



# Out of Home Care Reform in Tasmania

*'All children and young people have the right  
to be raised in a safe, supportive and nurturing  
environment with every opportunity to reach  
their full potential'*

# Contents

Introduction	3
Meeting the needs of children in Out of Home Care	3
The need for reform	3
What will it look like?	3
The Tasmanian OOHHC system	5
A Case for Reform	7
The Blueprint for Change	10
A Child-Centred Supported Care System	11
Bridging the Gaps: Fundamental Reforms	12
The Way Forward	14
The Blueprint	15

# Introduction

This paper provides a framework for the proposed reform of the Tasmanian Out of Home Care (OOHC) system to an evidence-informed, needs-based, planned, strategic response to the needs of children who cannot live with their families. The key objective of the reform is the development of a comprehensive continuum of care and an OOHC service system that addresses the needs of the client group in a structured manner.

## ***Meeting the needs of children in Out of Home Care***

Children and young people who are unable to live safely at home need safe, nurturing care, and support services geared to their immediate developmental needs and circumstances. They have often experienced abuse or neglect, or were at risk of abuse, neglect or serious injury prior to their reception in to care. The reasons for a child or young person's family being unable to care for them safely are complex and may include family violence, drug or alcohol misuse, mental illness, or disability.

For some children, parents are quickly able to address the areas of concern that gave rise to their children being placed in care, and may therefore require only a short period of care and support services geared to their immediate developmental needs and circumstances, before being reunified safely with their family. Other children and young people may require care, security and stability in OOHC over a longer period of time; specialist and therapeutic services, and possibly a permanent alternative family placement. Some children and young people may also require additional intensive intervention aimed at addressing particular issues, such as the impact of trauma, addiction, problematic sexualised behaviours, chronic medical conditions, and attachment disorders.

Given the wide range of needs children in care have, our care system must be flexible and responsive to those needs, and be able to adapt to the children's changing assessed needs and circumstances. It must be able to provide options and opportunities, be evidence-informed, and be robust in its governance, structure and practice. This framework provides a reform program which will deliver these requirements.

## ***The need for reform***

The OOHC system has grown exponentially over the years to meet the demand of increasing numbers of children and young people being placed in care as a child protection safety response. These children require placements that will ensure their safety and wellbeing, and provide every opportunity to reach their full potential.

Although individual services and service providers have worked hard to deliver quality services, in the absence of placement choices clearly informed by the needs of the children and young people, or a clearly articulated strategic vision and systemic intent, the growth of OOHC has been unplanned, uncoordinated and piecemeal. This has resulted in an inadequate and inefficient conglomerate of service provision, which, despite placement vacancies, is unable to meet the needs of many children requiring OOHC.

The current OOHC system is stretched to capacity, unsustainable, and lacks a strategic plan for its future. This assessment has provided the rationale for a whole of service system reform.

## ***What will it look like?***

A trauma-informed framework will provide the foundation of the new OOHC service system which will ensure trauma-based intervention options in line with a comprehensive needs assessment for all children in care. Introduction of appropriate therapeutic interventions along the continuum of care will provide for increased placement stability and improved outcomes for children and young people.

The commissioning of services for the reformed OOHC service system will be based on accountability, and a whole of system analysis, to ensure structured and sustainable service delivery in a fiscally responsible manner. Organisations must be able to provide services flexibly to meet changing demand requirements, including provision of emergency, respite, short and longer term placements as required. Unit costs, service specifications and key performance indicators will be developed to provide a sustainable financial model for the provision of OOHC services.

***The key features of the proposed OOHC system are:***

- Capacity to comprehensively respond to the assessed needs of the child in an ongoing manner.
- Placement options and services that are matched to the assessed needs of every child.
- Clear planning and transition pathways between placement types.
- Flexibility of service delivery to meet the needs of the client group and service demands.
- Funding agreements with CYS will have scheduled reporting with data used to monitor the delivery, safety, quality and effectiveness of all services.
- Service providers will be supported through consultation, data collection tools and clear commissioning specifications.
- Every element and component of the OOHC system, and those systems and services that support it, will be radically reformed – no one aspect will be left uninfluenced by this reform.

While the focus of this paper is on the structure and commissioning of a reformed OOHC system, effective service provision for the OOHC sector is dependent not only on a robust continuum of care, but also on strong evidence based practice of those working with and for children, their families and carers who are involved with the child protection and care system. There are a number of initiatives in progress, both within Children and Youth Services (CYS) and more broadly, that will support a restructured OOHC system, including the introduction of Signs of Safety, strengthening practice and leadership, improving communication and information exchange, and adopting a more relationship based and less adversarial child protection system.

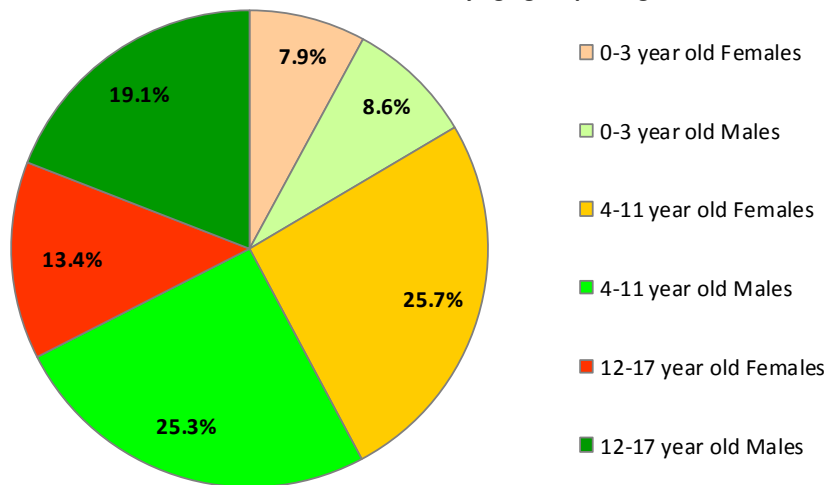
# The Tasmanian OOHC system

The following information and data provides a contextual backdrop to the reform of the OOHC system

## Our OOHC population:

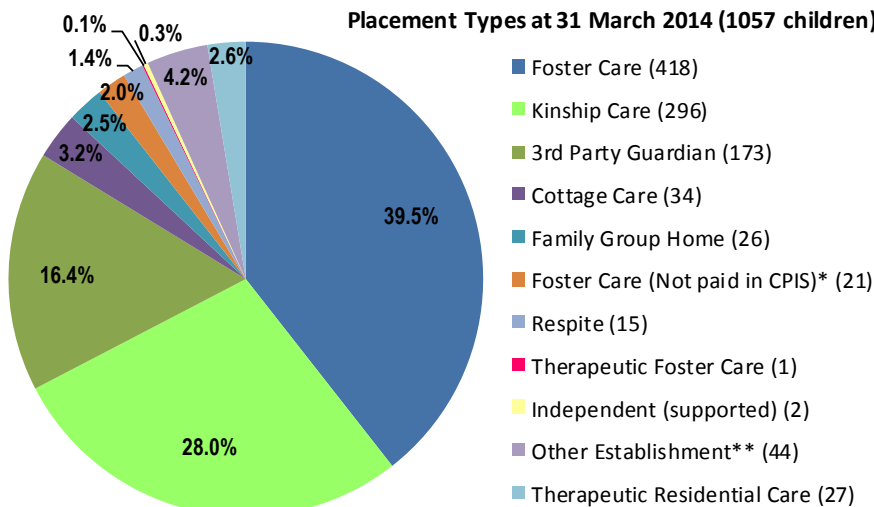
- There were 1057 children in OOHC in Tasmania as at the 31 March 2014.
- The Tasmanian OOHC population has grown 10.5% in the two years until the end of last financial year (June 2013). There continues to be growth, but this has slowed in 2013-14.
- Tasmanian OOHC cohort is evenly split by gender across the majority of age ranges.

**Placement by age group and gender at 31 March 2014**



- The majority of children in OOHC live in family-based placements, with, as at 31 March 2014, 93.1% in foster care, kinship care or similar family based type care arrangements.

**Placement Types at 31 March 2014 (1057 children)**



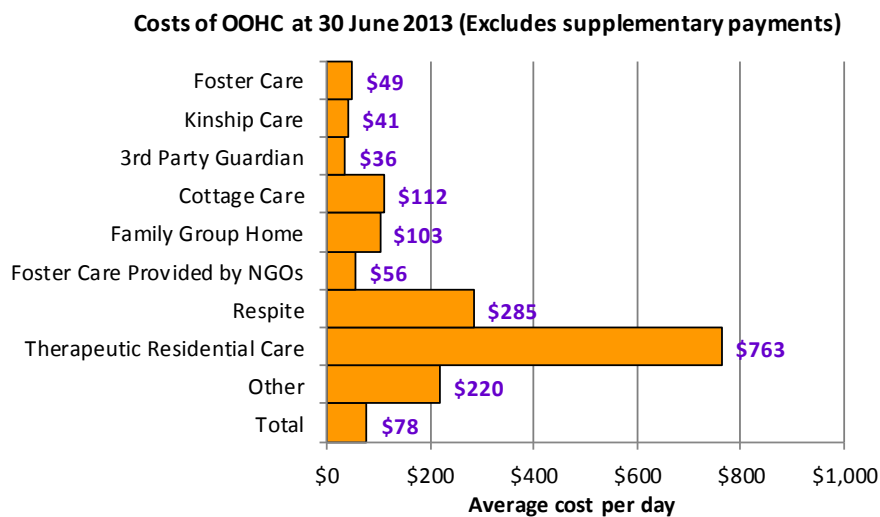
\*Intensive and time-limited care that responds to the complex impacts of abuse, neglect and separation from family.

\*\*Refers to centre-based organisations that provide residential placements with professional clinical interventions for severe and pervasive intellectual disabilities, mental or physical health problems.

- Currently 10 service providers deliver OOHC placement services within Tasmania. Several service providers also co-ordinate foster care placements, including specialist foster care for intensive needs children. As at 5 June 2014 there were 375 authorised foster carers and 395 carers providing kinship care.

### OOHC expenditure:

- In 2012-13 the expenditure for OOHC programs and services was \$38 million with a projection of \$41 million for 2013-14.
- The regional nature of Tasmania makes delivery of services more costly and uneven than in more centralised jurisdictions.
- The subsidy rates to foster carers vary with the age of the child or young person and complexity of providing care, and range from \$27 to \$113 per day.
- Approximately 40% of the Tasmanian OOHC budget in 2013-14 will have been spent on eight percent of children; and even within this subgroup the costs vary significantly.



### Demographic influencers on the OOHC system:

- Tasmanian population is the oldest of all states and territories, with a median age of 39.4 years.<sup>1</sup>
- Tasmanian population is the most regional and dispersed of any state or territory, with almost 60% living outside the capital city.<sup>1</sup>
- By the year 2020 changes in the proportion of 0-17 year olds will vary greatly between LGAs, from a decrease for the West Coast (-31%) to an increase in Brighton (+23%).<sup>1</sup>
- Tasmania has the lowest Average Weekly Ordinary Time Earnings of all states and territories at \$1269 compared to Australian average at \$1437.<sup>2</sup>
- Tasmania tends to have the highest unemployment and the lowest workforce participation rates in Australia.<sup>2</sup>

<sup>1</sup> Kids come First Report – Tasmanian Demographics and Unique Features

<sup>2</sup> ABS, Full Time Adults by State, Original, Nov 2013.

These demographic influencers have significant consequences for the OOHC system and need to be considered in any service planning:

- The demand for OOHC is significantly influenced by socioeconomic factors.
- The aging population reduces capacity for the recruitment of volunteer carers at the child rearing stage in their lives.
- The majority of children and young people rely on placements with volunteer carers. Fewer carers being available in fiscally constrained times will result in significant gaps in family based care opportunities.

## A Case for Reform

Over the past decade there has been significant progress in some elements of service provision for children in OOHC. Increased recognition of the role of trauma, development of therapeutic services specific to children and young people in care, and a growing focus on permanency processes such as transfer of guardianship, have all provided positive outcomes for children. Service providers, carers and staff have demonstrated a strong commitment to providing the best services to children and young people in need, and each night provide safe care for more than 1000 children.

However, whilst CYS acknowledges the positive elements of the current system, and will ensure those elements are carried forward, the process of reviewing the current OOHC system has identified a number of areas which are systemically and operationally creating obstacles to a quality system. These can be described as follows:

### 1. Purposeful direction

- A strategic plan:** The current OOHC system has been built and maintained without any strategic or operational plan. There is currently no sense of a “whole system”, but many often disparate parts. CYS, as the statutory authority, has the lead responsibility for developing and reviewing such a plan, but has to date not lead this critical part of sector development. All aspects of service delivery and care outcomes can be affected when there is no overarching strategic plan.
- A shared vision:** There is currently no shared vision for the OOHC system. Individual providers have their own mission statements, and vision for service delivery. Whilst that may serve the requirements of individual organisations, the absence of a unifying vision for the whole sector has contributed to uncoordinated and un-integrated services.
- The OOHC Paradigm:** OOHC is conceptualised as a last resort, rescue and safety oriented measure for children. This “unwritten” paradigm has significant influence on how the service is delivered, considered and perceived.

### 2. System issues

- Evidence of value and benefit:** Current commissioning has not implemented quality KPIs, services are not rigorously evaluated for efficacy, value or evidence base, reducing opportunities for continuous quality service improvement
- Activity information:** Gathering data for evaluation is not planned concurrently with service provision, and information management systems are inadequate, which influences the capability to ensure that placements are best matched to the needs of children.



- c. **Monitoring vacancy management:** A lack of monitoring of placement capacity and vacancies has resulted in a poor understanding of placement patterns which has, in turn, prevented better targeted commissioning.
- d. **A partnership approach:** Service provision is approached in a rigid manner, within a strict “funder-provider” environment, which has influenced the nature and extent of service partnerships.

### 3. Service gaps

- a. **Placement options:** Routinely, available placement types do not match the needs of children and young people in, or entering, OOHC. The impacts include: inappropriate and detrimental, or ad hoc and unnecessarily costly, placements, and placements which fail to meet a reasonable standard of service. For the child, this can lead to placement instability, avoidable cumulative trauma and poor results, across multiple quality of life indicators both during, and after leaving care
- b. **Aligning supports to need:** Supports the child requires may be absent or poorly match their needs, resulting in them receiving inadequate supports, or none at all.
- c. **Sustained home based support:** Families, children and carers may not receive effective and sustained family support in their homes as a way of preventing escalation of concern and providing a viable diversion from OOHC. In the absence of this intervention, they quickly require more intensive supports to solve issues that could have been prevented. For children and families this may be the difference between a child entering care, or remaining conditionally safe in their family.
- d. **Transition-support and follow up:** Sufficient supports do not exist for transitions between levels of care, or for leaving care. As a result, children can have repeated experiences of broken attachments, loss and grief, and continue to have poor outcomes after exiting OOHC.
- e. **Educational achievement:** Children in care continue to experience poor educational performance and engagement. This compounds the poor outcomes in and after OOHC.
- f. **Health assessment, monitoring and service provision:** The poor physical and psychological health caused by neglect and trauma may not be adequately monitored and addressed for all children and young people in care. This too results in significant health issues for children in care, and longer term health issues for those who have left care.
- g. **Infrastructure and access to supports:** All supports directed at children in care depend on an underlying, public-health-informed infrastructure which prioritises and “fast tracks” timely health and other intervention responses. Such an approach is currently not available, resulting in some children in care unable to receive targeted and timely supports. Poor health, emotional wellbeing and other life domain indicators reflect this critical service gap.

### 4. Practice Gaps:

- a. **Needs assessment and care planning:** These components of care provision are often deferred by competing priorities, and are not always carried out in a timely manner with respect to age, stage and circumstances, for all children and young people, and to agreed standards. When needs assessment, and safety and care planning do occur, they are often one-off events, rather than ongoing processes. As a result, supports are not delivered or are late, and outcomes are not monitored.
- b. **Child-centred, family-focussed practice:** Current practice is overly focussed on child rescue, incident-based and time limited interventions, at the expense of child-centred and family-focussed interventions. Without this, children and young people are brought into, and stay in care longer than might be necessary, due to a lack of family practice models for supporting safety in the home.
- c. **Management of carer pool:** Good quality, well targeted care provision is not possible with inadequate support, management and maintenance of a pool of good quality, registered carers, with the range of skills necessary to meet the needs of children and young people in care, and their families.



- d. **Carers as part of the care team:** Practice that marginalises carers from participation in the care team is a lost opportunity to best meet the child's needs, and to engage carers in understanding and supporting the care plan. What we know from research is that an 'us' and 'them' practice is divisive and adversarial and impacts on child outcomes and carer recruitment and retention.
- e. **Parent, child, and carer's participation in decisions:** Exclusion of key people from the care plan undermines opportunities for successful relationship building so necessary for good outcomes.
- f. **Getting in too late:** The threshold for intervention has risen as a demand management requirement, resulting in repeat notifications until such time as a threshold is met. By the time a protective response occurs, the child may have experienced a protracted period of abuse and neglect. This has profound consequences for the OOHC capability to address the trauma and behavioural manifestations of that abuse.
- g. **Care drift:** Securing a placement is often regarded as a sufficient protective intervention, rather than as part of a planned healing, nurturing and care strategy aimed at reunifying families or creating alternative placement stability for children and young people. This practice often leads to cumulative trauma for children and their families, and ultimately to unnecessary extended time in OOHC, placement breakdowns, and multiple placements for the child or young person.
- h. **Staffing of residential care arrangements:** Staffing of some residential care arrangements is characterised by staff that do not have specialist professional training or accreditation (which is currently unavailable), inadequate supervision and limited access to training. This has resulted in situations where the only service provided to the most chaotic and vulnerable children, is adult monitoring rather than specific care intervention.

## 5. Funding considerations

- a. **Cost benefit:** Some OOHC placements are associated with very high levels of cost. While some children in OOHC have complex needs, the value, necessity, and outcomes of purchasing particular services is not always well established. The absence of a strategic plan means services are developed in a vacuum, and costs escalate as demand outstrips supply.
- b. **Value for money:** Contracts and funding agreements are not always drafted to support formal monitoring of all the required deliverables. There is a need to strengthen commissioning including the development of outcomes-based KPIs.
- c. **Finite resources:** Improper and/or poor use of limited resources is wasteful, affects the quality and availability of supports for children and young people and their families, and contributes to poor outcomes at every stage of intervention, and in the long-term.
- d. **Outcomes:** All too often, there are few discernable positive outcomes linked to specific funding for children, young people and their families.
- e. **Performance management:** Funding has not been linked to performance, but is based on "custom and practice".
- f. **Recurrent funding:** An inability to enter into multi-annual funding agreements has meant organisations have to tender and retender for funding, leading to insecurity of roles and function.
- g. **Balance of investment:** Despite the overwhelming evidence that the contrary should be the case, OOHC has continued to be funded disproportionately to preventative early intervention, and intensive family support. In addition, there is constant pressure to drive down the OOHC cost per child, in an environment of increased cost of living, and increasing complexity of the issues being addressed in interventions to safeguard children and support families.

# The Blueprint for Change

It is clear, given the analysis above of the current system for delivering, monitoring and managing OOHC, that there is a need for a radical reform of the OOHC system. The current service system has been built without a systemic plan, and operates without clear vision for the future. Despite the best efforts of all those involved, the current system is simply unsustainable and may indeed be contributing, unwittingly, to poor outcomes for children in care. We owe it to these children, their families, and those who work in the child protection and out of home care systems, to act.

In considering the options for action, there are two choices:

1. Seek to restructure and/or change the current OOHC system and its supporting structures or
2. Undertake to radically reform the whole system, ensuring every element of OOHC, and its supporting systems, are realigned to deliver a new approach to providing quality care to children now and in to the future.

Children and Youth Services have identified that only option 2 can truly deliver the nature and level of required change. Anything less will simply fail.

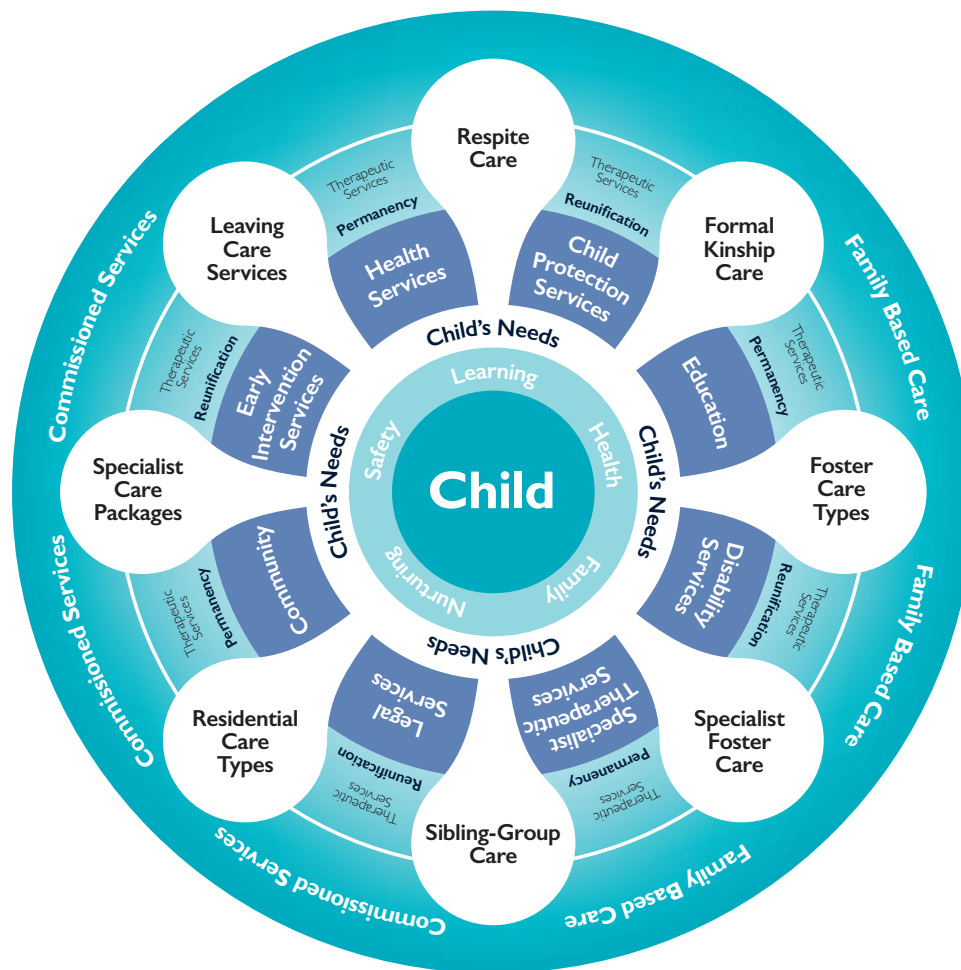
The first step on this journey is the building of this plan, in partnership with all those directly engaged in out of home care – specifically, the children and young people, their families, and those that deliver and fund services for children in out of home care.

Such a reform will take the time, patience, skill and cooperation of all those across the OOHC system and in its supporting services, but, we are committed to this change as it will deliver:

- **Improved outcomes** – improved individual, family, social and economic outcomes for children and young people.
- **Reduction in demand** – limit the growth in the number of children and young people requiring OOHC by increasing capacity for early intervention and support services.
- **Sustainable delivery** – create the foundation to ensure structured and sustainable service delivery in a fiscally responsible manner.

# A Child-Centred Supported Care System

The model for the new OOHC system places the child and their individual needs at the centre. It provides a continuum of placement types to best meet the needs of children in care and to allow for their individual growth and safety. The system is responsive to a child's needs and includes elements integral to the optimal development of every child: family, nurturing, community, wellbeing. The model recognises that all elements of the system are interconnected and influencing one element may alter others. The system is therefore flexible, has strong support structures and provides clear transition pathways between types of care in the continuum in response to the changing needs of the child.



The new paradigm sees OOHC as integral to, and not separate from, child wellbeing and safety. OOHC is a positive intervention aimed at healing, and is responsive to the needs of the individual child and their family.

The OOHC system will be built on fundamental reforms in five key areas:

- 1. Shared Values and Purpose**
- 2. A Responsive System**
- 3. Quality Services**
- 4. Strengthened Practice**
- 5. Structured and Accountable Funding**

These fundamental reforms will bridge the gaps between the current system and a responsive and robust service system which meets the needs of every child.

# Bridging the Gaps: Fundamental Reforms

## ***1. Shared Values and Purpose***

### ***WE will:***

- Have a shared vision and purpose and a set of shared values which will act as the “glue” to hold the whole system together. A strategic plan will be developed that will guide the reform of the OOHHC system and provide clear direction on the roles of all partners involved in the delivery of OOHHC services.
- The strategic plan and vision for the system will provide the reference points through which all developments, monitoring, reviewing and financial allocation will be made.

## ***2. A Responsive System***

### ***WE will:***

- Implement and manage a continuum of care that provides placement options and services based on an understanding of the impact of trauma on children that meet the diverse needs of the client group.
- Strengthen respite care arrangements, to provide both a family support intervention to assist families who are at risk of their child coming in to care, as well as supporting caregivers and children who are in care.
- Integrate support services, including provision of therapeutic services with all placement options to better support the needs of children and young people.
- Implement a structured needs assessment tool to contribute to comprehensive, accurate and effective needs assessment and care planning processes as the foundation for placement matching.
- Develop placement matching processes so that children are placed in the placement that most meets their needs.
- Develop processes for monitoring placement capacity to enable appropriate vacancy management.
- Develop clear transition pathways between different sections of the continuum to enable seamless transition of a child into the most appropriate placement option as required to meet their needs and minimise placement drift.
- Ensure there are robust processes in place to deal with complaints in care.
- Strengthen and embed language congruency regarding the various elements of OOHHC across the sector.

## ***3. Quality Services***

### ***WE will:***

- Configure our child protection service support approaches to optimise resources and strengthen support.
- Ensure clear transition planning and case management.
- Optimise shared information exchange opportunities so that all stakeholders have the required quality of information to deliver the service.
- Improve recruitment, training, assessment, accreditation and support systems for carers.
- Rethink the position and structure of kinship care within the out of home care continuum.
- Revise all supporting documents, plans, templates and forms to promote transparency, sharing, engagement, partnership.

- Reconfigure the current cottage care model to sibling-group care to ensure availability of a specific placement option that preserves connection with siblings for larger sibling groups.
- Implement less adversarial, strengths based approaches to risk assessment and intake.

#### **4. Strengthened Practice**

**WE will:**

- Develop shared assessment processes to ensure responsive and consistent assessment.
- Strengthen care team processes including appropriate participation of carers.
- Embed Signs of Safety as an agreed practice approach.
- Support the requirement for joint training and partner with teaching institutions to strengthen all elements of learning and development.
- Strengthen permanency planning, including transfer of guardianship process for children for whom reunification is not possible.

#### **5. Structured and Accountable Funding**

**WE will:**

- Identify a commissioning model of financial governance, monitoring and review.
- Establish a quality assurance process and complaint management system.
- Develop flexible funding models that better supports provision of services to meet the changing needs of a child throughout their time in care.
- Develop funding agreements that clearly outline service provision requirements and expectations including the introduction of specific service specifications, tailored to service type, and measurable KPIs.
- Strengthen processes to monitor and evaluate the delivery, quality and effectiveness of service provision in line with funding agreement provisions.
- Increase capacity for recurrent funding through development of robust funding agreements and service monitoring provisions to ensure service delivery is consistent with funding provisions.
- Establish transparent, responsive and consistent processes for approval of additional funding for high needs children.

# The Way Forward

Together, through innovation, creativity and commitment we can bring about the changes needed to ensure that the most vulnerable children and young people of Tasmania have the very best opportunity to be raised in a safe, supportive and nurturing environment, and to reach their full potential.

## ***How are we going to do it?***

By following a plan, based on the principles, fundamentals and structure we have spoken about in this document, which will allow for the significant reform required. A plan which allows all of us to address the range of needs children have in an effective, cost efficient manner with outcomes supported by evidence.

The first step on this journey is the building of this plan, in partnership with all those directly engaged in out of home care – specifically, the children and young people, their families, and those that deliver and fund services for children in out of home care.

### ***We will deliver:***

- A robust continuum of care achievable within current resources
- A strong foundation for the reforms proposed, with strong governance
- The reform necessary within CYS to enable the full support of the new continuum
- A Tender process later this year which will set out a framework for the delivery of services for children and young people in care and the opportunity for creative, innovative, needs based and research led proposals for service delivery. Identify a commissioning model of financial governance, monitoring and review.

# The Blueprint

