

# Somebody in Your Corner



The views of children, young people,  
carers and care providers on children  
and young people being stable and  
safe in out-of-home care

**Commissioner for Children and Young People (Tas)  
2023. 'Somebody in your corner': The views of  
children, young people, carers and care providers on  
children and young people being stable and safe in  
out-of-home care.**

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Tasmania), 2023

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People more generally may be directed to the  
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+61 3 6166 1366.

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

# 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

I would like to express my heartfelt gratitude to everyone who participated in this out-of-home care monitoring cycle which has explored the theme of 'Being loved and safe' while in out-of-home care.

I am particularly grateful to every child and young person with a care experience who expressed their views in a way that felt safe and comfortable for them.

I would like to give a special thank you to the children and young people who created the artwork that appears throughout this report and the young person who inspired me to call this report *Somebody in your corner* (see their full quote on page 42).

I also extend my appreciation to the following individuals and organisations:

- Foster and kinship carers who supported me to engage with children and young people in their care; and shared their own views and experiences of the system as carers.
- Non-government out-of-home care providers.
- The CREATE Foundation, the Foster and Kinship Carers Association of Tasmania (FKAT), and the Child Advocate for children and young people in out-of-home care for supporting me to engage with carers, children and young people.
- Members of the Expert Panel for my Out-of-Home Care Monitoring Program including Professor Sharon Bessell, Professor Kitty te Riele, Professor Daryl Higgins and Dr Greet Peersman. Thank you for your insights and feedback.
- Simon Spain and Victoria Ryle from *All That We Are* for assisting with the artistic design aspects of my consultation process. This included supporting me to run art workshops for children and young people with a care experience.
- The Department for Education, Children and Young People for responding to my questions regarding its role as a care provider and as system owner of out-of-home care.

# Content Warning

This report includes the views and experiences of children and young people who have a Tasmanian care experience. Some of their stories make references to feelings of neglect, abandonment, and insecurity. In telling their stories, some young people have used strong language to describe their feelings and experiences.

The report also includes the views and experiences of those who support or work with children and young people in care.

Please take care when reading this report, as some of its content may be distressing or raise issues for some readers.

The following services are available for information, support and assistance:

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

If you are worried about the safety or wellbeing of a child or young person, contact the Strong Families Safe Kids Advice and Referral Line on 1800 000 123.

## 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.



# Message from the Commissioner

Thank you for taking the time to read this report which is part of my independent monitoring of Tasmania's out-of-home care system.

This report is the second output of a body of work undertaken to explore the complex theme of 'Being loved and safe' in care. As the monitoring cycle evolved, I made the decision to focus on what children and young people need to experience stability in their placements and to feel safe. I also report on how children and young people participate in their care.

I have learned the most about what it means to be stable and safe in care from children and young people living in care (or with recent care experience). I also spoke with carers, out-of-home care providers, and the Tasmanian Government departments responsible for the out-of-home care system – now the Department for Education, Children and Young People (the Department).<sup>1</sup>

My journey around Tasmania, as part of this monitoring work, has taken me into the communities and homes of foster carers, as well as residential care providers. I am grateful to have been warmly welcomed into communities and homes to share in daily lives, meals, kick a football, and listen and learn about the realities of our out-of-home care system.

*I am continually struck by the incredible strength, resilience and perseverance of children, young people and families in the out-of-home care community.*

I thank all those who participated in this work, especially children and young people with a care



experience for their willingness to help me understand how they experience the system.

Monitoring activities to explore the theme of 'Being loved and safe' began in early 2021, before the establishment of the Commission of Inquiry into the Tasmanian Government's Response to Child Sexual Abuse in Institutional Settings (Commission of Inquiry).

I am deeply thankful for the work of the Commission of Inquiry and for all those who contributed to it, particularly victim survivors who bravely shared their views and experiences.

There has been overlap between the Commission of Inquiry's exploration of Tasmania's out-of-home care system and elements of this monitoring cycle. The Commission of Inquiry made 191 recommendations to improve the systems and services charged with ensuring the safety and wellbeing of our children. This includes recommending significant reform of the out-of-home care system, and oversight mechanisms.

In November 2023, I released an investigation into a change to the case management of some children and young people in care. The investigation report is called, *A Place at the Table* and makes 7 recommendations

<sup>1</sup> In October 2022, the Department of Communities Tasmania merged into the newly formed Department for Education, Children and Young People.

to ensure that the rights of children and young people in care are upheld. The report, together with a child-friendly version of the report, are available on my website.

Given the above, this report does not include specific recommendations. I am confident in the recommendations of the Commission of Inquiry and those contained in my investigation report as the appropriate vehicles through which necessary changes will be achieved.

In publishing this report, I want to ensure that the Tasmanian Government and the wider community hears the voices of those whose insights and experiences often go unheard: children and young people with a care experience, and others who support and work with children and young people in care.

*I have learned a great deal from this work, and I believe that these learnings are best understood by reading what I heard from children and young people and others in their own words.*

Several persistent themes stood out to me during this monitoring cycle, and I have distilled them into five policy insights to inform the ongoing reform of the Tasmanian out-of-home care system.

It is important to recognise that the monitoring cycle that this report relates to began in 2021. Since then, the out-of-home care system has undergone substantial changes due to both external factors (e.g., COVID and wider employment trends) and internal factors, including the impact of new policies, practices and procedures that accompanied a machinery of government change.

To ensure this report contains the most contemporary information, I invited the Department to respond to my policy insights. The response of the Department is included on page 19.

**Leanne McLean**

**Commissioner for Children and Young People**

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# Abbreviations and acronyms

**AIHW:** Australian Institute of Health and Welfare

**ARL:** Strong Families Safe Kids Advice and Referral Line

**ATSICPP:** Aboriginal and Torres Strait Islander Child Placement Principle

**CALD:** Culturally and linguistically diverse

**CAMHS:** Child and Adolescent Mental Health Services

**CCYP:** Commissioner for Children and Young People (Tas)

**Child Safety:** Child Safety Service, a Tasmanian Government service now within the Department *for* Education, Children and Young People (and formerly within the Department of Communities Tasmania)

**Commission of Inquiry:** Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings

**Child Safety Officer:** An employee of the Department *for* Education, Children and Young People Tasmania (formerly, the Department of Communities Tasmania)

**DCT:** Department of Communities Tasmania (ceased operation October 2022)

**Department:** Used to refer to the Department *for* Education, Children and Young People



# Definitions

**Care Team:** A Care Team is a team of key people who are important in the life of a child or young person in care. These people work together to identify, plan, monitor and meet the child or young person's needs. The Care Team includes the child or young person, their family members, caregivers, professionals, and other important people in their lives. Each team member is responsible for working as part of the group to develop plans, set goals, make decisions, carry out tasks and share resources to achieve the best possible outcomes for the child or young person.<sup>2</sup>

**Case and Care Plan:** A Care Plan (formerly a Case and Care Plan) is created by the Care Team. The Care Plan records the care direction and goals for a child or young person against the six domains of the *Tasmanian Child and Youth Wellbeing Framework* (Wellbeing Framework). The Care Team is responsible for developing the child's Care Plan as soon as possible and reviewing these plans annually, or whenever the child's circumstances change. The Care Plan becomes the guide for the Care Team when they meet, and the short term, day-to-day actions that are needed to meet the Care Plan goals are tracked using the Care Team Record. The Care Plan also sets out the guidelines around how the Care Team will work together.<sup>3</sup>

**Child or young person:** Under the *Commissioner for Children and Young People Act 2016* (Tas), a child or young person is defined as a person under the age of 18 years. This report uses these terms interchangeably, as appropriate.

**Child Safety Officer:** A frontline officer who works within a professional team to provide statutory child protection services. Child Safety Officers are responsible for receiving, investigating, and assessing notifications of children at risk of abuse and neglect. They work with families and other professionals to

keep children safe. In some situation, this may require them to seek legal interventions in the Magistrates Court.<sup>4</sup>

**Child Safety Service:** The role of the Child Safety Service is to protect children who are at risk of abuse or neglect. In Tasmania, the safety of children is primarily addressed through the *Children, Young Persons and Their Families Act 1997*.<sup>5</sup>

**Commissioner for Children and Young People Act 2016 (Tas) (CCYP Act):** The CCYP Act outlines the functions and powers of the Commissioner for Children and Young People (Tas).

**Family based care or home-based care:** In this form of out-of-home care, a child is placed in the home of a carer who is provided with a contribution for the cost of care. Categories of home-based care include relative or kinship care, foster care, and other home-based care.<sup>6</sup>

**Foster care:** Foster care is an arrangement to secure the safety of children when they are unable to live with their own families. It provides children with a family environment for as long as needed until they can return to their families or until they exit care, generally at 18 years of age. Carers receive a tax-free reimbursement for caring for a child and the rate of this is based on the age and needs of the child. The reimbursement is intended to cover the reasonable costs associated with caring for an additional child.<sup>7</sup>

**Kinship care:** A form of out-of-home care where the caregiver is:

- a relative (other than a parent) or
- considered to be a family member or a close friend

2. Tasmanian Government, Department for Education, Children and Young People, *Care Teams and Care Planning* (Procedure No D20/18650, 15 May 2023) ('*Care Teams and Care Planning Procedure*').  
3. *Care Teams and Care Planning Procedure* (n 2).

4. Tasmanian Government, Department for Education, Children and Young People, [Child safety services careers](#) (Webpage, 23 November 2023).

5. Tasmanian Government, Department for Education, Children and Young People, [Guide to Tasmania's child safety services](#) (Webpage, November 2023).

6. Australian Government, Australian Institute of Health and Welfare, [Child Protection Glossary](#) (Webpage, 15 August 2023) ('*AIHW Child Protection Glossary*').

7. Tasmanian Government, Department for Education, Children and Young People, [Foster Care: Frequently Asked Questions](#) (Webpage, 21 September 2023).

or

- a member of the child or young person's community (in accordance with their culture) and
- who is provided a contribution for the cost of care by the state/territory for the care of the child.<sup>8</sup>

In addition, for Aboriginal and Torres Strait Islander children, a kinship carer may also be 'another Indigenous person who is a member their community, a compatible community or from the same language group'.<sup>9</sup>

**Out-of-home care:** Overnight care for children aged under 18 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).<sup>10</sup> The Tasmanian Government refers to two types of care, 'Family-Based Care' and 'Salaried Care', the latter type includes both 'Therapeutic Residential Care' and 'Salaried Care' (see further detail below in **Residential care**).<sup>11</sup>

**Out-of-home care provider:** In Tasmania, providers of out-of-home care services include non-government organisations and the Tasmanian Government. Providers are responsible for delivering services through the organisation and/or their carers (volunteer or salaried) to all children and young people receiving a service or placed into their care.<sup>12</sup>

**Residential care:** Monitoring activities suggest that the term 'residential care' is used by out-of-home care providers in Tasmania to describe out-of-home care arrangements provided to children by paid staff on a rostered 24/7 basis. The Tasmanian Government uses the term 'Salaried Care' to refer to both 'Therapeutic Residential Care' and 'Salaried Care'.<sup>13</sup> 'Therapeutic Residential Care' is provided by CatholicCare Tasmania and is described as:

*group-based accommodation and support to older children and young people who have high or challenging needs and where foster or kinship care is not available or appropriate.*<sup>14</sup>

'Salaried Care' is provided by non-government organisations (rostered staff) in a 'home setting',

*for children and young people with complex needs that for a short or longer period can make it too challenging for them to live in a family home with foster or kinship carers.*<sup>15</sup>

**Respite care:** A form of out-of-home care which provides short-term accommodation for children and young people where the intention is for the child to return to their prior place of residence. Respite placements include:

- respite from birth family, where a child is placed in out-of-home care temporarily for reasons other than child protection (for example, the child's parents are ill or unable to care for them temporarily, as a family support mechanism to prevent entry into full-time care, as part of the reunification process, or as a shared care arrangement) and/or,
- respite from placement, where a child spends regular, short, and agreed upon periods of time with a carer other than their primary carer.<sup>16</sup>

**Special Care Package:** The most intensive care type for children or young people in out-of-home care in Tasmania. Special Care Packages are designed to provide specific supports to children or young people that are not available through other care options. They are delivered through individualised packages of support to a small number of children and young people on a 24-hour basis by paid support workers in a family-like home (e.g. rental accommodation). Additional specialist support services or therapeutic interventions may also be provided.<sup>17</sup>

8. AIHW Child Protection Glossary (n 6).

9. AIHW Child Protection Glossary (n 6).

10. AIHW Child Protection Glossary (n 6).

11. Tasmanian Government, Department for Education, Children and Young People, [Out of Home Care System](#) (Webpage, 21 September 2023) ('Out-of-home care System').

12. Tasmanian Government, Department for Education, Children and Young People, [Tasmanian Out-of-home Care Standards](#) (Webpage, 21 September 2023).

13. Out-of-home care System (n 11).

14. Out-of-home care System (n 11).

15. Out-of-home care System (n 11).

16. AIHW Child Protection Glossary (n 6).

17. Parliamentary Standing Committee of Public Accounts, Parliament of Tasmania, *Special Care Packages for Children in Out-of-home Care* (January 2018).

# Commissioner's Policy Insights

During this monitoring cycle, I learnt that for children and young people to be stable and safe in care, attention to the five policy insights below is needed.

## Insight 1: Greater focus on supporting positive relationships for children and young people in care is needed

*Having that person around, doesn't matter who it is, but is there to help and support you.*

**(14-year-old young person)**

Children and young people with a care experience consistently told me about how important positive relationships are to them – relationships with their carer(s), other children they live with, Child Safety Officers, biological family and kin, and other significant people in their lives.

Long-term and stable attachment to a caregiver is essential to the healthy emotional development of a child.<sup>18</sup> A child's Child Safety Officer can play a crucial role in supporting stable attachments for a child by ensuring that they are appropriately placed with a caregiver who meets their needs, and by being responsive to concerns that may arise about the child's safety or wellbeing.

The relationship between a Child Safety Officer and a child or young person in care is crucial. I heard that children and young people in care have found it increasingly difficult to form strong bonds with Child Safety Officers, with many children and young people experiencing frequent changes to their Child Safety Officer or not being allocated a dedicated Child Safety Officer.

Multiple placement changes or poorly matched placements also contributed to children and young people finding it more difficult to build secure relationships with the people who support them.

Children and young people living in residential care can face additional barriers to forming secure attachments because of safety concerns, changing staff, and inexperienced staff.<sup>19</sup> Further, when children and young people do not have safe and secure relationships and attachments that provide them with genuine love and connection in their lives, they can become, as highlighted by the Commission of Inquiry, vulnerable to exploitation.<sup>20</sup>

Children and young people require ongoing support to build and maintain supportive relationships in care. This includes ensuring that children and young people receive adequate psychological support to address the impacts of trauma, including disrupted attachment.<sup>21</sup> Some also require practical assistance (e.g., transport) to maintain relationships that matter to them.

As the out-of-home system adapts and changes in response to the significant reform agenda recommended by the Commission of Inquiry, ensuring children and young people in care are supported to establish and maintain strong positive relationships must be at the heart of reform. At a minimum, this means that all children and young people in care must have an individual Child Safety Officer who they know, and who supports them to identify, develop, and maintain safe relationships with other people who matter to them.

19. Institute of Child Protection Studies, Tim Moore, et al., *Report to Royal Commission into Institutional Responses to Child Sexual Abuse* (2016) 75. ('*Safe and Sound: Report into Institutional Responses to Child Sexual Abuse*').

20. Azra Beach, Submission to the *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings* (16 June 2022).

21. Sarah Mayer, Enhancing the Lives of Children in Out-Of-Home Care: An Exploration of Mind-Body Interventions as a Method of Trauma Recovery (2019) 12(4) *Journal of Child and Adolescent Trauma*, 549-560.

18. Holmes, Jeremy, *John Bowlby and Attachment Theory* (Routledge, 2014).

The important role Child Safety Officers play in the lives of children and young people in care, and children and people's experience of no longer having a dedicated Child Safety Officer were explored in my investigation, *A Place at the Table*, which was released in November 2023.<sup>22</sup>

## Insight 2: Greater recognition of the importance of connection to culture for Aboriginal and Torres Strait Islander children and young people in care is needed

*And I'm like 'hey, I kinda wanna learn more about myself'. And they're like, 'you can't be Aboriginal, you're white.'*

(17-year-old young person in care)

It is imperative that the out-of-home care system ensures that Aboriginal and Torres Strait Islander children and young people receive the support they need to be connected to their culture and community.

During this monitoring cycle, I was concerned to hear that some Aboriginal children and young people in care felt that their desire to remain connected to culture was unsupported within the system.

According to national policy, Aboriginal and Torres Strait Islander children and young people in care should be placed in accordance with the Aboriginal and Torres Strait Child Placement Principle (ATSICPP). However, despite encouraging reductions in the numbers of children in care whose Aboriginal status is 'unknown' to the Department,<sup>23</sup> there continues to be a lack of reliable and contemporary data to determine the proportion of Aboriginal and Torres Strait Islander children who are placed in accordance with the

'Placement' element of the ATSICPP.<sup>24</sup> There is still much work that is needed to ensure that the out-of-home care system is able to fully realise the cultural rights of Aboriginal children and young people in care.

To ensure that a child or young person's cultural needs are identified, understood, and met, it is essential that cultural planning is appropriately resourced and prioritised from the beginning of every child's entry into out-of-home care. Highlighting this, during the Commission of Inquiry hearings the CEO of the Tasmanian Aboriginal Centre, Heather Sculthorpe, stated that to date there has been:

*a failure to develop Aboriginal cultural care plans for children in out-of-home care, despite frequent calls for this to occur and offers to assist.*<sup>25</sup>

Upholding the rights of Aboriginal children and young people in care means that the government must work with Aboriginal communities to build their capacity and ensure that families and communities have the support they need to raise their children, and minimise engagement, or further engagement, with the statutory child protection system in Tasmania.

As recommended by the Commission of Inquiry, Aboriginal organisations must be involved in decision making about the care of Aboriginal children and young people (Recommendation 9.15).<sup>26</sup>

22. Commissioner for Children and Young People (Tas), *A Place at the Table: An investigation into a change to the case management of children and young people in care in Tasmania* (Report, 20 November 2023) ('*Investigation: A Place at the Table*').

23. Commissioner for Children and Young People (Tas), *Monitoring Report No. 2 (Second Edition): Key data on Tasmania's out-of-home care system 2020-2022* (Report, 2023) 16-17 ('*Data Monitoring Report (Second Edition)*').

24. *Data Monitoring Report No. 2 (Second Edition)* (n 23) 16-17.

25. Heather Sculthorpe, Submission to Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (15 June 2022).

26. Tasmanian Government, *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings* (Final Report, August 2023) vol 4. ('*Commission of Inquiry*').

### Insight 3: Strengthened supports for and communication with carers and care providers is needed

*We can handle what the kids throw out at us, if we know we have support.*

(Carer)

Carers are vital to the functioning of the out-of-home care system. Approximately 90 percent of children and young people in out-of-home care live in home-based care with a foster or kinship carer.<sup>27</sup> Despite this, I heard that carers and providers that support carers, often feel frustrated, unsupported, and undervalued by the Department.

Carers must be provided with comprehensive information both when a child or young person comes into their care, and during placement, to enable them to support the child or young person effectively and to reduce the risk of a placement breakdown.

I heard that carers find it difficult to access services such as diagnostic health services and disability supports (e.g., through the National Disability Insurance Scheme). While I acknowledge that the provision of these services is not within the immediate control of the Department for Education, Children and Young People, support for carers to ensure timely access to these services is critical and part of the role of the Department.

Through my broader monitoring work, I am aware that kinship carers also often feel unsupported, as they can experience additional barriers to support and training.

Our system must be one in which everyone feels safe and is safe. This can be achieved with a much greater focus on recruitment, support, training, respite, and retention of carers.

While many of the challenges faced by carers around training and support are ongoing, I welcomed the recent work of the Department to prioritise six areas of focus including foster carer recruitment and engagement, among others. I look forward to learning more about the progress made in these, and other, priority areas and the positive impacts which result for children and young people in care and those who care for them.

As the Commission of Inquiry highlighted, children are at increased risk in the out-of-home care system when staff and carers are inconsistently supported.<sup>28</sup> The Department, as system owner, has a responsibility to ensure training and support for all carers. It is also vital that all providers are adequately funded to ensure that they can provide the support that carers need.

It is my view that the implementation of relevant recommendations of the Commission of Inquiry will significantly strengthen the supports for carers and providers.<sup>29</sup>

### Insight 4: Enhanced awareness of and access to individual advocacy and child-focussed complaint handling for children and young people in care is needed

While established relationships are an important way through which children and young people in care can raise concerns, including importantly through Care Teams, additional safeguards are required to ensure their safety. Within the out-of-home care system, this must include access to timely independent advocacy and child-focussed complaint handling mechanisms.

Concerningly, the existing individual advocacy mechanism for children and young people in care, the Child Advocate, was largely unknown to the children and young people that I spoke to. I was also concerned to hear from providers during the monitoring cycle

27. Commission of Inquiry (n 26) vol4 ch 7 14. Table 7.1 93% of children in out of home care in Tasmania by type of placement 2020-2021.

28. Commission of Inquiry (n 26) vol 4 ch 7 2.

29. Commission of Inquiry (n 26) vol 4.



that many of the existing ways for children and young people to raise concerns about their care were not child-focussed.

Consistent with what I heard, the Commission of Inquiry has recommended that in addition to expanding and strengthening existing complaint handling mechanisms, children and young people in care should be empowered to raise complaints in child-focussed and trauma-informed ways.<sup>30</sup>

I also heard from providers that the current Care Concern process is highly variable. To remedy this, much greater oversight of the Care Concern process is required.

Further, it is important that the Department develops and implements a Carer Register to ensure that carers meet the necessary standards and regulations to ensure that children and young people in care live in safe and supportive environments.

It is imperative that these and other relevant recommendations of the Commission of Inquiry are implemented to ensure that every child and young person in care is aware of their rights and has timely access to individual advocacy to support the exercise of their rights. Achieving this will require innovative communication and a commitment, by the Tasmanian Government, to adequate resource allocation into the future.

## Insight 5: Improved case management for children and young people in care is needed

Case management for children and young people in care is intended to provide co-ordinated support and oversight through participation in Care Teams, other supports (e.g., visits by Child Safety Officers), and cultural planning tailored to the individual needs of each child or young person.

During this monitoring cycle, children and young people, carers and providers emphasised that the case management provided by the Department had a significant influence on the stability and safety of placements. I heard that there was considerable variation in whether children and young people were involved in their care planning and, as a result, the extent to which they participated in decisions about their care.

Consultations and engagements for this report took place when the Department was facing significant system pressures and was implementing new ways of working in response to these pressures. What I heard during this monitoring work, including from children and young people, provided the context within which I announced my own motion investigation into the change to case management in Tasmania.



### [A Place at the Table](#)

Throughout 2023, I understand the Department has been developing a new case management model.<sup>31</sup> As this work progresses, it is imperative that it is evidence-based and upholds the rights of children and young people in care.<sup>32</sup> In particular, it must recognise that children and young people are experts in their own lives and that they have a right to be provided with opportunities to participate in decisions that affect them.<sup>33</sup>

30. *Commission of Inquiry* (n 26) vol 4.

31. *Investigation: A Place at the Table* (n 22).

32. Tasmanian Government, Department for Education, Children and Young People, [Your rights as a child or young person in care](#) (Webpage, 21 September 2023) ('*Charter of Rights*') Note: the *Charter of Rights* underwent a graphic redesign 2018.

33. *Investigation: A Place at the Table* (n 22).

# 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, and the Secretary of the Department of Health with a draft of the report on 13 November 2023.

The Department *for* Education, Children and Young People provided an informal response on 27 November, together with a request for a 14-day extension of time. The Commissioner granted the extension. A formal response was received from the Department *for* Education, Children and Young People on 20 December. Representations by the Department have been considered and incorporated into this report as appropriate.

No formal response was received from the Department of Health.



# Response from the Secretary, Department for Education, Children and Young People

On behalf of the Department for Education, Children and Young People (Department), I would like to thank the Commissioner for her report highlighting the views of children, young people, carers and care providers on being stable and safe in out of home care.

We have now been together as a Department for over 12 months, integrating Education with Services for Children and Families and Services for Youth Justice. During this period, we have put significant time and effort into bringing our various services together, ensuring the alignment of operating systems, processes and practices to support us in our work.

In aligning our operations and services, it has become apparent that both Services to Children and Families and Services for Youth Justice have historically experienced inadequate levels of support. We are committed to doing everything we can to ensure that both of these critical services are fully resourced to deliver better outcomes for our most vulnerable children and young people. We are in the early stages of rolling out a range of previously-designed programs and services in these areas, and it is an exciting time to be part of these reforms, along with our partners, including the Commissioner for Children and Young People.

The Department acknowledges that there is always more work to be done to ensure the safety and wellbeing of children and young people involved with Child Safety Services. The recent *Commission of Inquiry into the Tasmanian Government's Responses*

*to Child Sexual Abuse in Institutional Settings*

(Commission of Inquiry) has provided the Department with recommendations to continue to improve, of which many have already commenced.

Two of the most significant factors impacting on the quality of service delivery to children in out of home care is the available workforce and the availability of carers. The Department continues to take intensive action to improve workforce attraction and retention and the availability of a range of care types to support children and young people. I want to acknowledge our workforce and carers for their dedication and commitment. Tasmanian carers make life-changing contributions for children and young people and go above and beyond every day, opening their hearts and minds to understand and respond to what the children in their care need so they can feel accepted, respected, safe and secure.

## Department response by Insight

### **Insight 1: A greater focus on supporting positive relationships for children and young people in care is needed**

*Looking to the future*

The Department acknowledges there is more we can do to build positive relationships for children and young people in care. To this end, we continue working to ensure that all children and young people involved with the Child Safety Service are known, through the platform of care teams and care planning.

We recognise that all children in out of home care must have a care team and a care plan in place to meet their individual needs. This is something we are working hard to achieve. Services for Children and Families has recently undertaken intensive activity to implement its *Care Team and Care Planning Procedure* and a suite of related tools. Care Teams are a case management approach adopted in recognition of feedback over many years that told us we need to create conditions

where children feel empowered, and that we need to stop making decisions for and about children without them. We are also taking action to address consistent feedback from carers that they must be respected, included and supported in their critically important roles.

Care Teams are now the mechanism by which carers are fully engaged in planning and decision making. Carers are central to the process, and can both influence outcomes for children, and receive the support they need.

The ideal care team has the right people in it, including the child or young person. It develops and follows a care plan that is effective and informed by the child's voice, and shares decision making between team members. This forum ensures that the young person is known by a myriad of adults, building connection and positive relationships more broadly and more sustainably than just the Child Safety Officer. The arrangements put in place to provide services to some children and young people through a team-based approach are a risk mitigation measure, applied in response to allocation and workforce challenges. Unfortunately, this has meant that some children do not have an individual case worker. They are, however, supported by a dedicated team in which multiple staff are available to support them and their carers, as required.

These temporary arrangements were put in place with the aim of keeping all children safe during a very challenging period. At the same time, the Child Safety Service has delivered its other responsibilities, including keeping children with their families with intensive support, and restoring children to their families, wherever this can be safely achieved.

The Department will continue to implement care teams and care planning as the approach to meeting a child's needs across all the wellbeing domains, incorporating the voice of the child.

## **Insight 2: Greater recognition of the importance of connection to culture for Aboriginal and Torres Strait Islander children in care is needed**

### *Looking to the future*

The Department is committed to implementing all elements of the Aboriginal and Torres Strait Islander Child Placement Principle; however, we acknowledge there is still work to be done. Work will be furthered through a range of activities, including partnerships with Aboriginal Community Controlled Organisations, professional development and potential legislative change through the review of the *Children, Young Persons and Their Families Act 1997*.

The Department is working to ensure that Aboriginal and Torres Strait Islander children and young people receive culturally safe, trauma-informed services to prevent entry into out of home care, reduce risk of experiencing harm while in care, increase their agency and enable healing through connection to community and culture.

Active efforts are made to identify Aboriginal children and families at the first point of contact with the *Strong Families, Safe Kids Advice* and Referral Line (ARL), and to connect with kin or a representative Aboriginal organisation. There are two Aboriginal Liaison Officers within the ARL for this purpose. The Department also funds Aboriginal Community Controlled Organisations to work with Aboriginal families and their children, including providing family support and preservation services.

The Department is currently working with the Tasmanian Aboriginal Centre (TAC) through the Combined Closing the Gap Peak Government Policy Partnership and related Palawa Child Safety subgroup. Current activities include developing cultural awareness training specifically for Child Safety staff, co-designing policy advice for staff, identifying families for case management by the TAC and ensuring representation in decision-making for Aboriginal children and families.

### **Insight 3: Strengthened support for and communication with carers and care providers is needed**

#### *Looking to the future*

The Department is currently working towards establishing an Accreditation Framework and Carers Register, which will improve the safety and quality of care for children and young people in out of home care. The first step in developing an Accreditation Framework is the development of Tasmanian Out of Home Care Standards, which were released in August 2022. The Accreditation Framework will be a formal system of regulation, supporting providers to meet and maintain prescribed standards of care, to ensure carers are the right people, with the right skills to care for children and young people. The Accreditation Framework and Carers Register will be developed and implemented in stages to give our service providers and carers time to prepare for and adjust to new ways of reporting.

The Department and non-government out of home care providers provide many supports to carers. This includes:

- Financial support – facilitating access to additional payments for ongoing needs – either needs of the child or their own needs as a family; and once-off or short-term payments for unexpected costs.
- Practical support – such as housing, transport, cleaning and maintenance and accessing child-care.
- Facilitating respite – which can be constrained by the availability of respite carers.
- Crisis support, emergency accommodation, transport and relief funds.
- Referral and support to access specialists such as counsellors (Employee Assistance Programs).
- Liaison between the Child Safety team and the carer and/or their care provider to support good relationships and communication as a foundation

to planning and to overcome shared challenges.

- Direct advice, one-on-one training, education and referral to additional formal training to resource carers with the knowledge and skills they need to support the children in their care.
- Family Preservation Service Supports – provides education and practical assistance to parents/caregivers and the child or young person, to keep them connected and improve stability of the family for the long-term.
- Support to Foster and Kinship Carers Association Tasmania (FKAT) which provides supportive services to foster and kinship carers.

The Foster Care – *The Difference is You* campaign has been launched recently to encourage potential carers to take the next steps to become a foster carer. We know there are people in our community who could be the critical difference in a child's life, and the campaign has been developed in collaboration with existing carers who have been able to convey the challenges and examples of how incredibly rewarding it can be to provide a safe and loving family for a child who can't be with their parents.

### **Insight 4: Enhanced awareness of and access to individual advocacy and child-friendly complaint handling for children and young people in care is needed**

#### *Looking to the future*

Ensuring children and young people are known, heard and included is central to everything that the Department aspires to do.

The Department acknowledges the need to do more to raise awareness of and access to individual advocacy and child-friendly complaint handling for children and young people in care. To this end, through the Child Advocate, we will develop an Empowerment and Participation Framework to promote and build our capacity to involve children and young people in decisions that affect them at both individual

and system levels, as recommended by the recent Commission of Inquiry. With the involvement of lived experience advocates, the framework will guide the design, establishment, and facilitation of an out of home care advisory group for the Department.

We have also commenced the creation of a departmental Complaints Management Oversight unit, which will sit within the Office of the Secretary and will be established in a way that the best interests of children and young people are considered and met across all aspects of complaint management.

Concerns or issues arising in care are addressed through the care team, following a *Wellbeing in Care* Procedure. Serious concerns involve Mandatory Reporting and police referral, and are managed in line with legislation, operational procedures and the State Service Code of Conduct. In these circumstances, the care plan will include safety planning and therapeutic responses for the child, which are regularly reviewed. The care team is the key forum for addressing wellbeing concerns.

The Department is also currently developing a care team governance structure and escalation protocol, so that unmet needs and systemic issues for children in out of home care can be escalated to a Board of Secretaries. The Department has also formed a new Executive Committee, the Statutory Guardian's Committee, to ensure the Secretary knows the young people in his care and can monitor the outcome of complicated wellbeing concerns.

Child Safety Services' new Practice Approach, *Feel Safe, Are Safe*, is premised on a rights-based model of participation for children and young people. This aligns with the *United Nations Convention on the Rights of the Child* and recognises that children and young people have the right to participate and be heard when decisions are made about issues that affect their lives.

## **Insight 5: Improving case management for children and young people in care is needed**

### *Looking to the future*

The Department acknowledges the need for us to improve case management for children and young people in care. As part of our approach, we have recently developed and published *Our Practice Approach, Feel Safe, Are Safe*, which sets out practice standards that staff are expected to uphold, working collaboratively to put the needs and rights of children and young people first. The approach is designed to provide consistency in the quality of child safety practices by explicitly stating practice standards, expectations and accountabilities for staff and how these are demonstrated.

These measurable standards will be the foundation for quality assurance under a new Quality Improvement System, which will be implemented in 2024. The process will include seeking and reviewing feedback from children, young people, families, and carers about how they have experienced our services and what they recommend we could do to improve.

A workforce strategy for Services for Children and Families to increase availability of staff, promote staff wellbeing and ensure staff have the right skills, knowledge and attitudes is also being developed to ensure children and young people are supported by skilled, capable, and supported professionals within safe, child-centred services.

The ideal state of having an available primary worker for every child is one we all aspire to. In the context of workforce shortages, this is complex, and the Department will continue its intensive work to address workforce supply, attraction and retention to increase the number of available staff.

A design challenge is structuring services in a way that maximises the ability for children and young people to form trusting and secure relationships with staff, but does not create a false perception of permanency relating to the one worker, to the exclusion of other potentially sustainable and supportive relationships with professionals and informal supports. The Department is currently expanding its range of specialist support functions and roles within the Child Safety Service. This is based on areas in which it is known that children and young people will benefit from extra support. These roles include Youth Workers and Disability Liaison Officers.

To coincide with the changes to out of home care service delivery recommended by the Commission of Inquiry, the Department will initiate a project to review its service delivery model. The recommendations of the Commissioner of for Children in her report 'A Place at the Table' have been accepted and will inform the development of an evidence-based approach to case management that upholds the rights of children and young people in care. This new model will be developed with the participation of children and young people with a care experience.



# Chapter 1: Background and structure of this report



My job is to listen to what children and young people have to say, and to speak up to make sure people hear what they need. This includes keeping an eye on what is happening for children and young people in care. That's why I'm talking to you. I want to know how well the system is working for you and other kids who are in care. I want your help to understand – are we getting it right? Are kids in care doing well, and getting what they need to have a good life?”

---

Leanne McLean,  
Commissioner for Children  
and Young People



## Why this report

It is generally agreed, including by the Tasmanian Government in its *Child and Youth Wellbeing Strategy*, that it takes a village to raise a child.<sup>34</sup> All Tasmanian children and young people should have what they need to grow and thrive. Children and young people feel loved, safe and valued when they:

- have a safe, stable and supportive home environment,
- have positive, trusted relationships with other people,
- feel safe, secure and protected at home, in the community and online,
- have a voice and the ability to raise concerns and have these concerns addressed,
- feel valued and respected by teachers and other adults in their life and know that they are important to others, and
- feel safe about their future, the environment and climate.<sup>35</sup>

For children and young people in care in Tasmania, access to what they need to grow and thrive is in large part reliant on the out-of-home care system. As Commissioner for Children and Young People, it is my job to monitor the wellbeing of all children and young people in Tasmania, including children and young people who are in care.<sup>36</sup>

The Out-of-Home Care Monitoring Program (the Monitoring Program) was set up following a recommendation by former Commissioner Morrissey for external, independent monitoring of the Tasmanian out-of-home care system.<sup>37</sup> The Tasmanian Government committed resources for the Monitoring Program in the 2017-18 State Budget.<sup>38</sup>

My role in monitoring the out-of-home care system includes seeking to hear the experiences of children and young people currently in care, and those with a care experience. I do this by speaking directly to children and young people with a care experience, and hearing from other people who support and work with children and young people in care including foster and kinship carers, out-of-home care providers, and the Department.

My monitoring is called systemic monitoring, which means I examine how the system is working to make sure the rights and wellbeing of children and young people in care are upheld. If I identify problems with the system, I advocate for change by telling the Government, and others, about what needs to change to make sure children and young people in care are well cared for and have what they need for a good life.

It is not part of my job to investigate individual complaints or to advocate for individual children and young people in care, unless the relevant Minister asks me to do so.

The Monitoring Program currently consists of four parts, as shown in Table 1 on the next page.



34. Tasmanian Government, *Child and Youth Wellbeing Strategy: It takes a Tasmanian village* (Strategy, 2021). ('Wellbeing Strategy').

35. *Wellbeing Strategy* (n 34).

36. *Commissioner for Children and Young People Act 2016* (Tas) s3, s8. ('CCYP Act').

37. *CCYP Act* (n 36).

38. The Treasurer the Honourable Peter Gutwein, 'Building Tasmania's future' (Budget Speech, Parliament of Tasmania House of Assembly, 25 May 2017) Second Reading of the Consolidated Fund Appropriation Bill (No.1).



**Table 1: Overview of CCYP Out-of-Home Care Monitoring Program**

Part of the Monitoring Program	Primary focus
<b>A: Regular Data Monitoring</b>	Regular data monitoring of out-of-home care in Tasmania. My most recent data reports were released in March 2023 and a second edition was released in July 2023.
<b>B: Thematic Monitoring</b>	<p>Exploring a theme from the <i>Tasmanian Child and Youth Wellbeing Framework</i> with children and other relevant stakeholders.</p> <p>In October 2019, I released <i>Monitoring Report No. 1 The Tasmanian Out-of-Home Care System and 'Being healthy'</i>.</p>
<b>C: Responsive investigations</b>	<p>As Commissioner, under section 11(2) of the <i>Commissioner for Children and Young People Act 2016</i> (Tas), I have the power to do all things necessary, or convenient to perform my functions. These functions include, among others, investigating, and making recommendations in respect of:</p> <ul style="list-style-type: none"> <li>• the systems, policies and practices of organisations, government, or non-government, that provide services that affect children and young people</li> <li>• the effects of any legislation, proposed legislation, documents, government policies, or practices or procedures, or other matters relating to the wellbeing of children and young people.</li> </ul> <p>Under section 11(3) I may also investigate, or review, a matter in any manner considered to be appropriate, and may hold an investigation, or review, under this Act in public or in private.</p>
<b>D: Monitoring of the Tasmanian Government's implementation of the Commissioner's recommendations to strengthen Tasmania's out-of-home care system</b>	This monitoring is ongoing.



This report is an output of my thematic monitoring (Part B) under which I have explored themes from the [Tasmanian Child and Youth Wellbeing Framework](#). This Framework consists of six domains of child and youth wellbeing including:

- Being loved and safe
- Being healthy
- Participating
- Having material basics
- Learning
- Having a positive sense of culture and identity.<sup>39</sup>

This report shares my exploration of the wellbeing domain of 'Being loved and safe' (now understood as 'Being loved, safe and valued').<sup>40</sup> In doing so, I have focused on how children and young people in care experience stability and safety when they are in care. I also looked at what I call a cross cutting theme of participation.<sup>41</sup> This means that alongside the topics of stability and safety I explored how children and young people in care are active participants in their own lives, including how they can share their views and have a say in decisions that affect them.

## What does stability, safety, and participation mean?

A child or young person's experiences of stability and safety in care can be closely connected. For example, if a child or young person has a stable placement this may enable them to form and preserve meaningful connections with the people in their lives, including carers, family, friends, and the community. These connections may in turn contribute to a child or young person being and feeling safe while they are in care.<sup>42</sup>

**Stability** is about the amount of consistency and continuity a child or young person experiences in their living environment and in their relationships, including maintaining a consistent caregiver, placement, school attendance, and community engagement.<sup>43</sup> If children and young people experience stability in care, they are more likely to have better mental health, greater educational achievement, and improved social and emotional wellbeing, compared to children and young people who experience instability, like frequent placement changes or disruptions.<sup>44</sup>

There are different ways to look at stability, including by exploring a child or young person's individual, or subjective experience of being in care, such as their feelings of stability, security or attachment to their caregiver/s, home, and community.

Stability may also include cultural components. For example, for Aboriginal or Torres Strait Islander children and young people, stability is grounded in their connection with family, kin, culture and country.<sup>45</sup>

Stability can also be considered in terms of a child or young person's 'placement trajectory'.<sup>46</sup> This includes several objective measures such as the number and duration of placements a child or young person experiences during their time in care.<sup>47</sup>

**Safety** is about whether a child or young person is and feels safe in care and can include:

39. Tasmanian Government, *Tasmanian Child and Youth Wellbeing Framework* (2018) 5.

40. The Tasmanian Child and Youth Wellbeing Framework (published 2018-2019) did not include the term 'valued'. In 2021 *The Nest*, published by the Australia Research Alliance for Children and Youth (ARACY) was amended to include the term 'valued'. Subsequently, the Tasmanian Government included this expression in the *Child and Youth Wellbeing Strategy* (August 2021).

41. Commissioner for Children and Young People, *Monitoring Plan: 'Being Loved and Safe'* (Out-of-home Care Monitoring Program, 2021) ('Monitoring Program: Loved and Safe').

42. Philip Mendes, Badal Moslehuddin & Chris Goddard, 'Improving the Physical and Emotional Health of Young People Transitioning from State Out-of-home Care' (2008) 20 *Developing Practice* 33-40.

43. CREATE Foundation, 'Being in care in Australia: Five Years After the National Standards - Young person's Report' (2018).

44. Australian Institute of Family Studies, Claire Farrugia & Nerida Joss, *What Contributes to placement moves in out-of-home care* (Child Family Community Australia Paper No 61, 2021).

45. Secretariat of National Aboriginal and Island Child Care (SNAICC), *Achieving stability for Aboriginal and Torres Strait Islander children in out-of-home care* (SNAICC Policy Position Statement, July 2016).

46. Tania Withington, Judith Burton, Bob Lonne & Areana Eviers, 'Carer perspectives of factors affecting placement trajectories of children in out-of-home care' (2016) 65 *Children and Youth Services Review* 42-50.

47. Judith Cashmore & Marina Paxman, 'Predicting after-care outcomes: The importance of "felt" security' (2006) 11 *Child and Family Social Work* 232-241; NSW Government Family & Community Services, Fred Wulczyn & Lijun Chen, L. 'Placement Stability: Pathways of Care Longitudinal Study' (Association of Children's Welfare Agencies Conference Presentation, 17 August 2016).

physical safety: where a child is protected from harm, abuse, neglect and is able to live in a safe environment free from hazards and potential risks.

emotional safety: where a child or young person is safe to express their emotions, take risks, and engage in new experiences.<sup>48</sup>

cultural safety: a child's cultural identity, values, and traditions by ensuring an inclusive environment that addresses their cultural needs, promotes cultural connectedness, and fosters a sense of belonging.<sup>49</sup>

For Aboriginal and Torres Strait Islander children in care, cultural safety also encompasses:

*... the child being provided with a safe, nurturing and positive environment where they are comfortable with being themselves, expressing their culture ... their spiritual and belief systems, and they are supported by the carer and family.*<sup>50</sup>

**Participation** is about ensuring that children and young people in care have the opportunity to share their views and have a say in decision-making about matters that affect them.<sup>51</sup> The participation of a child or young person in decisions about their care can positively affect their stability and safety while in care.<sup>52</sup> The right of a child or young person to participate is recognised by the [Charter of Rights for Tasmanian children and young people in out-of-home care](#). Right 3 of the Charter states:

48. Stephanie S Frederick, Abbey J McClemon, Lyndsay N Jenkins, & Michael Kern, 'Perceptions of Emotional and Physical Safety Among Boarding Students and Associations with School Bullying' (2021) 50 (2-3) *School of Psychology Review* 441-453.

49. Australian Human Rights Commission, *Cultural safety for Aboriginal and Torres Strait Islander children and young people: a background paper to inform work on child safe organisations* (Background Paper, January 2018); Victorian Commission for Children and Young People, *Safety of children from culturally and linguistically diverse backgrounds* (Tip Sheet: Child Safe Organisations, February 2021).

50. SNAICC – National Voice for our Children, [Foster their Culture: Caring for Aboriginal and Torres Strait Islander children in out-of-home care](#) (Education Resource, 2008).

51. 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'); Charter of Rights (n 32) right 3.

52. Monitoring Program: Loved and Safe (n 41) 7.

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

## Who did I hear from about stability, safety and participation?

It was important for me to hear the views and experiences of the people most closely involved in the out-of-home care system, including children and young people with care experience, carers, non-government out-of-home care providers and the Tasmanian Government.

The Department is the system owner and the provider of placements for children and young people in care. During this monitoring cycle, I met separately with those in the Department in its role as provider and system owner. In the time between the commencement of this monitoring cycle and the report being drafted, there has been a substantial machinery of government change affecting the operation of the Child Safety Service including the out-of-home care system. In October 2022, the responsibility for the Child Safety Service, including the out-of-home care system, transitioned from the Department of Communities to the Department for Education, Children and Young People.

To ensure that this report reflects this change, and to ensure that the information contained in this report is contemporary and accurate, I provided the Department with the opportunity to respond to this report (see page 19).

Where relevant, this report also includes views of other stakeholders, including health professionals who support and work with children and young people in care.

Further information about how we consulted with each of these groups and what they said is included in Chapters 2 to 4 of this report.

## Understanding what I heard: qualitative analysis

This report provides the results of conversations I had with a range of stakeholders on being safe and stable in the out-of-home care system.

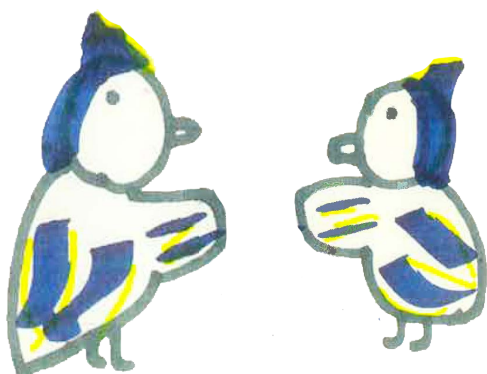
More than 50 children and young people with a care experience participated in consultations and engagement activities that contributed to this report.

This report also includes the views and experiences of 25 carers and 15 non-government providers of out-of-home care services and other stakeholders.

Participants' responses to semi-structured interview questions were recorded and transcribed. Focusing on each stakeholder group in turn, I analysed the responses for emergent themes of stability and safety. Through the process of systemically organising and interpreting the data, I identified key themes within responses to each question. A software program, *NVivo 12*,<sup>53</sup> was used to identify and analyse themes within the text. These themes are reported in the following chapters, with reference to illustrative quotes.

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53. QSR International, NVivo 12, released 2017.





# Chapter 2: Children and young people

Aged from 2 to 21 years

Approximately 55 children and young people participated in consultations and engagement activities.

All children and young people who participated had lived experience of out-of-home care. This included:

Consultations occurred state-wide

foster care

residential care including 'Special Care Packages' and 'group homes'

kinship care

Approximately 30 children and young people participated in art workshops

10 young people met with me for an online chat

9 children had a 1 on 1 chat with me

I visited 3 young people who lived together in their residential care group home





## Listening to children and young people in care

This chapter is about how children and young people in care experience 'Being loved and safe'. Children and young people were asked to share their views in a way that was comfortable for them. Across all conversations, children and young people shared their views and experiences about what they, and other children and young people in care, need to have a stable place to live and to feel safe and happy. In this chapter, I also include a special focus on what children and young people told me about having their voices heard in the system.

### What I asked and how

In engaging children and young people with a care experience about the theme of 'Being loved and safe' in care, I focused on three main questions:

- What do children and young people in care need to feel safe and happy?
- Is it important to have a stable place to call home? Why?
- What does a stable home look and feel like?

Guided by a trauma-informed approach, I found ways to engage with children and young people that worked for them. To support children and young people in care during this engagement, I worked with individuals and organisations that had existing relationships with children and young people in care. This included the CREATE Foundation, Foster and Kinship Carers Association Tasmania (FKAT), and out-of-home care providers.

I offered children and young people several different ways to participate, including one-on-one discussions, online focus groups with peers, art workshops, and home visits. Informed by their individual needs, my interactions with children and young people

included play-based activities, art, games, and casual conversations. I explained to children and young people what I wanted to talk about and asked for their consent.<sup>54</sup> I asked children and young people if I could use their quotes or artwork in our publications, like this report, without identifying who they were. I asked children and young people to share only what they felt comfortable with. I made sure that children and young people had support and were aware of referral pathways if they wanted or needed to access further supports.

There were limitations to the information shared during the consultation and engagements with children and young people. Some children and young people preferred to talk about other topics that mattered more to them, avoided uncomfortable subjects, or chose to end the conversation before all the questions were asked. Further, most of the quotes used in this report are from children and young people over the age of 12, as most of the younger children preferred to engage in art activities (see Box 1 on next page).

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54. General consent was sought and provided by the guardian prior to consultations and engagement activities.





*Pictures from the launch event in Queenstown*



*Book Front Cover*

## Box 1: Ok, So a nest is a home

In June 2022, I released the book [‘Ok, so a nest is a home: Views and experiences of Tasmanian children and young people in out-of-home care’](#). This book includes artwork, writing and quotes shared by children with care experience in response to the theme ‘Being loved and safe’.

Together with Libraries Tasmania, I ran multiple book launches around the state to raise awareness about the book. Events were held in Hobart, Launceston, Huonville, Penguin, Longford and Queenstown. Young people with care experience spoke at the major launch in Hobart, which was incredibly powerful. Copies of the book were supplied to all libraries in the Libraries Tasmania network and provided to non-government care providers to give to children and young people in care. In addition, my office worked with the Department to directly mail the book to children and young people in the care of the Department.



## Stable: What I heard about stability from children and young people

Children and young people in care told me that it was important for them to have a stable place to call home so that there are fewer things to worry about. A 16-year-old young person in foster care, explained:

*I believe that it is a good thing for [children in care] to have a stable place growing up. They have been taken out of such unstable homes. They can then move into a more stable environment where they do feel loved and they do feel safe. So, for me, I feel like it's important because people in care have enough to worry about as it is, like the stuff they've been through and that. So having a safe and stable home means that's one less thing they have to worry about.*

## Relationships are important in establishing a sense of stability for children and young people in care

Children and young people in family-based care spoke about the importance of the quality of the relationship they had with their foster carer, and their foster carer's personal qualities in providing them with a sense of stability. Several young people spoke of a 'commitment' from their foster carer to them. For example:

*I know with my carer she's very caring and likes having the children to have a stable home more than moving around. Definitely a commitment, yeah, having the carer commit to the child.*

Another young person explained that having a stable home provided them with:

*[a] sense of stability, knowing that you're with a certain person for a significant amount of time and you are not constantly changing.*

Further emphasising the importance of a positive relationship with their foster carer, young people explained that to have a stable home, you need to have foster carers who were 'safe':

*You [have] gotta have carers that aren't abusive and have carers who are good people. So like with the place I've got now, they're great people. Having a safe environment.*

Other young people told me that not having a secure relationship with their foster carer could make a placement feel unstable. Reflecting on her time in care, a young person, who has since left care, explained that she never felt like she had a stable place to call home, because she constantly worried about how her foster carer would respond to her and that 'one wrong move' would leave her homeless.



I also learnt that this kind of worry, and the lack of secure relationship with a foster carer that often underlies it, can lead children and young people to leave a placement and go somewhere they have chosen themselves. This can include putting themselves in risky situations, such as sleeping on the streets or couch surfing.

## Factors affecting relationships between children, young people and carers

When discussing their experiences of relationships, some children and young people talked about the number of other children in a foster care household as a factor that could affect the quality of a relationship between a foster carer and a child or young person in care (see Box 2). A recent care leaver explained:

*... if there's that one-on-one support that kind of patience might not grow thin with the carer. But if the carer has got six other kids, the patience is already very thin and they can't tolerate that [kind of behaviour].*

Children and young people also identified that the presence of the carer's biological children in the household could affect whether a child or young person in care felt like they have a stable place to call home. I heard about experiences where the presence of biological children in a placement was positive, with the relationship described as being like one of 'best mates', and negative, with a biological child being unkind. As one young person explained, for them, this unkindness took the form of:

*mak[ing] us do everything for [them] and stuff like that.*



### Box 2: Number of children in family-based care

Most children and young people in care in Tasmania live in family-based care in private homes including foster care (51.6%) and relative kinship care (41.6%).<sup>55</sup> National data shows that for the period ending 30 June 2022, there were 253 households in Tasmania with a placement:<sup>56</sup>

- 109 (43.1%) households had 1 child placed with them,
- 66 (26.1%) households had 2 children placed with them,
- 65 (25.7%) households had 3-4 children placed with them, and
- 13 (5.1%) households had 5+ children placed with them.

These numbers do not include a carer's biological children.

55. Australian Institute of Health and Welfare, Child Protection Collection (30 June 2022) Table S5.3 Children in out-of-home care, by type of placement and state or territory.

56. Australian Institute of Health and Welfare, Child Protection Collection (30 June 2022) Table S7.2 Foster carer households with a placement, by number of children placed and state or territory.



Children and young people in residential care explained that constant staffing changes, and people moving in and out of the residential house, could affect their ability to have a stable place to call home.

Talking about the impact of constant staffing changes, a 17-year-old young person in residential care explained that having a constant rotating roster of different carers was like being in a hospital with nurses working shifts:

*It feels like a hospital because they do shifts like nurses do, the difference is that [the carer] night shift gets to sleep at 11 o'clock. And once it's 11 o'clock nobody is their responsibility...*

During a conversation with young people living in residential care, at which their carers were also present, I heard that the changes to who is living in the house often occurs suddenly, with varying levels of consultation. For example, one young person stated:

*...I wasn't informed about [name of young person] moving in until the day [name of young person] was moving in.*

## Placement stability influences belonging

Placement stability can also influence a child or young person's sense of belonging. The relationship between stability, safety and belonging was discussed by a 15-year old young person in foster care:

*It [placement stability] can make the child feel more safe and more like they belong if it's stable.*

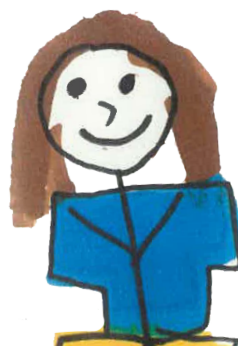
Consistent with research, young people emphasised that, in their experience, stability was also about having a sense of belonging to either a primary carer, or a larger family unit.<sup>57</sup> While not all children and young people in care experience placement stability, many of the children and young people I spoke with had positive experiences of placement stability. For example, a 16-year-old young person in foster care told me:

*I've been in this foster home for 10 years. It's my 10th year. Having this stable home is a good thing.*

Reflecting further on why stability is a 'good thing', a 15-year-old young person in foster care shared that in their view, it was important for other young people in care to have stability because it provided continuity in care, which built trust:

*Having the people there around them that they have been around since they were younger. People that they actually know they can trust.*

57. Lisa Moran, Caroline McGregor & Carmel Devaney, 'Outcomes for permanence and stability for children in long-term care' (2017) UNESCO Child and Family Research Centre 33.





## Connection to culture can also influence belonging

The out-of-home care system supports children and young people from many cultural backgrounds including those identifying as Aboriginal and/or Torres Strait Islander (see Box 3). For many children and young people in care, belonging is about feeling supported to explore and connect with their culture.

I heard from several children and young people that they thought it was important to stay connected to their culture while in care. Explaining this, a 17-year-old young person said:

*I think it's important to keep connected to your culture because then it helps with the sense of belonging. It helps with making the child comfortable in out-of-home care if they have that connection.*

Some children and young people knew of situations where other young people had been placed with a cultural background that was different from their own which affected their sense of belonging. A 17-year-old young person explained:

*I've got a friend that is in care and she is from a different culture and she got put with an Australian family. She hasn't been able to be in contact with people like her and she feels like that she's different to everyone else. I've been trying to explain to her that she's no different to anyone else and that it's just the way that she was born and that hopefully one day she might get to actually explore her culture and understand more about her culture.*

## Box 3: Aboriginal and/or Torres Strait Islander children and young people in out-of-home care in Tasmania

In 2020-2021, two fifths (40%) of children in care identified as Aboriginal and/or Torres Strait Islander.<sup>58</sup> As noted in my *Monitoring Report No 2 (Second Edition)*, Aboriginal and/or Torres Strait Islander children continue to be over-represented in out-of-home care in Tasmania at a rate five times higher than non-Aboriginal or Torres Strait Islander children.<sup>59</sup> While there has been a reduction in the proportion of children in care with an 'unknown' Aboriginal or Torres Strait Islander status, due to improved recording practices by the Department, there remains an enormous amount of work to do to ensure that Tasmania achieves its commitments under the *Closing the Gap* Agreement.<sup>60</sup>

58. *Data Monitoring Report No 2 (Second Edition)* (n 23) 10.  
59. *Data Monitoring Report No 2 (Second Edition)* (n 23) 10.  
60. Tasmanian Government, Department of Premier and Cabinet, *Closing the Gap: Tasmanian Implementation Plan 2021-2023* (Plan, August 2021) ('*Closing the Gap: Tasmanian Implementation Plan 2021-2023*').

Other children and young people spoke about their personal experiences of feeling unsupported to maintain a connection with their culture while in care (see Box 4 on the next page). A 17-year-old young person living in a residential care group home, when asked if they had been supported to connect with their Aboriginal culture, said:

*Nope! I've asked and asked and asked...*

A 16-year-old young person who also lived in residential care, explained that they were 'an Indigenous person' and that they wanted to have 'cultural significant religious items' in their house. This request had been refused:

*I'm an Indigenous person, I should be allowed to have cultural significant religious items in my house if I want them.*



## Box 4: Spotlight on Cultural Plans

The Tasmanian Government has committed to undertaking cultural planning for Aboriginal children and young people in care.<sup>61</sup> Of concern, none of the children or young people I spoke to were aware of a Cultural Plan either separately or as part of their Care Plan. Indeed, one young person was unaware of what a Care Plan was, stating (after I explained what it was):

| *I had no idea that existed. Is that like, everyone?*

Research by CREATE indicates that only 45 percent of children in care aged between 10 and 17 in Tasmania know about their Care Plans.<sup>62</sup> When I asked the Department for information about how it was addressing the cultural needs of Aboriginal children and young people in care, I was advised:

*Delegates within the CSS [Child Safety Service] now only progress requests relating to Aboriginal children where there is evidence of a Care Team that includes Aboriginal representation unless there is agreement by the child or the organisation that this isn't supported. CSS share information with Aboriginal organisations during assessments and through the Care Team process. CSS also share information regarding the child's Aboriginal status and cultural support needs with other relevant members of the Care Team through the process of developing and implementing Care Plans.*<sup>63</sup>

The Tasmanian Government has committed to achieving better outcomes for Tasmanian Aboriginal people in the *Closing the Gap: Tasmanian Implementation Plan 2021-2023 (Closing the Gap Plan)*.<sup>64</sup> Under Target 12 of the *Closing the Gap Plan*, Government has committed to reduce the over- representation of Aboriginal and Torres Strait Islander children and young people in the child protection system by 2031 through the following actions:

- Working with the Peak and Aboriginal community-controlled organisations to build their capacity to take on increased roles and responsibilities in the care and protection of Aboriginal children
- Continuing to promote Aboriginal self-determination, particularly when it comes to ensuring the safety and wellbeing of vulnerable Aboriginal children and young people
- Working in partnership with Aboriginal community-controlled organisations in relation to all planning and decision making for Aboriginal children in the child safety system
- Working in partnership with Aboriginal community-controlled organisations to develop Aboriginal programs to deliver services to support Aboriginal children in the child safety system.<sup>65</sup>

61. *Closing the Gap: Tasmanian Implementation Plan 2021-2023* (n 62) see Outcome 12: Children are not overrepresented in the child protection system, Action 12: The Department... will work in partnership with Aboriginal community-controlled organisations in relation to all planning and decision making for Aboriginal children in the Child safety System.

62. CREATE Foundation, 'Independent Survey Reveals Tas Young People in Care Feel Safe and Secure, but Need More Say in Care plans' (Media Release, CREATE foundation, 3 April 2019).

63. Letter from Secretary Department of Communities Tasmania, Michael Pervan to Commissioner for Children and Young People, Leanne McLean, 18 May 2022.

64. *Closing the Gap: Tasmanian Implementation Plan 2021-2023* (n 62).

65. *Closing the Gap: Tasmanian Implementation Plan 2021-2023* (n 62).

## Stability also influences school attendance and engagement

Children and young people spoke about how their sense of stability, or lack thereof, while in care was linked to their school attendance and engagement. While several children and young people told me about the importance of attending school, I heard that children and young people in care can face additional barriers.<sup>66</sup> For example, one care leaver explained that it was only after they returned to a stable place that they had been able to re-engage with school:

*Since coming back [to the stable placement] I've been going to school ...*

## Stability also includes after care supports

Many of the children and young people I spoke to told me that even if they did have a stable place to call home, knowing that it would end, abruptly, when they turned 18 felt like an enormous threat to their stability. For some young people, anxiety about their transition from care began in their mid-teens. As a 15 year-old young person explained:

*People who aren't in care just know that well, I can just stay here for as long as I need. Whereas being on an 18-year order, you're like well, I could get shipped out as soon as I turn 18. What am I going to do?*

I heard that this was a lot for young people to deal with, as this young person added:

*It is very difficult from what I've heard, to move out, pretty much bang on 18. It's just way too stressful cos [sic] you're also like studying and stuff.*

Going further, a 17-year-old young person told me about the questions that they have about leaving care when they turn 18:

*We're still young. I still wanna be a teenager. I'll be honest, I'm scared about being an adult. My birthday is quite soon. I'm almost 18, right, and moving into a new house is just terrifying in itself, let alone being independent, and like, you don't know what kind of people live around that area, it's like, what if my neighbours are harsh? What are the rules? What can I do? What if there's an emergency? But not so much of an emergency you need to call 000. Like say if you ... don't know how to cook pasta... Like, what do you do?*

Another recent care leaver, who had been homeless several times since leaving care at the age of 18, spoke to me about their disappointment about the lack of support they had received when they left care:

*After Care Support is only financial support, it's not supporting you to find a house, it's not supporting you to learn how to budget or anything like that, that is frustrating. I think we can improve that.*

The lack of available support was also mentioned by another young person:

*I thought [the Department] was going to help out a lot more too; I have gotten all my furniture second-hand, from my school, by the way – they gave me tables, chairs, a sofa bed, a TV. But the rest of the stuff I've had to go and buy myself. Where do I even pull the money for a fridge? I don't get paid that much.*

66. Australian Institute of Health and Welfare, *Educational outcomes for children in care: Linking 2013 child protection and NAPLAN data* (Report, 21 October 2015).

## Safe: What children and young people said about feeling safe and happy in care

Asking children and young people in care about feelings of safety is complex, as many of them have had experiences of being unsafe prior to entering into care and, sometimes, while in care. By asking 'what makes a young person feel safe and happy in out-of-home care', I gave children and young people a choice about how they responded to the question, if they wanted to answer it. Most children and young people chose to tell me about things that they think make young people feel 'safe' in care including feeling physically safe, emotionally safe, and culturally safe.

### Being physically safe is important

A child or young person's physical safety in care is multi-faceted and includes being and feeling safe from abuse and neglect. When I asked them about being safe most children and young people in care talked about their physical environment – what they needed to have a safe space.

Young people in residential care aged between 15 and 17 told me that their feeling of being physically safe related to the security aspects of the house where they lived, including things like:

*... deadlocks on all doors, alarm systems I guess, very thick windows, double glazed windows.*

Other young people told me that because of the location of their house, it was important to them that all the doors and windows were locked. While this meant that they were 'occasionally' locked out, they told me that they did not mind because they believed that the safety benefits outweighed the inconvenience of being locked out. A young person said:

*It's definitely a lot safer considering we're in [name of suburb].*

Other young people I spoke to considered some of the security measures to be a double-edged sword and it only 'kind of' or 'mostly' made them feel safe because it also meant that they could not get out at night.

Highlighting why this was a concern, a young person explained that while the house had two fire exits:

*They're both always deadlocked with a key.*<sup>67</sup>

The need for physical security was also felt by another young person who lived in residential care. A 16-year-old young person emphasised the need for more overt security measures. As they explained, they did not feel safe because they did not think their carers would:

*jump in and do anything if something bad happens ...*

Because of this, they wanted more security. As the young person further explained:

*Yeah, like maybe some gated fences or something up around this part to stop people from coming up, and maybe some security bars on the windows. I'd like that a lot.*

This young person also explained that their concerns occurred in the context of living next door to a neighbour who made them feel unsafe:

*[he] called me a slur [sic] and I don't really like that. He's been borderline aggressive and threatened to bash me too and he's a full-grown man.*

67. Note: The Commissioner spoke to the provider to ensure that this issue was immediately addressed and fully considered in future safety planning procedures.

For this young person, their need for a greater sense of physical security included a concern about not being able to lock their bedroom door, although they were able to lock other doors in their residence including the front door and the bathroom door. They explained:

*I've got locks to my front door and my bathroom but [if you have a look] all the locks and shit in my room and stuff have been removed. Just look on the doors and stuff. I want to be able to have locks. I want to be able to lock my own door. I want to be able to have my own key to lock my stuff.*

I also heard from a young person with a disability living in residential care that feeling physically safe for them was also about having a say about who supported them and how that support was provided (see Box 5).

## Having privacy is important

When talking about physical safety, a young person explained that they did not have privacy in their residential care placement. They explained that carers were able to enter their unit whenever they wanted. When I asked if they could go to their carers' residence, they said:

*No, but I can knock on the door and ask them. So, they have rights to privacy that I don't. Only some of them knock, the others just come in whenever the fuck they want.*

The importance of privacy was also emphasised by a 15-year-old young person in foster care. Explaining the importance of having their own room, they stated:

*Um, so own room is like, good for your own privacy, the way you do things as well. Cos um, with like sharing a room, it can be like really stressful and stuff. Um and sometimes you just want your own space and it gets overheated and then arguments and stuff, not fun. Umm and also your own space is good for like, if you just need to calm down. You've got your own little space to get your head back into gear and stuff which is good. And it's difficult if you're sharing space, because uh, if you're in the same space, you can't exactly just let your thoughts go. Cos there might be something you want to get off your chest that uh, so you might talk to just a teddy or something, to like, clear your head and stuff. But if someone else is in the room, and you say something that you don't really want them knowing about, it can just escalate from there.*

## Box 5: Experience of safety for young person with disability living in residential care

A young person with a disability explained they felt very vulnerable living in residential care. They described having strangers coming in and helping with personal tasks, stating that they did not like this at all. When I met this young person, they had recently moved to a Special Care Package funding arrangement. They were living alone with supports funded by the National Disability Insurance Scheme. This arrangement was working much better for them. They described the importance of having a say in who their support workers are and how the supports are provided.

This is important to highlight because, in 2022, at least one in five children in care in Tasmania had a recorded disability.<sup>68</sup> Children with disability face a much greater risk of abuse and violence than people without disability.<sup>69</sup>

68. Australian Institute of Health and Welfare, *Child Protection Collection* (30 June 2022) Table S5.8 Children in out-of-home care, by disability status and state or territory. Note: according to Table S5.8 the disability status of 35.9% of young people was 'not stated' and therefore unknown to the Department.

69. *Royal Commission in Violence, Abuse, Neglect and Exploitation of People with Disability*, (September 2023).



## Having emotionally safe placements is important

Emotional safety refers to perceptions that a person is safe to express their emotions, take risks, and engage in new experiences.<sup>70</sup> Among children and young people that I spoke to, feeling safe and happy in care was about belonging, being supported, and having someone that they trust.

## Belonging is important to feel safe

There is a close relationship between a child or young person developing a feeling that they belong and the stability of their care placement.<sup>71</sup> Highlighting the importance of belonging, belonging was raised by children and young people in relation to stability as well as safety. For example, a 16-year-old young person told me that feeling safe in care was about:

| ... knowing that you belong.

Another 16-year-old explained the importance of being told and shown that they belonged:

*I think if I were to feel safe and happy in a home especially in my home, something that makes me feel happy and safe is knowing that I do belong. I know that sounds pretty cliché, but it's kind of like having the people around you to support you. It can be with schoolwork, it can be 'hey do you need help with schoolwork?' It can be just knowing that you belong there, and you are not just a foster kid. Even my foster mum goes to the extent of saying that I'm hers.*

I heard that the words people use are important when communicating to children and young people in care

that they belonged. For example, a 16-year-old young person explained:

*I have two other sisters, so she [foster carer] says they're 'my girls' and that kind of makes me feel like I belong in that home. I know that it's not for everybody and not everybody is as lucky to have that connection. I think just knowing that you belong somewhere, and you have those people to talk to if need be.*

A 15-year-old young person talked about the importance of having choices in the words that were used:

*My carer gave me the choice of what to call her, so I could have called her aunt or mum, which I did [call her Mum]. Having the option of choosing if you want to call your carer by their first name or another title.*

For some young people, knowing that they belonged was about whether they felt they were 'treated fairly' compared to the other children and young people who lived in the household. Explaining this, a 15-year-old young person said:

*[It's about whether] [y]ou are being treated fairly to the other kids. Like if you see that your foster carer gives their real kids something, but then they give you the same thing and not exclude you because you're not theirs.*

Providing another example, a 17-year-old young person shared that, for them, actions that showed them that they belong were important, like giving them a house key. They explained:

*Give them a key so they can get in if they come home before you, or like helping them decorate their room, showing them that this is actually permanent, not you're just kinda talking about it.*

70. Stephanie S Frederick, Abbey J McClellmont, Lyndsay N Jenkins, & Michael Kern, 'Perceptions of Emotional and Physical Safety Among Boarding Students and Associations with School Bullying' (2021) 50 (2-3) *School of Psychology Review* 441-453.

71. Lisa Moran, Caroline McGregor & Carmel Devaney, 'Outcomes for permanence and stability for children in long-term care' (2017) *UNESCO Child and Family Research Centre* 33.

While it was good to hear from children and young people about their positive experiences of feeling like they belonged, other children and young people in care shared a different experience. For example, I heard from a recent care leaver that while they were in care, they often felt like they could become homeless:

*I was always very very defensive because it was always on the back of my mind, whenever we got into a little tiny argument with my carer, I'd immediately be like, 'are you kicking me out?' and she'd be like 'no, but if you continue doing this and acting this way, I will.'*

## Supporting a child or young person can help them feel safe

Children and young people told me that to feel safe in care, they needed to have someone who supported them, although who this person was depended on the child or young person. For some young people in care, the person who supported them could be anyone, it was just important that there was someone, an adult, who was there for them. A 14-year-old young person explained that what they thought mattered for children and young people in care was:

*[h]aving that person around, doesn't matter who it is, but is there to help and support you.*

Expressing a similar view, a 15-year-old young person explained:

*It doesn't really matter who they are, just as long as they have someone who is there for them, in that aspect.*

This young person further explained that:

*... like a lot of kids in care, they don't have an adult they know they can talk to about anything – which is kind of sad really cos that's how a lot of kids in care fall into the trap of depression and stuff cos they don't have anywhere else to go.*

For other young people, their support person was their carer. For example, a 17-year-old young person talked about feeling safe because they felt that their foster carer was there to support them and would be 'in their corner'. As they explained:

*... feeling like that you can talk to the carer without them just going, oh yeah that's ok and then leaving it. Or like when you're getting bullied and stuff at school when they tell you to just deal with it and ignore it. Knowing that they're gonna actually try and do something about it to stop, feeling like you have somebody in your corner.*

As well as speaking about the role of carers in providing the support they needed to feel safe, several young people spoke about the role of Child Safety Officers. Describing this, a 17-year-old young person told me about the benefit of receiving support from their Child Safety Officer as well as their foster carer:

*Some of the things that make me feel safe, cause I think that when you think about it statistically, a lot of young people have had very traumatic things happen to them. So, one of the big things as well as having a constant person is knowing that people understand what's happening in your head. So, if I get triggered and I get overloaded sometimes [with] too many sounds, too many things going at once. I have to actually stop everything that I'm doing and just calm my head down a bit. Knowing that the people around me like my carer and my case worker understand that and that they're actively trying to help me with that makes me feel really safe.*

When speaking about their experience of safety while in care, a 15-year-old young person explained that they and their sibling felt 'very lucky' to have had the same Child Safety Officer for almost a decade. This young person said that in the past, they had experienced a high turnover of Child Safety Officers with the result that they 'didn't really have that support'. They



contrasted this with their current Child Safety Officer who had 'been amazing'. It was evident however, from other young people that I spoke to, that there was considerable variability in how supported children and young people in care felt by their Child Safety Officer. A 17-year-old young person explained:

*I've had caseworkers and carers who either blatantly haven't believed me or have made it a lot worse. Those placements have never felt safe because what if that happens again. I think it's important to have a constant person, because it's in our nature to want to have somebody that's always there for us.*

A 16-year-old young person living in residential care supported by a Special Care Package, expressed anger when discussing the limited support provided by their Child Safety Officer:

*I haven't fucking seen [my Child Safety Officer] in maybe a year or so... I told [my Child Safety Officer] not to come to my private residence. I don't care if he comes now.*

There can be a difference between the safety of children and young people who are in family-based care and those in residential care (see Box 6).

## Box 6: Safety in residential care

In Tasmania, only a small proportion of children and young people (6.2%) live in residential care (also called salaried care and therapeutic residential care, see Definitions).<sup>72</sup> Residential care provides care for children and young people who are often highly vulnerable.<sup>73</sup> Children and young people in residential care report feeling less safe than children in family-based care,<sup>74</sup> they often experience many placements,<sup>75</sup> and are more likely to experience child sexual abuse than children in family-based care.<sup>76</sup> The behaviour of other children within residential care placements has also been identified as a significant safety risk.<sup>77</sup>

72. Australian Institute of Health and Welfare, *Child Protection Collection* (30 June 2022) Table S5.3 Children in out-of-home care, by type of placement and state or territory.

73. *Safe and Sound: Report into Institutional Responses to Child Sexual Abuse* (n 19) 13.

74. *Safe and Sound: Report into Institutional Responses to Child Sexual Abuse* (n 19) 13.

75. CREATE Foundation, 'Being in care in Australia: Five Years After the National Standards - Young person's Report' (2018).

76. Saskia Euser, Lenneke Alink, Anne Tharner, Marinus van IZendoorn, & Marian Bakermans-Kranenburg, 'The prevalence of child sexual abuse in out-of-home care: a comparison between abuse in residential and in foster care' (2013) 18(4) 221-231 & Victorian Commission for Children and Young People, *In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system* (Report, 2019) 14.

77. Victorian Ombudsman, *Investigation into complaints about assaults of five children living in Child Protection residential care units* (Report, October 2020).

## Having someone to trust can help young people feel safe

Trust was identified by several children and young people in the context of what makes them feel safe in care. Children and young people told me that often it does not matter who the person they trust is, it is just important to have someone they can trust. As a 15-year-old young person said, what mattered was:

*Having the people that you can trust to talk to about anything.*

Similarly, a 16-year-old young person shared:

*I think just having it [a person you can trust] doesn't matter who it is. It can be like this random person that just come visit you every week. Just having that one person that you can trust and is really reliable. I think that's really important. It could be like a best friend, it could be an animal if you really wanted it to be.*

Another young person shared that, for them:

*I just think having anyone you can talk to. It could be that you're not even talking to them but just knowing that somebody is there, for me it's my carer cause I can trust my carer. I can trust my sister or my foster sister, so I do have people, but I think as a broad thing for kids in out-of-home care, I think that's something really important.*

Several children and young people explained that their trusted person was their carer or their Child Safety Officer. Describing this, a 16-year-old young person explained:

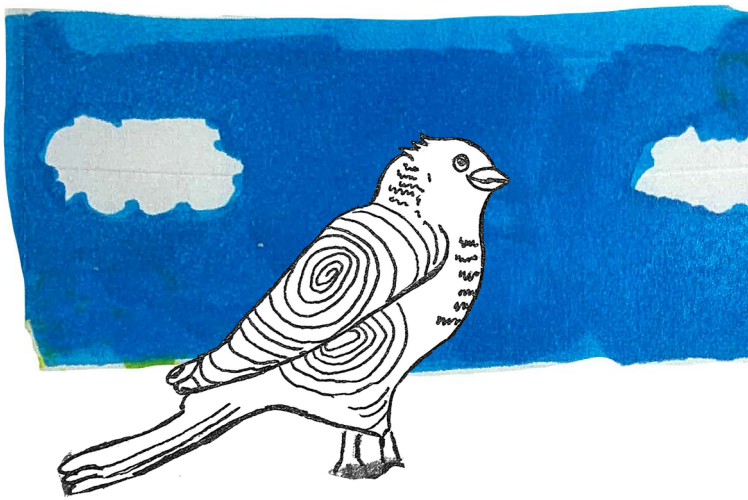
*I think having someone that you can trust is a really big thing, because obviously you're not gonna trust anyone, you're gonna trust somebody that's been with you since you were quite young. For me personally, I've had two caseworkers. I think just knowing what's gonna happen with your case workers, or just having someone with you [who you trust] when you're changing carers. Obviously, you're not going to trust that person that's talking to you, but just having just someone, it doesn't matter who it is, as long as you're going through care with this person or adult and you can trust them. That's a really big thing, because no matter what happens, if something goes wrong or you don't feel safe, if you have that person that you trust to go to, is more likely it's going to be fixed.*

Recognising that children and young people in care do not always have a person they trust to speak to, another 16-year-old young person commented:

*It's mainly that person or something who is always there, caseworkers or carers or whoever is in your life. Making sure that person is there, that the young person does have someone that they can talk to you. Cause not me personally, but I know that other people may not have that type of person and I think that's something really important to have.*







A 17-year-old young person in residential care reflected that it often came down to whether they trusted an individual, rather than the role that they had:

*Yeh, me and (other young person in the home) don't trust any of the youth workers. I trust one of the youth workers with all my heart, but she no longer works at [this] house, she works at [another] house... she's the sweetest person, she's even argued with cops for me, she's taken me to hospital in the middle of the night. She even was there when I actually almost ended up dying. She was there for nine hours, with me the entire time, while I was chucking up my guts, clinging on for dear life.*

## Cultural Safety is important to help young people feel safe

As noted earlier in this chapter, children and young people talked about the importance of staying connected to culture while in care to provide stability in their lives. It is also critical that children and young people in care:

*are provided with a safe and nurturing and positive environment where they are comfortable with being themselves, expressing their culture...their spiritual and belief systems, and they are supported by the carer and family.* <sup>78</sup>



Indicating that this kind of environment is not always experienced by children and young people in care, a 17-year-old Aboriginal young person living in residential care described the response that they received when they asked for support to stay connected with their culture:

*And I'm like 'hey, I kinda wanna learn more about myself'. And they're like, 'you can't be Aboriginal, you're white'.*

78. Australian Government, National Office for Child Safety, [Keeping our kids safe: Cultural Safety and The National Principles for Child Safe Organisations](#), (Report, 2021) citing SNAICC 2021 (n 50).

## Special Focus: Being Heard – What children and young people said about their participation in decision-making

A child or young person in care has the right to participate in their care.<sup>79</sup> Children's participation, including having a say and being heard in decision-making that affects them, is about ensuring that any decision is made in their best interests.<sup>80</sup>

### Case and Care Planning

Case and Care Planning is an important way through which the views of children and young people in care can be taken into account in decision-making (see Definitions). For those aged 15 and over, this includes having a Leaving Care Plan which outlines the supports that will be put in place as the young person prepares to transition to adulthood.<sup>81</sup>

The children and young people I spoke with shared very different experiences of Case and Care Planning and whether they had a say in their care arrangements. A 15-year-old young person with positive experiences of being involved in their care planning stated:

*My Child Safety Officer always made sure that she updated our interests on the care plan, and if we didn't like something anymore, she'd take it off.*

Other children and young people appeared to have had little involvement in their care planning. A 17-year-old young person living in residential care explained that they did not have a Care Plan, and in fact they asked me:

*What's a Care Plan?*

### Care Teams

Care Teams are a critical part of the Case and Care Planning (see Definitions). While I heard some positive experiences of children and young people being involved in Care Teams, I also heard that the experience could be challenging. Describing such an experience, a 17-year-old young person said:

*Nothing's ever agreed at my Care Team Meeting. I always have the opposite views of them. And I think my points stand correctly. One time they cancelled it because someone from my school wasn't able to come, so they cancelled it, and I was like 'you guys have had meetings without me for so long, this one person can suck it up.'*

### Individual advocacy

Individual advocacy is another way through which a child or young person in care can participate in decision making that affects them. While I do not have an individual advocacy function for children and young people in care, an existing mechanism is the Child Advocate within the Department who provides, among other things, individual advocacy for children and young people in care.<sup>82</sup>

Of note, none of the children or young people that I spoke to mentioned that the Child Advocate was someone they might speak to if they experienced an issue while in care.<sup>83</sup> Indeed, when I asked a 15 year-old young person who had experienced an unsafe placement whether they had considered contacting the Child Advocate they responded:

*I don't think it came into my head really.*

79. *Charter of Rights* (n 32) right 3.

80. Emerging Minds: National Workforce Centre for Child Mental Health, Nicole Paterson, [Children's participation in decision-making processes in the child protection system: Key considerations for organisations and practitioners](#) (Practice Framework, August 2020).

81. Tasmanian Government Department for Education, Children and Young People, *Planning for a young person's future from 13 years and over* (Practice Advice No D21/29185, 28 June 2021).

82. Tasmanian Government, the Department for Education, Children and Young People, [Child Advocates for Out of Home Care](#) (Webpage, 21 September 2023).

83. Tasmanian Government, the Department for Education, Children and Young People, Child Advocate, [Annual Activity Statement 2021](#) (Statement, 2021). Note: the Child Advocate commented during her evidence to the Commission of Inquiry that only a small number of the referrals she receives come directly from children and young people in care.







# Chapter 3: Carers

Approximately **25** carers participated in consultations.

## Foster and kinship carers:

All except one carer was or had recently been a foster or kinship carer and intended to continue in their role

## Residential care:

One carer worked in a residential care setting



## How carers participated:

  
1 face-to-face group consultation

  
2 face-to-face group consultations

Online consultations were also conducted

Approximately 20 carers attended a face-to-face consultation

Two foster carers had individual online consultations

One residential care worker had a phone consultation with me



## Listening to carers about stability and safety

This chapter is about the views and experiences of carers about stability and safety for children and young people they care for. Much of what I heard from carers was consistent with what I heard from children and young people. In sharing their views, carers also talked about what they need to provide stable and safe placements for the children and young people they care for (see Box 7).

In Tasmania, a range of family-based care is provided by carers including foster, formal and informal kinship care. Foster and formal kinship carers have a formal agreement with the Department and are reimbursed for the cost of a child's care, unlike informal kinships carers who provide voluntary care for a child who is their kin.<sup>84</sup> Other carers are rostered to provide care for children and young people in residential care settings (see Definitions).

84. Tasmanian Government, Department of Communities, [Informal Kinship Care Review](#) (Summary Report, February 2021). Note: 'it is possible that up to 1,200 informal kinship care arrangements (one or more children living with kin) are in place in the Tasmanian Community.' (p7).

### Box 7: Being a carer

The carers I spoke to told me about their commitment to their role, describing how being a carer is:

*More than a job.  
It's a lifestyle.*

I also heard that being a carer can make it difficult to do anything else. A carer explained:

*Being in paid employment while being a foster carer is very, very hard, because your phone rings all day [while you are at work] – for example with requests from the school to collect a child because of a crisis, or you have a lot of foster children and they all get sick, and then you can't work for weeks.*

## Stable: What carers said about placement stability

Carers play an important role in influencing whether a child or young person in care has a stable place to call home. Carers told me about several factors they felt affected placement stability and could result in placement breakdown. Factors included (1) lack of supports, (2) poor placement matching, (3) changes to a carer's personal circumstance, and, (4) a decision made by a child or young person to leave a placement.

### (1) Lack of supports

A primary reason that carers identified for placement breakdown was a perceived lack of support to perform their role. The lack of supports took two key forms including: (i) carers not receiving adequate training, and (ii) carers not being provided with adequate support from the Department within several scenarios.

#### (i) Current levels of training are not meeting the needs of carers

In my conversations with carers, I heard that the demand for carers should not come at the expense of ensuring carers are properly trained and supported. As one carer said:

*I understand the balance that there are constantly children who need a home. [The Department and non-government providers] need to choose the carers wisely. Invest in them. [There needs to be] correct supports around the carers.*

There is no mandatory training for carers, and I heard that this means that not every carer completes the voluntary training:

*We attend every training session; sometimes we go twice to the same session. There are some carers that we don't see at training.*

For foster and kinship carers who did receive training, some felt that it was not adequate, particularly with respect to trauma. A carer explained that:

*[There is] Inadequate trauma training for carers; and the training on offer is inflexible (not offered frequently).*

Other carers told me that trauma training was very important to ensure they were equipped to support the children and young people they cared for. Explaining why this was important, a carer stated:

*[We] didn't understand trauma. We didn't understand the behaviours one child in particular brought. We were given some info as we went along. All these different things, we weren't equipped to deal with those behaviours. We knew the concept of trauma but the 3 x Saturday trainings you get prior to becoming a carer, it's an overview.*

Recognising this, some carers acknowledged that there had been an increase in trauma training. As one carer put it:

*We don't have university degrees, but we do go to more training now than ever before. My parents were carers for 34 years and there's a lot more training about trauma now.*

## **(ii) Carers require better carer support from the Department**

All carers, including the 30 percent of carers who are with non-government care providers, have some involvement with the Department in its role as system owner. When talking about their involvement with the Department, carers mainly spoke about their contact with a child or young person's Child Safety Officer (or Child Safety Officers), rather than the Department staff who are there to support them.<sup>85</sup>

Several carers I spoke to stated that they felt that the Department did not provide them with carer support when they needed it, and that this lack of support contributed to placement breakdown. Carers told me that placements broke down because the Department decided that the carer was not coping and removed the child, or the carer felt that they were left with no option but to ask the Department to arrange a new placement for the child or young person because of the lack of support provided to them.

I also heard that some carers were reluctant to contact the Department to ask for carer support. Carers told me that they are very wary of contacting the Department for any support because they were worried that the Department would remove the child or young people in their care. A carer explained:

*When I ring the Department with a problem, I always start with, 'This placement is stable, but...'. If I tell the Department, 'This is hard', or I express any emotion, then the Department wants to remove the kids.*

Making a similar point, another carer noted:

*If you get fiery when talking to the Department, they say you are not coping.*

Providing an example of what happens when a carer asks for support, a carer explained:

*There are amazing carers, who ask the Department for some support because something is happening for them [e.g., a family member is dying] and then the Department removes all the children, and then the children are gob smacked.*

It was clear that because of this concern, or even fear, some carers do not call the Department for help when they need it. A carer explained:

<sup>85</sup> In addition to Child Safety Officers who undertake case management duties, the Child Safety Service employs additional teams (the out-of-home care team) who's primary role is to provide support to carers.

*We don't even think to call that mob [the Department].*

Reflecting on this further, another carer stated:

*In [a particular region] carers won't call the Department and ask for help because they are so fearful the children will be removed.*

Carers described several scenarios where they felt that the Department did not provide the support they needed. Scenarios included (a) when a child or young person in their care experience complex behaviours, (b) placement transition, (c) respite, and (d) in relation to communication with the Department.

#### **(a) Carers require better supports for managing complex behaviours**

Because children and young people entering care often experience complex trauma prior to entering care, carers require increased support from the Department when dealing with complex behaviours displayed by the children and young people in their care.

Describing the importance of having support to manage these behaviours, one carer explained:

*We can handle what the kids throw out at us if we know we have support.*

Commenting on the role of the Department in providing this support, a carer described how, previously, the Department offered direct support to carers who were struggling:

*In the past, a worker would stay the night in my house to help me with a child. Now, half the time, I don't even bother to call them, because the call is answered in Hobart – they don't even know the name of the local policemen up here. What are they going to do?*

Similarly, another carer explained that in the past, the Department employed social workers who could

provide direct support to children and young people in care and who would:

*[c]ome and take them fishing for 2-3 hours. They would come back like a completely different child.*

However, despite the benefits in receiving behavioural supports, several carers noted that in recent years, this type of help was no longer offered by the Department.

#### **(b) Additional carer supports are needed for placement transitions**

Carers said that they lacked support when a child or young person left, or was removed from, their care. Describing this, a carer put it plainly, stating:

*[w]hen we are going through the grieving process, of a child having been removed from our care, there is no help from the Department.*

Another carer added:

*They just ask us to take another child.*

Reflecting on how distressing the process of placement transition can be for carers, a carer described how:

*Sometimes they [Child Safety] swap them [the children] over in the driveway.*

#### **(c) Respite has become harder to obtain**

The lack of access to respite care was mentioned by many carers. Carers noted that it was hard to organise respite care through the Department, and that they often had no other option if they needed more than one night of respite care. A carer explained:

*Carers can arrange informal care for children if they need a break, e.g., with a family member, for one night only. Any more nights than that, then it has to be organised through the Department. And it is hard to organise respite through the Department.*

Going further, another carer described feeling their access to respite care was a case of 'use-it-or-lose-it'. They explained:

*There is not enough support for carers. If you don't use respite, you lose it. [My non-government out-of-home care provider]'s role is to support me. But 9 out of 10 times, I just go straight to Child Safety. I include [my out-of-home care provider] in what I am doing, but they can't provide the respite. And it is louder if it comes directly from me. I am okay to ask for what I need if I know who to ask.*

Reflecting on the impact of this perceived lack of support, I heard from carers that they did not feel that their efforts were valued. Expressing this, one carer stated that she feels that:

*Nobody sees us.*

Another carer commented that she felt the treatment of carers indicated that:

*We are not important.*

Several carers told me that when they request support, their requests are dismissed by the Department and that this makes them feel undervalued:

*It is like they are saying, 'You are not worth that money'.*

#### **(d) Carers require better communication from and with the Department**

As noted above, all carers in Tasmania have some involvement with the Department. In most cases, a carer will interact with the child's Child Safety Officer in relation to a child or young person's wellbeing (at least

where the child or young person had a Child Safety Officer).

I heard different accounts of carer communication with Child Safety Officers. Some carers reported feeling confident to directly communicate with the child or young person's Child Safety Officer to raise concerns or ask questions about the child or young person's wellbeing or tasks that need to be completed (e.g., permission for medical treatment). However, other carers preferred to go through their out-of-home care provider for support with communication.

Providing an example of what happens when communication is working well, a carer explained:

*If we are all on the same page, then it all sort of glides along, with the worker [Child Safety Officer].*

Yet, it was clear from other carers that I spoke with that often they did not feel like they were on the same page as the child's Child Safety Officer. For example, a carer explained that her communication with a Child Safety Officer led her to decide to no longer work as a carer for the Department:

*It is the reason I left being a carer with Child Safety. [They were] a bully to me. I said, 'I am out of here'.*

Other carers I spoke with also told me about difficulties communicating with the Department. Several carers described their communication with a young person's Child Safety Officer as 'difficult'. Expressing this one carer explained that:

*I have asked [her foster child's Child Safety Officer] to communicate with me by email, but she keeps sending me texts. It is not good communication.*





Staffing issues were identified by carers as one of the major contributors to the communication difficulties they experienced with the Department. A carer described how there were 'constantly new workers' and these workers needed more training because:

*they are academically trained but [they] have no conception of anything, no life experience.*

The impact of staff churn within the Department had been observed by many carers, with several reflecting that the children and young people in their care had had multiple Child Safety Officers during their time in care. As a carer explained:

*We have had the child since they were 7 years old – they are 15 years old now. They have had a lot of Child Safety Officers.*

Describing a more challenging situation, carers told me about instances where a child in their care did not have a Child Safety Officer for an extended period of time. As a carer explained:

*One child with me was without a Child Safety Officer for 18 months.*

Reflecting on the impact of difficulty communicating with Child Safety Officers and the Department, a carer explained that they felt:

*You don't get treated like a parent; you are held to a higher standard.*

Other carers expressed profound frustration at the operation of Child Safety Service, including around communication, using phrases like 'bloody ludicrous' and underlining that they felt that there was 'no accountability' or 'no duty of care' demonstrated by Child Safety Service in respect of the children and young people in their care.

## **(2) Poor placement matching contributed to placement instability**

Several carers told me that they lacked information about the needs of children and young people being placed in their care which meant that there was not a good match between child and carer. A carer described how, as an inexperienced carer, they felt like they were 'set up to fail'. The carer explained:

*A sibling pair placed on our doorstep very quickly when we started putting feelers out about future placements – we weren't equipped ... We put our hand up and before our hand was even up, bam, we had the children ... We were very green. We didn't know the questions to ask ... The placement was set up to fail. They're now in another placement and doing well ... It was safe in that we could provide a safe home, but not safe because it was set up to fail.*

Going further, another carer explained that it can be difficult for carers to make good choices about whether they accept a placement for a child or young person because of a lack of training and knowledge about the challenges and complex needs some children in care have. This was described by a carer who stated:

*... I ask a lot of questions about the needs of the children before accepting the placement because I have a young child myself. Don't want a child coming in with high level needs we can't manage. You do have to be careful, and I think carers don't know what they don't know.*

## **(3) Changes to carers' personal circumstances contributing to placement breakdowns**

Several carers explained that a change in their personal circumstances contributed to placement breakdowns, particularly when a carer felt unsupported to continue the placement. Providing an example of this, a carer

explained that she had felt unsupported by the Department during an extraordinarily difficulty period in her life and she felt she was left with no choice but to relinquish the child in her care. This carer explained:

*My daughter was dying when I was caring for a child. I asked the Department for respite, and they said no. In the end, I had to say to the Department, 'Take the child' [and the child was removed from her care].*

#### **(4) Decisions made by children and young people**

Some carers described how the decision of a child or young person could lead to placement breakdown in circumstances where a child or young people left a placement. A carer explained:

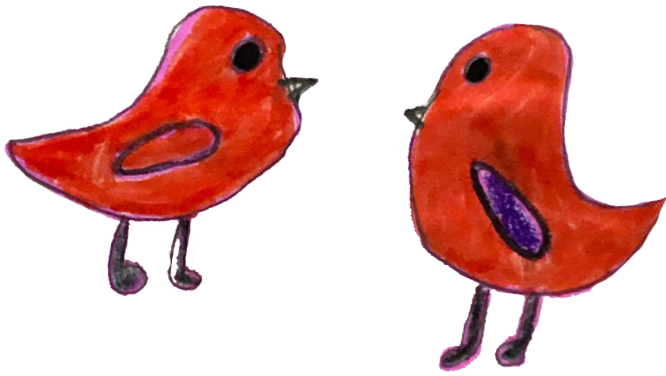
*Sometimes a child says to the Department, 'I don't want to be here - this is not the right place for me' [and that results in a change of placement].*

Providing another example, other carers talked about how children and young people leave a placement without telling the Department. As one carer explained:

*Children sometimes remove themselves from placements.*

*Some of the kids leave and go and couch surf.*





## Safe: What carers said about safety

Carers spoke broadly about the everyday challenges they experience in trying to keep children and young people safe while in care. They also shared their views on the parts of the out-of-home care system that, in their view, should work together to ensure children and young people are kept safe.

### The everyday challenges of keeping children safe

In keeping children and young people safe, carers identified two primary everyday challenges including: (1) not knowing a child's health needs, and (2) managing contact with biological families.

#### (1) Carers need to know the physical and mental health needs of children and young people in care

Carers told me that children and young people are not safe if their individual needs are not known and met. Several of the carers highlighted concerns that they felt the Department was not able to meet or respond adequately to the needs of children or young people in care because the system did not know the child or young person.

For example, carers told me that often they lacked information about the children and young people in their care, including their health needs. Explaining this situation, a carer stated:

*One of the big things – the children come with no medical history at all. Quite often they're on medication e.g., for ADHD<sup>86</sup> but we're never told anything about their medical background. No background e.g., allergies. If we have to take them to hospital – we have absolutely no clue ... Children come into care with little medical history available to carers; or receive inadequate medical attention due to carers being unable to book medical appointments for them [need the Department to do it].*

Illustrating how the safety of a child or young person in care can be impacted by a lack of carer awareness of their medical conditions, a carer described having two siblings come into her care for an emergency placement. She explained that this was the third time the siblings had come into the system. However, despite having prior interactions with the system, the children had 'quite severe asthma' and 'came without any medication'. The carer explained:

*I raised with Child Safety every single day that I needed [an] emergency appointment with GP to get medication. They were up all-night coughing. They were with us for seven days – they didn't get to see a doctor ... I said I was happy to, I could take them. But the Department said that they need to organise it. They did not organise it. They were quite ill little kiddies and needed medicating. They needed to be on something preventative, they were up needing something every night.*

Other carers also raised concerns about not being provided with adequate support for a child or young person's mental health needs while they are in care.<sup>87</sup>

86. People with Attention-deficit/hyperactivity disorder (ADHD) can experience significant changes to attention, hyperactivity, and/or impulsivity that impact their academic, occupational, or social functioning. Symptoms can appear prior to the age of 12 and the degree of inattention / hyperactivity / impulsivity can vary from person to person. World Health Organisation, *International Classification of Diseases, Eleventh Revision (ICD-11)*, [6A05 Attention deficit hyperactivity disorder](#).

87. Lenore McWey, Alan Acock, & Breanne Porter, 'The impact of Continued Contact with Biological Parents upon the Mental Health of Children in Foster Care' (2010) 32(10) *Children and Youth Services Review* 1338-1345.

Reflecting on the mental health needs of children and young people, particularly when they first enter care,<sup>88</sup> carers spoke about how children and young people's mental health needs had increased. Summing this up, a carer who had been caring for many years explained that, in her view:

| *Nine-year-olds are more like 16-year-olds were.*

The lack of access to appropriate mental health support available to children and young people in care was emphasised by several carers, who noted that waiting lists for mental health appointments were often very long. I heard that this meant that carers often felt that:

| *In terms of support – it is there in words, but not in practice.*

Some carers had accessed support for children and young people through the community Out-of-Home Care Paediatric Clinics, which includes paediatricians and clinical psychologists. This clinic currently provides health screening and follow-up to all children and young people in care across the state. These clinics assess growth and general development and behaviour as well as provide immunisations.<sup>89</sup> Despite their

focus on providing healthcare services to children and young people in care, I heard that some carers felt like they had to seek out private providers to ensure that children and young people in their care received health care when needed (see Box 8).

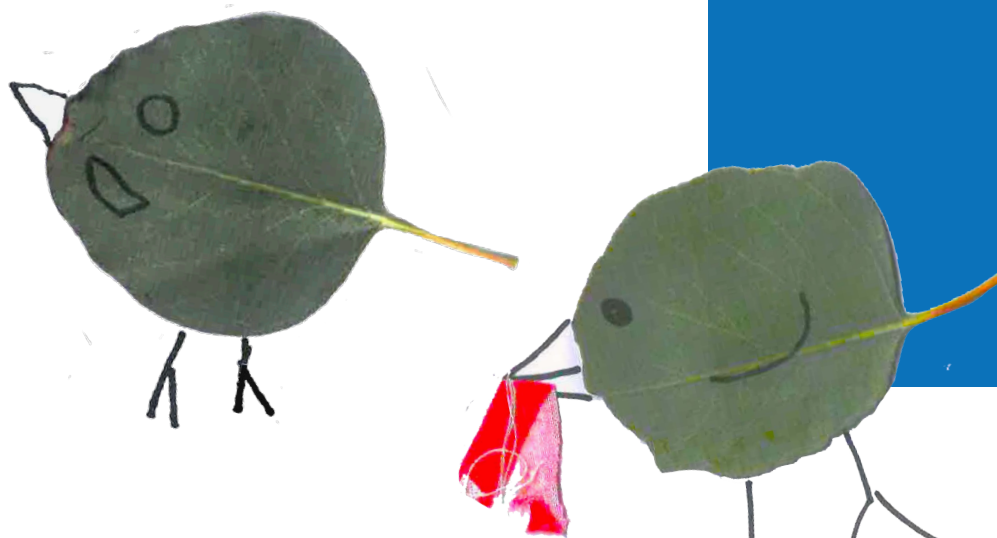
### Box 8: Experience of a carer of a child with disability

A carer, Wendy\*, shared her journey of caring for a child, Jett\*, who had no diagnosed disabilities when he came into care. Wendy had concerns about Jett's development and took him to appointments at the Community Out-of-Home Care Paediatric Clinic. She stated that she found the clinic difficult to navigate and was told that 'he will come right' once she had provided 'routines and TLC'. Wendy felt that something was not right and sought permission from the Department to take Jett to a private paediatrician. This permission was granted, and the private paediatrician diagnosed Jett with multiple disabilities. Wendy described the ongoing difficulties she experienced in trying to navigate the NDIS with a child in care. This included trying to maintain momentum with the National Disability Insurance Agency (NDIA) while Jett experienced multiple changes in Child Safety Officers, and not being directly involved in meetings with the NDIA.

\* names have been changed.

88. Lynne McPherson, Kathomi Gatwiri, Nadine Cameron, Natalie Parmenter, 'The evidence base for therapeutic group care: A systematic scoping review' (2019), *Centre for Excellence in Therapeutic Care*; Victorian Auditor-General, [Residential Care services for children](#) (Report No 2013-14:24, March 2014).

89. Tasmanian Government, Department of Communities, [Out-of-home care Report and Action Plan](#) (Response, February 2020) 25. Note: response to recommendation 4a.





Underlining the importance of children and young people in care having their needs not only known but also met, several carers expressed concern that the child or young person they cared for was not offered adequate levels of support by the Department. Describing this, a carer stated that therapy supports for children and young people in care where NDIS support is not available were non-existent:

| *I have no back-up anywhere – no-one cares.*

## **(2) Carers faced challenges managing safe contact with biological families**

Several carers spoke about the challenges they experience in trying to keep children and young people in their care physically and emotionally safe, while also managing the Department's expectations that a child and young person should (where possible) have contact with their biological family.

Providing context, I heard about the effort carers put into facilitating contact visits, only for them to not eventuate. A carer described:

| *There has been a bigger push from the Department for children to have family visits. We take them to those visits, but often their family don't come anyway.*

Sometimes the child or young person does not know or remember their family, and that the Department's desire to facilitate family finding for that child can feel like a pressure. A carer explained:

| *The Department dangles the family in front of the kids, even when they were removed at nine months and don't remember their family. For one child, the Department wanted the child to spend time with their Aunty – whom they had never met.*

Another carer told me about how the young people in her care are required to visit the house of a family

member every second weekend and that their parents are also allowed to visit the house of their family member. One of the young people told the carer that she does not want to visit her biological family, but she is required to.

Other carers described situations where the biological family of a child had sought to contact a child or young person outside of official methods (e.g., contact visits). Several carers I spoke to provided examples of unsafe situations where biological parents were communicating directly with a child or young person in care, including using technology to locate and visit them.<sup>90</sup>

Carers also described experiencing other threatening behaviours from the biological family members of children and young people in their care. In one example, a carer described a situation in which a family member of a child in her care unexpectedly approached her and the children in her care in the community. Describing how difficult this kind of situation can be, the carer explained that:

| *We know full well we need to keep the kids safe, but how do we deal with the child's [family member] ..... How are we going to keep them safe?*

Several carers made comments about contact with, and between, sibling groups.<sup>91</sup> Despite attempts to place siblings together in a single placement, carers explained that sometimes, due to the complex needs and behaviour of one sibling, they do not live together. Even when sibling regularly have supervised visits, carers explained that sometimes:

| *Child Safety is not happy with this, because, in their view, all three children should live together.*

90. These examples have not been included due to the risk of identifying the children and families concerned.

91. Australian Institute of Family Studies, Claire Farrugia & Nerida Joss, *What Contributes to placement moves in out-of-home care* (Child Family Community Australia Paper No 61, 2021).

Several carers talked about the challenge of re-unification between a child or young person and their biological parents, and other family members. As one carer described:

*We are here to reunify children with their families, but there are some families you just can't work with.*

I heard that some children and young people in care had been through re-unification with their biological families multiple times, however each attempt had broken down and they had returned to care. Describing this a carer said:

*I had one child who has had three different placements with different family members, and then each time those broke down, the child would come back to me.*

In this instance, the carer believed that the Department had attempted re-unification because they were concerned about the child's biological family. As the carer explained:

*Sometimes the surname of the family means that the Department will try to reunify the child, because the Department is afraid of that family.*

In relation to re-unification more broadly, one carer asked the question:

*It's all very well to reunify children, but aren't some of them better off where they are?*

## **How the system functions to keep children and young people safe is important**

Carers told me about their experiences of the parts of the out-of-home care system that should keep children and young people in care safe, including (1) visits from Child Safety Officers and (2) the Care Concern process.

### **(1) Visits from Child Safety Officers are not occurring as frequently as they should**

In my *Monitoring Report No 2 (Second Edition)*, I found fewer visits from Child Safety Officers were being conducted within required timeframes.<sup>92</sup> I also heard from carers that Child Safety Officers no longer do 'spot-checks' or 'unannounced visits'. Reflecting this, a carer described how, in their recent experience, the number of visits by Child Safety Officers had been:

*None whatsoever.*

### **(2) The Care Concerns Process**

Care Concerns can range from minor matters through to concerns about abuse or neglect of a child or young person in care (see Box 9 on the next page). Several carers shared their experience of having a Care Concern raised about their behaviour. One carer described:

*I told a child, 'You are a naughty little boy' and that resulted in a Care Concern.*

Another carer commented:

*I had a Care Concern because the Department thought I was partying in my backyard. We were scrapbooking together in the garage! Maybe a child saw that as a party? Also, my husband has a drink after work. Well, for the child whose parent is an alcoholic, they might report to the Department that my partner is drinking. It was terrifying and shocking. The thought of losing the children was terrifying. And it was terrifying for me to think what was going to happen to the children [if they were removed from her care].*

<sup>92</sup> *Data Monitoring Report No 2 (Second Edition)* (n 23) 23-24.

There was some appreciation among carers that the Department had introduced new terminology in relation to Care Concerns (see Box 9):

*Care Concerns are now called Worries, so that's a change. But we are not seeing it in practice.*

Carers also pointed to a lack of communication from the Department around Care Concerns. For some carers, this centred on a lack of response when they raised a Care Concern. Providing an example, a carer explained that she had raised a Care Concern in relation to the amount of prescribed sleep medication a child was taking, and the impact of this on the child's wellbeing. The carer stated that she received no further information from the Department in response to her concern:

*I think that's very unfair, we are essentially parental carers, we should have some information. It's unfair that because we're not permanent placement we're left in the dark.*

Another carer made the point that often the lack of communication was with:

*... both the carer and the children, including when children are moved as a result of a Care Concern.*<sup>93</sup>

Another carer made the point that for carers who are with non-government providers, the provider will 'relay [concerns] to Child Safety Service' adding that, in regional areas Child Safety Officers:

*... don't have time for minor matters.*

93. As part of the adverse comment process, the Department noted any removal of a child from the care of a carer involves a thorough assessment and analysis of risk and safety issues. This is undertaken by a statewide moderation panel of senior Allied Health professionals who make a recommendation to the Director.

## Box 9: Care Concerns and Quality of Care Concerns

During this monitoring cycle (2021-2022), the language of Care Concerns and the framework of Quality in Care Concerns was operating. In late 2022, the Department developed a new framework for defining and addressing concerns raised about children and young people in care – the Wellbeing Worries or Wellbeing Concerns process. More recently the policy and practice directions have again changed to ensure they align with Tasmania's Child and Youth Wellbeing domains.<sup>94</sup> The new process is intended to:

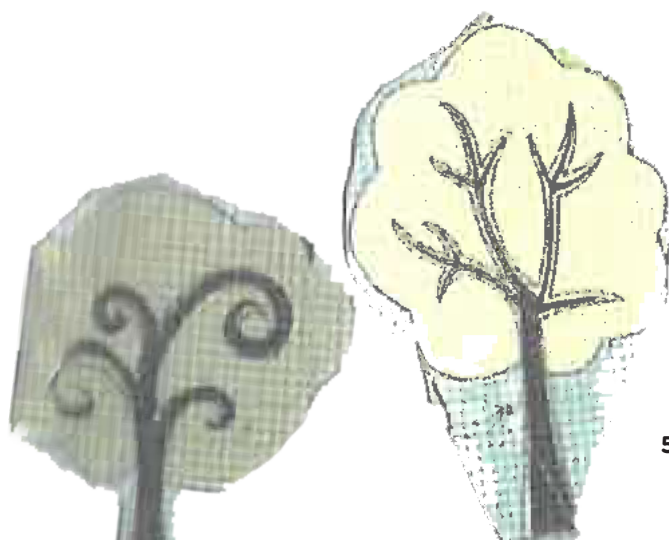
*promot[e] the safety and wellbeing of children and young people in out-of-home care and respond to worries and concerns in ways that create physical, psychological and emotional safety for everyone.*<sup>95</sup>

Of note, a Wellbeing in Care Worry relates to the wellbeing of a child or young person in their placement and could relate to any domain of wellbeing, while a Wellbeing in Care Concern is specific to the safety of the child or young person in care.<sup>96</sup>

94. *Wellbeing Strategy* (n 34).

95. Tasmanian Government, Department for Education, Children and Young People, *Wellbeing in Care* (Practice Advice No DOC/23/118042, 4 August 2023).

96. Tasmanian Government, Department for Education, Children and Young People, *Wellbeing in Care* (Practice Advice No DOC/23/118042, 4 August 2023).



## Heard: What carers said about the ways that children and young people in care can participate

Carers shared their views about two ways that children and young people can participate in their care through their Care Team, and through Case and Care Planning.

### Care Team

Carers can play an important role in Care Teams, by supporting the child or young person to participate and/or providing important information about any issues a child or young person is experiencing to the Care Team either at the request of the child or young person, or together with them.<sup>97</sup> While no carer spoke about participating in a Care Team, or supporting a child or young person to participate, one carer commented that they felt that they only had a Care Team:

*... because we are going for guardianship of our foster children, we have to have Care Team meetings as part of that.*

Another carer believed that they were not involved in Care Teams because of the large number of young people they cared for. Explaining this, the carer stated:

*[t]hat's probably why I get left alone by the Department.*

### Case and Care Planning

Several of the carers I spoke to explained that the children and young people in their care did not have a Case and Care Plan. As one carer expressed, they had '[n]othing!' while another carer said such a plan

was '[n]on-existent'. Only one of the carers I spoke to indicated that children and young people in her care had plans in place because, as she explained, she had made it happen:

*I insist, so we have Care Plans for our children [in our care].*

*Kindness makes  
me feel safe!*



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97. Tasmanian Government, Department for Education Children and Young People, *Care Teams and Care Planning* (Practice Advice No D20/18657, 15 May 2023). Note references the importance of the carer in care team and care planning.







# Chapter 4: Non-government out-of-home care providers

## In 2021 and 2022

I asked the Department for a current list of non-government out-of-home care providers. This included providers of all forms of funded care (see Definitions).

I met with:

12 providers  
in 2021

11 providers in  
2022

(including three new providers)<sup>99</sup>

During this monitoring cycle, I held two rounds of face-to-face meetings with non-government providers to hear their views on what children and young people in care need to be stable, safe and able to participate.

In 2021, I asked providers about stability and safety, including unplanned placement changes and Care Concerns.

The 2022 meetings were an opportunity for providers to share further information, including how children and young people in care participate in decision-making that affects them.

Please see Appendix C for list of all provider meetings.

<sup>99</sup>. Note, some of the providers who I met with in 2021 were no longer providing out-of-home care services in 2022.





## Listening to non-government out-of-home care providers

This chapter is about the views and experiences of non-government out-of-home care providers in providing stable and safe placements for children and young people in home-based and residential care placements. The role of out-of-home care providers for children and young people who are in home-based care, is to provide recruitment, training, assessment, and ongoing support to carers. For children and young people in residential care who typically have challenging and complex needs, non-government providers are funded by the Department to provide care.<sup>99</sup> Many providers spoke about the effect that unplanned placement changes had on the stability of children and young people they support. Providers also talked about how changes to the out-of-home care system would lead to improvements to the safety of children and young people in care.

### Stable: What non-government providers said about stability

#### Provider experiences of unplanned placement changes

While only a few providers had experienced unplanned placement changes within their organisation, many had experience of receiving placement referrals for children and young people because of placement breakdown elsewhere.

A provider of foster care commented on their experience of receiving referrals for children and young people from placement breakdowns, noting that they had:

*... taken challenging children who have come from placement breakdowns elsewhere – there's been a few emergencies. One child was coming straight into care. One placement breakdown can lead a child on a path of behaviour where they behave in ways that ends their next placement, too. [Our organisation] had a case in the North – there was a slow transition plan to exit the child to another carer, but that transition process had to be scrapped because the carers called an end to the placement early.*

Some providers, including one which delivered respite care, reported experiences of being referred young people for emergency placements after the young person's previous placement has broken down. A provider explained:

*Unplanned placement changes certainly do happen. [Name of organisation] provides respite care for community and out-of-home care. Child Safety will refer kids to [name of organisation] for emergency placement after placement breakdown. A lot of the times it is the same names rolling through.*

Other providers, including one which provided residential care, explained that most of their recent referrals were the result of placement breakdown from approved kinship placements or from foster care, for children and young people with very complex needs.

99. Tasmanian Government, Department for Education, Children and Young People, *Practice Manual – Services for Children and Families, and Services for Youth Justice*.



## Provider explanations for unplanned placement changes

Providers identified three primary explanations for unplanned placement changes including (1) a lack of support to carers, (2) poor placement matching, and (3) changes in carers' personal circumstances.

### (1) A lack of carer support contributes to placement changes

Providers told me that there was a lack of both direct and indirect support for carers to prevent placement breakdown. In some cases, providers told me the Department did not provide direct support to carers when needed (e.g., when carers need respite). At other times, providers identified instances where a lack of indirect support to carers (e.g., to assist with organising referrals to specialist health care providers) meant that carers were not able to access support for themselves or the children and young people in their care.

Reflecting on what providers see, a provider explained that they often feel powerless to prevent placement breakdown. They spoke of frustration when breakdown occurs in circumstance where they believe that more support from the Department and support workers could have prevented the breakdown.

*We see it building towards a placement breakdown, but we don't have the ability to stop it occurring.*

Providers further commented that the lack of supports provided to carers to manage children with complex needs was a particular concern. Making this point, a provider told me:

*One driver of placement breakdowns is the trauma behaviours displayed by children and the lack of support provided to carers for managing behaviours.*

Going further, they noted that the lack of supports can often begin from the time a child or young person enters care:

*[t]here is quite a lagtime for providing supports after a child enters care – there are waitlists and delays in getting assessments or being accepted onto the NDIS, as well as Court procedures. In [the organisation's] view, there is a link between the supports put in place for a child and the stability of their placement.*

Emphasising a common theme, a provider noted that in attempting to fill the gap between the 6 weeks of support provided by the Department, and the support carers need, which can be as much as 12 months, they:

*[d]o more of this support work than we are funded for. We don't refuse to provide support to carers even if their funding runs out.*

Providing another example of a lack of support, a provider, which provides disability support and out-of-home care services to a small number of foster carers, noted that foster carers often ask for support which is either unavailable or cannot be provided in a timely manner. For instance, explaining what happened to a child with complex health and behavioural needs who transitioned from their care to foster care, a provider stated:

*[The child] was with [the organisation] and then went to foster care. But his complex health and behaviour challenges escalated while in foster care. The foster family were asking for support, but it took too long for that support to be provided, and the placement broke down. His behaviour was really complex, it was around his health. The family was screaming out for help but could not get it. Before coming to [the organisation], he had been jumping between places and had been unstable for a long time. There wasn't enough understanding for these foster carers of his disability, and it was more complex than they were expecting [even though those carers had a professional background in disability care].*



Several providers attributed unplanned placement changes directly to a lack of support provided to the carer by the Department. For example, one provider explained that in their experience of three unplanned placement breakdowns, they believed that had the carer been better supported by the Department, two of those placement changes could have been avoided:

*[The organisation] has had three unplanned placement changes. Of these three – for two of them, the Care Team, with ongoing discussions, could have saved or lengthened those placements [but those discussions didn't occur]. The Department is very reactive. Support from the Care Team is really valued by the carers, especially when things are tough. However, we say to the Department, 'Hey, let's meet' – and then we don't get anywhere.*

Other providers explained that on occasion there is a relationship between a lack of support to a carer and a placement breakdown that leads to issues relating to the quality of care provided by a carer. A provider explained that a lack of support to a carer and the quality of care provided by a carer could be 'slow burn issues':

*In some cases, quality issues weren't raised with the carer, then there's a placement breakdown, and then everything changes because the carer wants the child back, but they can't have them back because of the quality-of-care issue.*

## **(2) Poor placement matching**

Both foster and residential care providers emphasised the importance of good placement matching in the first instance as critical to prevent unplanned placement changes. Explaining this, a provider stated that they 'hold firm' on placement matching so that they can get the right support for the child or young person which the Department finds challenging. Making a similar

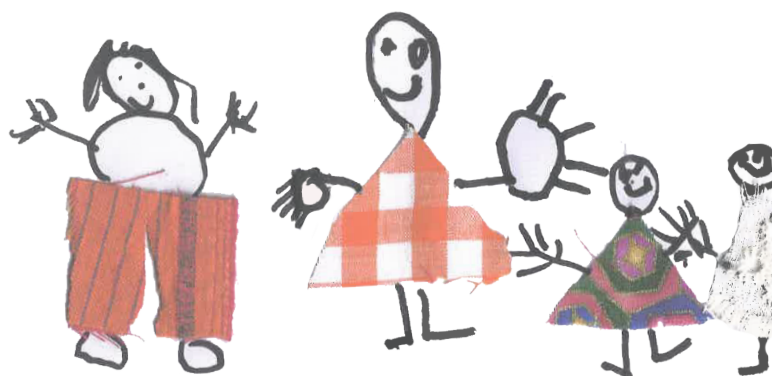
point, another provider of residential care placements explained that being a smaller organisation gave them the flexibility to 'think outside the box' to ensure a good placement match.

The importance of good transition planning, alongside good placement matching was emphasised by several providers, particularly those who provided residential care services. For example, one residential care provider explained that having an opportunity to build trust with a child or young person who may come into their care through respite arrangements before they transitioned was critical to get to know a child or young person. This was particularly important for children and young people that came to them through the Child Safety Service, as according to this provider:

*99 per cent of them, they have a trust issue.*

Explaining this further, and the individualised approach that underpins it, another provider commented:

*We need to earn [a young person's] trust, we can't push them. So, we go through that trial as well or maybe that kid is playing up and then the foster parents will say, I don't think [male staff member] is the right match because the kid says okay, let's try [female staff member] because it's the girl. You know, like a lady. If this is not really what we're looking for, then we just [say] maybe ... you better just go from another service. We don't want them to stay in there if we can't commit 100 per cent ...*



### (3) Changes in carers' personal circumstances

Providers explained that changes in the personal circumstances of carers could result in unplanned placement changes. For example, one provider commented that a carer's mental health could be a factor:

*Some unplanned placement changes have occurred because of sudden changes in the mental health of carers, usually it has been an emergency. In one case, the child was moved to a respite carer and then to a longer-term arrangement, another child went to grandparents, and another went to a placement with their siblings.*

### Provider experience of preventing unplanned change - what is working well

Providers identified two factors that worked well to prevent unplanned placement changes. These factors included (1) provider support for carers and (2) provision of intensive and individualised support to a child or young person in care by residential care providers.

#### (1) Provider support for carers

Providers of both foster care and residential care noted that the strong support that they provide to carers can prevent unplanned placement changes. For example, a provider explained the efforts they go to support

carers, including by providing training, when the Department has not:

*[The organisation] tries to 'fill the gap' – they offer training to carers, and they will fund supports if the Department won't. They provide additional wraparound support to carers, which is flexible and specific to a carer's needs. It may include coaching and guidance. [The organisation] asks the Department for some funding for that support – this work often involves late evenings and after-hours work. We do more of this support work than we are funded for. We don't refuse to provide support to carers even if their funding runs out.*

*Some carers might need 3-12 months of support, but it is hard to get more than 6 weeks of funded support for a carer. Systemically, the Department is very reactive – I know they are trying to become less reactive.*

Other providers emphasised the importance of the training that they provide, and the relational approach they adopt, which allows them to best support carers. For example, a provider described that they aim to develop:

*A relationship over time with carers from the point of first contact. This relationship builds and enables an understanding of the needs and style of the carer. This means they can map supports to the carer.*

Several providers emphasised the importance of the advocacy that they do on behalf of carers as an important part of their support for carers. A provider explained:

*I think we have very few of our placements that break down. I think that is because we are advocating so strongly to the Department for our carers. More often, the carers who were part of the placement breakdown were managed by the Department.*



## **(2) Provision of intensive and individualised support to a child or young person in care by residential care providers**

Several residential care providers identified that the provision of intensive and individualised support to a child or young person in their care was a key to preventing unplanned placement changes. Offering an example of the difference that intensive and individual support to a child or young person can make to placement stability, a provider explained that after they provided this support, a young child had stabilised after 13 placement breakdowns. In another example, a provider explained that through Special Care Package funding, they were able to provide a young person with stability and this was the first time he was:

*able to buy furniture, he was - because it was the first time, he actually had stuff that was his, and he was excited about purchasing all this stuff.*

Also in this context, another provider emphasised the importance of provider staff building a connection with children in residential care placements:

*That's where I've found I've probably handled some of the more trickier clients better than some other support workers because the phone goes in the pocket and then I'm off just doing the things. If they want to be playing matchbox cars, I can go and do that. If they want to go outside and try and catch butterflies, I'm happy to go do that. I'm not a spring chicken but I can run around and keep up and kick a footy. If they want to go and be silly and jump the fence and go and see what's over, you know, I'll go over there with them or whatever. Or if they want to go fishing, I'll go fishing with them. I'll go and do these things where I'll find some of the support workers that get employed in the industry, they're just not that way inclined.*

## **Changes are needed to prevent unplanned placement changes**

Providers identified three primary areas where they felt that the Department could improve their practices to prevent unplanned placement changes. Areas for improvement included (1) case management, (2) communication between the Department and providers, and (3) the supports provided by the Department to carer of non-government providers.

In examining these areas for change, it is important to acknowledge that, as one provider observed, placement breakdown should not always be viewed as negative in all instances. There are, as the provider noted, sometimes benefits to a placement breakdown happening earlier rather than later:

*Sometimes placement breakdowns should actually happen earlier so as to save that connection for the child [before the relationships fully breaks down] - after leaving a placement, a child could then go to respite with their former carer, or be mentored by them, rather than experiencing a complete breakdown and having no further contact with their former carer.*

### **(1) Improving how the Department case manages children and young people in care**

Providers of both foster and residential care both pointed to an urgent need for the Department to improve their case management to help prevent unplanned placement changes, with particular focus on transition planning generally.

While acknowledging the broader pressures within the system, a provider noted that they had been asked by the Department to respond to children and young people in circumstances in which they felt that the approach to case management created a risk

of 'systemic harm for children' because 'things are not done well or too fast'. Providing an example of such change, another provider gave the example of a change of Child Safety Officer explaining:

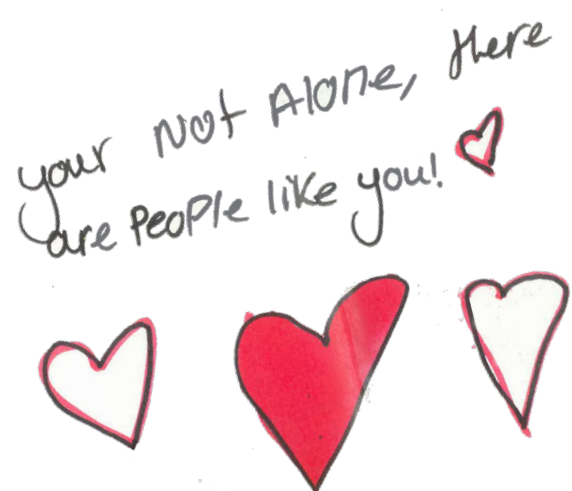
*Sometimes a Child Safety Officer will rock up to school to meet the child before the child knows that they have a new Child Safety Officer. And the carer doesn't know either so they can't facilitate the introduction of a child and their new Child Safety Officer.*

In the residential care context, a provider noted that unplanned placement changes often result from the fact that while children grow and change, the case management approach of the Department did not:

*The needs of young people change as they get older but the Department's approach to case management doesn't change. Working with children is very different to working with adolescents, which is more of a youth worker approach, more of a case management type approach, supporting the young person to take the lead.*

The need to improve case management around transition planning generally was emphasised by several providers, particularly those that provided residential care through Special Care Packages. I heard about several instances where young people were leaving care without the skills that they needed for adulthood. Providing an example of this, a provider explained that young people who had come into residential care from foster care had little to no life skills:

*You know, that have come through and at the age of 18 have had to leave, and they have no skills. They have no skills. We have - and I know they've got a disability and they might be on the spectrum and that, but when someone can't wipe their bottom, that's just - where's everything fallen down, you know.*



Providing some explanation of the lack of transition to independence support at the system level, a provider explained:

*The experience of out-of-home care trains kids to accept that things are done to them. In a typical family, parents help a young person to manage the risk of independence. There is no space for risk in residential care, so young people don't learn healthy decision-making. We can't give them the chance to learn about risk.*

## **(2) Improving communication between the Department and providers**

Providers of both foster and residential care emphasised the importance of good communication between themselves and the Department to ensure everyone had the information they needed to support children and young people in their care. Despite this, I heard that providers often did not have the information they needed. Describing this, a provider commented that information communicated to them by the Department was often minimal or outdated. For example:

*The Needs Assessment reports don't really tell you much about the needs of a child entering care. The report can be up to four years out of date. For example, it might say that the baby is formula fed, but actually the child is now five years old.*



Explaining how a lack of communication between a provider and the Department can affect a provider's ability to support a child or young person coming into their care, another provider noted that they often had very little information to share with a child or young person who was experiencing an unplanned placement, and this affected their ability to support them. As they explained:

*[I]t was unusual for [the organisation] to get more than a few days' notice of a child coming into out-of-home care. Including a child who went to school and didn't go back to their carer after school – they were transferred to [the organisation]. Quite often, [the organisation] receives insufficient information from the Department to provide the child with a narrative about what has happened. In that instance, it was the result of breakdown in the foster carer placement. Removing one child was going to stabilise the whole placement for the other children placed with that carer. We often find out what has happened after the child has arrived with us. It is difficult for our support workers to settle them and make them feel comfortable, when we don't have information to provide to them.*

The need to improve how the Department communicates with providers was also emphasised by a provider which identified that poor communication can lead to unplanned placement change or breakdown:

*We see things early – little bells going off. It builds and builds and builds. A young one has flown under the radar and has changed schools in last 12 months, we thought that was going to be brilliant, but he has reverted to self-harm and running away. For years, he's been needing assessment and services. Now it is getting to the point of a placement breakdown.*

### **(3) Improving how the Department supports provider carers**

Several providers of residential care commented on the need for the department to improve supports for carers to prevent unplanned placement changes. Providing an example of the type of support needed, a provider explained:

*Support workers used to be available in the Department to help carers – now that support is not available. We see it building towards a placement breakdown, but we don't have the ability to stop it occurring.*

Going further, this provider noted that significantly more additional support is needed to prevent placement breakdowns:

*There is a need for extra support in this space [to prevent placement breakdowns]. There is a hesitancy in the Department to spend \$5,000 [in foster care] that would prevent \$500,000 being spent on a Special Care Package after a placement breakdown. The bucket is tight in the long-term foster care space. We always go through the Child Safety Officer. If we are wanting to put any services in place, the Child Safety Officer needs to get a funding approval for that. There are huge waitlists for OT [occupational therapy]. One carer offered to pay 50% of the fees in the private system for a child, because the public waitlist is so long, and she asked for the Department to pay the other 50%. "There was push back, the Department said she had to use the public system." The public system is under resourced – but the workaround of using the private system is not available. The lack of timely access to paediatric services is related to placement breakdown.*

Adding to the concern about the lack of health services available to children and young people in care in this context, another provider stated:

*The other thing you need [to support carers] is a functioning adolescent mental health system, and we don't have one. Self-harming and suicide attempts in young people – there is emerging evidence of how to manage this in the community. It is a specialised and risky area of work. Very few people do this work, but there is a real need for it.*

Also commenting on the lack of health services available, a provider of residential care stated that they were not getting the support they needed:

*... the chances you're going to get through to CAMHS [Child and Adolescent Mental Health Service], very, very slim. You know, because they may not have bad suicidal tendencies or something so they – so then you go, well we'll go to paediatrics but then yes, okay, but you're on the – there was a certain term they used but it was more or less, you're on the wait list and we're overloaded with clients at the moment and we'll give you a call when we get to it.*

*But in the meantime, you've got the client at home having these issues and that. What I mean – you know, we're disability support workers, we're not counsellors. We need professional assistance here to know, do they need a little – what sort of psychologist or do they need a bit of a psychiatry assistance here? Yeah, so you're trying to access all those services but yes.*



## Safe: What non-government providers said about safety

### Care Concerns

In speaking to providers, I learnt that Care Concerns are more common in residential care than home-based care. Providers of residential care described a wide range of experiences of Care Concerns from a young person's declaration that 'I hate bolognese' to allegations that a staff member gave a young person drugs. I also heard that in residential care, it was not uncommon for Care Concerns to be raised within the provider because of interactions between staff and a child. As a provider explained:

*The main theme of the concerns that are raised within [a provider] relate to how an employee has reacted to a client's escalated behaviours. [A provider] has experienced a huge increase in internal reporting of incidents, which has been driven by an awareness campaign, reminding staff not to delay reporting an incident. [A provider] has experienced a massive hike in workers' compensation premiums - which reflects that there have been more injuries of [a provider's] workers plus a growth [of] a provider's FTEs [full time equivalents]. Members of the public will also report concerns to [a provider], e.g., if they see an employee speak unkindly to a client. When providing care to children, employees must be wearing [their ID] so that members of the public know who to call.*

I heard that concerns were not always raised as part of the Care Concerns process, because of a lack of oversight. A provider explained:

*There might be placement issues that are not necessarily flagged as care concerns. This hasn't caused issues to date; but it's not robust enough. There needs to be greater oversight. For example, conversations about care concerns might be held between a very small group of people. DCT [Department of Communities] might ask [the provider] to investigate, prepare a report with recommendations and they will then look at the outcome. With sufficient resourcing, DCT should be more focussed on the investigation which would be more robust.*

Providing another perspective, a provider explained that their risk threshold for reporting was 'fairly low'. They explained that while they frequently notified the Child Safety Service about potential Care Concerns, there was often a difference of opinion about whether something amounted to a Care Concern:

*We raise them often - they [Child Safety Service] do not always agree with us. Separate to that - there might be incidents, matters or events that [the provider] wouldn't consider a Care Concern - they copy in managers in the Department ... This practice doesn't cause an issue. [The provider's] processes are rigorous, and we keep the Department in the loop; [the provider] still does an investigation, even if the Department don't think it is a Care Concern. Every incident that occurs, regardless of whether it is a Care Concern or not, is sent through to Child Safety. [The provider] has an incident classification system. There are checks and balances from many directions. Not every out-of-home care provider has a system like this - because there are no out-of-home care standards for this.*

Other providers commented that all issues, from minor to larger concerns, were documented through their

internal processes. Noting this, a provider emphasised that:

*The threshold is low – anything that presents a potential risk should be put on [the provider database].*

Other examples provided suggest that reporting thresholds vary between providers.

## Issues with the Care Concerns process

Providers identified two key issues in relation to the Care Concern process, namely, (1) a lack of oversight of the Care Concern process, and (2) the lack of an integrated system for responding and recording Care Concerns.

### (1) A lack of oversight of the Care Concern process

The lack of oversight of the Care Concern process, including the investigation process, was identified by several providers. Commenting on the often-insular nature of the conversations about a potential Care Concern, and the lack of resources that the Department had to undertake independent investigations, a provider stated:

*There needs to be greater oversight. For example, conversations about care concerns might be held between a very small group of people. The Department might ask the provider to investigate, prepare a report with recommendations and they will then look at the outcome. With sufficient resourcing, the Department should be more focussed on the investigation which would be more robust.*

### (2) The lack of an integrated system for responding to Care Concerns

The lack of an integrated system for responding and recording Care Concerns was raised by several providers. Providers expressed concern that there was no process through which concerns about a carer could be registered, with the result that carers who were de-registered from a provider could, as one provider put it:

*shop around to other providers if they are told 'no' by an out-of-home care provider.*

Offering an example of when this had occurred, a provider commented that through a recent Care Concern process they had de-registered a carer, but:

*the Department still hasn't sorted it. It was a massive effort on our part. The carers could potentially become Departmental carers. There would be information on CPIS [Child Protection Information System] about the concern, but I don't think it would be sufficient to de-register them. The Department wouldn't have de-registered them if they were their carers.*

Another provider commented that the information that the Department has about a carer is person dependent in the sense that:

*... a Team Leader might remember that a carer has previously applied to become a carer. But if the Team Leader is new, they won't be able to recall previous applications from that carer.*





This is because, as a provider further explained:

*In Tasmania, the Department doesn't hold a history of carers, that information is held by individual providers – if someone applies to [the provider] to be a carer, [the provider] can't get the carer's history from any one source.*

Several providers commented in this context on the absence of a Carer Register in Tasmania, noting that other jurisdictions find it 'really unusual' (see Box 10).

## Box 10: Carer Register

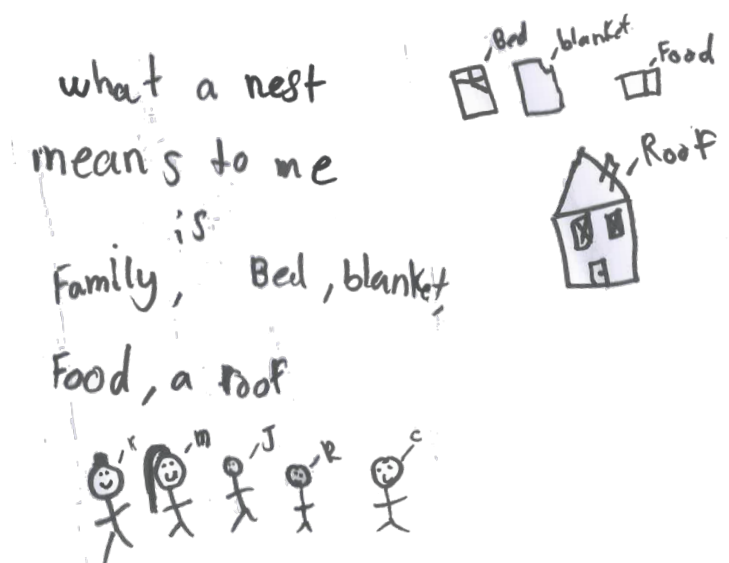
As part of its 2022-2023 State Budget, the Tasmanian Government committed \$2.2 million to support the establishment of a Tasmanian Out-of-Home Care Accreditation Framework and Carer Register. The implementation is set to be staged over three years.<sup>100</sup> In July 2021, the Consultation Workbook: Establishing Tasmanian Out-of-home Care Standards and a Carer Register was released (the Consultation Workbook). The Consultation Workbook lacked detail regarding the forthcoming Carer Register and to date I have received no further information regarding the scoping and design work undertaken. Of further note, in June 2022, the Tasmanian Government published the Out-of-home Care Standards. These standards refer to a 'nationally consistent Carer Register'. Establishing and maintaining a Carer Register for all types of care is, as the Commission of Inquiry noted, an important step towards improving the safety of children and young people in care (see further Recommendation 9.20).<sup>101</sup>

100. Tasmanian Government, Department of Treasury and Finance, *Government Services* (Budget Paper, 2022-23) v2 ch2.

101. *Commission of Inquiry* (n 26) vol 4 ch 9 175. Tasmanian Government *Keeping Children Safe and Rebuilding Trust* (Response Paper, December 2023) 203. Of note, in their response to the *Commission of Inquiry*, the Government notes that scoping for the Carer Register is underway.

Concern was also raised by providers about the lack of transparency around how the Department managed Care Concerns raised about provider carers. As a provider explained:

*The Department can raise these vague concerns without providing context, but these have serious implications for our carers. The tick tack of information between the Department and [the provider] can go on for a while – and it is really not okay. In some cases, it has gone on for several years. As an example, [the provider] might bring on a carer who is not aware there is a Care Concern recorded against them as it has not been communicated to them by the Department. They are on the ghost list. In one example, the carer had six incidents recorded against them and for each one they were determined to be the carer responsible. And the carer had no clue. There is an issue of natural justice for carers. But also – what does that mean for children?*



## Heard: What providers said about the participation of children and young people in care

Further to the above, providers shared their views and experiences of Care Teams as a way that children and young people can participate in their care, including reporting concerns.

### Care Teams

Between 2021 and 2022, I noted an increase in the number of providers who told me they been involved in child-centred teams formed as part of the Department's new Care Team model. For example, a provider mentioned that they had two cases where the new Care Team procedures were being used, and positive progress had been achieved with the support of the Child Advocate.

In other instances, the implementation of Care Teams was described by providers as 'a bit hit and miss', due to factors like a Child Safety Officer's confidence or time constraints. Providers commented that while they were beginning to see more Care Teams operating, they noted some reluctance on the part of the Department to engage in proactive discussions about maintaining care placements. Despite this, providers observed 'more quality work coming out of Care Teams'.

For providers of residential care, including those funded by Special Care Packages, their experience of Care Teams showed some positive progress, but consistency remained an issue.

While there was noticeable appreciation among providers of the positive intent behind the Care Team approach, I also heard that Care Teams demanded a lot from their members, including the child or young person, which they noted could sometimes be overwhelming for the child or young person.

### Care Teams – what is working well?

Providers told me that Care Teams worked well for cultural planning and for families with complex needs.

In relation to cultural planning, a provider explained that a Care Team had done 'really good work' for a group of young cultural and linguistically diverse children stating:

*When people are doing cultural planning, they are doing a really good job of it.*

The provider went on to explain that this Care Team worked with the Department, the carers, the provider and a specialist service provider (e.g., Migrant Resource Centre).

For some providers, Care Teams were seen as a positive development, as one provider explained:

*Care Teams are great for families with complex needs.*

### Care Teams – what could be done differently?

While several positive aspects of Care Teams were identified, providers also told me that the availability and approach of some Child Safety Officers was something that could be done differently. Explaining this, providers commented that functioning on the Care Team depended heavily on the involvement of Child Safety Officers. One provider noted:

*The extent to which the new Care Team approach is used depends on the Child Safety Officer.*

Explaining the impact of the Care Team's reliance on Child Safety Officers, a provider who provides Special Care Packages explained:



*The level of activity of the Care Team depends on the Child Safety Officer to drive it. It is not consistent – and a provider drives it if they feel there is a need for change.*

Another provider commented that whether a Care Team met regularly:

*depends not so much on the needs of the child, it is more about the availability of the Child Safety Officer.*

Moreover, and making a similar point, another provider explained that the availability of Child Safety Officer affected whether a Care Team Meeting occurred:

*In the North we are having quite regular Care Team Meetings. Those meetings are Child Safety Officer-managed and run. The issue with that is if the Child Safety Officer is unwell or too busy then [the Care Team Meeting does not take place].*

Providers expressed frustration about the reliance of Care Teams on Child Safety Officers in the context of Care Team Meetings. Providing an example, providers explained that disability service providers need to be funded to attend Care Team Meetings for children or young people with disability supported by the National Disability Insurance Scheme. Yet, if a Child Safety Officer does not request such attendance and arrange to fund their attendance, 'it does not happen', with the result that the child's care planning is incomplete or inadequate.

## **Participation – providers supporting children and young people to report concerns**

Several providers shared how they support children and young people in care to report concerns.

I heard that providers focus on building good relationships and making it easy for children and young people in care to talk to the adults who look after them. For example, as one provider explained:

*[the provider] workers go out and do home visits and play games with children. It is mostly about relationship building, making sure that children know they can talk to their workers.*

Other providers also highlighted the importance of providing information to children and young people in their care about how to raise a concern. As they explained:

*[the provider] give[s] young people a Welcome Pack at intake and there's a copy of the Charter of Rights<sup>102</sup> in the each of the houses.*

Most providers emphasised the role of their employees as a means through which a child or young person could raise a concern:

*a child can raise a concern with their Support Workers or their Program Manager.*

There was, however, an acknowledgment among providers that relying on a child or young person to raise a concern with provider staff was not always appropriate. Another provider outlined that it was important that there were alternative means through which a child or young person could raise a concern. Identifying this, one provider explained:

*When it comes to concerns or complaints, the kids can always talk to anyone here, but that doesn't always work. They can also talk to [the Child Advocate] who is in contact with all of them.*

While some providers reported that they attempted to have child-focussed processes for children and young people in care to raise worries and concerns, many acknowledged that these processes were not child-focussed.

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102. Charter of Rights (n 32).



# Appendices

## Appendix A: List of provider meetings

2021

Name of provider	Type of care provided
Baptcare	Foster care
Catholic Care	Residential care
Devonfield	Special Care Packages
Glenhaven	Foster care; Special Care Packages (Safe Haven Program)
Kennerley	Foster care; 'Moving on Program' (for young people over 15 years transitioning out of care)
Key Assets	Foster care
Langford	Special Care Packages
Life Without Barriers	Foster care; Special Care Packages
Many Colours 1 Direction	Therapeutic residential care
Mosaic	Special Care Packages
Possability	Special Care Packages
St Giles	Special Care Packages

2022

Name of provider	Type of care provided
Baptcare	Foster care; kinship carer support
Caring Hearts	Special Care Packages
Catholic Care	Residential care
Choice Support Tasmania	Voluntary out-of-home care (did not have any current statutory care cases)
Glenhaven	Foster care; Special Care Packages (Safe Haven Program)
Inglis Support Service	Special Care Packages
Kennerley	Foster care; 'Moving on Program' (for young people over 15 years transitioning out of care)
Langford	Special Care Packages
Mosaic	Special Care Packages
Possability	Special Care Packages
St Giles	Special Care Packages

## **Appendix B: Questions for children and young people**

### **Questions for young people who took part in the Youth Advisory Group (facilitated by CREATE Foundation Tas)**

1. What makes a young person feel safe and happy in out-of-home care?
2. What support should a young person in out-of-home care have to stay connected to important people in their life?
3. What support should a young person in out-of-home care have to stay connected to important places and their culture?
4. Is it important for young people in out-of-home care to have a stable place to call home? Why?

### **Questions for children and young people who took part in art workshops:**

1. What makes a nest feel safe and happy?
2. What makes a nest feel connected to the community?
3. Is it important for a nest to be a stable place? Why?

## Appendix C: Questions for provider meetings

### First round of meetings (2021):

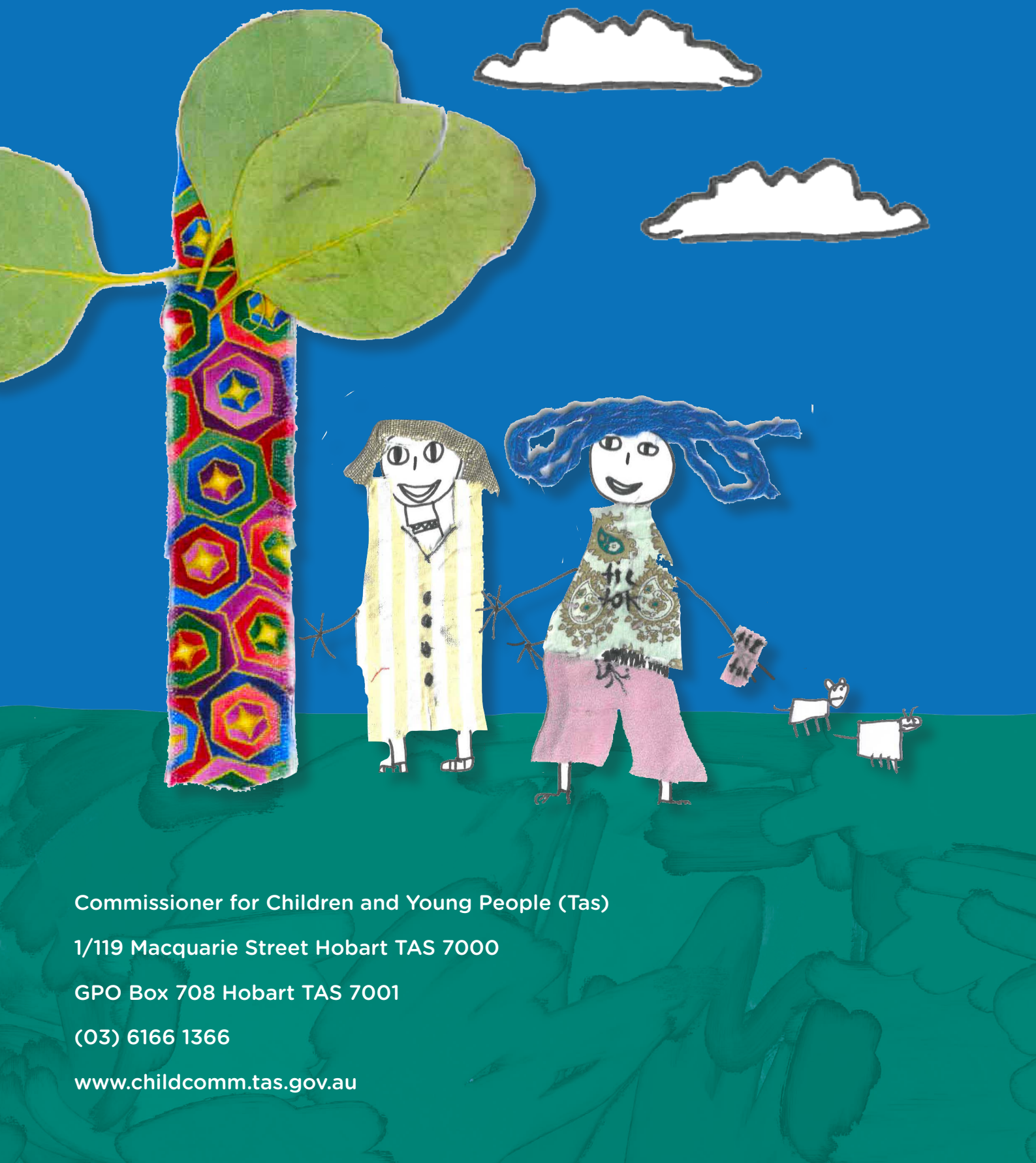
1. Does your organisation have any form of OOHC-related accreditation. If so, what is that accreditation?
2. Unplanned Placement Changes
  - What is your experience of unplanned placement changes (including placement breakdowns) for children and young people in your care?
  - *What works well in this area and what could be done differently?*
  - *Are there any particular considerations for children and young people with specific needs (e.g., children and young people from Aboriginal or Torres Strait Islander or culturally and linguistically diverse (CALD) backgrounds; children with a disability; and infants)?*
3. Care Teams and Care Planning
  - What is your experience of Care Team Meetings, Family Meetings and Family Group Conferences, including the recent changes to Care Planning?
  - *What works well in this area and what could be done differently?*
  - *Are there any particular considerations for children and young people with specific needs (e.g., children and young people from Aboriginal or Torres Strait Islander or CALD backgrounds; children with a disability; and infants)?*

### Second round of meetings (2022):

1. Participation:
  - How does your organisation involve children and young people in decision-making about their lives?
  - What is working well/what do you think could be done differently?
  - What are the challenges you face in involving children and young people in decision-making?
  - What role does your organisation play in letting children and young people know their rights and assisting participation in care plan meetings – what works well, what could be done differently?
  - What is your experience with care team meetings now? (Building on information provided last year)
2. Stability
  - What do you think makes a placement feel stable for a child/young person?
  - What does your organisation do to optimise placement stability for children and young people in care?
3. Safety (*Building on information from last year*)
  - What role does your organisation play in keeping kids safe while in out-of-home care? What is working well, and what could be improved?
  - Are there any barriers to raising safety concerns (e.g., care concerns)?
  - Are you prepared for the introduction of out-of-home care standards, Child Safe Organisations Standards and Reportable Conduct Standards?
  - What actions does your organisation take to ensure children in care know who to speak to if they are experiencing an issue while living in care?







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