team, another young person told the Commissioner that the experience had been:

"...shit because no one ever listens to me in the [team]".

[Young person, 12-15]

¹⁹⁸ Commissioner's Big Questions No 6: 'How did you feel when you heard about this change?' (see Appendix A)



Chapter 5: **Other rights of children and young people in care**

5.1 Introduction

The previous chapter examined Right 3 of *Charter of Rights for Tasmanian children and young people in out of home care* (the *Charter*) – the right to participate. This chapter is about the other rights in the *Charter*.

5.2 What were the effects of the change to case management on the rights of children and young people in care?

During the investigation, the Commissioner identified that the change to case management was inconsistent with at least seven of the rights of children and young people in care in the *Charter*. In her submission, the Child Advocate, stated that:

*“Children’s rights have been breached as a result of the manner in which this change process was conducted. The rights of children and young people enshrined in the United Nations Convention on the Rights of the Child forms the foundation to both our Children, Young Persons and Their Families Act 1997, as well as the Charter of Rights for Tasmanian Children and Young People in Care”.*¹⁹⁹

Reflecting this, while children and young people in care described effects that related directly to their rights, they also used negative words to describe what the change had been like for them. These words included: ‘confusing’, ‘hard’, ‘I’ve hated it’, ‘shit’ and even ‘very shit’.

5.3 Right 1: The right to be and feel safe

Under the *Charter*, a child or young person in care has the right to ‘be and feel safe’. While

acknowledging that the meaning of this right differs depending on individual and situational factors, it places a strong emphasis on stability and ensuring each child is cared for in a physically and emotionally safe environment.

A young person explained why the change made them feel less safe. They said:

“I don’t feel as safe with strangers”.
[Young person, 12-15]

Child Safety Officers described how the loss of the relationship between a Child Safety Officer and a child under the change meant a child was less safe. A Child Safety Officer stated:

*“without a Child Safety Officer and that solid relationship and that trust, there isn’t that person for the child to disclose to if they have been abused or mistreated or harmed in anyway in care. They haven’t got that one person to go to, and they’re not going to find a generic number, and when they haven’t got a face to a name to talk to”.*²⁰⁰

Going further, another Child Safety Officer told the investigation that the change:

“exposed children and young people to further risk of harm now and in the future”.

In the view of this Child Safety Officer, children and young people in care often have a limited number of safe adults in their life and, as a trusted adult, the Child Safety Officer will:

*“sight and know the child, they will know their family, [and] their carers”.*²⁰¹

200. CPSU Submission 2 (n 127).

201. Child Safety Officer, *Submission to CCYP Investigation* (Online 24 March 2023)

199. Child Advocate Submission (n 68) 4.

This awareness of individual children and their circumstances is important to keep children safe in a placement by ensuring that the child or young person knows that they have a safe adult to talk to if they need to. It is also about preventing placement breakdowns,²⁰² because as a Child Safety Officer described, when awareness is lost young people may end up on the streets because ‘we [the Child Safety Service] don’t know where they are’.²⁰³

In other situations, Child Safety Officers described how the change had distanced the Child Safety Service from children and young people allocated to the teams. They saw this as the State failing in their:

*“responsibility to make sure these kids are safe and you can’t do that from a distance”.*²⁰⁴

Care providers described how the loss of relationship between children and young people and their dedicated Child Safety Officer made them less visible. Explaining this, a provider stated that team-based case management:

*“leaves children more vulnerable and unseen in the system”.*²⁰⁵

Other stakeholders, including staff from the out-of-home care clinic, felt that team-based case management had ‘[created] a different sense of security for the young person’.²⁰⁶ Providing an example of this, clinic staff described situations where children and young people may feel unsafe:

“[w]e’ve got young people getting picked

*up from school being told, you’ve got an appointment now and that young person’s supposed to accept this strangers invitation into a car they’ve never met before...who’s got an ID tag to show them, to come to an appointment that now we’re [the clinic] in different locations, they don’t know what the appointment’s for let alone have someone explain that there’s positive things”.*²⁰⁷

Clinic staff also stated that the change was not trauma informed. This view was supported by other stakeholders who work to support children and young people in care who stated that the change to case management was:

*“...not a trauma informed approach of working and does not support children and young people being able to build a safe and trusting relationship with a Child Safety Officer and open up opportunities for communication”.*²⁰⁸

During the investigation, the Commissioner did not hear anything from children, young people, or other stakeholders to suggest that the change to case management improved the safety of children and young people in care.

The Commissioner acknowledges that, according to the Department for Education, Children and Young People (DECYP), the change was necessary to ensure that the most vulnerable and at-risk children and young people were safe (see 3.3.1). DECYP refers to the need to:

*“prioritise the investigation and assessment of children and young people who require the greatest focus”.*²⁰⁹

202. CPSU Submission 1 (n 66).

203. CPSU Submission 1 (n 66).

204. Former Child Safety Officer, *Submission to CCYP Investigation* (Online 21 December 2022).

205. Out of Home Care Provider, *Submission to CCYP Investigation* (Online 16 December 2022).

206. OOH Clinic Submission (n 71)

207. OOH Clinic Submission (n 71).

208. Other worker who supports and/or works with children and young people in care, *Submission to CCYP Investigation* (Online 17 February 2023).

209. DECYP Submission (n 17) 4.

to ensure that the:

*“intensity of service delivery was matched to need”.*²¹⁰

This is reflected in the description of the reprioritising of service delivery for children and young people in the *Plan*. The *Plan* states that:

*“...they [practitioners] will provide the most intensive services to child who might not be safe or who are in the early stages of being in care to actively work with them and their families to determine case direction. This often applies to babies and children on interim or short-term orders”.*²¹¹

The Commissioner did not receive any evidence from DECYP or other stakeholders that indicated that the right of **any** child or young person to be and feel safe had improved because of the change to case management.

The Commissioner was provided with examples of where the change to case management, specifically, team-based case management, had improved the safety of children and young people because of better work practices. For example, a Child Safety Officer reported that working on Team 10 meant that they could:

*“take leave without worrying about the safety of the young person, as they know there is a team there looking after the young person’s safety and wellbeing needs”.*²¹²

In another example, members of Team 10 described how under team-based case

management they were able to escalate responses to a young person at risk of harm.

The Commissioner was told about a situation where, late on a Friday afternoon, a young person went missing from care. A member of Team 10 was notified and recruited other team members to contact multiple stakeholders (e.g., Tasmania Police, the school, and family members).

Reflecting on this, members of Team 10 said that they felt team-based case management was beneficial as it allowed Child Safety Officers to gather information on the whereabouts of the young person and assess the safety and wellbeing of the young person quicker than a single Child Safety Officer working alone.

5.4 Right 2: The right to receive healthcare when needed

Under the *Charter*, a child or young person in care has the right to receive healthcare when it is needed. This right extends beyond medical and dental care and includes the right to a healthy lifestyle with opportunities for exercise and play.

The Tasmanian health system is a universal health service.²¹³ Under the *Child and Wellbeing Framework* and the *Strong Families Safe Kids Reforms*, children and young people in care are identified as a vulnerable cohort and are given priority status to access dedicated health clinics (see Spotlight: A paediatric clinic).²¹⁴

210. DECYP Submission (n 17) 6.

211. Coordinated Response Plan (n 63) 4.

212. DECYP Submission (n 17) 10.

213. Universal health coverage means all people have access to the full range of quality health services they need, when and where they need them.

214. Children and young people in out-of-home care are also given priority status (or ‘target-population’) through National Health frameworks, see Department of Health and Aged Care (Cth) [National Action Plan for the Health of Children and Young People 2020-2030](#) (Strategy, April 2019) 9-21.

Spotlight: A paediatric clinic for children and young people in care

Children and young people in care have exclusive access to a dedicated paediatric clinic staffed by paediatricians.

This clinic was initially offered to young people in the South but has expanded to offer state-wide services. Young people are referred to the clinic when they are initially placed in care. The out-of-home care clinic provides health screening and follow up as a preventative health strategy. All children are assessed for their growth, immunisation, development and behaviour, and general health care.

The Commissioner spoke with staff from the paediatric team doing out-of-home care clinics as part of this investigation.

The change to case management affected the right of a child or young person to receive healthcare when needed in at least two ways. This included through reduced health clinic attendance and increased health care delays. Stakeholders described affects including delayed diagnoses,²¹⁵ worsening of behavioural symptoms (resulting in children displaying high-risk behaviours including self-harming),²¹⁶ and children and young people not receiving appropriate disability supports.²¹⁷

Team-based case management reduced health clinic attendance

The Commissioner heard that historically, the failure to attend rate²¹⁸ for the out-of-home care clinic, 'is massively higher than any other paediatric clinic'.²¹⁹ Describing this, clinic staff told the Commissioner:

"In the out-of-home care space we have had difficulty for a long time in terms of communication with Child Safety in communicating appointment times to carers, communicating our recommendations, and having them actioned by Child Safety... So, that has significantly impacted our ability to help the kids in the way that we think we should be able to do".

In explaining why clinic attendance had declined further under team-based case management, clinic staff stated that children, young people and carers were not being notified of appointments:

"We [clinic staff] are hearing at every clinic, from foster carers saying, I heard about this appointment yesterday and they're the ones who turn up because they actually got notified".²²⁰

Clinic staff also described situations where carers were notified of an appointment for one sibling,

215. Foster and Kinship Carers Association Tasmania (FKAT), *Submission to the Commissioner for Children and Young People, investigation into a change to the case management of children and young people in care in Tasmania* (28 March 2023) ('FKAT Submission').

216. OOH Clinic Submission (n 71); FKAT Submission (n 215).

217. FKAT Submission (n 215).

218. Note: a 'failure-to-attend' is recorded when a patient does not present to a clinic appointment and does not notify clinic staff of their absence.

219. OOH Clinic Submission (n 71).

220. OOH Clinic Submission (n 71).

but not another, despite the clinic administration sending out the appointment for both siblings at the same time. A similar situation was described by a carer who was informed of an appointment for one child in her care, but not the other despite both having appointments on the same day.²²¹

Team-based case management increased healthcare delays

The Commissioner heard from clinic staff that because of the change, the amount of time clinic staff could spend addressing the healthcare needs of children allocated to the teams had decreased:

*“We spent a lot of time in the consult talking about this [the change] and so it distracted from the health needs... or what we needed to get by in that consult”.*²²²

Clinic staff also described how it became more difficult to contact the guardian for a child or young person in care who was case managed by a team, which significantly delayed care. In one example, clinic staff described how a child's application for NDIS funding was significantly delayed because of a failure to authorise the application multiple times. Explaining this, a paediatrician stated:

“[I have seen a girl] with very complex medical and neurodevelopmental conditions who has been known to our service essentially since birth, has been in a stable placement and this carer has been desperate to get further supports for this girl through the NDIS which she is absolutely eligible for, and I went back, and she comes to an appointment with an application form saying, I’ve been told you need to fill this out. Looking back through the records this is the fourth time that doctors have completed the NDIS application...”

Noting the guardian is required to sign these applications,²²³ the paediatrician pointed out:

“We [clinic staff] can’t submit this application form... it has to be the guardian so it is getting completed”.

In describing the response received from the case management team when concern was raised about the lack of progress, the paediatrician recounted that the team said:

“Oh -well, essentially, we [Child Safety] don’t know, was the answer like what happened previously... but just do another one, this time we’ll [Child Safety] make it work”.

Despite receiving these assurances, when the clinic staff set up the necessary meeting to ‘sign-off’ on this application, a member of the case management team again failed to attend the meeting and progress was further delayed.²²⁴

5.5 Right 3: The right to be consulted and listened to seriously about decisions that affect me

This right, and the affect of the change to case management on this right, was examined in Chapter 4.

5.6 Right 4: The right to have regular meetings alone with my worker

When asked if they would prefer having one caseworker or a team of caseworkers, children and young people said:

“One case worker”.

221. OOH Clinic Submission (n 71).

222. OOH Clinic Submission (n 71).

223. National Disability Insurance Scheme Act 2013 (Cth) s 74/75 (‘NDIS Act’).

224. OOH Clinic Submission (n 71).

Under Right 4 of the *Charter*, children and young people have the right to have regular meeting alone with their worker. DECYP acknowledged this right, and explained how, in their view, the design of the case management teams took account of this right. DECYP stated:

*“As the Charter of Rights for Tasmanian Children and Young People in Out of Home Care states, each child and young person has the right to have a staff member who is there for them. The case management teams have designed and adjusted their work practice through action-learning to ensure that there is always a staff member who knows the child or young person available and responsive”.*²²⁵

The characterisation of Right 4 as only being about a child or young person having a ‘worker who is there for me’ is inconsistent with the *Charter* as, first and foremost, this right is about a child or young person having individualised attention (i.e., regular meetings alone) from a Child Safety Officer who is dedicated to them (i.e., ‘my worker’). Put another way, Right 4 is about a child having a relationship with a ‘worker’ who is there for the child and who the child can speak to if they are unhappy, or they do not feel safe.

Stakeholders told the Commissioner that team-based case management afforded children and young people the right to call or email a Child Safety Officer – the right to have **access** to a Child Safety Officer (emphasis added). Explaining this, a Child Safety Officer stated:

*“when we [Child Safety Officers] had our meeting with the union and with our principal practice managers, they said that – or every child had access to a Child Safety Officer. It was all in the wording which is what is currently happening”.*²²⁶

Young people told the Commissioner that only having access to a Child Safety Officer meant that they were unsure who their guardian was. A young person said:

“I’ve got no guardian and it’s been like that for since [staff member left]...I don’t know who to go to”.
[Young person, 16]

Stakeholders also told the Commissioner that children and young people allocated to the teams did not have relationships with Child Safety Officers on the teams. Providing examples of this, carers talked about how team-based case management meant children and young people had no one at the Child Safety Service to ‘consult with’ if they had any problems. A carer commented:

“[Their] caseworker use to take [them] out and spend time talking and there was a bond. If [name of young person] had any problems, [they] could tell [their] Case Worker. Now [they] have no one at CSS to consult with and now they go through the [care provider] practitioner, who has to write an email and then wait and try to get a result”.
[Carer]

Putting this another way, another carer explained:

“[the young person] now doesn’t have someone who knows her, knows her history, who [they] can get comfort from and trusts”.
[Carer]

A care provider described how one of the children that they support no longer had a face or contact point at DECYP and this meant that the child was concerned about who their guardian was. They stated:

225. DECYP Submission (n 17) 7.

226. HACSU Submission (n 123).

“One 9-year-old that we support in a placement has expressed concerns about who their guardian is now as they don’t have a face or contact point at the Department”.²²⁷

Carers also commented that, under team-based case management, children in their care did not know how they would participate and contribute to their care. A carer stated:

“My two girls had enjoyed close relationships with their dedicated case managers which enabled a feeling of trust and familiarity, and the ability to communicate without mistrust or fear. Both girls don’t feel as comfortable, and get a bit frustrated with the processes, especially things that affect them directly (e.g. waiting on a purchase order for new glasses). There is no checking in on the girls or contact on a regular basis. I find this unusual considering that the ‘Team’ are effectively their guardians. The girls feel how can decisions be made on their behalf by ‘people’ who essentially don’t know who they are and know nothing about them”.²²⁸

227. Baptcare, *Submission to CCYP Investigation* (29 March 2023) (*‘Baptcare Submission’*).

228. Carer, *Submission to CCYP Investigation* (Online 20 March 2023)

Spotlight: The experience of team-based case management for young people in contact with the Youth Justice system

This investigation heard from lawyers who represent young people in care who also have contact with the Youth Justice system. When talking about the impact that the change to case management, and particularly, the loss of the relationship between a Child Safety Officer and a young person, a lawyer explained:

“It’s a young person dealing with bureaucracy rather than a young person dealing with a single person that they may have been able to establish a rapport or a relationship with, or who they believe understand their situation or they connect with on some level”.²²⁹

Like other young people in care who are struggling to understand how Child Safety Officers who do not know them are making

229. Tasmania Legal Aid Criminal and Youth Justice Team, *Submission to CCYP Investigation* (18 April 2023) (*‘Tasmania Legal Aid Submission’*).



decisions about them, lawyers working with young people in contact with the Youth Justice system reported that young people were confused:

"I don't think they [young person] understand that they [the Child Safety Service] are representing them as their guardian and often they resent someone that they think that they don't even know or have never spoken to is saying all these things about their life and their circumstances and they often say, well what the hell would that person even know, I don't even know who they are and they're talking about all these things about my life and where I should go and where I should live and what I'm doing wrong. I don't even know who that person is".²³⁰

230. Tasmania Legal Aid Submission (n 229).

A further area of concern for many stakeholders in this context, was the effect of the change to case management on visits to children and young people in care. The Child Safety Service recognises that early and ongoing visits with children are crucial to ensure their safety and wellbeing.²³¹ In the *Plan*, the Department of Communities (DCT) acknowledged that, for children and young people allocated to the teams:

"... routine visits to children by Child Safety Officers are not occurring as frequently as they have previously".²³²

Confirming this, Child Safety Officers in the South told the Commissioner that:

"We do not visit every six weeks. We're lucky to visit once a year".²³³

In the *Plan*, the Control Group stated that children and young people on teams were:

"... being seen by appropriate services, and these people report back to let us to let us [sic] know if everything is ok, or if there is any additional support needed".²³⁴

Child Safety Officers working in the South told the Commissioner that they were instructed 'not to focus on visits or care plans'.²³⁵ In other regions, Child Safety Officers explained that they no longer 'do child visits or care planning for the team managed children'.²³⁶

231. Tasmanian Government, *Visiting Children and Young People on Orders D22/50301* (Procedure, 10 May 2022) 1.

232. *Coordinated Response Plan* (n 63) 5.

233. *CPSU Submission 2* (n 127).

234. *Coordinated Response Plan* (n 63) 5.

235. *Child Safety Staff Submission 1* (n 76).

236. Child Safety Service Worker, *Submission to CCYP Investigation* (Online 21 February 2023).

The fact that children and young people, under the *Plan*, are being seen by other services and not the Child Safety Service, is inconsistent with Right 4 (see Box 13).

While the Commissioner makes no comment about the appropriateness or otherwise of other services undertaking visits in the place of Child Safety Officers, no evidence was provided to the investigation to suggest that other services were performing this role.

Box 13: Can a child have multiple Child Safety Officers under Right 4?

Right 4 provides that a child or young person in care has the right to have a dedicated Child Safety Officer ('my worker', a 'worker who is there for me'). Data from DECYP indicates that prior to the change to case management, it was not uncommon for children and young people in care to have more than one primary worker over a 12-month period. During the 2022-2023 period, over 40 percent of young people in care had three or more primary workers.²³⁷ This may suggest frequent staff turnover, which can negatively impact the quality of the relationship between a child and a Child Safety Officer.²³⁸ It is not inconsistent with Right 4 for a child to have any number of dedicated Child Safety Officers consecutively, over a period of time. A child could still, even with multiple consecutive Child Safety Officers, have regular meetings alone with their worker and have a worker who is there for them in the ways described in Right 4. In contrast, team-base case management is not consistent with Right 4.

237. Children Youth and Families, *Quarterly Report to Commissioner for Children and Young People Q4 2022-23* (extracted 17 July 2023) Indicator 25 ('CYF Report').

238. Sarah Carnochan, Megan Moore, Michael J Austin, 'Achieving placement stability' (2013) (10) *Journal of Evidence Based Social Work* 235-253.

5.7 Right 5: The right to be treated fairly and with respect for who I am

Under the *Charter*, a child or young person in care has the right to be treated fairly and with respect for who they are. For children and young people in care, this right may include feeling good about themselves, being treated as an individual, and not being discriminated against. At a minimum, treating a child fairly and with respect requires that DECYP knows children and young people in care, including their individual circumstances, and that children and young people can participate in decision-making about their care (see Chapter 4). As one carer put it:

"It's not great. The model is broken from all angles...Each child should have a case worker, each caseworker should actually know that child. Not just as a name or number on their books with a check list of things along-side their name to be ticked off".

During the investigation, the Commissioner heard that children and young people felt that team-based case management was not respectful or fair to them as individuals and they experienced feelings of sadness, worry, anger and confusion. Describing this, a young person said:

"What I am sad, worried and angry about, is that child safety tells us they are here for us, tells us to trust them, and then they do what they have done. How respectful is that?"
[Young person, 16]

Young people also spoke about how talking to the team, not only failed to meet their individual needs, but left them feeling disrespected.

"I think my Team [team number] is shit because they don't look after me enough or give me much respect. I feel like my needs aren't cared for enough"
[Young person, 12-15]

Commenting on team-based case management, a stakeholder who supports young people with a care experience, emphasised the critical importance of ensuring that children and young people in care are:

*“seen and heard as individuals, not as a number or just another client”.*²³⁹

5.8 Right 6: The right to identify with my culture and community and to observe my chosen religion

Under the *Charter*, a child or young person in care has the right to identify with their culture and community and to observe their chosen religion. This right recognises the value of cultural and religious diversity and promotes a sense of belonging and wellbeing while in care.

Under the *Child Safety Practice Framework*, DECYP states:

*“children, young people and families do better when they are placed at the centre of their own care and can develop a strong sense of identity and belonging”.*²⁴⁰

Multiple stakeholders noted that all proactive case management for children and young people allocated to teams, including through Care Teams, had slowed. As discussion about culture and identity forms part of the Care Team process, any impact on Care Teams, may affect Right 6.

During the investigation, no child or young person, or other stakeholder, described any specific effect on this right.

239. Brave Foundation, *Submission to the CCYP Investigation* (Online 23 March 2023).

240. Department for Education Children and Young People, [Child Safety Practice Framework](#).

Spotlight: Case management for Aboriginal and Torres Strait Islander children and young people

As of 23 January 2023, there were 398 Aboriginal children in out-of-home care in Tasmania.²⁴¹ During this investigation, the Commissioner spoke with members of the Tasmanian Aboriginal Centre (TAC) on their experiences of the change to case management. As part of these discussions, the TAC identified several innovative ways they were working with DECYP to facilitate community support for Aboriginal children and young people in care.

The TAC outlined that they had been providing what could be described as case management services for around 20-25 young people in and around nipaluna/Hobart since 2018-19.

Going further, the TAC noted that they had an agreement with DECYP under which they have the authority to decide, together with the young person, the level of support they provide to ensure the provision of stable and culturally appropriate supports.

241. Letter from Department for Education Children and Young People to Commissioner for Children and Young People Tasmania, 17 February 2023.

5.9 Right 7: The right to have safe contact with my family and people who matter to me

Under the *Charter*, a child or young person in care has the right to have safe contact with their family and people who matter to them. This right also recognises that children and young in care should have a say about people they do not want to spend time with. Children and young people allocated to team-based case management told the Commissioner that they no longer had regular contact with their family, including parents and siblings, and other people that mattered to them.

A young person stated that they relied on their Child Safety Officer to arrange contact with their parents, when they were worried about something:

“if something is worrying me I can talk to them [Child Safety Officer] and they can organise my parent contacts”.
[Young person, 8-11]

This young person also described how, since the change, they were no longer able to regularly see their parents:

“I feel that parent contacts are not as frequent as they were. I feel disappointed that this support is now not the same in having someone to talk to”.
[Young person, 8-11]

Another young person stated that since the change that they felt they were:

“...not allowed to see my mum as much”.
[Young person 8-11]

Talking about the importance of contact with siblings, another young person described feeling:

“sad because they [Child Safety Service] can’t do anything about seeing my brother”.

They also said that:

“I feel lonely when no one asks me and my carer says she has not had an answer about seeing my brother”.
[Young person, 15-18]

Team-based case management also meant that some children and young people felt angry:

“I thought mum didn’t care about me anymore because she hadn’t seen me in ages – I was angry with her”.
[Young person, 8-11]

Other stakeholders described how they felt that under team-based case management:

*“Children and young people are becoming disconnected from their siblings and family members”.*²⁴²

In relation to sibling contact, carers explained that team-based case management was not consistent with maintaining regular contact between siblings. Carers explained that some sibling had been allocated to different teams and, for some, this meant they did not have regular contact with each other:

*“I’ve got siblings – well they’re sisters. So one’s on an 18 order, the other one was for two years. So one’s in Team 7, one is in Team 10”.*²⁴³

*“Our foster daughter has a sister in care also but she is now with a separate team which makes things all that more difficult to navigate as the girls visit each other weekly. Their relationship is very important”.*²⁴⁴

242. Kennerley Submission (n 69).

243. FKAT Submission (n 215).

244. FKAT Submission (n 215).

Carers described bypassing the Child Safety Service to organise visits between children and parents. As one carer said:

“if you’re not willing to step in and maintain that connection, that connection might be lost”.

245

Some parents of children and young people in care and other support groups were also bypassing the Child Safety Service to organise contacts directly with carers. A carer told the Commissioner:

*“My two – birth mum and birth dad, both the community organisation supporting them got my email address directly because they couldn’t get an answer from Team [number] about seeing the [children] – and I don’t think that’s – like I don’t care but it’s not appropriate”.*²⁴⁶

Child Safety Officers working in the teams told the Commissioner they were aware of carers and parents bypassing them to organise contact between children and families. They further acknowledged that some contact was occurring in unsafe circumstances because the Child Safety Service:

*“don’t actually sit down and plan for a child on...how to have contact with their parents. We have children just now going and having contact with their parents unsupervised. We just don’t have the staff to assist”.*²⁴⁷

245. FKAT Submission (n 215).

246. FKAT Submission (n 215).

247. HACSU Submission (n 123).

5.10 Right 8: The right to education and to gain life skills

Under the *Charter*, a child or young person in care has the right to an education and to gain life skills. This right is not just about children and young people going to school, but encompasses access to education, academic support, life skills development and vocational training. It aims to provide young people in care with the knowledge and skills they need to succeed in life and transition into independent adulthood.

Education

The Commissioner heard that team-based case management had affected the provision of individualised education supports for children and young people in care who had complex needs.

Carers told the Commissioner that for children and young people allocated to teams, it was unclear what the role of Child Safety Officers now were in developing and approving education plans. A carer explained:

*“With the start of the 2023 school year, carers will be writing Individual Education Plans (IEPs) with school and CSS should play an integral role in this process. This enables the right support for our children at school. Carers are confused as to how to involve the Teams in this process”.*²⁴⁸

Also reflecting uncertainty about their role, Child Safety Officers explained that previously they had played an important role within the Care Team including communicating with a child or young person to understand their needs, and translate

248. Fostering Hope, Submission to the CCYP Investigation (20 February 2023) (*‘Fostering Hope Submission’*).

their needs into targeted learning supports. Child Safety Officers described how since the change to team-based case management they did not attend Care Team Meetings which meant that this important work did not happen:

“the lack of attendance from Child Safety in a care team meeting has led to things not being able to be done for children. An example would be a child needing re-entry into education. If a child who is a young person who is resistant to going to school, it’s even more important for that care team to talk about how we can make school feel like a learning environment for this young person to maximise their learning and growth and development in a school setting”.

249

Describing the impact of the change to case management, another Child Safety Officer stated:

*“[a young person] was moving into Year [number] and normally we [Child Safety Service] would do some transition planning to allow that to happen because he has ADHD, ASD²⁵⁰, intellectual disability, really high anxiety, doesn’t manage change, very poor emotional regulation”.*²⁵¹

A Child Safety Officer noted that previously, transition planning would have involved making:

“it clear that [the young person] knew what he was looking at for Year [number]”.

However, under team-based case management:

*“we [Child Safety Service] weren’t able to do that because [the young person] didn’t have a worker with them”.*²⁵²

As a result, the young person was not able to start school, and, as the Child Safety Officer put it:

*“now doesn’t know what’s going on”.*²⁵³

Transition to independence

While DECYP recognises that the move to independent living for young people in care ‘can be challenging,’²⁵⁴ the Commissioner heard that team-based case management had an effect on their ability to gain life skills, particularly in relation to transition to independence (see Box 14).²⁵⁵

“Mid last year is when I went independant and it was the worst time because that was when all the Team 10 stuff was just starting, getting stuff sorted”.

[Young person, 18]

252. CPSU Submission 1 (n 66).

253. CPSU Submission 1 (n 66).

254. Department for Education Children and Young People, Independent Living (Web Page, 11 August 2023).

255. Under the *National Standards*, Standard 13, ‘[c]hildren and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care’.

249. CPSU Submission 2 (n 127).

250. Autism Spectrum Disorder (ASD) is a disorder of development that can include difficulties with social interaction and behaviours. Some young people with ASD may face other challenges including phobias, sleep and eating disturbances, temper tantrums and self-directed aggression. World Health Organisation, *International Statistical Classification of Diseases and Related Health Problems* (10th Edition, 2019) F84 Pervasive Developmental Disorders.

251. CPSU Submission 1 (n 66).

Box 14: Number of young people (15-17) allocated to teams²⁵⁶

Up to 86 percent of young people in out-of-home care aged 15-17 were allocated to Team 7 or Team 10 in the South.²⁵⁷ Data received by the Commissioner from DECYP shows that since implementing the change to case management in September 2022,²⁵⁸ the number of children aged 15 and older with approved leaving care plans more than halved from 26.6 percent (1 in 4) to 8.8 percent (1 in 12).

256. Note: As part of the Adverse Comment process, DECYP commented '[a] greater proportion of young people aged 15-17 years have had a care plan approved in the last 12 months but that the type of plan may not have been updated to reflect the focus on transition to independence. With the extension of out-of-home care beyond 18, the type of care plan for some young people aged 15-17 years will now appropriately be "Stability in care".'

257. Refer to Special Focus on p 61.

258. CYF Report (n 239) Indicator 16.

Describing how previous case management supported young people (aged 15-17) transition to independence, a Child Safety Officer stated that they do:

"a block of really good work ... to get them ready to leave wherever they're going - wherever they're living".²⁵⁹

In contrast to previous practice, the Commissioner heard that under team-based case management, Child Safety Officers are unable to provide the level of support required by young people leaving care.²⁶⁰

*"Children that are becoming close to 18, we kind of forget about".
[Child Safety Officer]*

While stakeholders spoke highly of an existing Transition to Independence Program,²⁶¹ the Commissioner heard that the change to case management had increased reliance on this program, which had further compounded issues of resourcing and demand. Reflecting this, some young people were struggling to access this program. A kinship carer described how he had been unable to link his grandchildren into the program:

"I know a referral was sent through on the [date] from CSS for [grandchild] to be introduced to the program. Still haven't heard anything".

Speaking about his overall concern, he further stated:

"One has turned eighteen and run out of time, the second turns eighteen in four months and runs out of time, whilst the third has eighteen months to go before [they] run out of time".²⁶²

Describing the level of support that young people receive under team-based case management, the Commissioner heard that practices varied across the State.

In the North, if young people aged 16-17 are assigned to new workers who have 'no idea of the rights of the child when they turn 18',²⁶³ senior Child Safety Officers review their junior colleague's caseload to identify 16-17-year-olds and advise their junior colleagues of young people's rights when they leave care.²⁶⁴

261. Child Advocate submission (n 68).

262. Kinship Carer, Submission to CCYP Investigation (17 February 2023).

263. HACSU Submission (n 123).

264. HACSU Submission (n 123).

259. Child Safety Staff Submission 1 (n 76).

260. OOH Clinic Submission (n 71); HACSU Submission (n 123)

In the South, Child Safety Officers described going through the list of young people allocated to the teams to identify young people about to turn 18. For each young person identified, Child Safety Officers will ask:

“so-and-so is going to turn 18 in a few weeks’ time, or in a couple of months’ time, has anybody looked at that?”²⁶⁵

If no transition planning is recorded, the Child Safety Officers will:

“at least give them the paperwork and the pamphlets associated with that and let them be aware because they can have that up until they’re aged 25”.²⁶⁶

Describing the impact of this, Child Safety Officers explained that,

“unallocated children basically aren’t informed about their rights or leaving care money out of the state government or independent living. They’re not being advised about their access to TILA²⁶⁷ which is the federal government allowance for independent living. They’re not being told what they can access after being in care because they were subject to a care and protection order.”²⁶⁸

“...information can only be shared with other people, including parents and caregivers, in particular situations. These restrictions are in place to protect children so they know they can trust the professionals they talk to”.²⁶⁹

During the investigation, no child or young person, or other stakeholders, identified any effect on this right.

269. Department for Education Children and Young People, [How can I access my child's personal information?](https://www.decyp.tas.gov.au/children/child-safety-service/child-safety-information-sheets-and-resources/how-can-i-access-my-childs-personal-information/) (Web Page, 11 August 2023) <<https://www.decyp.tas.gov.au/children/child-safety-service/child-safety-information-sheets-and-resources/how-can-i-access-my-childs-personal-information/>>.

5.11 Right 9: The right to have my privacy respected

Under the *Charter*, a child or young person in care has the right to have their privacy respected. Consistent with this right, DECYP acknowledges that that under the *Personal Information Protection Act 2004* (Tas):

265. HACSU Submission (n 123).

266. HACSU Submission (n 123).

267. Transition to independent living allowance.

268. HACSU Submission (n 123).

Appendices

Appendix A: The Commissioner's Big Questions – example paper copy



Hi, I'm Leanne and I am Tasmania's Commissioner for Children and Young People.

A little while ago I found out that some children and young people in care no longer have an individual Child Safety Officer - or case worker, as you might know them. Instead, they have a team to talk to at Child Safety if they need support.

I have spoken with some young people in care who told me good things about this change, and some other young people who have told me things that are not so good.

I am now looking into how this change was made and what this means for children and young people in care.

I need your help.

It is important that I hear from more children and young people in care about this change and about how their voices were listened to.

- You don't need to answer all the questions if you don't want to.
- You don't have to share your name or any other personal details - I won't know who you are unless you want me to.

- There are no 'right' or 'wrong' answers – I just want to hear what you have to say.
- You can have a support person like your carer or someone you trust to help.

If you find yourself feeling sad, or worried or are thinking about this over the next couple of days, please reach to someone you trust and ask for help. You can also ring Kids Help Line on **1800 55 1800** (it's a free call from any phone) or go online to www.kidshelpline.com.au

Thinking about case workers

One of the people who can be therefore children in care are child safety officers. We know a lot of kids call them caseworkers so that's the word we will use in these questions.

Why is it important to have a case worker?

Can you tell us about your case worker?

Can you tell us about your experience(s) with your case worker?

Changes to who your child safety officer is

Some children in care have told us that there has been a change from having individual caseworkers (CSO's) to having a phone number / email to a team within child safety.

Can you tell me what you know about this change?

Can you give me some details about when and how you were told about this?

How did you feel when you heard about this change?

What about the impacts on you?

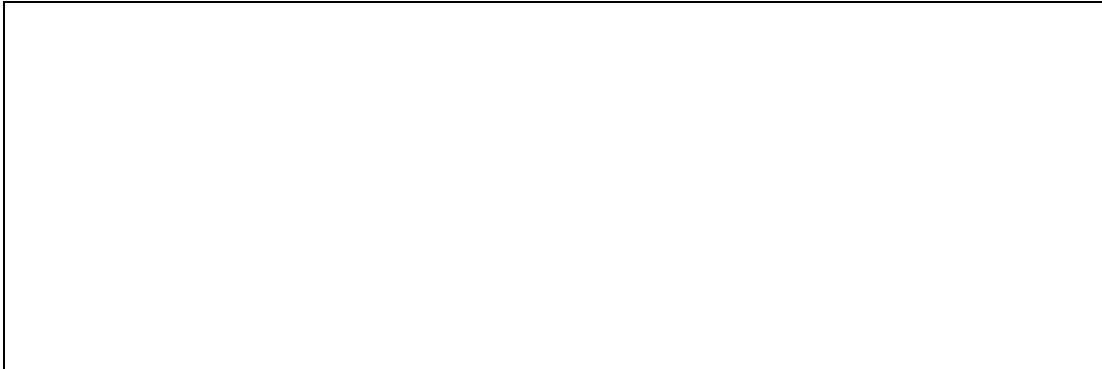
Children have told us some good things and bad things about this change.

Other children have told us that they have not noticed much difference.

Can you tell us about what the change has been like for you?

Have there been any good things about this change for you?

Have there been any bad things about this change for you?



Being asked about your ideas

Children in care have the right to have a say in decisions that will impact their lives. This includes any changes to their care – like the recent change for some kids who no longer have an individual case worker.

How should children in care have a say about changes to their care?



Did you have a say about if this change with case workers should happen?



Why is it important for you, and other children in care to have a say about things?

And finally, a bit about you. Please only answer the questions you feel happy to answer.

How old are you? (please circle your answer)

5-8

8-11

12-15

15-18

18+

Are you currently living in care? (please circle your answer).

Yes

No

If you need more space to write your answers, please write it in here

Appendix B: Submission Guide: Questions

To help stakeholders with their submissions, the Commissioner provided a submission guide. It included the following invitation:

To support submissions to the Investigation, the Commissioner seeks submissions **addressing some or all the following questions:**

1. What is your experience of the new Out-of-Home care case management model?
2. In your view, why was the new model introduced?
3. To what extent do you believe that children and young people in care had a say about the introduction of the new model?
4. In your view, what do you think the effect of the new model has been on the rights and wellbeing of children and young people in care?
5. What systemic changes are required, if any, to ensure that the rights and wellbeing of children and young people in care are promoted and protected under the new model?

Appendix C: Quantitative information regarding children and young people in care in Tasmania (no data)

The following table outlines the request for quantitative measures relevant to the wellbeing of children and young people in the Out-of-Home Care (OOHC) system in Tasmania as of:

- a. Date of first child transferred to the new model
- b. 23 January 2023.

These measures relate to government administrative data recorded by the Department *for* Education, Children and Young People.

| N. | Variable / information | Data type | Relevant date(s) |
|----|--|------------------------------|---|
| 1a | Number of children in OOHC in Tasmania. | count | (a) Date of first child transferred to team 7 or Team 10 (or equivalent) (b) 23 January 2023 |
| 1b | Number of children <i>assigned to Team 7 or Team 10 (or equivalent)</i> . | count | (a), (b) |
| 2a | Distribution of ages (in years) of children in OOHC in Tasmania. | count (age) | a), (b) |
| 2b | Distribution of ages (in years) of children <i>assigned to Team 7 or Team 10 (or equivalent)</i> . | count (age) | (a) |
| 3a | Number of children OOHC in Tasmania by gender <u>Gender:</u> male, female, other, unknown | count (by gender) | (a), (b) |
| 3b | Number of children assigned to Team 7 or Team 10 (or equivalent) by gender <u>Gender:</u> male, female, other, unknown | count (by gender) | (a) |
| 4a | Number of children in OOHC by location. <u>Location:</u> South, North, North West | count (by location) | (a), (b) |
| 4b | Number of children allocated to Team 7 / Team 10 (or equivalent) by location. <u>Location:</u> South, North, North West | count (by location) | (a) |
| 5a | Number of children in OOHC who are Aboriginal. <u>Indigenous status:</u> Aboriginal, not Aboriginal, unknown | count (by indigenous status) | (a), (b) |

| N. | Variable / information | Data type | Relevant date(s) |
|----|--|---|------------------|
| 5b | Number of children allocated to Team 7 / Team 10 (or equivalent) who are Aboriginal. <u>Indigenous status:</u> Aboriginal, not Aboriginal, unknown | count (by indigenous status) | (a) |
| 6a | Number of children in OOHC with a CALD* background. <u>CALD:</u> yes, no, unknown | count (by CALD background) | (a), (b) |
| 6b | Number of children allocated to Team 7 / Team 10 (or equivalent) with a CALD ²⁷⁰ background <u>CALD:</u> yes, no, unknown | count (by CALD background) | (a) |
| 7a | Number of children in OOHC with a disability <u>Disability status:</u> yes, no, unknown | count (by disability status) | (a), (b) |
| 7b | Number of children allocated to Team 7 / Team 10 (or equivalent) with a disability <u>Disability status:</u> yes, no, unknown | count (by disability status) | (a) |
| 8a | Number of children in OOHC by placement type, provider, and location | count (by placement type, provider, and location) | (a), (b) |
| 8b | Number of children assigned to Team 7 / Team 10 (or equivalent) by placement type, provider, and location | count (by placement type, provider, and location) | (a) |
| 9a | Number of children in OOHC who previously had a Child Safety Officer (CSO) that they had known for at least 12 months <u>Child Safety Officer status (≥ 12 months):</u> yes, no, unknown | count (by CSO status) | (a), (b) |
| 9b | Number of children assigned to Team 7 / Team 10 (or equivalent) who previously had a Child Safety Officer (CSO) that they had known for at least 12 months <u>Child Safety Officer status (≥ 12 months):</u> yes, no, unknown | count (by CSO status) | (a) |

270. Cultural and Linguistic Diversity (CALD)

Appendix D: Policy initiatives relevant to children and young people in care in Tasmania

The National Agreement on Closing the Gap

The National Agreement on Closing the Gap (National Agreement) aims to overcome entrenched inequality faced by too many Aboriginal and Torres Strait Islander people that their life outcomes are equal to all Australians. Parties to the National Agreement have agreed to 17 socio-economic targets including, by 2031, reducing the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent. Implementation actions committed to by the Tasmanian Government in its Closing the Gap Tasmanian Implementation Plan 2021 – 2023 include working in partnership with Aboriginal community-controlled organisations in relation to all planning and decision making for Aboriginal children in the Child Safety system.

The National Framework for Protecting Australia's children 2021-2031

The *National Framework for Protecting Australia's children 2021-2031* supersedes the *National Framework for Protecting Children in Care 2009-2020*. The new *National Framework* extends the national approach to protecting children and young people in Australia, including children and young people in care. It provides a comprehensive strategy for ensuring the safety, well-being, and positive development of children placed in out-of-home care across Australia. In developing the new *National Framework*, the federal government again worked with state, and territory governments to address the unique needs and challenges faced by children in care. The new *National Framework* again places a strong emphasis on preventive measures and early interventions to improve the wellbeing of children and young people in care.

The new *National Framework* was endorsed by the Tasmanian Minister for Children and Youth in 2021.²⁷¹

The National Standards for Out-of-Home Care in Australia, 2011

The [National Standards for out-of-home care](#) were introduced in 2011, and were identified as a priority project in the previous National Framework. The 13 National Standards focus on key factors that directly influence the outcomes and experiences of children and young people in out-of-home care (OOHC).²⁷² The stated purpose of the National Standards is to drive improvements in the quality of care by developing a consistent set of assessment domains to create a national picture of outcomes for children in care and “deliver a more integrated response between all governments”.²⁷³ They represent a principled effort to make the experience of children in the diverse child protection systems across the states and territories both visible and measurable in a *nationally consistent way*.²⁷⁴

271. Australian Government, *The National Framework for Protecting Australia's Children 2021-2031* (the National Framework, 8 December 2021).

272. Commonwealth of Australia, *An outline of National Standards for out-of-home care* (July 2011) 2. ('National OOHC Standards')

273. *National OOHC Standards* (n 272) 2.

274. *National OOHC Standards* (n 272) 6.

At the heart of the National Standards is the *UNCRC*. The “overarching principles” for the National Standards include that all children and young people in care have their rights respected and are treated in accordance with the *UNCRC*.²⁷⁵ It is important to note that section 10A(b) of the *CYPTF Act* provides that, in addition to upholding the principles in sections 10B-10G, a person performing or exercising a function or power under the Act is to “have regard to *any national standards* or charters relating to the rights or treatment of children published by the Commonwealth Government that are relevant” (emphasis added).²⁷⁶ The effect of this is that the National Standards are imported into the *CYPTF Act* by reference.

It Takes a Village; Child and Youth Wellbeing Strategy, 2021

In 2015, the Tasmanian Government announced a re-design of the Tasmania’s Child Protection System in response to ongoing system failures. In March 2016, the government released the [Redesign of Child Protection Services Tasmania, ‘Strong Families – Safe Kids’](#) report which outlined the essential components for redesigning the service system to more effectively protect children from harm. One of the actions arising from the report, was the development of a robust and common understanding of child wellbeing by relevant stakeholders. This led to the release of the [Tasmanian Child and Youth Wellbeing Framework](#) (the Framework) which defines child and youth wellbeing as “the state where a child or young person feels loved and safe; has access to material basics; has their physical, mental and emotional health needs met; is learning and participating; and has a positive sense of culture and identity”.²⁷⁷

In August 2021, the Tasmanian Government launched Tasmania’s first long-term and whole-of-government child and youth wellbeing strategy, [It Takes a Tasmanian Village; Child and Youth Wellbeing Strategy](#) (the Strategy) which is structured around the six domains of wellbeing described in the Framework.

The principles of the Strategy were developed in consultation with children and young people and are aligned to the *UNCRC* and current legislative settings related to children. All Ministers and Heads of Agencies have committed to the principles of the Strategy, with principle 9 stating that the Tasmanian Government is committed to ‘fulfilling our preventative and statutory responsibilities against all forms of violence against children and young people’.²⁷⁸

In addition, one of the focus areas of the *Child and Youth Wellbeing Strategy Four Year Action Plan 2021-2025* under the domain of Loved and Safe, is to improve the out of home care system.²⁷⁹

275. *National OOH Standards* (n 272) 6.

276. *CYPTF Act* (n 27) s10A (b).

277. Tasmanian Government, *Tasmanian Child and Youth Wellbeing Framework* (2018) 5.

278. Tasmanian Government, *It Takes a Tasmanian Village: Child and Youth Wellbeing Strategy* (2021) 12. (‘*Child and Youth Wellbeing Strategy*’)

279. *Child and Youth Wellbeing Strategy* (n 278) 47.

Tasmanian Out of Home Care Standards, 2022

In June 2022, the Tasmanian Government published its own draft [Tasmanian Out of Home Care Standards](#) informed by work under the above policies. The eight standards will be the prescribed standards of care to which OOHC providers will be held accountable and are expected to meet as a minimum standard of care, when a Tasmanian OOHC Accreditation Framework is established.²⁸⁰ Until an Accreditation Framework is in place, the Standards are not currently binding and OOHC providers are not being formally monitored or audited against the Standards.²⁸¹ The Standards establish,

*“benchmarks, objectives and indicators of compliance regarding the standard of care expected to ensure children and young people are nurtured, feel safe and have a strong sense of wellbeing”.*²⁸²

Each of the Standards contain references to the corresponding provisions of the *CYPTF Act* and the relevant articles of the *UNCRC*. While the standards are specifically oriented towards benchmarking the level of care provided by *OOHC providers*, including the government, they are relevant to children and young people to the extent that the standards articulate minimum standards of care that must be provided to children and young people in care.

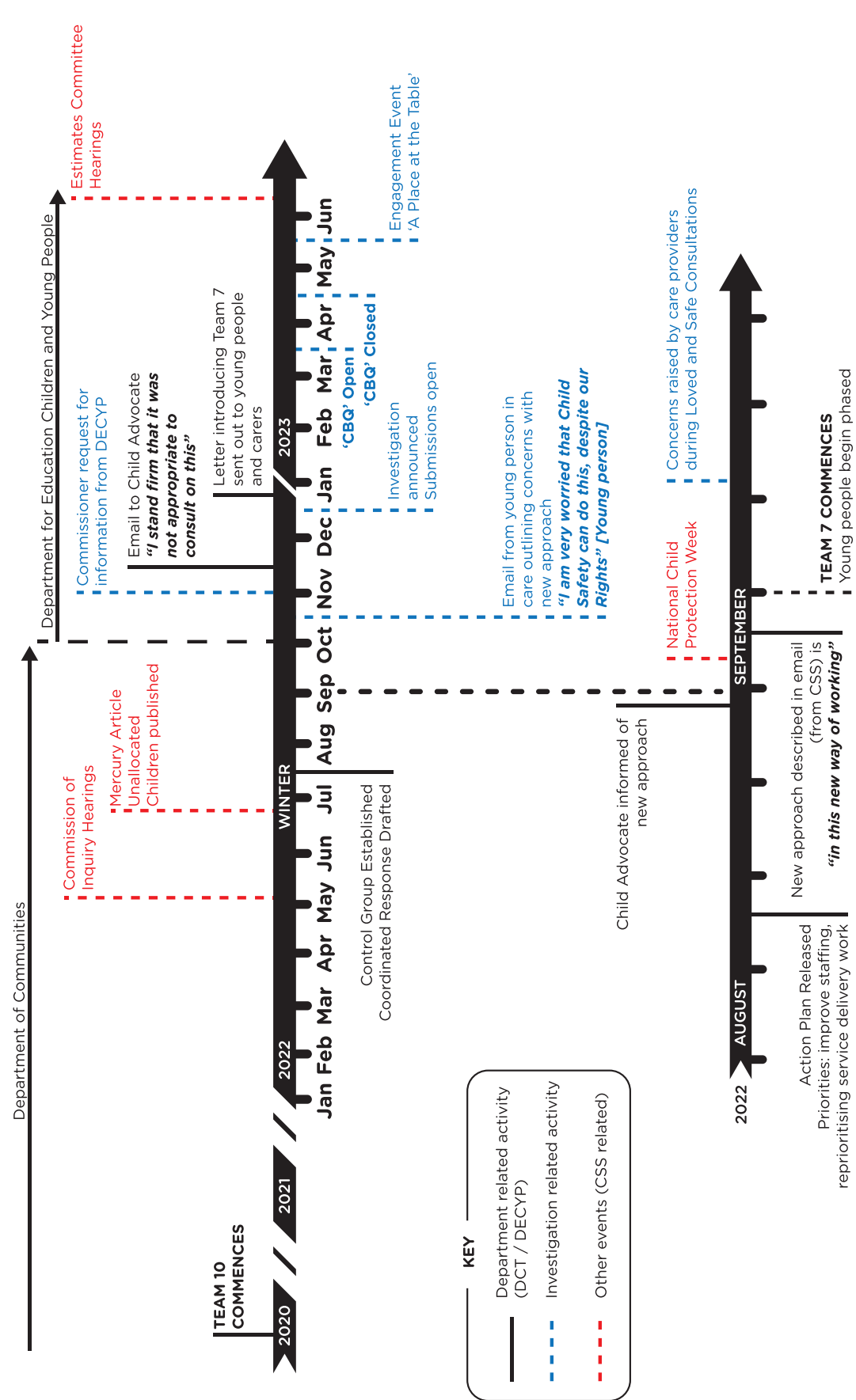
While these standards may impact directly on the lives of children and young people, children and young people in care were not consulted in the development of the Standards. Moreover, despite the commitment of the Government to improve the quality of care for children and young people in care, through the Accreditation Framework, these standards include no indicators to measure any improvement or other to the wellbeing of children and young people.

280. Tasmanian Government, [Tasmanian Out of Home Care Standards](#) (2022) 8. ('*Tasmanian OOHC Standards*')

281. *Tasmanian OOHC Standards* (n 280).

282. *Tasmanian OOHC Standards* (n 280) 10.

Appendix E: Simplified timeline of transition to team-based case management



Appendix F: Parameters for transfer to Team 10 in the South

Team 10 managed children and young people in care identified as 'stable' in their placement. The Child Safety Service used the following criteria to assess whether a child or young person was 'stable' including:

- a stable care placement or arrangement
- a robust, self-sustaining care team with Child Safety Service participation
- contact arrangements that require less management and intervention by Child Safety Service
- educational engagement with good community connections and visibility, and
- where a member of the care team can provide information and advice back to Child Safety Service.²⁸³

As described by DECYP, Team 10 supported children and young people to achieve permanency goals through:

- transfer of guardianship,
- transfer of legal orders to the relevant jurisdiction (where the child lives),
- supported transition to independence for older adolescents, and
- revocation of legal orders for young people restored to their family of origin.²⁸⁴

283. DECYP Submission (n 17) 5.

284. DECYP Submission (n 17) 7.

Appendix G: Communication from Child Safety to children, young people and carers allocated to teams.

Between September 2022 and January 2023, two letters were sent by the Child Safety Service to children and young people in care, along with their carers. These letters are below.

Department of Communities Tasmania

GPO Box 65, HOBART TAS 7001
Web: www.communities.tas.gov.au



Contact: [REDACTED]

Email: [REDACTED]

To Whom It May Concern

Subject: Changes to Child Safety Service delivery and allocation of cases

Child Safety Services are experiencing a range of challenging issues with our capacity to meet the needs of all allocated children requiring assistance and support. We have experienced lower than usual staffing numbers and this is a priority area with continuous recruiting occurring. As a result, we are changing the way we work to ensure that all children, families, and carers that we support continue to have contact with us.

In this new way of working, all children engaged with CSS will receive the assessments and services they need. This includes all our very young children and those who will be able to remain safely at home or return home with support in place. Children and young people on long term orders will be supported through their care teams and will have CSS support as needed.

There are children that will remain with the current CSO, some children will move to a new CSO and/or team and some children will not have a dedicated CSO but be supported by staff with the skills to assist and coordinate support for the children, young people, and yourselves as carers.

For children who do not have a dedicated CSO, we will adopt a team approach and have CSS staff available who will follow up to address and support the child's need. We have developed a process to ensure there is someone available to take calls, follow up, support you and respond if there are worries for the safety of children.

We know that not talking to the same person can be hard so please be patient with us as we want to be able to respond to the needs of all our children. We are working hard to recruit more staff, and as you know this will take us some time.

These changes will happen between now and December 2022 and you will be advised of the upcoming changes in relation to the children you care for. The Out of Home Care team is available to support you during these changes.

Right now, if you are concerned or have questions, please contact your current CSO or Practice Leader, who will be able to let you know more about timeframes and advise what next steps will be happening.

Many Thanks,



Department for Education, Children and Young People

Services for Children and Families

Child Safety Service
Woodhouse Building, St Johns Park, New Town Tas 7008
Team mobile number – [REDACTED]
Reception – [REDACTED]
After Hours Emergency – 1800 000 123
Email – [REDACTED]



Dear families

On behalf of Team 7, I'd like to say hello and welcome! We are really happy to be working with you.

Team 7 supports approximately 200 children, young people and their carers. We're enjoying meeting everyone and getting to know you and we would like to take this opportunity to introduce ourselves to you. Over the page is our team photo and contact details.

We are committed to making sure all children allocated to our team are *known, safe, well and learning* and we would like to thank you for bearing with us while we are learning a new way of working.

We are finding new ways to work because we want a better balance between being there for you when you need us, and letting you get on with things as much as possible like all families.

Because every child, young person and their family is different, we use the Care Team to plan and make decisions. You are at the very centre of your Care Team, and it includes the important adults in your life to help achieve your goals.

You have the right to participate in your Care Team too, and we can meet as often as you need to focus on what is important to you.

You can always call us on [REDACTED] – just ask for Team 7. Or the team mobile is [REDACTED] You can also email us at [REDACTED]

We work from 8.30am to 5pm, Monday to Friday. If you ever need urgent help after hours, please call 1800 000 123.

We want to hear feedback about how Team 7 is working for you, as we are open to ways to improve. Please choose who to provide feedback to from the list on the team 7 introduction page attached.

Warm regards
Team 7



Commissioner for Children and Young People (Tas)
1/119 Macquarie Street Hobart TAS 7000
GPO Box 708 Hobart TAS 7001
(03) 6166 1366
www.childcomm.tas.gov.au

