

Royal Commission into Institutional Responses to Child Sexual Abuse Case Study 24

Response by the State of Tasmania to the areas to be examined

Case Study 24 – Preventing, and responding to allegations of, child sexual abuse occurring in out-of-home care.

Preliminary Matters

Children and Youth Services

1. Children and Youth Services (CYS) within the Department of Health and Human Services (DHHS) focuses on the provision of services for children and young people aged 0 – 18 years old. The Child and Youth service system delivers services for children, young people, their families and their carers, including early intervention, family support services and child health services. CYS carry out statutory responsibilities relating to vulnerable children and young people in relation to child protection and youth justice matters.
2. Children and Youth Services Programs are:
 - Child Health and Parenting Service – a universal through to tertiary child health service for children 0-5.
 - Child Protection Services, including Intake, Response, Case Management and Out of Home Care functions.
 - Family Violence Counselling and Support Service, including an adult and a dedicated child counselling service.
 - Youth Justice Service includes community arrangements and detention.
 - Adoption and Permanency Services, supporting longer term care arrangements for children who cannot return home.
3. Quality Improvement and Workforce Development (QIWD) has responsibility for Quality, Safety and Workforce Development across CYS program areas. This includes active support of improved recruitment and performance management processes; mentoring of new staff and existing staff where there is an identified need for additional support; and the implementation of workforce development models and strategies.
4. QIWD is also currently responsible for the management and oversight of investigations into complaints of severe abuse and neglect in out of home care and provides advice and guidance to staff in relation to cases that are recognised as complex (Note also information on Reviewable Events Unit at para 33-37)
- **Child Protection Services**
5. Child Protection Services has primary responsibility for the delivery of statutory child protection services, in accordance with the *Children, Young Persons and Their Families Act 1997*.

6. Child Protection Services (CPS) receives reports regarding concerns for a child's welfare, undertakes investigations and risk assessments and, where necessary pursues protective arrangements for children for whom the home environment presents too great a risk.
7. Child Protection Services is delivered on an area basis (South East, South West, North and North West).
8. The structure of Child Protection Services was varied as part of the implementation of structural reforms in 2008 to represent a response team model. This model involved the creation of Intake, Response and Case Management Teams. This was in addition to the existing out of home care teams in each region.
9. Intake Teams have the responsibility for the initial receipt, evaluation and assessment of reports of child maltreatment made to Child Protection Services. All calls are assessed, documented and, where appropriate, forwarded for further action by the Child Protection Response teams or other services relevant to the needs of the child.
10. Response Teams have the responsibility for investigating reports of abuse or neglect of children. Investigations must occur within defined time frames and in accordance with specific powers established under law.
11. Case Management Teams are responsible for managing the provision of services to children where a concern of maltreatment in regard to a child has been determined, by the court, to be serious enough to warrant the transfer of custody and/or guardianship of the child to the government for a period of time.
12. Out of Home Care (OOHC) relates to the provision of accommodation for children unable to live at home as a result of concerns for their safety and wellbeing. OOHC options may be provided by government or non-government service providers but the responsibility for overall coordination remains with DHHS. OOHC Teams in each of Tasmania's three service delivery regions are responsible for the recruitment, assessment, training and support of Departmental carers, and overall approval of all carers (government and non-government).
13. OOHC is generally defined as:
 - Foster care – where placement is in the home of a carer who is receiving a payment from a state or territory for caring for a child.
 - Relative or kinship care – where the caregiver is a family member or a person with a pre-existing relationship to the child.
 - Family group homes/Cottage Care – where placement is in a residential building which is owned by the Department or Community Sector Organisation and which are typically run like family homes, have a limited number of children and are cared for around-the-clock by resident carers.

- Residential care – where placement is in a residential building whose purpose is to provide placements for children and where there are paid staff. This category includes facilities where there are rostered staff and where staff are offsite (inclusive of therapeutic residential care).
 - **Funded Non-Government Services**
14. In addition to the services provides directly via these program areas, Children and Youth Services also contract or provide funding for a wide range of services via community sector organisations through grants and funding agreements to provide specialist out of home care, support, counselling and information to children, young people, families and carers.
 15. Importantly, this includes funding provided by the Tasmanian Government for the four Gateway and Integrated Family Support Services to work with children and families in need of support. The service offers parenting assistance, case work and case management for vulnerable families and works in partnership with child protection where there are serious concerns about a child’s safety.
 16. The Gateway services provide an integral part of the state’s response to child abuse and neglect. Under Part 3 of the *Children, Young Person and their Families Act 1997*, notifications of abuse or neglect may be made to either the Secretary or a Community Based Intake Service otherwise known as Gateway Services.
 17. Additionally, Section 17A of the Act legislates that “the Secretary may refer a notification received by the Secretary to a Community Based Intake Service if satisfied that the Community Based Intake Service is an appropriate organisation to take action in respect of the notification”.
 18. Such services are funded via a generic DHHS Funding Agreement and its associated Schedules, which set out the legal obligations, terms and conditions regarding the establishment and administration of Grants. The form of the Funding Agreement will vary depending on the intent of the Grant and the requirements identified by the DHHS unit regarding the service delivery by the provider.
 19. In the case of CYS OOHC Funding Agreements, the main part of a standard Funding Agreement is pre-populated by DHHS but the service-specific schedules of the Funding Agreement vary depending upon the activity of the funded service. In respect of CYS’ OOHC grants with different organisations across the State, the Schedules are generally replicated without variation for those delivering family based care services or non-family based care services.

Current Tasmanian Improvement Processes

- **Out of Home Care Reform**
20. 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.

21. The Tasmanian 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.
22. 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 inefficient service provision, which, despite placement vacancies, is unable to meet the needs of many children requiring OOHC.
23. Given the central role that the Out of Home Care system plays in supporting our capacity to safeguard children and provide them with hope and healing, Children and Youth Services are implementing a major reform of Out of Home Care (the OOHC Reform project) to address these existing issues and to strategically build the capacity for a robust and transparent system.
24. The new continuum of care has been designed to address the impact of the trauma of abuse and neglect on children and young people through the provision of trauma informed intervention options for all children in care.
25. The outcomes of the OOHC Reform Project will strengthen processes to monitor and evaluate the delivery, quality and effectiveness of service provision. Funding Agreements from July 2015 will have significantly increased reporting requirements, including but not limited to:
 - standardised and consistent carer/staff recruitment, training and qualification;
 - requirements regarding the visiting of children in placements by CPS staff;
 - transparent processes for the sharing of information regarding children placed by CYS with NGOs;
 - integration of stringent reporting and quality monitoring resulting in a significant improvement in the capacity of CYS to be proactive in the protection of children in out of home care;
 - adherence to the National Standards; and
 - all funded organisations achieving mandatory accreditation as Child Safe organisations.
26. The reform of the OOHC system is being conducted in two phases. Phase I is implementing a commissioning model of financial governance and monitoring through a Request for Proposal tender process for the provision of specialised care services including sibling group care, residential care types and therapeutic services. Phase I will be fully implemented through new Funding Agreements operational from June 2015.

27. Phase 2 is focussed on family based care options, including foster and formal kinship care and the recruitment, support, training, approval, accreditation, registration and deregistration of carers. This phase has formally commenced and will focus on building the capacity of family based carers to provide therapeutic environments for children to heal and grow through the development of a model to consolidate carer services and needs. Placement and therapeutic services will be purposefully matched to the specific assessed needs of each child. After a tendering process to commission a provider to manage the new carer framework in late 2015, Phase 2 will be implemented through new Funding Agreements operational from July 2016.

- ***Policy and Practice Improvements***

28. CYS has identified that the implementation of CYS policies generally has not always been consistently managed in an ongoing manner, resulting in some local variations and at times, inconsistent approaches to some elements of CYS policies.

29. This issue is currently being addressed through the Practice Manual Project, which commenced in late 2014. The project will systematically review policy, practice and procedures across all of CYS and aims to incorporate a strong evidence base including learnings from reviews and evaluations into CYS policy and practice.

30. The resulting Manual will support a consistent approach across the organisation and provide staff across all services with clear direction and guidance through a uniform approach to policy, procedure and practice.

31. The content of the new Manual will do this by ensuring that mandatory elements of practice are clearly identified and concisely documented. There will not be opportunities for staff to develop their own local variances to approved policy direction and this will be further reinforced through the establishment of processes for policy and procedure development, approval and implementation.

32. In addition to establishing and maintaining consistency in policy development and implementation, appropriate indicators will be established for key policy elements. This will enable us to audit compliance with the policy at the practitioner level and to use this information to better inform policy review and development, as well as providing direction for identifying workplace training and staff development needs.

- ***Reviewable Events Unit***

33. It has been identified that CYS, like other Agencies has a number of 'review' processes that are initiated by a range of different triggers (such as coronial processes, complex case reviews and complaints in care), for a range of different purposes, authorised at different management levels and responded to with an inconsistent approach to both the outcome required of the review, or the quality of the review delivered.

34. As a consequence, there is no clear visibility across CYS of system/process improvements arising from reviews or of learning and practice developments that might be disseminated across the organisation. The current approach is disconnected, ad hoc and opportunistic with regard to meaningful learning from reviews that can systemically strengthen CYS.

35. Similarly, there is no consistent visibility across CYS program areas as to recommendations and/or actions arising from the various reviews, who is responsible and by when.
 36. For this reason, work is underway to establish a statewide Reviewable Events Unit within CYS that will have as one of its core functions the oversight of all care concern notifications and investigations. This centralised unit will provide a higher degree of monitoring of the response rate to care concern notifications and compliance with policy timeframes and required activities, including the maintenance of a register of Care Concerns (in compliance with the Responding to Care Concerns relating to a child in Out-of-Home Care Policy)
 37. This unit will also respond to incidents such as child deaths or serious incident in care, including an alleged severe abuse and/or neglect of a child in care concern, including allegations of sexual abuse, and maintain a register of recommendations and actions towards implementation.
- **Signs of Safety Framework**
38. CYS is 12 months into the implementation of the Signs of Safety Framework.
 39. The implementation of the Signs of Safety (SoS) framework across Children and Youth Services will provide a more robust and standardised approach to assessment and safety planning for notifications of sexual abuse.
 40. The SoS framework has been adopted in a number of jurisdictions nationally and internationally. The framework has, and continues to evolve through the application of practice-based evidence and appreciative inquiry into practitioner and recipient defined best practice.
 41. The multifaceted SoS family engagement approach addresses many of the frustrations that families and young people have identified in their past interactions with the Agency such as: clear, accountable and transparent decision making which involves parents; clarity about goals; the importance of relationships between individual child protection workers and parents and the involvement of families in making decisions about the safety and wellbeing of their children.
 42. The SoS Child Protection Practice Framework is used to determine:
 - What supports families require to care for their children;
 - Whether the situation is so dangerous that the child must be removed and;
 - If the child is in the care system, whether there is enough safety for the child to return home.
 43. Importantly, the SoS approach uses a number of tools to help workers listen to children and ask them their views, providing children with an opportunity to talk about what they are worried about, what makes them happy, and what they would like to see happen in their family and community to keep them safe? Such engagement approaches

encourage and support trusting relationships between children and their caseworkers and increase opportunities for children to make disclosures of abuse.

44. The SoS approach can be used in partnership with the Tasmanian Risk Framework (TRF) and other key processes already in place.

- **Structural Reforms**

45. CYS is currently in the early stages of planning a fundamental service re-design of Children and Youth Services which will involve the establishment of a “Statewide Portfolios”, in line with a move to an “ages and stages” approach to program development and service delivery.

46. For CYS, it is proposed that this will consist of an overarching governance structure which sets up three discrete portfolios of child safety and wellbeing work – babies and early childhood, the middle years, and a “Youth” portfolio.

47. These portfolios will include government departments and non-government organisations to maximise and coordinate resources and responses.

48. The statewide manager of these portfolios will also have operational responsibility for the Children and Youth Services’ teams who deliver direct services to that cohort of children in need. This will provide a single point of accountability for the strategic and operational responsibility for responses to that program group (early years, for example).

49. It is anticipated that the first step of this will be the appointment of statewide portfolio managers by mid-2015.

50. Finally, under this structural reform, CYS will be restructuring its dedicated child protection teams, so that they become multidisciplinary in composition, thus strengthening our capability to respond to the full spectrum of need presented within the child protection remit.

51. Through the co-location of dedicated practitioners from a range of areas of expertise – child health, drug and alcohol, social work, family support, youth work, psychology, for example – CYS will significantly enhance our assessment and service delivery capabilities. The first phase of this work will commence after the appointment of the dedicated service stream managers identified above.

- **Introduction of Working with Children Checks in Tasmania**

52. While criminal history and child protection history checks have been part of the assessment process for some time, The Tasmanian *Registration to Work with Vulnerable People Act 2013* came into effect on 1 July 2014.

53. The scheme was created in line with the State’s obligations under the National Framework for Creating Child Safe Environments – Organisations, Employees and Volunteers and has been the result of extensive review of existing national frameworks and consultation with the Tasmanian stakeholders and community.

54. The Act will be phased in over 3 years beginning July 2014, replacing the Good Character Check screening program. The child care sector will be the first area required to make the transition to the new regulations.
55. Individuals who work or volunteer in the child care or other child-related sectors are required to apply for a Working with Children Check. Registrations are valid for 3 years or as determined by the Registrar.
56. This new Registration process will require:
 - an application
 - evidence of identity
 - the payment of a fee
 - a national criminal history assessment and ongoing monitoring
 - a risk assessment
57. Prior to this time no broad legislative framework had previously existed in Tasmania that provided the legal authority to routinely and regularly check individuals who work with vulnerable people and record them on a central register.
58. This background checking and risk assessment process provides is centralised and coordinated through a central unit located within the Tasmanian Department of Justice and provides for a broader basis on which to conduct background checking that includes a person's criminal history, non-conviction information, relevant orders, disciplinary proceedings and other pertinent information.
59. The process of ongoing monitoring is currently a manual process of comparing records. However legislative amendments are actively being considered and system enhancements are being pursued which will allow for flagging of risk categories from reportable bodies. This will apply equally in relation to sharing of information from police, child protection services, and other major employer/disciplinary groups.
60. All carers (including others in the carer's household over 16 years of age) and staff within Child Protection are required to have these checks by 1 October 2015, the introduction of which will include ongoing monitoring of relevant new records for the three-year life of the registration.
61. The requirement for carers is being introduced as part of broader 'phased' approach to the introduction of the registration process, which commenced with the Child Care Sector on 1 July 2014 and is to cover all employees and volunteers working in a child-related role, across a range of sectors, by January 2017.

1. RECRUITMENT, ASSESSMENT AND TRAINING OF FOSTER AND KINSHIP CARERS AND STAFF IN RESIDENTIAL CARE

a. Screening of carers and staff as well as carers' household members, for example, working with children check and criminal checks

62. Carers in Tasmania (regardless of placement type) are currently approved by administrative delegation under s.69 *Children, Young Persons and Their Families Act 1997* following a period of assessment and training. The Act is currently silent on the process that is to be used for assessments, approvals and training and refers only to "...placing the child in the care of any person or any body of persons, corporate or unincorporate, the Secretary considers suitable." (s.69 1(b) refers)
63. 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 ACWA package
64. Step by Step provides a range of material to enable agencies and applicants to:
- Engage and share relevant information
 - Make an informed decision about the suitability of the applicant to be a foster carer.

Departmental Family Based Care (Kinship Care and Foster Care)

65. The processes used to assess the suitability of kinship carers to provide a placement for a child are similar to those used to assess foster carers.
66. For kinship placements, the screening process includes a police history and child protection check as part of a two-stage assessment process. Kinship placements, by their nature, often occur in urgent situations where the primary focus is on the immediate care needs of the child/young person.
67. Foster carers, following an initial interview session, are provided with a copy of the application form to be a foster carer, which requires details of all members of the household. The form also includes consents for medical information, as well as police and child protection checks for all adults (over 18 years of age) in the household. Overnight visitors to care placements are also subject to child protection checks and criminal history checks.
68. However, this background screening and risk assessment of prospective carers was mainly limited to a person's criminal history only and subject to limitations as a result of a lack of ongoing monitoring. The introduction of the Working with Children registration as described under 'preliminary matters' (para 52 – 61) will address these limitations.

- **Child Protection History Checks**

69. As part of the Family Based Care application process, Child Protection Services will also consider any child protection records that involve the carer and any other person who regularly stays at the carer's residence. The outcomes of any previously recorded notifications will be taken into account when assessing the carer's application.
70. Child Protection Services will also check records relating to family violence relevant to the carer or other adults connected to the placement, through liaison with the Tasmanian Family Violence Counselling and Support Service (FVCSS).

- **Annual Review**

71. Both Foster and Kinship Carers are approved for placements by the regional OOHC Team Leader. Each approved family based care placement is subject to an annual review, conducted by either the regional OOHC team, or the responsible non-government provider. This check includes competency-based interview and assessment and it is also compulsory for all relevant safety checks to be conducted annually and for updated medical checks to be conducted every two years. Note that the introduction of the requirement for carers to have a Working with Children Registration from 1 October 2015 (see para 52 – 61) is to be incorporated into this process and will introduce stronger ongoing monitoring measures (as opposed to the current annual national police check).
72. More information on the assessment process of Foster and Kinship carers is provided in response to question 1(b).

Funded Non-Government Providers (Foster Care and Residential care)

73. Within the standard funding agreement currently used by CYS, there are requirements that the Service Provider must institute procedures to ensure that all persons (whether Specified Personnel, employees or volunteers) engaged by the Service Provider to deliver the Services are fit and proper persons, where "fit and proper" means the person:
- (a) is capable of providing an adequate standard of care in relation to the Services;
 - (b) understands the needs of Consumers and their children (where relevant); and
 - (c) is of good character and is suitable to be entrusted with the care of Consumers.
74. The conditions of the current funding agreements also require that the Service Provider must provide to the Crown evidence of personal reference and police checks at the request of the Crown.

Future Improvements

75. In recent times, it has been identified that 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.

76. Phase 1 of the OOHC reform process outlined 'preliminary matters' (para 26), is in part a response to those identified deficiencies and provides opportunities for improvements to the standards of services delivered through funded OOHC providers, increases the monitoring and accountability of such services and, ultimately, will result in better outcomes for Tasmanian children in OOHC.
77. Phase 2 of the reforms (see para 27) will focus on improvements to family based care, including the recruitment, screening and assessment of carers and will build on other improvements, such as the requirement for carers to have a registration to work with children clearance (refer para 59) by 1 October 2015.
78. Similarly, the establishment of the Reviewable Events Unit within CYS (see para 33-37) will provide for increased visibility and monitoring of concerns associated with care placements and other critical incidents.

b. Assessment of carers and staff.

79. Carers are selected, assessed and trained by DHHS, or by non-government organisations offering out of home care services.
80. 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. CYS takes seriously its responsibility to ensure that children who have to be placed away from home are not exposed to additional harm.
81. Child Protection Services (CPS) currently has policies and procedures for the approval and training requirements of foster carers, and other carers responsible for children in out of home care within both government and non-government organisations. Assessments include explorative competency based interview and assessment, health checks, housing checks, background checks and safety checks such as child protection history and criminal history checks.

Departmental Kinship Care

82. The pathway to becoming a formal kinship carer is quite different to that of a foster carer. Many foster carers think about applying to be a carer over an extended period of time and do not make a decision until they have completed introductory training and formal assessment. In contrast, kinship carers are more likely to provide care in response to a crisis in the child's life. Consequently they have less time to decide whether or not they will care for the child.
83. Kinship carers are not required to complete Step by Step or similar assessment program; however, Child Protection Services does provide support to family members who care for children on legal orders in a number of different ways. This can include opportunities to attend training, however, as a formal kinship carer most support will be from the child's case manager worker as well as a member of the regional OOHC team.

84. For kinship placements, the assessment process consists of a Preliminary Assessment and a Secondary Assessment. The preliminary assessment process is briefly outlined under question 1(a) and includes police history check and child protection check, as well as a home safety check and preliminary assessment against areas of competency.
85. The criteria of the preliminary assessment focus on ensuring that the proposed carer is motivated to care for the child, is able to provide a safe placement for the child and understands the impact that abuse and/or neglect may have had on the child.
86. 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.

Departmental Foster Care

87. Tasmanian Foster Care Assessments are conducted in accordance with the ACWA Step By Step assessment resource. The assessment process is designed to enable both child protection services and the carer to make an informed decision about the suitability of the individual as a carer.
 - **Assessment Interviews**
88. Assessment interviews, or information exchange sessions, occur early in the assessment process and bring together the carer and their family, with Departmental out of home care staff and an experienced carer for the purposes of providing an opportunity for carers to get some information about what fostering is and what the assessment process are all about. It's also an opportunity for Departmental assessors to get to know the carers, to find out a bit about their family background and to see how the carer and their family relate to each other.
 - **Medical Check**
89. During the assessment process, carers are required to complete a health checklist and their doctor is required to complete a medical questionnaire. The purpose of these checks is to determine whether individuals have the physical and psychological health to undertake the task of caring for other people's children.
90. Questions are asked about a carer's physical health; emotional health; current and past illnesses and medical problems; use of drugs (prescribed and non-prescribed); smoking; and any other health issue that may affect their ability to provide care for children. However, it should be noted that Tasmania does not currently require psychometric testing as part of the assessment process.
 - **Accommodation Check**
91. The accommodation check is to ensure that carers can provide housing that is physically safe and suitable, in accordance with the duty of care that Child Protection Services has

for all children placed in care. The check is carried out by a member of the Out of Home Care team in Child Protection Services.

- **Personal References**

92. Carers are asked to provide the name of two unrelated people who have known them for at least two years and who can comment on their experience and ability to care for children, as well as the carer's personal character. As part of the assessment process, CYS may also ask to speak to other people who have contact with carers.

Funded Non-Government Providers (Foster Care and Residential Care).

93. Funded OOHC providers 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; and provided with adequate support, training, debriefings and directions to enable them to effectively perform their duties.
94. For those non-government providers of foster care services (as opposed to residential care), it is a requirement of the current funding agreement that potential carers are assessed using the Step by Step assessment package, as is used by the Department as outlined under the 'Departmental Foster Care' section above (see para 87 -92).

Future Improvements

95. While the standard of assessments and training is managed either by the regional OOHC team or by the relevant funded non-government provider respectively, CYS does not have a formal framework in place to monitor standards and or ensure compliance against ACWA standards. There is also no formal accreditation process or monitoring by CYS to ensure that CYS and NGO staff are appropriately trained and 'accredited' to deliver the required assessment and training.
96. For this reason, a process of reform is currently underway in Tasmania. Phase 2 of the reform process noted under 'preliminary matters' (para 27) is focussed on family based care options, including foster and formal kinship care and the recruitment, support, training, approval, accreditation, registration and deregistration of carers.
97. Following the implementation of this phase of the reforms, Tasmania will be able to:
 - formally register (and deregister) carers with whom children are placed under the Children, Young Persons and Their Families Act 1997;
 - maintain a greater oversight over a consistent assessment process;
 - establish assessment and training requirements for carers and accredit internal and external personnel to deliver the same.
98. After a tendering process to commission a provider to manage the new carer framework in late 2015, Phase 2 will be implemented through new Funding Agreements operational from July 2016.

c. **Training of carers and staff in identifying signs of sexual abuse in children.**

Departmental Kinship Care

99. Kinship carers are not required to complete Step by Step training, but through their child's case manager they 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.

Departmental Foster Care

100. *Shared Stories, Shared Lives* (2010) is the carer training package used by the Out of Home Care in Tasmania to train new potential carers. The package has been developed by Association of Children's Welfare Agencies (ACWA) and is in use in other jurisdictions.
101. The package covers a range of modules including: Foster Care in Context; Bonding and Attachment; Responding To Challenging Behaviour; and Abuse and Trauma.
102. The Abuse and Trauma / Responding to Challenging Behaviour modules are designed to enable carers and workers to:
- identify different forms of child abuse: physical abuse, sexual abuse, emotional abuse, neglect and systems abuse;
 - identify behavioural signs of child sexual assault;
 - understand the impact of abuse and trauma on children, including on brain development; and
 - respond appropriately to a child's disclosure of abuse, including reporting of such disclosures.
103. However, there is no formal ongoing training package for departmental carers (beyond induction training) and there are currently no formal on-going training assessments and training plans for carers.
104. Individual OOHC teams do provide ad hoc support for carers and offer "in house" training in response to particular needs. In the event of a disclosure by a child in their care, additional support is available to carers and CYS OOHC staff regularly visit and meet with departmental carers to provide support, address any presenting issues, provide information and work with carers to provide quality placements for children in OOHC.
105. Case Management staff are also able to offer advice and referral options in response to disclosures made by a child, and carers are part of any therapeutic response.
106. The Foster Carers Association of Tasmania Inc. (FCAT), the peak body for Tasmanian foster carers, is also funded to provide training sessions to its members, which is also

open to Kinship Carers. FCAT is working with specialist organisations in the development of training packages for Carers.

Funded Non-Government Services (Foster Care and Residential Care)

- 107. Under current funding agreements, Residential Care providers are required to ensure that all staff, whether employees or volunteers are: appropriately qualified and skilled, and where appropriate, credentialed and registered; and provided with adequate support, training, debriefings and directions to enable them to effectively perform their duties. This includes the recruitment, development and professional supervision of staff delivering the funded services.
- 108. In addition, the three Foster care providers funded by CYS (Kennerley, Glenhaven and Life Without Barriers) also utilise Shared Stories, Shared Lives (2010) as their core training package, consistent with carers managed by CYS.

Future Improvements

- 109. Formalised training programs, group and individual, with particular emphasis on specialised areas such as sexual abuse is in the scope of the OOHC reform project outlined under 'preliminary matters' (Para 20 – 27), including significant reform in the way therapeutic services will be offered. This will include a much greater focus on the provision of training and support to carers and staff in working with children with trauma.
- 110. Importantly, under the reforms, purchased services will be structured to allow for 60 per cent of the service provision to be the provision of training in trauma awareness and therapeutic responses to carers and Child Protection Services, with the remaining service provision split equally between individual therapeutic intervention and individual client case consults for CPS staff. These reforms will enable a more strategic, needs based and consistent approach to supporting and training carers, both in kinship and foster care arrangements.
- 111. As a precursor, in 2014 CYS partnered with Victorian based NGO Berry Street - Take 2 to conduct a number of pilot carer training sessions for carers and staff on the impact of trauma on children and understanding behavioural responses in children that is associated with trauma. The training was also provided to Child Protection Workers and OOHC staff. The training was well received by participants, but was only an introduction. A high percentage of participants expressed a desire for the training to be made available to all carers with more intensive follow up training.

d. How does the agency determine that National Standard 12 (Appendix 1) is Implemented and monitored?

- 112. Tasmania has endorsed the National Out of Home Care Standards developed as part of the National Framework for Protecting Australia's Children 2009-2020. Standard 12 refers to Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.

113. This means the people who are providing care are to receive training and support to help them to deliver the best care possible in often complex circumstances. Carers are to be recruited, assessed and have access to information and review mechanisms in order to ensure quality care is provided. Where appropriate, carers are to receive cultural competence training.
114. The following national measures are used by CYS in relation to National Standard 12.
- Measure 12.1 - The number of foster care households with a placement at 30 June, by number of foster children placed, and number of foster carer households with a placement during the year.
 - Measure 12.2 - The number of foster carers at 30 June, and the number of new approvals of persons as foster carers and the number of persons who cease to be approved foster carers during the twelve months to 30 June.
 - Measure 12.3 The proportion of foster carers and kinship carers (who had at least one placement during the year) who report feeling supported in their role and who feel their developmental needs relevant to their role are catered for.
 - Data is available for measures 12.1 and 12.2, and is not available for measure 12.3 at this time, consistent with current national reporting arrangements between all Australian jurisdictions and the Australian Institute of Health and Welfare.

Foster care households, Tasmania				
Year	Number of foster care households with placement at 30 June	Number of foster care households with a placement during the year	Households commencing foster care	Households exiting foster care
2013-14	196	270	58	71
2012-13	210	269	64	49
2011-12	194	291	88	59
2010-11	204	283	53	33
2009-10	190	275	64	40

Source: Child Protection Australia (CPA), Australian Institute of Health and Welfare (AIHW).

Number of children in foster care households, Tasmania					
Year	Total households with a placement	Number of children:			
		1	2	3 - 4	5+
2013-14	196	90	51	45	10
2012-13	210	100	47	47	16
2011-12	194	82	40	52	20
2010-11	204	77	53	52	22
2009-10	190	Not available			

Future Improvements

115. As per the response to 1(c), deficiencies have been identified by CYS with regard to access to ongoing training for carers and related development and support. It is intended that these deficiencies will be address through the implementation of the OOHC reform framework noted under 'Preliminary Matters' (para 20-27).

e. Does your agency have any other mechanisms to assess the effectiveness of the recruitment, assessment and training of carers and staff in Out of Home care?

116. All training provided internally to CYS staff is subject to evaluation through staff feedback sought after each session. There is work underway as part of the CYS Learning and Development framework to add in additional quality assurance mechanisms such as supervisor feedback/staff competency assessments etc. This would also apply to any carers who undertake CYS training.

Departmental Carers (Foster and Kinship Care)

117. CYS does not currently have mechanisms to assess the effectiveness of its carer recruitment, assessment and training processes.

Funded Non-Government Providers

118. Funded non-government OOHC providers are required, under their funding agreements to report to the Department on number of identified performance indicators, including the training of carers (type of training and number of days attended). How, this does not provide any information related to the effectiveness of such training.

119. In mid-2010 CYS established the reporting requirements and processes for the 2010-2013 funding agreements for the therapeutic residential care program. However limited capabilities on the part of service providers to collect and report data, compounded by

limited capacity in CYS to assist in that respect, means no data has ever been provided for monitoring purposes.

Future Improvements

120. 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. As per the response to I(b) and (c), areas for improvement have been identified with regard to carer assessment, training and support within the Tasmanian OOHC reform framework noted under 'preliminary matters' (see para 20-27).

2. Monitoring of children in out-of-home care

a. Who monitors children in out of home care, how is that monitoring carried out and with what frequency does it occur?

121. Monitoring of children in out of home care in Tasmania is primarily undertaken by the child's case worker, consistent with CYS policy *Visiting Children and Young People on an Order (2013)* and broader administrative requirements such as the *Charter of Rights for Tasmanian Children and Young People in Out of Home Care*.

Charter of Rights

122. The Charter of Rights for Tasmanian Children and Young People in Out of Home Care requires child protection workers to maintain a relationship with the children they work with to ensure:

- their ongoing safety;
- their optimum development;
- the suitability of their placement;
- access to support services including education;
- opportunities to raise concerns through regular meetings alone with the worker; and
- that all other provisions of the Charter are achieved.

Child Visits

123. Children in OOHC are particularly vulnerable by virtue of their history and need someone supportive to talk with about their concerns. Early and ongoing engagement with children through frequent visits, discussions and activities provides the opportunity for children to develop trusting relationships with their workers.

124. In Tasmania, the frequency of visits by Child Protection Workers varies according to the stage and complexity of intervention. Thus, a child placed under an Assessment Order requires more regular visits than a child under Guardianship until 18 years. In all

cases, at least some of any visit with the child or young person will be held away from the usual care-givers and in private.

125. A child's first visit period commences on the date the order commenced. From there, the required visit frequencies are:
 - A child on an Assessment Order or a Voluntary Care Agreement will be visited in person and talked with, no less than once in every week;
 - A child on a twelve-month Care and Protection Order or an Interim Care and Protection Order will be visited in person and talked with, no less than once in every four week period;
 - A child who is under a Care and Protection Order and is living with parents will be visited in person and talked with every week for the first four weeks following reunification and thereafter (providing that there are no major concerns for the child's wellbeing) a minimum of every four weeks until the order is revoked; and
 - A child on a Care and Protection Order until 18 years will be visited in person and talked with, no less than once every six week period. In addition, where a child is subject to such a care and protection order, the Secretary must review the circumstances of the child at least once in each year during the first 3 years of that guardianship; and in each 2 year period following those first 3 years until the child reaches 18 years of age or the Secretary or other person named as guardian in the order otherwise ceases to be the child's guardian.
126. Details of each contact visit must be recorded by the child protection worker and placed on the child's file.
127. Compliance with this requirement is measured in terms of the percentage of scheduled visits that were undertaken within the required timeframes, as recorded in the Child Protection Information System (CPIS).
128. An online dashboard is used to internally disseminate data for this measure, which is available to all CPS managers, from Team Leaders to the Deputy Secretary, and can be viewed at any time. The data can be presented as yearly, quarterly, or monthly data points, at state, regional, team type, team, and individual worker levels, and can be filtered by client demographics including age (as fine as individual year), sex, and indigenous status.
129. This reporting forms part of ongoing service monitoring and improvement through staff supervision and related processes.

Year	Percentage of visits conducted within required timeframes for children on orders	Numerator	Denominator
2014-15*	57.1%	2 911	5 095
2013-14	61.0%	5 779	9 479
2012-13	61.6%	6 222	10 102
2011-12	56.1%	5 959	10 628

Source: unpublished data and metadata, from internal information system 'FYI'. * 2014-15 year to date, as at 30/1/2015.

Future Improvements

130. Regional variations in both the implementation of, and adherence to, policy have been identified as a critical issue for CYS to address. As noted under the 'Preliminary Matters' section (see para 28-32), this issue is currently being addressed through the Practice Manual Project, which commenced in late 2014. The project will systematically review policy, practice and procedures across all of CYS and aims to incorporate a strong evidence base including learnings from reviews and evaluations into CYS policy and practice.
131. This policy consistency will be supported by appropriate indicators for key policy elements (such as the data available to monitor visiting requirements). This will enable CYS to audit compliance with the policy at the practitioner level and to use this information to support workplace training and staff development needs
132. Likewise, the proposal to move to State-wide program portfolios within CYS (see para 45-51), of which OOHC will be one, is intended to support a consistent approach to OOHC practice across Tasmania.

b. Practices which your agency has adopted in order to encourage disclosure by children of sexual abuse in out of home care.

Building a Trusting Relationship with children in care

133. Research indicates that most children in care desire, and where it has existed have appreciated, a genuine and personal relationship with their worker. This expectation is reflected in the *Charter of Rights for Tasmanian Children and Young People in Out of Home Care*.
134. Building a trusting relationship between the child and their case manager occurs over time. All children involved with Child Protection Services have experienced disruptions and trauma before entering care and for some children the pattern of disrupted relationships continues during their period in care. The greater the level of disrupted relationships, the more time it will take for the child to establish a trusting relationship with a worker and their carer.

135. Within the context of a professional trusting relationship, children will feel safer to discuss concerns and worries they have, including disclosures. Therefore, a premium is put on ensuring, as much as possible within the available resources, that each child's case manager invests time with that child in building a purposeful relationship.

Regular contact with adult who is not connected with a child's placement

136. Regular contact between children in care and their case manager is a key element in building trust.
137. Children in care also have contact with a number of professionals during their period in care. This includes counsellors, health care and educational professionals who work closely with a child's case managers. Case managers work closely with teachers, counsellors and others who regularly spend time with a child to ensure that information related to the child's safety and wellbeing is shared. This includes providing advice and referrals in response to disclosures made by a child.
138. Response 2(e) provides more detail on how CYS facilitate access to organisations such as the CREATE Foundation to provide children in out of home care with the ability to talk to someone outside the immediate out of home care placement.

Collaborative Care – Case and Care Planning

139. Case and Care Planning is one way in which goals are set across the child's life domains, along with the development of a clinical relationship and role clarity for those involved. The Tasmanian Case and Care Planning framework encourages a collaborative approach to care planning (via a Care Team), involving carers, the child (where possible) and key professionals, to ensuring the safety and stability of the child concerned.
140. Every child under the guardianship of the secretary is required to have an up to date Case and Care Plan documented in their file. More detail on the case and care planning process is provided in response 2(c).
141. Establishing a network around the child links the key individuals to whom a child may disclose abuse. Care Teams are able to identify and respond to a child's needs, such as therapy/counselling, and provide advice/support/referral options to the child and their carers so that the care placement is able to support such specialist services.

Response to disclosures or concerns

142. Once a child is in out of home care, should there be any further allegations of abuse or neglect, the Responding to Care Concerns impacting on a child in Out of Home Care guidelines (2013) provides clear direction for practitioners in determining the appropriate course of action. Further Detail on this policy and procedure is provided in response to question 4(a).

Future improvements

143. While the identified approaches provide opportunities for disclosure to occur and for such a disclosure to be responded to, there is currently a gap with regard to 'encouraging' such disclosures (through training or information provided to our partner organisations - such as education).

- 144. Improvements to the Policy and Practice Framework as outlined under 'preliminary matters' (see para 28 -32) will include improvements to policy dissemination and policy related training.
- 145. Both phases of the proposed OOHC reform (as noted in 'Preliminary matters' (para 20 -27)) will contribute towards such a safe guarding approach, including the need for organisations to achieve accreditation as child safe organisations and related staff training and support requirements.

c. What is the mechanism by which other authorities (for example law enforcement, health and schools) exchange information with the out of home care agency about risks of sexual abuse of the child in care?

Mandatory Reporting

- 146. Child Protection staff and others who will be involved in the child's life such as teachers, therapists or medical practitioners for example are considered 'prescribed persons' or mandatory reporters for the purposes of the *Children, Young Persons and Their Families Act 1997*. This places an obligation on the mandatory reporter to provide information to Child Protection Services if they have a concern for the care and protection of a child.
- 147. More information on the mandatory reporting and intake process is provided in response 3(a).

Case and Care Planning

- 148. In Tasmania each child and young person involved with CPS must have a case and care plan. The Case and Care Plan identifies the child's needs and describes how these needs will be met while they are in out of home care. The identification of needs is based on the observations, discussions and conversations that have occurred with the child and the key people (including professionals and service providers) in his or her life.
- 149. Those with the most knowledge of and responsibility for the child are required to work together to establish shared goals and ways of achieving these based on the child's needs, the strengths of the family and the services and supports available. It is therefore a requirement for child protection practitioners to develop a Care Team around every individual placed in care in order to best facilitate the sharing of information and collaborate practices.
- 150. The care team must include the child's carer and should also include, as appropriate: support worker, child protection worker, parent and/or significant family members, child or young person (as appropriate). Additional care team members may include the therapist/clinician (if engaged), teacher, GP, paediatrician or other medical specialist, aboriginal liaison worker, drug and alcohol worker, mental health worker, youth justice worker and other specialist services including secondary consultant services.

151. A care team approach offers an inclusive practice approach and creates a network of protective individuals and sharing relevant information within the group enhances opportunities for the protection of a child and the prevention of abuse.
152. It is recognised that some children and young people either through personal attributes or through previous or current extrinsic circumstances, can be at an increased risk of abuse. These factors include previous experiences of sexual abuse, attachment difficulties, intellectual disability and young people experiencing placement instability and/or risk taking behaviours. Identification of children and young people who are at an increased risk of sexual abuse and the development of plans to address this vulnerability and to increase safety are managed through the case and care planning process to prevent abuse occurring.

Information Sharing

153. Sharing information across services is an essential practice when responding to children and young people at risk of harm and abuse. Information sharing enables collaborative practice, which needs to be underpinned by a willingness to share and exchange information to enable the best outcomes for the children and families we seek to support.
154. In 2009, amendments were made to the *Children, Young Persons and Their Families Act 1997* to support the sharing of information between professionals in the interests of a child in care. These amendments provided broader powers to allow the sharing of information relevant to the best interests of a child between Child Protection Services, a Non-Government Community Based Intake (Family Services) and Non- Government service providers.
155. This includes information related to the child's parents, caregivers and other significant individuals in the child's life. Prior to these amendments, the power of the Secretary to request information was limited to that which pertained only to the child in question. In many circumstances, there may also be medical or criminal matters relating to the parents or caregivers of the child, which could also be a factor in determining if the child is at risk.
156. These same amendments also established provisions to allow child protection workers to investigate the circumstances of a child before they are born (where the Secretary, or delegate reasonably suspects the child may be in need of protection after he or she is born) and take appropriate action including, assessing the likelihood that the child will need protection and offering help and support to both the pregnant woman and her partner (if appropriate).

Other Agencies

157. CYS works collaboratively with other Agencies, both Government and Non-Government to facilitate the sharing of information through Memorandum's of Understanding or similar agreements.
158. Such agreements exist with key entities such as Tasmania Police, the Tasmanian Department of Education, Gateway Service providers and the Tasmanian Catholic

Education Commission. These agreements build on existing legislative requirements (such as those under the *Children, Young Persons and Their Families Act 1997* and *Personal Information Protection Act 2004*) and promote a shared understanding between services and clear processes for the sharing of information related to concerns.

159. The introduction of the *Registration to Work with Vulnerable People Act 2013 Act* (see para 52 -61) in July 2014 also established the position of Registrar. The Registrar may request and obtain information and advice from a range of entities (both public and private), as the Registrar considers appropriate to assist in conducting a risk assessment of a person. Legislative amendments are also being considered and system enhancements are being pursued which will allow for flagging of risk categories from reportable bodies. This will apply equally in relation to sharing of information from police, child protection services, and other major employer/disciplinary groups.

Future improvements

160. Approaches to sharing information where children are subject to child protection orders are reasonably clear in Tasmania, largely because of the role of the DHHS Secretary as Guardian, or the provisions of the *Children, Young Persons and Their Families Act 1997*.
161. As noted, collaborative mechanisms, such as Memorandum's of Understanding are used with key Agencies to provide clarity with regard to roles and process. In addition, Government Departments who work closely with children in care (such as the Department of Education) have policies in place which respond to the needs of children in care and compliment the efforts of CYS in that regard. One example of this is the Department of Education's *Respectful Schools – Supporting Student Need model*, which guides the provision of support services to students, including children in care.
162. However, efforts to clarify the ability to share information has often been focused on the need of one Agency (as with the child protection orientated legislative amendments identified above), and there is room for improvement across Government Agencies more broadly about what information can be shared, with whom, and through what mechanism, outside of mandatory reporting requirements.
163. Improvements to the Policy and Practice Framework as outlined under 'preliminary matters' (26 – 30) will build existing mechanisms to streamline the sharing of information between CYS and its partner agencies.

d. Is there a requirement that your agency as an out of home care provider be accredited, registered or licensed or otherwise be subject to conditions about the provision of out of home care? If so, please describe those requirements?

164. Under the *Children, Young Persons and Their Families Act 1997*, the Secretary (DHHS) or delegate is able to place children in the care of a guardian of the child or a member of the child's family, or of any person the Secretary considers suitable.

165. This suitability is determined administratively by the carer screening and assessment process applied by DHHS. More detail on this process is provided in response 1(a) and (b).
166. There is no requirement, under the *Children, Young Person and Their Families Act 1997* for CYS (or its department “parent” body, DHHS) to be accredited or licenced as an out of home provider. Similarly, there is no current mechanism for non-government OOHC providers to be accredited as OOHC providers (the requirements of the funding agreement relate to the organisation more broadly, or the requirements of the service being delivered).
167. Such an approach places significant expectation on adherence to policy and must be supported through strong compliance monitoring, quality assurance and evaluation mechanisms.

Future Improvements

168. As noted under response 1(b), CYS does not have a formal framework in place to monitor standards and or ensure compliance against range of policies, including carer assessment.
169. Phase 1 of the reforms currently underway to the OOHC in Tasmania will require residential care providers to achieve accreditation as a ‘child safe organisation’ within two years of the funding agreement being in place (see para 26).
170. Phase 2 of the proposed reforms to the OOHC system in Tasmania will consider the OOHC options currently provided by DHHS (Foster and Kinship Care) and will include the recruitment, support, training, approval, accreditation, registration and deregistration of family based carers (see para 27).
171. Separate to these reforms, Tasmania looks forward to the Commission’s views on independent monitoring of OOHC placements, such as the function provided by Ireland’s Health Information and Quality Authority (HIQA), which inspects children’s residential centres, special care units and foster care settings against Ireland’s National Standards for Children’s Residential Centres and National Standards for Foster Care.

e. What mechanisms are there for children in out of home care to talk to someone outside the immediate out of home care placement?

172. Best practice requires that children under a care and protection order (excepting orders that transfer the guardianship to the child's carer) will have a child protection worker to undertake assessment and case management responsibilities for the child. These responsibilities include visiting the child and face to face contact with the child. The minimum level of visits/contact is dependent upon the type of order that the child is on and the child's circumstances. Response 2(a) provides additional details on the visiting requirements of children in care.

173. Children in care also have contact with a number of professionals during their period in care. This includes counsellors, health care and educational professionals whom are mandatory reporters under the *Children, Young Persons and their Families Act 1997*. Reports made by professionals regarding concerns or disclosures made by children in care are responded via the process outlined under the response to 3(a).
174. CYS also provides annual funding to the CREATE foundation to deliver advocacy services to children and young people who are in out of home care placements funded by the Department of Health and Human Services. These services include connection activities, consultation with children in out of home care and other activities designed to empower children and young people with the ability to speak out about their experiences in care.

Commissioner for Children

175. The Tasmanian Commissioner for Children is established under the *Children, Young Person's and Their Families Act 1997*, primarily to provides advice to the Minister on: all matters relating to children and young people; promote the wellbeing of children; and investigate matters as requested by the Minister.
176. A 2014 review of the role and function of the Commissioner considered a number of areas, including independence, ability to receive complaints, advocacy functions for children and the ability of the Commissioner to undertake 'own motion' investigations. Legislative changes are currently being progressed in response to the review recommendations and are expected to be considered by the Tasmanian Parliament during 2015.

3. Systems, policies, practices and procedures for reporting allegations

a. What are the requirements or practices for reporting allegations of child sexual abuse within the agency?

177. DHHS and CYS staff, as employees under the Tasmanian *State Service Act 2000* are subject to the Tasmanian State Service Principles and Code of Conduct. The Principles provide a statement as to both the way that employment is to be managed in the State Service, and the standards expected of those who work within it. The Code of Conduct reinforces and upholds the Principles by establishing standards of behaviour and conduct that apply to all employees, including the requirement for Tasmanian State Servants to act lawfully.
178. There is no over-arching policy governing the reporting of allegations of child sexual abuse within the Department of Health and Human Services (DHHS), however, DHHS employees are required under section 14 of the *Children, Young Persons and their Families Act 1997* to make a notification to Child Protection Services if they believe, suspect or know of a child who may be at risk of abuse or neglect.
179. Some DHHS entities, such as the Tasmanian Health Organisations, have prepared guidelines for their staff regarding their obligations under Section 14. This section

establishes a number of occupations as prescribed persons, otherwise known as mandatory reporters, who are required to report any belief, suspicion or knowledge of child abuse or neglect to the Secretary of DHHS (or delegate) or a Community Based Intake Service (CBIS) as soon as practicable. There are penalties under section 14 related to non-reporting.

180. A CBIS is a service, which, under agreement with the Secretary DHHS, carries out functions related to providing a referral service for children and families in need of early intervention and support. There are four CBIS in Tasmania (known as Gateway Services), that are able to connect vulnerable children, young people and their families to the services they need to protect and promote their healthy development. A community-based Child Protection worker works in each of the Gateway Services and is able to act on notifications of neglect and abuse.
181. The Community-based Child Protection worker is a position for an experienced practitioner that is employed by Child Protection Services (and operates within the same policy and practice framework), but who is embedded with the funded CBIS provider for the purposes of making risk assessments with regard to reports made via the CBIS.
182. However, it should be noted that, while the legislative capacity exists for notifications to be made via the Gateway Services, in practice the primary contact for making a child protection notification remains Child Protection Services.
183. The Mandatory Reporting requirements established under section 14 of the *Children, Young Persons and Their Families Act 1997* build on provisions established in October 1975 as part of the *Child Protection Act 1974*, although Mandatory reporting with an express focus on child sexual abuse did not take effect until 8 April 1987, with the passage of the *Child Protection Amendment Act 1986*.
184. Child Protection Intake is the tertiary 'entry point' for the statutory child protection service in Tasmania. Staff receive enquiries and reports made during business hours Monday to Friday. Outside normal working hours, calls to Intake are automatically transferred to the Emergency After-hours Service for urgent child protection notifications or serious issues affecting children in care only.
185. Regardless of the point of notification, assessment of the notification occurs through the Intake process, consistent with the Initial Assessment Guidelines.
186. If a criminal matter or offence is reported to Child Protection Services a police referral must be made.
187. If there are NOT reasonable grounds for conducting an initial assessment of the information provided by the notifier (malicious or uninformed), the notification is closed at Intake. However, closing a notification at this stage requires a CPIS history check and a brief rationale regarding the CPW's decision. A Team Leader is also required to approve and close the incident.
188. Notifications regarding abuse of children in out of home care are processed in accordance with the Responding to Care Concerns impacting on a child in Out of

Home Care guidelines (2013). Response 4(a) provides more detail on these guidelines and the response to such notifications.

Funded non-government providers

- 189. These guidelines also incorporate the processes that are required to respond to and assess severe abuse and neglect allegations relating to funded non-government OOHC providers.
- 190. Further detail regarding the application of the Responding to Care Concerns impacting on a child in Out of Home Care guidelines to funded non-government providers is included as part of response 4(a).

Future Improvements

- 191. CYS has identified that the implementation of CYS policies generally has not always been consistently managed in an ongoing manner, resulting in some local variations and at times, inconsistent approaches to some elements of CYS policies. More information on the project underway to address this is provided at paras 28 -32.
- 192. In the case of referrals to Tasmania Police, data analysis shows that this does not occur in all cases, despite the policy requirement. This may be for a number of reasons, such as: a decision by the worker that the report is not a criminal matter (based on the age of the alleged offender), discussions have occurred with police and no referral is required, or it may be the result of data quality issues associated with the often manual process for making and recording referrals.
- 193. As noted previously (refer para 32 – 37), into the future, the oversight of all care concern notifications and investigations will occur via a stand-alone ‘Reviewable Events’ unit which will provide a higher degree of monitoring of the response rate to care concern notifications and compliance with policy timeframes and required activities. More detail on this proposed unit is provided under ‘preliminary matters’.

b. What are the requirements or practices for reporting allegations of child sexual abuse outside of the agency?

- 194. Every adult who knows, or believes or suspects on reasonable grounds, that a child is suffering, has suffered or is likely to suffer abuse or neglect has a responsibility to take steps to prevent the occurrence or further occurrence of the abuse or neglect. One way that an adult can discharge this responsibility is to report their knowledge, belief or suspicion to Child Protection Services or a Community Based Intake Service.
- 195. Prescribed persons (who are often called ‘mandatory reporters’) have a special duty to inform the Child Protection Services or a Gateway Service if they believe, suspect or know that a child has been or is being abused or neglected. Mandatory reporters may face penalties if they fail to inform Child Protection Services or a Gateway Service of their knowledge, belief or suspicions.
- 196. The process for dealing with these reports is the same as outlined under the response to 3(a).

197. Where a notification is received relating to a criminal matter or offence CY5 has a policy requirement that a police referral must be made.

Future Improvements

198. CY5 has identified that the implementation of CY5 policies generally has not always been consistently managed in an ongoing manner, resulting in some local variations and at times, inconsistent approaches to some elements of CY5 policies. More information on the project underway to address this is provided at paras 28 -32.

199. In the case of referrals to Tasmania Police, data analysis shows that this does not occur in all cases, despite the policy requirement. This may be for a number of reasons, such as: a decision by the worker that the report is not a criminal matter (based on the age of the alleged offender), discussions have occurred with police and no referral is required, or it may be the result of data quality issues associated with the often manual process for making and recording referrals.

200. Amendments to the Tasmanian *Registration to Work with Vulnerable People Act 2013* are also actively being considered and system enhancements are being pursued which will allow for flagging of risk categories from 'reportable bodies'. This will apply equally in relation to sharing of information from police, child protection services, and other major employer/disciplinary groups with the Registrar under the Act.

c. What data is collected of these reports?

201. Information related to reports of alleged child sexual abuse is captured in the Child Protection Information System in accordance with the intake process outlined in response to 3(a).

202. Data related to these reports, which forms part of the Child Protection National Minimum Data Set (CP NMDS) is utilised for National, State, Departmental and internal reporting purposes, including: Report on Government Services, Australian Institute of Health and Welfare reports, Annual Reports and CY5 performance reporting.

203. There are seven files within the CP NMDS, all of which contain unit record level data:

- Client — captures client demographics.
- Notifications investigations and substantiations (NIS) — captures notifications, investigations and substantiations.
- Care and protection orders (CPO) — captures care and protection orders issued.
- Living arrangements (LA) — captures living arrangements for children under care, including children in funded out-of-home care placements and/or on orders.
- Carer household authorisation — captures information about carer households that were authorised to provide funded home-based out-of-home-care placements.

- National Out-of-Home Care Standards (NOOHCS) — captures information required for national reporting on a number of NOOHCS measures.
- Sibling (optional) — captures sibling relationships of children in funded out-of-home care placements.

d. With which agencies or authorities does your agency exchange information about these reports?

204. The initial assessment information gathering phase follow the receipt of such report includes searches or background checks with a number of agencies.
205. The response to 3(a) provides more information on the range of agencies that information on these reports may be exchanged with as part of the service response.
206. This information is also reported through National, State and reporting requirements, including the Report on Government Services and Australian Institute of Health and Welfare reports.

e. Merits of a consistent national approach?

207. A national approach to monitoring and responding to allegations of abuse and neglect is supported not just for children in care but for all children involved with Child Protection Services.
208. In considering whether a consistent national approach will strengthen the prevention of, or response to, child sexual abuse in OOHHC, more clarity is required with respect to the quality of information to identify:
- the types of information practitioners/service providers need and want (from all possible qualities of information that may be available);
 - the 'threshold' whereby the new information elicits a response from the entity/service/provider in receipt of the information (where threshold may vary between jurisdictions); and
 - what is the preferred/changed response elicited from the provider having received threshold information.
209. The lack of consistency in terms of jurisdictional processing of notifications, investigations and substantiations was particularly apparent in the report *Comparability of Child Protection Data 2008*, which identified a variety of factors as contributing to the variation observed in the rate of total notifications across jurisdictions, the most influential of which were:
- differences in whether notifications are caller-defined or agency-defined;
 - differences in the application of the national counting rule for notifications;
 - differences in the availability of diversionary and family support services;
 - whether jurisdictions employ centralised intake or local area intake services;

- differences in mandatory reporting requirements and agency reporting policies;
 - matters for which notifications are recorded (i.e., extra-familial maltreatment and abuse of children in care); and
 - threshold differences in the point at which jurisdictions record a notification.
210. Similar differences were observed for the rate of total investigations, and again a range of factors appeared to contribute to differences observed across jurisdictions, the most influential of which were thought to be:
- differences in volume of clients entering the child protection stream of the service system;
 - policy differences;
 - differences in the availability of diversionary and family support services; and
 - threshold differences in the point at which a notification proceeds to an investigation.
211. Likewise, several factors appeared to contribute to differences observed across jurisdictions in the rate of total substantiations, the most influential of which were:
- differences in the availability and capacity of diversionary and family support services;
 - differences in what is substantiated; and
 - threshold differences in the point at which child protection services determine there has been harm/ abuse and determine that there is a risk of harm/abuse.
212. Given jurisdictions tend to follow the same general direction when assuming an approach to responding to children at risk, a national led approach which provides for greater consistency across all aspects of the management of child protection would be supported. In terms of improving consistency and efficiency of data collection and monitoring of performance, a national system, which collected information against clearly defined metadata standards, would be beneficial.

4. System's policies practices and procedures for responding to allegations

a. What does the agency do about each allegation of child sexual abuse of a child in out of home care, which is reported to them?

213. The Secretary of the Department of Health and Human Services has a legislative responsibility to ensure that children in Out of Home Care (OOHC) receive a level of care that is consistent with the principles outlined in the *Children, Young Persons and Their Families Act 1997*, and in line with best practice principles defined within Children and Youth Services (CYS) policy.
214. To ensure that this happens in practice there are policies and practices related to "Complaints in Care" whereby all reports of concern that a child may have been abused, neglected or not receiving appropriate quality of care are responded to in a

timely and thorough manner that is at all times child-focused. Concerns related to the provision of care can range from minor quality issues through to severe abuse.

215. Notifications regarding abuse of children in out of home care are processed in accordance with the Responding to Care Concerns impacting on a child in Out of Home Care guidelines (2013).
216. For the purposes of these guidelines, concerns relating to the care provided to a child living in Out of Home Care have been defined into two separate pathways. This is in acknowledgement of the fact that allegations of a more severe or chronic nature should be responded to by our most skilled and qualified staff, given the possible impact and implications of such abuse.
217. Child Protection Services can be made aware of care concerns through a variety of mechanisms. These may be through disclosures by the child, formal notifications, or via reports from professionals or family members.
218. Regardless of whether the concerns are formally notified or reported through case management mechanisms, the matter is recorded clearly on the Child Protection Information System (CPIS) as a Care Concern. This is intended to allow for transparent and clear analysis and review of trends in matters relating to children in Out of Home Care.
219. Any allegations of a criminal nature are referred to Tasmania Police at the earliest possible time in line with the Memorandum of Understanding with Tasmania Police.
220. Upon receipt of a care concern, the child's Child Protection Worker or carer's Out of Home Care Worker will convene a review meeting involving key staff from Children and Youth Services and/or Community Sector Organisation where appropriate.
221. The purpose of the Coordination meeting is to discuss the identified concerns and to determine what action needs to be taken to address or assess the concern. Specific review of whether the concern meets the threshold for a severe abuse and neglect investigation should occur at this time to allow appropriate classification of the care concern.
222. In matters relating to sexual abuse allegations, this complaint is investigated by a senior staff member within the QIWD Unit (refer para 3 - 4 for more detail), and recommendations are formally made, considered, approved/not approved by the most senior director within the governance structure of CPS (Area Director). This ensures higher level decision making in terms of the carer suitability following a serious complaint.
223. Following the investigation of a complaint against a carer, the investigating officer will consider the ongoing suitability and/or conditions associated with the carer's ongoing carer role. As part of this, a formal re-assessment of the carer may be recommended or additional conditions may be placed on the carer such as the need for training/development/changes in a particular area.

Concerns relating to a Funded Non-Government OOHC Organisation

224. If the care concern relates to a child in a placement managed by a funded non-government organisation, consultation occurs with the service provider as soon as practicable in regards to the identified concerns and proposed process for clarification and assessment.
225. All funded non-government organisations are required to have their own internal guidelines and procedures for receiving feedback and resolving complaints. It is expected that throughout the management of care concern complaints, Community Sector Organisations will:
- use all proper care and due diligence;
 - comply with any codes of conduct, ethics or other relevant standards;
 - comply with all relevant Laws;
 - comply with the Children and Youth Services Quality and Safety Standards Framework;
 - commit to continuous quality improvement;
 - keep comprehensive and accurate accounts and records of its investigation of care concern complaints;
 - demonstrate evidence of continuous quality improvement and resolution of any issues impacting on the child/ren; and
 - institute procedures to ensure that all persons engaged by the service are fit and proper persons – namely, capable of providing adequate care; understands the needs of their children; and is of good character and suitable to be entrusted with the care of children.

Investigation findings, Outcomes and Recommendations

226. A formal written report will be provided to the Child Protection Manager upon completion of the investigation and a meeting is convened between the investigating officer, Child Protection Manager and Area Director to discuss the recommendations.
227. This report includes the following:
- information obtained throughout the investigation process;
 - analysis of child safety, stability, development and well-being;
 - findings from the investigation in relation to whether abuse and neglect allegations are substantiated;
 - recommendations in regards to carer training and practice improvement processes;
 - additional carer or child issues that require further follow up from the operational areas; and
 - recommendations in regards to the registration of the foster carers' status.

228. The outcome and recommendations require the approval of the CYS Area Director.
229. A work plan is developed following a report. This work plan highlights each recommendation and the required action and timeframe for implementation. A copy of the Care Concern Work Plan is provided to Quality Improvement and Workforce Development (QIWD) for review and appraisal purposes.
230. At the completion of the investigation and following approval of the report, a Senior Quality and Practice Advisor (SQPA) provides a summary of the recommendations and findings to the carer in writing with the view to them accessing the full report through the Child Protection Manager if so desired.
231. The matter is formally closed by the SQPA once the report is provided to the operational area.

Future Improvements

232. CYS has identified that the implementation of CYS policies generally has not always been consistently managed in an ongoing manner, resulting in some local variations and at times, inconsistent approaches to some elements of CYS policies. More information on the project underway to address this is provided at paras 28 -32.
233. In the case of referrals to Tasmania Police, data analysis shows that this does not occur in all cases, despite the policy requirement. This may be for a number of reasons, such as: a decision by the worker that the report is not a criminal matter (based on the age of the alleged offender), discussions have occurred with police and no referral is required, or it may be the result of data quality issues associated with the often manual process for making and recording referrals.
234. Compliance with the *Responding to Care Concerns impacting on a child in Out of Home Care guidelines (2013)* is currently monitored for via annual quality appraisals conducted by CYS Quality Improvement and Workforce Development. This involves review of complaint responses, outcomes for children and carers and staff compliance with the policy. It also provides an opportunity for children and carers to provide direct feedback as to their experience. However, into the future, the oversight of all care concern notifications and investigations will occur via a stand-alone 'Reviewable Events' unit which will provide a higher degree of monitoring of the response rate to care concern notifications and compliance with policy timeframes and required activities. More detail on this proposed unit is provided under 'preliminary matters' (refer para 32-37).

b. What data is collected about these actions?

235. The Child Protection Information System (CPIS) currently has the ability to report on abuse type, placement and related fields, including whether a complaint has been processed as complaint in care.

Report on Government Services.

236. The following tables were published in the Report on Government Services (ROGS) 2015 on *Substantiations for children who were in out of home care during 2013-14*. The

results for Tasmania have been circled and relate predominantly to care concerns identified under the policy 'Responding to Care Concerns Impacting on a Child in Out of Home Care', along with 'Schedule 1: Responding to Quality of Care Concerns Relating to Children in Out of Home Care' and 'Schedule 2: Investigations of Severe Abuse or Neglect of a Child in Out of Home Care'.

Table 15.1 Proportion of children in out-of-home care who were the subject of a substantiation of sexual abuse, physical abuse, emotional abuse or neglect, 2013-14^{a, b}

	Unit	NSW ^c	Vic ^d	Qld ^e	WA ^f	SA	Tas	ACT	NT
Children in care who were the subject of a notification, which was substantiated	no.	na	na	137	59	21	5	29	19
Children aged 0-17 in at least one care placement during the year	no	20 520	10 041	8 438	4 485	3 089	1 273	776	1 134
Proportion	%	na	na	1.6	1.3	0.7	0.4	3.7	1.7

Source: Report on Government Services 2015, Table 15A.28. Includes caveats "a) Data are not comparable due to differences across jurisdictions in policies, practices, and reporting methods; b) as a proportion of all children in at least one care placement."

Table 15.2 Proportion of children in out-of-home care who were the subject of a substantiation and the person responsible was living in the household, 2013-14^{a, b}

	Unit	NSW ^c	Vic ^d	Qld ^e	WA ^f	SA	Tas ^g	ACT	NT ^h
Children in care who were the subject of a substantiation and the person responsible was in the household	no.	68	109	137	9	13	9	20	na
Children aged 0-17 in at least one care placement during the year	no.	20 520	10 041	8 438	4 485	3 089	1 273	776	1 134
Proportion	%	0.3	1.1	1.6	0.2	0.4	0.7	2.6	na

- **Source: Report on Government Services 2015, Table 15A.27.** Includes caveats "a) data are not comparable due to differences across jurisdictions in policies, practices and reporting methods; b) as a proportion of all children in at least one care placement; g) Tasmania's data are not able to be separately identified as to whether or not the person responsible was living in the household or visiting." It is unclear what extent of manual checking of this data (regarding person believed responsible living in the household or not) was undertaken by other jurisdictions. For the Tasmanian data, the counting rules can exclude a number of entries.

237. Reported figures represent correct totals extracted against national counting rules from Tasmania's Child Protection Information System, however due to internal variability with recording and decision-making practices for notifications and substantiations for children in care, it is possible nationally reported substantiations understate the actual number of children who have been the subject of abuse and neglect whilst in care.
238. CYS is also subject to specific audits conducted by the DHHS Internal Audit Unit (IA). IA is tasked with supporting the effective discharge of DHHS responsibilities and provides advice, analysis and improvement focused recommendations concerning service areas/ activities examined. As part of quality improvement, each year CYS works with IA to identify a program of audit for critical practice issues.

Future Improvements

239. An enhancement to CPIS specifically addressing how Care Concerns are recorded in the system is scheduled for implementation in May/June 2015. This enhancement will create a dedicated interface for recording and managing the investigation of Care Concerns. Additional data that will be collected with this enhancement includes:
- the ability to link Care Concerns directly to a carers file (concerns will thus be highly visible to those looking at the carer file);
 - details regarding police involvement;
 - the recording of dates highlighting when key outcomes were reached during the investigation; and
 - recording of feedback relating to the Care Concern investigation process from both clients and carers.
240. The care concern policy is also currently monitored for compliance through annual quality appraisals through the Quality Improvement and Workforce Development Unit within CYS. This involves a review of complaint responses, outcomes for children and carers and staff compliance with the policy. It also provides an opportunity for children and carers to provide direct feedback as to their experience.
241. As noted under 'preliminary matters' (see para 32 -37) and response 4(a), into the future, the oversight of all care concern notifications and investigations will sit with a stand-alone Reviewable Events Unit within CYS.

c. With which agencies or authorities does your agency exchange information about these responses?

242. The response to 4(a) outlines the CYS response to allegations of sexual abuse related to children in out of home care, including the agencies or others involved in that and who exchange information as part of that process.
243. Information is also exchanged with Tasmania police via a police referral.
244. Quality Improvement and Workforce Development in conjunction with the Director of Operations, Children and Youth Services chair the Care Concern Monitoring Group.

The Care Concern Monitoring Group includes the Commissioner for Children, the Tasmanian Facilitator of CREATE Foundation, a representative from the Foster Care Advocacy Support Team (FAST), the Senior Quality and Practice Advisor who has portfolio for such matters, operational front-line staff from within Children and Youth Services and members from involved Community Sector Organisations.

245. As noted, into the future, the oversight of all care concern notifications and investigations will sit with a stand-alone Reviewable Events unit within CYS. Response 4(a) provides more detail on this.

d. Merits of a consistent national approach.

246. As noted in response 3(e), there are definitional differences which impact on comparable responses and which would benefit from a consistent approach. Further, Definitions used are often poorly prescribed, for example: The national definition from *Child Protection Australia* for substantiation is as follows:

- **“A substantiation indicates there is sufficient reason (after an investigation) to believe the child has been, is being, or is likely to be, abused, neglected or otherwise harmed.”**

247. The Tasmanian definition is:

- **“A substantiation of risk means that the Child Protection worker believes that the child has been, is currently being, or is likely to be at risk of harm.”**

248. These and other differences are likely to have considerable impact on the consistency with which not only allegations of sexual abuse in care are processed and monitored but the way in which all aspects of abuse and neglect are managed and an approach to responding to children at risk a national led approach which provides for greater consistency across all aspects of the management of child protection would be supported.

5. Systems, policies, practices and procedures for supporting children who have been sexually abused in out of home care

- a. What does your agency do to support children who have been sexually abused in out of home care including counselling, support services, specialist services, financial assistance or recompense while in care and after exiting care?

Tasmanian Child Trauma Service – 2009-2015

249. Since 2009, DHHS has provided funding to the Australian Childhood Foundation to deliver the Tasmanian Child Trauma Service (TCTS). The TCTS has a primary role in the delivery of a statewide therapeutic program for children and young people in the statutory child protection system who exhibit, or are at risk of developing, emotional, social and behavioural disturbances caused by abuse and/or neglect or other trauma in

their lives. The TCTS plays a key role in assisting carers and other services to make decisions and to act in ways that promote recovery for these children.

250. The delivery of therapeutic services for children in out of home care into the future is currently subject to a procurement process as part of the broader reform of out of home care – see preliminary matters (para 20 – 27). This process will see a revised therapeutic service in place by July 2015.

Referral to specialist services

251. Practitioners have the experience, expertise and skills to undertake psychosocial, safety/risk and family need assessments.
252. However, when an assessment is required that is outside the expertise of the Area Office, a request needs to be made of other services within the Agency or funded community- based service prior to purchasing the service externally.
253. Reasons for needing an external assessment could include Assessment for affirmation of allegations of sexual abuse and maltreatment
254. Such requests may be made for reasons such as the expertise is not available internally or from another Government or community-based organisation, or is required by a Court process.

Sexual Assault Support Service

255. DHHS also provides funding to the Sexual Assault Support Service, which provides counselling and support for men, women and children affected by sexual assault. This service is available for referrals from across the community, not exclusively for children in care.
256. The Sexual Assault Support Service provides a range of specialist services that support children, young people and adults affected by sexual assault. This includes:
- Counselling and support for children and young people who have been subjected to sexual abuse and counselling and support to family members and other support people. This service also provides counselling and support to children under 13 years and their families for problem sexualised behaviour issues.
 - The Sexual Assault Crisis Service provides crisis counselling for all survivors as well as parents and carers. The crisis service also offers support with police statements, and coordinates medical and/or forensic examinations if required by victims of recent sexual assault.
 - The Adult Counselling and Support Service provides individual counselling and group programs for any survivors of sexual assault 18 years and older, also family members and support people.

Child and Adolescent Mental Health Services

257. Child and Adolescent Mental Health Services (CAMHS) have primary responsibility for the delivery of mental health services to young persons in Tasmania.

258. CAMHS is a free, voluntary community based service for young people less than 18 years of age who display symptoms of emotional, social and behavioural disturbances.
259. CAMHS respond to children and adolescents experiencing more complex and severe problems that cause functional impairment and have an adverse impact on social and emotional development or include a risk of harm associated with or arising from mental illness.
260. CAMHS is a specialist service that receives referrals from other service providers to infants, children, adolescents and their families. The level of care provided is based on the assessed severity and risk of the mental illness or disorder and availability of clinical resources.

Medicare Benefits Schedule (Better Access) initiative

261. Tasmanian young people in OOHC may also access mental health services, consistent with the Better Access Initiative, which provides for up to ten individual allied mental health services per calendar year, consistent with the patients Mental Health Treatment Plan.

Future Improvements

262. As noted in response 1(c), therapeutic services for children in OOHC into the future will provide a range of supports to maximise the capacity and opportunity to reduce the impact of trauma. The services will be delivered in a flexible manner to ensure that all placements are therapeutic.
263. Importantly, purchased services will be structured to allow for 60 per cent of the service provision to be the provision of training in trauma awareness and therapeutic responses to carers and Child Protection Services, with the remaining service provision split equally between individual therapeutic intervention and individual client case consults for CPS staff.

Financial assistance / recompense in care

264. CYS does not currently provide financial assistance to children abused in care, other than payments to support the placements and access to additional funding for specialist services on a needs basis consistent with the *Guidelines - Expenditure on Children and Young People in Out of Home Care (2013)*.
265. Children in care who are eligible for assistance under the Tasmanian Victims of Crime Assistance Service are also supported by their case manager to access funds available as part of that program.
266. The Abuse in State Care Support Service (ASCSS) is able to provide some level of support after a young person has left care. More details on this program are provided below.

After Exiting Care

267. Tasmania's Abuse in State Care Review was first announced by the Tasmanian Government in July 2003. The review operated for 10 years over four separate

Rounds, and has helped more than 1800 people with ex gratia payments worth over \$54 million. The scheme closed to new applicants in February 2013.

268. Following the closure of that program, the Abuse in State Care Support Service (ASCSS) was established by the Tasmanian Government to provide support to people who experienced abuse in State care when they were children. The Service aims to assist people to overcome the impacts of the abuse and improve their life circumstances.
269. To be eligible for support under the ASCSS, an applicant must be over 18 years of age, have been placed in State Care in an institution or home established for the care of children in Tasmania, have experienced abuse while in State Care, and have not previously successfully applied to the Child Abuse Review.
270. Applicants deemed eligible are supported by a Departmental counsellor to speak about their experiences whilst in State care and the impacts these have had on their life. The counsellor will be able to discuss further support available to applicants and up to \$2,500 is available to pay for goods and services to assist applicants such as (but not limited to) education, employment, counselling, family connection, medical and dental services.
271. In addition, a copy of an applicant's personal file relating to their time in State care can be provided to them.
272. Depending on the nature of the disclosure, an applicant may be asked whether they wish for the matter to be referred to Tasmania Police for further investigation.
273. Options in terms of pursuing civil proceedings against the alleged wrongdoer are also discussed during the meeting with a counsellor if it is appropriate.

6. National initiatives

a. **What has your agency done to support outcomes 2.2, 6.1, 6.2 and 6.4 of the National Framework for Protecting Australia's Children 2009-2020?**

Outcome 2.2

274. To support outcome 2.2 of the *National Framework for Protecting Australia's Children 2009-2020* Tasmania is also a participant, and supporter of, the protocol for the sharing of information between the Australian Government and State and Territory Child Protection authorities.
275. The protocol is intended to facilitate information sharing between child protection agencies and Australian Government agencies, including Centrelink, Medicare and the Child Support Agency.
276. The protocol, although not legally binding, is based on the assumption that all parties operate on a foundation of mutual respect and cooperation, and in accordance with all applicable legislation.

277. The protocol specifies the information that can be requested from the Commonwealth; standard processes for requesting information; what supporting evidence is required to request information; and the timeframes for responding to information requests.
278. The protocol operates within each state and territory's child protection and privacy legislation and each jurisdiction is responsible for ensuring that legislative requirements are met.
279. The arrangements for sharing information utilise the existing Interstate Liaison Network and the Interstate Liaison Officer (ILO) in each jurisdiction is the point of contact for this protocol.
280. Legislative amendments were made in 2009 to provide broader powers for the sharing of information. Details on these changes are provided as part of response 2(c).

Outcome 6.1, 6.2, 6.4

- **6.1 - Raising Awareness of child sexual exploitation and abuse**

281. The Tasmanian Government has made a commitment to provide \$800,000 to the Bravehearts organisations to deliver their child safety awareness program in all Tasmanian schools.

- **6.2 - Enhance prevention strategies for child sexual abuse**

282. The Tasmanian *Registration to Work with Vulnerable People Act 2013* came into effect on 1 July 2014. More detail is provided under 'preliminary matters' (see para 52- 61).

- **6.4 Ensure survivors of sexual abuse have access to effective treatment and support**

283. Response 5(a) provides detail on a range of support services available to survivors of sexual abuse, including services funded or delivered by DHHS.
284. The Abuse in State Care Support Service (ASCSS) was established by the Tasmanian Government in 2013 to provide support to people who experienced abuse in State care when they were children. More detail on this program is provided as part of the response to question 5(a).