

Department of Health and Human Services

EXECUTIVE, MINISTERIAL AND PARLIAMENTARY SERVICES

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Jeanette Radcliffe
Secretary
Senate Community Affairs Reference Committee
PO Box 6100
Parliament House
Canberra, ACT 2600

Dear Ms Radcliffe

Thank you for your email of 30 April 2015 regarding the Senate Community Affairs References Committee's Inquiry into Out-of-Home Care. Please find attached the requested information from Tasmania. Please note that in some cases the requested information is not available and is therefore unable to be provided.

Yours sincerely

Michael Pervan
A/Secretary

12 May 2015

SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE

INQUIRY INTO OUT OF HOME CARE

Questions for states and territories – Tasmania Responses

Question 1 – Expenditure by type of care

- For 2013/14, what was the total expenditure on out-of-home care services?

• Total Expenditure	\$	47 261 000
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- What proportion of expenditure was spent on:
 - foster care;
 - relative/kinship care;
 - residential care; and
 - other types of care?

• Relative/kinship care and foster care	\$	26 157 000
• Residential care	\$	12 906 000
• other types of care	N.A	

- What was the expenditure per child for:
 - foster care;
 - relative/kinship care;
 - residential care; and
 - other types of care?

• Relative/kinship care and foster care*	\$	26 501
• Residential care*	\$	268 875

** Information available does not allow for breakdown into the categories provided. The best published data available is provided*

** As noted in the 2015 Report on Government Services these figures should be interpreted with caution due to the low numbers of children in residential care*

Question 2 – Allowances for carers

- What are the available annual care allowances/reimbursements for:
 - relative/kinship carers;
 - foster carers; and
 - non-statutory informal carers?

Allowances and reimbursements for formal kinship carers and foster carers are the same and are as follows*:

Table 1 Standard board payments to carers \$ per fortnight**

Age	Fortnightly rates	Annual Rates
0-4 years	\$383.00	\$9,958.00
5-11 years	\$438.50	\$11,401.00
12-17 years	\$507.00	\$13,182.00

*There is no longer an allowance or reimbursement for non-statutory informal carers.

** In addition to the board payment:

- Carers receive a one-off voucher of \$70 for children and young people who are entering care for the first time.
- The primary carer receives an additional payment of \$76.50 for a birthday gift and \$76.50 for a Christmas gift for each child who is in care when those events occur.
- Where carers are required to use their private vehicle to provide additional transport, they may be reimbursed at the gazetted occasional user rate.

- What are the differences in care allowances/reimbursements between general, intensive and complex levels (or other levels as applicable)?

Table 2: Rates for intensive payments (includes the standard payments)

Age	Level 1		Level 2	
	Per fortnight	Per year	Per fortnight	Per year
0-4	\$619.50	\$16,107.00	\$935.50	\$24,323.00
5-11	\$676.50	\$17,589.00	\$991.50	\$25,779.00
12-17	\$744.00	\$19,344.00	\$1,060.00	\$27,560.00

Question 3 – Aboriginal and Torres Strait Islander children

- In 2013/14, what proportion of Aboriginal and Torres Strait Islander children were placed with Aboriginal and Torres Strait Islander carers, consistent with the Aboriginal Child Placement Principle?

- **40.5%**

- What proportion of departmental out-of-home care staff are Aboriginal or Torres Strait Islander?

• **This information is not available**

- What role do Aboriginal organisations play in the placement and supervision of Aboriginal and Torres Strait Islander children in out-of-home care? How does the relevant department engage with Aboriginal organisations?

• **Where a child or young person is identified as aboriginal the Child Protection Worker (CPW) contacts the relevant service organisation (determined by location and specific Aboriginal community membership) to confirm whether the organisation has had contact with the child, young person or their family. If there has been contact the CPW explores their views and concerns in regard to child protection involvement and, if necessary, placement considerations. The CPW also liaises in the development of cultural care plans.**

- What programs currently operate that aim to specifically reduce the number of Aboriginal and Torres Strait Islander children in out-of-home care? How is the effectiveness of such programs measured?

• **There are no programs specifically and solely targeted at reducing the number of Aboriginal and Torres Strait Islander children in out of home care. The Tasmanian Government funds a range of support programs that are accessible to children in care generally. Programs are also specifically funded to support aboriginal children and families including the Risdon Cove Child and Family Centre.**

Question 4 – Non-government organisations

- What is the role of non-government bodies (if any) in the delivery of out-of-home care services?

• **Out of Home Care in Tasmania is delivered through a mix of government and non-government service provision. Non-government organisations provide a range of different services as contracted.**

• ***Please refer to the Tasmanian Government's submission to Case Study 24 as part of the Royal Commission into Institutional Responses to Child Sexual Abuse for more information on the provision of Out of Home Care in Tasmania (available from <http://www.childabuseroyalcommission.gov.au/>)***

- At 30 June 2014, how many non-government organisations were responsible for delivering:
 - relative/kinship care;
 - foster care; and
 - residential care?

Numbers of non-government OOHC service providers in Tasmania*	
Long term Foster Care	3
Therapeutic and/or Residential Care Services	3
Cottage Care	2
Emergency & Respite Care	3
*Note: All Kinship Care placements are managed and supported by DHHS	

- Where non-government organisations are responsible for delivering out-of-home care services, what is the role of government in administering:
 - relative/kinship care;
 - foster care; and
 - residential care?

<ul style="list-style-type: none"> • Responsibility for overall coordination of OOHC remains with the Government. OOHC Teams in each of Tasmania's three service delivery regions are responsible for the recruitment, assessment, training and support of Departmental carers and for placement coordination. Under Tasmanian legislation all Foster Carers and Carers in Residential Care homes must be approved by the Secretary DHHS. • <i>Please refer to the Tasmanian Government's submission to Case Study 24 as part of the Royal Commission into Institutional Responses to Child Sexual Abuse for more information on the provision of Out of Home Care in Tasmania (available from http://www.childabuseroyalcommission.gov.au/).</i>

Question 5 – Assessment and training for carers

- What is the recruitment and assessment process for:
 - relative/kinship carers;
 - foster carers; and
 - residential care workers?
- Carers are selected, assessed and trained by DHHS, or by non-government organisations offering out of home care services. In 2008, CYS adopted the Association of Children's Welfare Agencies (ACWA) Step By Step assessment tool, which is a comprehensive, competency based resource, as the state-wide standard for Carer assessments. CYS Foster Carers and all funded NGO service providers (respite and foster care services) are required to use the current ACW A package.
 - For kinship placements, the screening process includes a police history and child protection check well as a home safety check and preliminary assessment against areas of competency. A secondary assessment is required in situations where the kinship placement is to be longer term, or where the move to a longer term kinship placement is occurring in a planned way. The secondary assessment builds on the preliminary assessment and is based on the carer's direct involvement with the child/young person. This secondary assessment is based on the kinship carer's capacity to meet the longer term needs of a specific child.
 - Non-government OOHC providers of residential (non-foster and non-respite) care are required, under the terms of their funding agreement, to ensure that all staff, carers, employees or volunteers, are appropriately qualified and skilled, and where appropriate, credentialed and registered.
 - All carers of children who are under the custody or guardianship of the Secretary of the Department of Health and Human Services must be approved as suitable carers. The Secretary is required (under s.69 of the Children, Young Persons and Their Families Act 1997) to make suitable arrangements for the care of a child who is the subject of a care and protection order.
 - *Please refer to the Tasmanian Government's submission to Case Study 24 as part of the Royal Commission into Institutional Responses to Child Sexual Abuse for more information on the provision of Out of Home Care in Tasmania (available from <http://www.childabuseroyalcommission.gov.au/>).*

- What training is required (by legislation or policy) to be undertaken by:
 - relative/kinship carers;
 - foster carers; and
 - residential care workers?

- **There is no legislated training requirement for any OOHC carer in Tasmania**
- **Kinship carers are not required to complete training, but through their child's case manager are offered opportunities to develop skills appropriate to the child's needs. Such support includes information about their role and responsibilities in relation to children on care and protection orders as well as information on bonding and attachment, the experience of loss and grief and maintaining connections with family members. While no dedicated training is available for kinship carers related to the signs or impact of child sexual abuse, support and advice is provided, through ongoing case management, where issues of concern are raised by the carer**
- **Shared Stories, Shared Lives (2010) is the carer training package used by the Out of Home Care in Tasmania to train new potential foster carers, both government and non-government. The package has been developed by Association of Children's Welfare Agencies (ACWA) and is in use in other jurisdictions. The package covers a range of modules including: Foster Care in Context; Bonding and Attachment; Responding To Challenging Behaviour; and Abuse and Trauma.**
- **Nongovernment OOHC providers of residential (non-foster and non-respite) care are required, under the terms of their funding agreement, to ensure that all staff, carers, employees or volunteers, are provided with adequate support and training to enable them to effectively perform their duties.**
- ***Please refer to the Tasmanian Government's submission to Case Study 24 as part of the Royal Commission into Institutional Responses to Child Sexual Abuse for more information on the provision of Out of Home Care in Tasmania (available from <http://www.childabuseroyalcommission.gov.au/>).***

Question 6 – Ongoing support services for carers

- What ongoing support services are available for:
 - relative/kinship carers;
 - foster carers; and
 - residential care workers?

- **Both relative/kinship carers and foster carers receive support from Out of Home Care teams and from the case managers for any children placed in their care.**
- **The Government also funds the Foster Carers Association of Tasmania to undertake a range of advocacy and support services for foster and formal kinship carers across Tasmania.**
- **In regard to informal kinship care the Government provides funding to Gateway Services (NGO operated single entry point for family and disability services in Tasmania) for the purpose of supporting grandparents raising grandchildren.**
- **Carers also receive support from issue specific services related to the individual needs of the child in their care which include but are not limited to programs such as Child and Adolescent Mental Health Services, Tasmanian Child Trauma Services or Sexual Assault Support Services.**
- ***Please refer to the Tasmanian Government's submission to Case Study 24 as part of the Royal Commission into Institutional Responses to Child Sexual Abuse for more information on the provision of Out of Home Care in Tasmania (available from <http://www.childabuseroyalcommission.gov.au/>).***

- What proportion of support services are delivered by government or non-government bodies?

- **Given the mix of services is different for each carer according to the needs of the child and the carer's skills and experience it is not possible to quantify a specific proportion of services delivered through government and non-government organisations**

Question 7 – Ongoing support services for children

- What ongoing support services for children are offered by:
 - government; and
 - non-government organisations?

- **There are a very wide range of support services for children in Tasmania offered by both government and non-government organisations. Children in care are neither restricted from accessing any service by virtue of being in care nor, with very few exceptions, given sole access to certain services.**
- **Services solely for children in care include therapeutic residential care and specialised trauma support both offered through non-government organisations who are specifically funded for the services provided.**
- **The Government also funds a youth mentoring program for young people currently in care, preparing to leave care, and beyond. Major aims of the program include improving the engagement of young people with the care planning process and the associated decisions that affect them.**
- ***Please refer to the Tasmanian Government's submission to Case Study 24 as part of the Royal Commission into Institutional Responses to Child Sexual Abuse for more information on the provision of Out of Home Care in Tasmania (available from <http://www.childabuseroyalcommission.gov.au/>).***

Question 8 – Residential care facilities

- As at 30 June 2014, how many residential care facilities were operating?

- **3**

- What proportion of residential care facilities are administered by:
 - government departments;
 - non-government organisations; or
 - other bodies?

- **All residential care facilities are operated by non-government organisations**

- What models of residential care currently operate?

- **2 facilities operate on a trauma informed therapeutic care model while the third is funded to provide care for two residents with significant disabilities.**

- What proportion of children in residential care are placed in residential care due to:
 - breakdown in foster care or relative/kinship placement; and
 - complex behaviour issues?

- **All entry to therapeutic residential care is through referral and assessment in regard to the needs of the child or young person concerned and their capacity to positively respond to the care provided.**
- **While the majority of residents are likely to have a history of complex behaviours and and/or placement breakdowns neither conditions are necessary or sufficient to ensure entry.**

Question 9 – Transition from care

- For children transitioning from out-of-home care to independence in 2013/14:
 - how many children transitioned; and
 - what was the average age of children at transition?

- **There is no current published Tasmanian information available on transition to independence.**

- What proportion of children in out-of-home care have an active transition from care plan?

- **All children in care have a case and care plan. There is no separate leaving care or transitioning from care plan. Planning for exit from care commences at age 15 or earlier depending on the needs of the child.**

- What is included in a transition from care plan? What consideration is given to the age of the child at transition?

- **The planning process for young people transitioning from care is an extension of the Case and Care Plan and builds upon major life areas for children and young people in care, namely health and wellbeing, education, identity and social needs and contact.**

- How are outcomes for children transitioning from care measured?

- **Key performance indicators for all aspects of provision of care are established. Significant work is occurring at a state and national level to improve reliability of indicators and to establish national standards.**

Question 10 – Permanent care and adoption

- In 2013/14, what proportion of children in out-of-home care were placed in a permanent care arrangement, including:

- adoption;
- permanent care order;
- transfer of guardianship to carer; or
- other permanent care arrangement?

• adoption;	<0.1%
• permanent care order;	N/a
• transfer of guardianship to carer;	4.3%
• other permanent care arrangement?	N/a

- What was the average age of children entering each category of permanent care arrangement listed above?

• No published information is available

Question 11 – Children with a disability and complex needs

- If known, how many children in out-of-home care at 30 June 2014 were identified as having a disability?

• No published information is available

- If known, how many children in out-of-home care at 30 June 2014 were identified as having complex needs?

• No published information is available

Question 12 – Contact with birth families

- What proportion of children in out-of-home care:
 - maintain contact with their birth family;
 - attempt reunification with their birth family; and
 - transition out of out-of-home care back to their birth family?

- *maintain contact with their birth family;*
 - It is important to note that family connection, while part of every case plan, will vary for each child and will depend of the needs of the child – there is no single measure for “maintain contact”.
 - It should also be noted that the term ‘family’ is not easily categorised either – children may have ongoing connection with siblings but not as much with parents or vice versa. Grandparents may have strong connections but not aunts/uncles, or it could be mixtures of each.
 - Given that entry into care is as a result of risk of harm to the child it is likely that within the family there may be conflict about the best interests of the child and about whom the child should have contact with. In some cases family members will refuse to have contact with the child if others are doing so.
 - There is also a variety of ways in which family connection may be maintained, including: face to face contact; email; phone text; skype; mail; photos; or other systems.
 - Children in care for longer periods in Tasmania are also supported to have a sense of who they are and where they come from through a life history book.
 - The majority of children in OoHC in Tasmania remain connected to their family of origin, the exceptions being where the family has moved away or there are extreme safety issues that are unable to be mitigated.
- *attempt reunification with their birth family;*
 - All child protection interventions are based on the principle that the best place for a child is with their family of origin. In all cases this is the first priority and families have the opportunity to demonstrate that they can provide a safe place for the child or young person.
- *transition out of out-of-home care back to their birth family?*
 - No published information is available

Question 13 – Early intervention

- What early intervention programs are available to supporting children in vulnerable family situations (prior to the removal of children under care and protection orders)?
- There are a broad range of early intervention services available in Tasmania. The Department of Health and Human Services funds Gateway Services to provide a single point of entry for family and disability services. Through this portal

families can access support such as intensive family support, respite and referral.

- **The Department of Education also funds Child and Family Centres to provide support for families – including a specialised aboriginal Child and Family Centre at Risdon Cove in the south of the state. Early Childhood Intervention Services provide support for children with a disability or developmental delay.**

- What proportion of these programs are delivered by:
 - Government; or
 - Non-government organisations?

- **Given the range of services that fall under the banner of early intervention it is not possible to establish specific proportions for government and non-government service delivery.**

- How is the efficacy of early intervention programs measured?

- **Efficacy of programs are established in a range of ways – for example, Government Agencies have established performance indicators regularly reported through Annual Reports and other performance reporting. With regard to contracted non-government services, Tasmanian Government funded services are purchased through standard Funding Agreements which include measures for monitoring performance and reporting mechanisms.**