

Permanency Framework discussion paper

Anglicare Tasmania's response

June 2019

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About Anglicare Tasmania

Anglicare is a large not-for-profit community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport, Burnie and Zeehan and a range of programs in rural areas.

Anglicare's services include housing and homelessness support; mental health services; support for children, young people and families; financial counselling; alcohol and other drug services; gambling support; disability services; and aged care services.

Anglicare's Social Action and Research Centre conducts research, policy and advocacy work on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, staff, research and advocacy.

Anglicare's work is guided by the values of compassion, hope, respect and justice.

Anglicare believes:

- that each person is valuable and deserves to be treated with respect and dignity;
- that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;
- that support should be available to all who need it; and
- that every person can live life abundantly.

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Our experience

Anglicare has many years' experience working with children, young people and families, including those involved with Child Safety Services (CSS). We have been involved in discussions concerning the current redesign of Tasmania's Child Safety Services policies through the Strong Families Safe Kids reforms (DHHS 2016).

Anglicare provides targeted early intervention services that support positive family functioning, child development, and mental health, as well as intensive and crisis therapeutic and practical support services for children, young people and families who have significant or multiple risk issues, including intervention by CSS. Anglicare's services are accessed by children, young people and their families, some of whom are at risk of or involved with out-of-home care.

We provide a range of early intervention services to support children and young people's health and wellbeing around Tasmania, including:

- North West Early Start Therapeutic Support (NESTS), which supports families in North West Tasmania to improve parent and child outcomes by providing opportunities for children to thrive, learn and develop safely in their care.
- KIDS Parenting Support, My Safe and Strong Family and the Home Interaction Program for Parents and Youngsters (HIPPY), which provide early intervention support for families in the North, North West and Derwent Valley in order to support parents in ensuring their children are school-ready, to support families' and children's capacity to develop their own safety plans and to support them to connect to their communities.
- TazKids, which provides clubs and camps to support children and young people who have a family member living with a mental illness. Referrals include children and young people through CSS. The program builds children and families' knowledge of mental illness and coping strategies (problem-based, emotion-based and social-based).

Anglicare also provides a range of more intensive support services for children, young people and their families that support safe environments and positive health and wellbeing:

- We offer specialist packages of care for children and young people subject to Care and Protection Orders. Children and young people with a high degree of complex needs are referred to Anglicare by CSS on a case-by-case basis, often when there are challenges in securing a sustainable placement. We design and deliver intensive support for these children and young people and occasionally respite for carers. Due to Anglicare's uniquely placed workforce and services, specialist packages can be designed that incorporate daily living supports, positive behavioural supports, expert psychological guidance and support, and accommodation to support children and young people towards stability and positive outcomes.
- Our Supported Youth Program (SYP) offers intensive therapeutic support for vulnerable young people; a wide range of mental health services; support, counselling, information and advocacy for individuals and families; housing support; and, where appropriate, reunification support for children in out-of-home care and their family of origin.

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- Our Child, Youth and Family Mental Health Support Service provides support for vulnerable families with children and young people who are showing early signs of or are at risk of developing mental illness.
- Our Pathway Home program provides assistance and support to allow children in out-of-home care to return to their family homes in the North and North West of Tasmania. It supports and assists families to ensure a stable family environment. Support is tailored to the needs of the child and may include family or one-to-one counselling; support to reintegrate children into the family unit; practical assistance such as helping parents learn more about nutrition, housekeeping, cooking and budgeting; information about Centrelink, Medicare and relevant government assistance; supporting parents and emphasising the importance of children feeling safe in the home; information about other family-focused services such as playgroups, health centres and schools; and day-to-day support such as getting children to school, packing lunches and providing clean clothes.
- In the North West, Anglicare provides long-term counselling, support, information, advocacy and referral for women, men and children experiencing or affected by family or domestic violence.

Additionally, Anglicare's Social Action and Research Centre (SARC) has undertaken a number of relevant research pieces exploring the needs of children, young people, families of origin and carers within the OOHC system (including Hinton 2013, 2017, 2018; Fidler 2018; Robinson 2017a & b, 2018). These pieces are referenced within our submission.

Anglicare welcomes the opportunity to respond to the Tasmanian Government's discussion paper on Developing a Permanency Framework for Children and Young People in the Child Safety System.

We have recently responded to consultations in related areas of interest to this project, including the Commissioner for Children and Young People's consultation on *Being healthy: preventative strategies, health care services and health outcomes for children and young people in out of home care in Tasmania* (Anglicare Tasmania 2018b), the State Government's consultation on *A future program of family based care* discussion paper (DoC 2018a; Anglicare Tasmania 2018a) and the State Government's Companion Document for Children and Young People in Out of Home Care Tasmania (Anglicare Tasmania 2019).

We would be happy to discuss any points raised in this submission further with Children and Youth Services.

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1. Our underlying principles

Anglicare Tasmania welcomes the opportunity to contribute to the development of such a significant and foundational framework for our most vulnerable children and young people in Tasmania.

The discussion paper states that the Permanency Framework is being developed to support the work of Child Safety Services in engaging with families and carers to achieve safe, stable and caring environments for children and young people. The paper argues that:

The application of a good permanency framework will help [children and young people] feel safe and secure, ideally in long-lasting placements and relationships, will protect their connection to culture, kin and community, will take their views into account when decisions are being made and will ensure their best interests have been considered (DoCb 2019).

Anglicare supports the framework's intention. To deliver such outcomes, the framework will need to be more than simply legislative architecture; it will need to develop a coherent network of legal, policy, program and practice settings.

We appreciate the depth of information provided and the consideration that has been given to the questions within the discussion paper. Anglicare is providing some overarching comments to guide the scope, development and approach for a future Tasmanian Permanency Framework. We note there is a clear need to consult with vulnerable children and young people and those who have exited care in Tasmania, to understand their responses to the questions raised within the document.

Anglicare notes and agrees with the guiding principles that have been nationally agreed across Community Services Ministers as part of the Fourth Action Plan 2018-2020 for the National Framework for Protecting Australia's Children. In responding to the discussion paper, we have been driven by a set of underlying principles which we strongly feel are needed to operationalise the national principles within a Tasmanian context:

- being led by child development outcomes is a priority in assessing the best interests of the child;
- effective implementation of the permanency continuum requires significant resources under the current system and to realise the benefits of any changes; and
- this is not a process to be rushed.

Below, we explore what we mean by these principles before providing overarching comments on permanency options.

Best interests of the child: what does a child development lens tell us?

The core premise for developing a Tasmanian Permanency Framework is to enable secure attachments, stability, healthy connections and a sense of belonging for our most vulnerable children and young people; and to offer spaces and care where they can build the protective factors and strengths they need to achieve positive life outcomes. This is clearly a solid aim, welcomed by Anglicare.

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In providing our responses, Anglicare Tasmania has focused on a child development lens, rather than focus on the current practicalities of our system, such as limits and constraints on current resourcing, or what the Tasmanian carer market can bear. This is not to suggest that these are not important factors in determining a permanency framework; in fact there is much commentary to suggest that the shape of the local carer market in particular, has a strong influence on what local permanency systems will look like (Conley Wright et al. 2019). However, to clearly keep the child at the centre of thinking, our comments will be led by what child development tells us services and care need to consider for children who have experienced neglect and abuse to develop secure attachments, stability and health connections and a sense of belonging in their lives.

We believe that a child development lens leads us to some key elements for any care setting (i.e. with birth families, home-based or residential out-of-home care) offered to children and young people:

- Coherence across care and service settings to address trauma, create stability and routine and develop protective factors for children and young people to heal and flourish (Bromfield et al 2010; McLean 2016a & b.)
- Support for children to maintain relationships in their lives that matter to them now and into their future, so that they are able to develop healthy attachments and relationships that enhance their sense of belonging and a positive sense of self (Barnardos 2003; FISH 2018; McLean 2016a & b; Neil 2017; Tregeagle et al. 2005).

The need for a coherent therapeutic care response

Anglicare's services observe a wide range of negative developmental, social, emotional and behavioural consequences for infants, children and young people affected by neglect and physical or emotional abuse. In particular, children may develop insecure attachments if their parents are emotionally unavailable to them for reasons such as family violence, challenges with alcohol or drugs, poor mental health (see Hinton 2013, 2018), parental stress caused by poverty or material deprivation (Bywaters et al. 2016; Fidler 2018; Font & Warren 2013) or parental relationships not being maintained post child removal (Biehal 2014, cited in FISH 2018).

Research and our service experience suggest that insecure attachment can result in a child or young person suffering from anxiety, poor impulse control, lack of emotional and behavioural regulation, inability to regulate sensory environment, low levels of resilience, mental health problems, and cognitive and social difficulties (McLean 2016a & b). Our workers also see children as young as nine years old who have suicidal ideation as a result of emotional or physical abuse, including family and domestic violence.

Family and domestic violence, poor maternal mental health or challenges with alcohol or drugs can affect a developing foetus as the mother's stress hormones influence the development and organisation of the central nervous system and developing brain. We also know that exposure to traumatic life events like abuse, neglect and domestic violence in childhood can have a major impact on an individual's ability to manage internal states (Hinton 2018). Complex trauma symptoms may include problems with mood regulation, impulse control, self-perception, attention and memory.

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Trauma and challenges with attachment have a significant negative impact on the mental health of children in out-of-home care (OOHC) and affect all of a child's interactions, including with their family of origin, their carers, at school and at any other agency with which children and young people are required to engage.

A child's brain cannot begin to heal from trauma until they are in a safe environment. These environments include their caregivers (out-of-home care and family of origin, where relevant) and education, medical and social systems, especially the child safety system (McLean 2016b).

Anglicare is concerned that too often a child's safety and wellbeing is overlooked because of lack of resources or inadequate knowledge in how to support them to heal and form secure attachments. Anglicare believes that a developmental trauma-informed attachment framework of practice is the most effective way to work with children and young people who experience family and domestic violence. Anglicare's experience is that to minimise the effects of trauma, children need long-term intensive therapeutic interventions that are timely and age-appropriate and provide a routine for the child and the parent, carer, teacher and other professionals when the child experiences stress (McLean 2016b).

A child who experiences trauma and issues with attachment may respond with anger by breaking things or harming other children, refusing to follow direction, reacting against authority figures or having difficulty concentrating. They may also be exhausted due to hypervigilance and they may struggle to make friends. These struggles can lead to disengagement from care and their carers, from their family of origin, from school and from agencies wanting to engage children and young people in developing positive health and wellbeing outcomes.

Transitions can be particularly disruptive and challenging for children and young people, as well as for their carers and birth families. That may be removal from parents into care, transition between placements, visits between birth parents and carers and transitions out of care either to their birth family or to independence.

If those supporting children and young people in OOHC misrecognise challenging behaviours as acting out in a way that requires a disciplinary approach or avoidance (e.g. children and young people's behaviour on the lead up to and after birth family visits are too viewed as too hard for birth parents and carers to manage), then children and young people are not developing protective skills to help them heal, manage and transition through change and feel secure, supported and connected to their extended care circle (McLean 2016a & b; TASCI 2016a & b). If we do not respond appropriately and therapeutically, we are not providing our most vulnerable children and young people with the environments they need to reach their full potential.

Anglicare is encouraged to see the discussion paper acknowledges that a framework alone cannot deliver safe, stable and caring environments for children and young people in Tasmania. We also welcome the paper acknowledging that there are important projects happening within Tasmania that will contribute to delivering wellbeing outcomes, such as the Case and Care Planning Project, the development of Family Based Care, the Outcomes Framework for Children and Young People in OOHC and the OOHC Quality and Accountability Framework. For Anglicare, these projects and others (including the ongoing review of family preservation and restoration, the Department of Education's trauma-informed framework and wellbeing work, ongoing discussions around child and youth

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mental health services, the redesign of CSS' structure, the review of the Joined Up Services project, the review of Legal Aid) must be considered holistically to deliver a legal, practice and programs framework that can truly create a sense of stability for children across their care and support environments.

Recommendation 1:

All programs and services directed towards children and young people involved with Child Safety Services – including those supporting carers and families of origin, health and education – must identify and remove the risk factors for compounding their trauma and attachment challenges and develop coherent therapeutic support strategies. This care planning should be approached in a coordinated manner, centred around the child's lead and interests.

Developing a sense of belonging, whatever the care order: relational permanency

The best and safest form of permanency for children is to be raised by their own family with secure sense of attachment and belonging (FISH 2018; Conley Wright et al. 2019; Conley Wright & Cashmore 2017; McLean 2016a & b). But we know that this is not possible for all children.

Whatever permanency looks like in terms of a legal approach, the most crucial element in any model needs to be the opportunity for children and young people to develop and maintain healthy attachments with their extended care circle – i.e. their carers and where possible, their birth and extended family. This has been called 'relational permanency' (Conley Wright et al. 2019; FISH 2018; PRC 2017).

For children in OOHC, relational permanency needs to be deliberately cultivated. Family relationships remain critical to many children and young people in OOHC, no matter how long they have been separated for and no matter what type of legal order they are subject to (Samuels 2008, cited in FISH 2018; Mendes, Johnson & Moslehuddin 2012, cited in FISH 2018). Attachment transcends legal orders and is about the relationships a child is able to have with their carer family, their family of origin and their community in order to create a sense of belonging. Such 'felt security' leads to better outcomes for children and young people in OOHC (Chateneuf et al 2017; Boddy 2013, cited in FISH 2018; Biehal 2014, cited in FISH 2018; Neil 2017; Treggale et al 2005).

And children in out of home care tell us that one of the most important things that shapes their wellbeing is not contact itself, but the *right* contact for them with carers and with birth families (MacDowell 2018)

Achieving such relationships can be tough. All parties involved are likely to need support for this to happen and endure (Neil 2017). Evidence tells us that the nature of the relationship between carers, children and their birth families can have significant impacts on outcomes for children and young people in OOHC, as Chateaufneuf, Turcotte and Drapeau (2017) describe:

The relationship between foster care families and birth families...has a direct effect on a child in placement who, in many cases, is attached to both families (Andersson 2009; Baker, Mehta & Chong 2013; Leathers 2002; Linares, Rhodes & Montalto 2010; Schofield & Beek 2005). It also has an effect on the child's stability, because conflicts between the two families jeopardize the quality of the placement and can eventually result in the child being moved

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elsewhere (Austerberry et al. 2013; Kalland & Sinkkonen 2001; Triseliotis, Borland & Hill 2000; Vanschoonlandt et al. 2012) ...The quality of the relationship between the two families is closely linked to the children's contact with their parents.

This means that resources need to be dedicated to ensuring that carers and birth parents are not left to navigate this alone, and a culture of partnership in the child's best interests needs to be nurtured. There are a number of initiatives to examine that can provide support for extended care circles to establish and maintain connection. They invariably require a support worker that can work with carers and another with birth families, and funds to facilitate access and relationship. See, for example, the support provided via the UK's post-adoption support fund, amongst other support initiatives (Conely Wright et al. 2019; Neil 2017) and co-parenting models (TASCI 2016a & b).

Recommendation 2:

Relational permanency should be embedded into all legal short-term and permanent care options (18 year orders, transfer of guardianship and open adoption) to ensure that continuity of care and a sense of belonging is facilitated in every element of the permanency continuum. Children, young people, carers and birth families should be offered support to establish and maintain connection and relationships where possible, and to ensure that children maintain connection with their story, their community and their culture. The Department should consider support models such as those offered elsewhere in Australia and the UK for long-term care options and open adoption to draw up a suitable program for Tasmanian families.

Developing child-centred care

Although Tasmanian children and young people participating in the most recent CREATE report were amongst those most likely to report being listened to when they expressed their views, placement changes were the area where Tasmanian children and young people felt least heard; this was reasonably consistent across home-based care settings (MacDowall 2018).

Like many Australian jurisdictions, Tasmania also has an overstretched Child Safety Services system. CSS workers often have caseloads that are too high to keep up the momentum on supporting children, young people, carers or birth families to work towards case and care plan goals (DoC 2016; DoC 2018a).

This has led CREATE to reflect that:

Every effort must be made to ensure that involvement by children and young people is not precluded for caseworker convenience (because of time constraints), or because their participation is seen as inappropriate. Because sufficient effort is not expended to engage them in the planning process, they are not able to exercise their rights under the *UN Convention on the Rights of the Child* (UNCRC 1989) to be involved in decision-making that affects their lives (MacDowall 2018).

There is a need to review how children and young people of different ages are best involved all the fundamental decisions that affect their lives and how they want their care to look and feel. We need to be led by existing evidence (for example, see MacDowall 2018; Cox et al. 2007). But importantly, we need to ensure we have consulted with vulnerable children and young people in Tasmania –

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those who are experiencing care and those who have exited care – in order to understand what a child-centred approach for Tasmania needs to look like and how this needs to be resourced and facilitated.

Recommendation 3:

Consult Tasmanian children and young people who are living in families receiving support, who are experiencing home-based and residential out-of-home care and who have exited care about all elements of the permanency continuum before redesigning the system.

[Developing a permanency framework should be resourced, but not rushed](#)

Decisions around the short- and long-term care of some of our most vulnerable children, young people have life-long and intergenerational impacts (Broadhurst & Mason 2017; Bromfield et al. 2010; Hinton 2013, 2018; Mackieson et al. 2019). Changes to these options can have significant consequences for children and families subject to child safety intervention, as well as for the carers offering family-based care and organisations offering family support, foster and kinship care support and residential and special packages of care (Mackieson et al. 2019).

As Tasmania is developing its Permanency Framework after many other Australian states and other countries, we have the opportunity to learn from other states and international practice about what might work, what we are yet unsure about and what does not work for whom.

Anglicare is aware of the need for the State Government to report against the National Framework Fourth Action Plan outcomes by 2020 (DSS 2018). However, we want to reiterate that informed decisions around what changes are needed for short- and long-term care for our vulnerable children and young people need time, full public discussion and careful considered change.

It is clear from international and national evidence on the impacts of inadequate resourcing for child protection responses and good practice in sustaining permanency arrangements, and from evaluations of current permanency developments in other Australian jurisdictions such as Victoria's Permanent Orders, that there needs to be purposeful investment to deliver the legislative and policy intent of stability, security, a sense of belonging and connection (Broadhurst & Mason 2017; Font & Warren 2013; Fidler 2018; Hinton 2018; IOAS 2019, Mackieson et al. 2019; McLean 2016a & b; Neil 2017; TASCI 2016b).

Anglicare welcomes the State Government's commitment of \$900,000 over three years from 2018/19 to strengthen the permanency placement process (DSS 2018). We are keen to understand how this investment will be spent.

Whilst conversations about longer term changes to the Permanency Framework are happening, there is a need to bolster our current system where we know it is needed, so that we do not let down another generation of children and young people within a broken 'system' which is suffering from poor investment. Key areas that need immediate investment have already been identified as part of the Strong Families Safe Kids review; they include the need for better support for family based carers (DoCa 2018) and more support for family preservation and restoration services (DoC 2016; Hinton 2018; Fidler 2018; Anglicare Tasmania 2018a).

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Investment should be prioritised within these areas. But, in parallel to that, we need to have a considered look at what elements of our permanency continuum we need to adjust and how this will be funded in a way that delivers the outcomes we are seeking for all our children and young people.

Recommendation 4:

Invest in therapeutic family-based care and continuous family support within the current system in accordance with Anglicare's recommendations to the State Budget and to the Family Based Care discussion paper (Anglicare Tasmania 2018a & c) in order to maximise opportunities for stability, secure attachments and connection for children and young people whilst our permanency infrastructure is being redeveloped.

Ensure that any changes to our current permanency framework are given appropriate time for consideration and are resourced before implementing change. No legal or policy changes should be introduced without comprehensive investment in the programs and practice that will deliver the outcomes we are seeking for children and young people.

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2. Our overarching comments

Permanency outcomes: timely and appropriate decision-making

Anglicare supports the outcomes that have been developed and agreed to by all Community Services Ministers under the Fourth Action Plan 2019-20 for the National Framework for Protecting Australia's Children. For the sake of reference:

Children and young people, including those in out of home care experience:

- Safe and stable care
- Timely decision making on permanency that takes into account the views of the child
- Lifelong relationships and a sense of belonging, identity and connection to culture and community

to achieve better life outcomes and realise their potential (DoCb 2019).

We also support timely decision-making. However timeliness, in our opinion, does not necessarily mean 'quick'. Anglicare would argue that making timely decisions is important (DoCa 2019), but making appropriate decisions, based on the merits of a particular case, is imperative.

So for Anglicare, 'timely' should mean appropriate to the individual circumstances of the children, young people and families involved. We explore this further in relation to decisions around family preservation, restoration and short-term care, as well as long-term care.

The permanency continuum

It is worth noting that permanency continuums look different across international and Australian jurisdictions (Mackieson et al. 2019). It is crucial that Tasmania develops a model that fits the needs of children, young people and families here and can be operationalised by a well-supported and skilled carer community, community services sector and Child Safety Services workforce.

We do not intend to suggest a hierarchy for care options in our response. We do not feel that at this point, we have enough of an understanding of what will work best for Tasmanian children and young people. Instead, we are suggesting some elements that need shape the options for short and longer term care arrangements for children, both with their birth families and with carers.

Anglicare's comments are driven by our underlying principles and our understanding of whether inhibitors to children and young people achieving stability, security and a sense of belonging are due to challenges with legislative and policy settings, due to poor investment in programs and practice around family preservation, restoration and home-based and residential care, due to the use of particular cultural lenses or approaches to practice we are taking, or other factors.

Based on our principles, we recommend that all options across OOHC, family support and, where needed, companion services, such as education and health:

- embody child-centred decision-making that is age appropriate;
- embed trauma-informed approaches to care that can embed routine, stability and security for children and young people; and

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- have supported relational permanency at their core to promote children and young people developing secure attachments across their extended care circle.

Family preservation and restoration

The power to intervene in the lives of families in the name of child protection coexists with a duty to ensure that individual human rights are preserved in recognition of the family as the ‘natural and fundamental group unit of society’ (UNDHR, Article 16.3). This raises serious questions about whether parents are being offered real help to change and where the responsibility lies for ensuring that this help is available within a reasonable timeframe (Conley Wright et al. 2019, p. 14).

Tasmanian children who come into statutory care are remaining in care for longer and their outcomes ‘are uncertain at best’ (DoC 2016). We know that family reunification processes are lengthy in Tasmania. Many children on Reunification Case and Care Plans have had such plans for three to five years (Fidler 2018). We also know that children in OOHC in Tasmania are likely to experience multiple placements (MacDowall 2018).

The National Framework for Protecting Australia’s Children (DSS 2018) emphasises a need for investment in family preservation and restoration in the first instance. Anglicare welcomes the inclusion of family preservation and restoration as part of Tasmania’s permanency continuum.

As Tasmania’s report on Child Safety reform, Strong Families Safe Kids, highlights, the Tasmanian Child Safety system faces increased pressure from rising notification rates concerning child safety issues (DoC 2016). Many notifications do not reach the threshold for investigation. But due to the lack of capacity for family support services to appropriately support the increasingly complex needs within vulnerable families, cases may escalate in severity. Children and families ‘churn’ through the notification and investigation process a number of times until they reach the threshold of concern for Child Safety Services. This has led the Tasmanian Child Safety reforms to focus on addressing the implicit increase in the threshold for children and families who receive active support and the related significant gap in family support services. It is hoped that investment in creating a stronger partnership between notifications and referral to Integrated Family Support Service (IFSS) through the Strong Families Safe Kids Advice and Referral Line and additional investment in Intensive Family Engagement Services (IFES) will help to stem the tide of children entering OOHC and create more stability and permanency for children and their birth families, rather than creating permanency through out-of-home care (DoC 2016).

Anglicare welcomes the Department’s commitment to this investment in family preservation. But evidence would suggest that current services do not have a broad enough scope or capacity to meet the complexities of vulnerable parents’ and children’s needs to prevent safety concerns from escalating (Fidler 2018; Hinton 2018; Robinson 2017a & b). Nor does current investment in family preservation enable the continuity of family support that is needed for vulnerable families as their needs change.

Anglicare Tasmania has recently delivered a suite of evidence-based recommendations to support the Government’s investment in delivering successful family preservation and reunification, which

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we reiterated to Government in our recent State Budget submission (Anglicare Tasmania 2018c). Our research has shown that there is a deficit of case management and family support services that can work with all families to address Child Safety's concerns, and to address the root causes of symptoms that will prevent families churning through Child Safety systems and experiencing recurrent child removals (trauma caused by parent's own experiences of neglect and abuse, intergenerational poverty, homelessness, poor mental health, family violence) (Hinton 2018; Fidler 2018). This is particularly the case for parents who experience repeat involvement with Child Safety Services through recurrent removals and for parents immediately after their children have been removed.

We also know that support for family reunification is inadequate to meet the number of families needing it, nor is it set up to address the complexity or longevity of need required for family reunification to succeed (Hinton 2013, 2018; Fidler 2018).

New South Wales is currently investing in a shared practice framework to support the work Child Safety and Community Services workers are undertaking with families. Working with the Parenting Research Centre, the intention is to develop a consistent approach to supporting parents and carers in the skills they need to deliver positive outcomes for the children and young people in their care, based on a rigorous review of what works within family support interventions and how to effectively support adult behavioural change (Maltais et al. 2019; PRC 2017). This is designed to provide a consistent and coherent way of working with and supporting adults with responsibility for caring for children and young people involved with Child Safety Services. Anglicare would encourage Communities Tasmania to consider such an approach to future investment decisions in Tasmania.

Recommendation 5:

The Permanency Framework should include a practice framework for effectively working with vulnerable families. This would encourage a consistent approach to family preservation, restoration and post long-term care support.

Decisions around short-term care

There is no clear evidence that can currently guide us on whether putting a time limit on short-term care orders produces better outcomes for children and young people who are in care. This is partly due to many systems in Australia and internationally having relatively recently introduced such limits into their legislation (IOAS 2019; Conley Wright & Kaltner 2019). So even though some Australian states and territories have opted for statutory timelines on short-term care, as the discussion paper outlines, we do not know what the implications are for successful outcomes for children and young people.

In fact a very recent analysis of the Victorian permanency system has flagged a number of lessons for Tasmania in considering whether to introduce statutory limitations on short-term orders. The role of government in decision-making has been flagged as rushed, due to the statutory time limits, and as distorting the collaborative intent for children, carers, families and Child Safety Services to make decisions about family restoration and long-term care. There are further concerns around the reduced discretion of the Children's Court in tailoring orders and conditions to the best interests of

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the child and in its ability to have oversight of state government decision-making and service provisions (Mackieson et al. 2019).

Tasmania currently has flexible legislation around the length of short-term orders through the Children, Young Persons and the Families Act 1997. This enables short-term orders to be renewed, allowing legislation and courts to remain responsive to the circumstances of different families, rather than having to be led in decision-making by a universal deadline for all cases. However, such flexibility (whether within Tasmania or elsewhere) has attracted some criticism.

For example, it has been observed that having no time limits for short-term orders has led to children languishing on short-term orders whilst little is done to address family reunification in any purposeful manner. Such uncertainty leads to no security or sense of stability for children, young people and their carers and birth parents, forcing them into a state of limbo (Conley Wright et al. 2019; Hinton 2018; Fidler 2018). Such uncertainty can lead to placements breaking down and children and young people experiencing multiple placements and poor outcomes.

It is not clear whether these concerns are caused by the legislative settings. Although they may have encouraged a culture of not prioritising decisions on children's future care, this is likely to be exacerbated by poor investment decisions – the lack of priority and investment in family reunification work, poor investments in carer support and a lack of momentum within case and care planning that gives certainty for children and their extended care circle.

The current Child Safety Service Redesign discussion paper (DoC 2019a) is exploring the possibility of working within a child welfare model, as opposed to a child protection model. Key features of this model are recognising the need to understand the particular circumstances of each case, being able to use discretion to respond to needs, and working collaboratively across CSS, children and young people, birth families and carers. Maintaining flexibility within the Children, Young Persons and the Families Act to enable decisions to be made around short-term care in a responsive manner would go a long way to facilitating this approach.

Recommendation 6:

The current flexibility in the Children, Young Persons and the Families Act around short-term orders should remain to enable arrangements to respond to the needs of individual cases. However, it is crucial that more investment is directed towards purposeful and inclusive case and care planning, family restoration, carer support and legal support services so that decisions about children's short- and long-term care can be made *appropriately*, as well as in a timely manner.

Decisions around long-term care

Where it is not possible to reunify a child with their birth families, it is crucial that a decision on their long-term care is made, again, in a timely and appropriate manner. To reiterate our underlying principles, such decisions need to be made with the following in mind:

- Being led by child development outcomes is a priority in assessing the best interests of the child. In particular, there needs to be a coherent and therapeutic care environment, emphasising relational permanency and having age appropriate child-led decision-making.
- All permanency options require significant resources

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Anglicare is not in a position to preference long-term care options, nor prioritise a hierarchy of options. But there is evidence to guide thinking about what the permanency continuum may contain.

Evidence tells us that open adoption is more beneficial for children than remaining in long-term foster care, as it promotes a greater sense of security, stability and belonging for children who cannot live with their families (see Berrick et al. 1998, Cooke 2014 in Mackieson et al. 2019; and a comprehensive review in Conley Wright et al. 2019, Conley Wright & Cashmore 2017). It also provides legal parental responsibility and care after age 18 (IOAS 2019), which can provide a great deal of stability for children and young people, as well as enabling carers to fully embrace responsibility for the child as a lifelong commitment, including inheritance rights. But factors such as age, current attachments, support with adjustment and their wish to be adopted need to be considered (Triseliotis 2002 in Conley Wright et al. 2019).

Permanent Care Orders, where legal responsibility for care is transferred to carers until a child is 18, could offer a high degree of security and stability, if they are adequately resourced. We know that they support children and young people to feel like they belong to the family who is caring for them, and such arrangements offer stability, as a decision has been made about their care for a defined period of time (Conley Wright & Cashmore 2017; Conley Wright et al. 2019). Transferring legal responsibility to carers can assist carers in supporting children with their education and health experiences.

It is worth noting here that due to these orders expiring when young person turns 18, there is a need to consider how to support young people into independent living through programs such as Home Stretch, we are not going to dismantle the security and stability that has been offered to them up until this point.

A crucial lesson from other Australian jurisdictions, UK and US permanency models is that transferring legal responsibility for children and young people from the State to individual carers should not be viewed as an opportunity to reduce costs to Government. Evidence is clear that ensuring that open adoption and permanent care orders are successful for children and young people requires significant resourcing (Conley Wright et al. 2019; FISH 2018; Conley Wright & Cashmore 2017; Mackieson et al. 2019; Neil 2017; TASCI 2016b).

Many permanent care options are founded on legislation, practice and investment that assist children to know and have access to their identity, kin and culture. This can and should include ensuring children and young people know 'their story', have meaningful contact and relationships with their birth families, culture and community, have choice in their name. But as previously discussed, establishing and maintaining relational permanency is an ongoing process that needs resourcing and support for all those involved.

Additionally, some permanency models, such as the UK's, have recognised that all parties may need ongoing support before, during and after long-term care arrangements. This may be to understand the options, make decisions and be appropriately represented in the legal processes, deal with transitions and loss and grief associated with the arrangements, and facilitate ongoing relationships. The Institute of Open Adoption Studies recommends that a placement assistance fund should be available to provide financial, practical and therapeutic assistance to children, carers and adoptive

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parents and birth parents to prepare for and support permanency placements or open adoptions (Conley Wright & Cashmore 2017; Conley Wright et al. 2019), based on the UK's post-adoption fund. Anglicare would encourage any permanency framework to include such a fund.

The recent analysis of implementation issues for Victorian Permanent Care Orders has highlighted that systemic resource deficits – including a lack of suitable carers, high CSS caseloads, inadequate resourcing and long wait times for support and services for children and young people, carers and birth families – and poor quality professional decision-making can significantly hinder timely and effective implementation of permanent placements. Furthermore:

Reducing timeframes for family restoration and promoting adoption of children and young people without first addressing resourcing and practice issues risks unintended consequences, as well as undermining the rights and best interests of vulnerable children and their families (Mackieson et al. 2019).

The Tasmanian system shares these challenges and needs to address them to avoid perverse consequences of intended legislative and policy changes within permanency.

Additionally, there are areas of controversy and challenge that require rigorous consideration before any changes to Tasmania's long-term care options can be agreed that transfer legal responsibility for care from the State and birth parents to carers:

- Options need to be tailored to the needs of specific children. For example:
 - In line with the Aboriginal and Torres Strait Islander Placement Principle, distinct consideration in full consultation with Tasmania's Aboriginal community needs to be undertaken to explore how long term orders and permanency should be developed to meet the needs of children and young people of Aboriginal heritage. (Arney et al 2015).
 - Evidence tells us open adoption is less successful for older children (Conley Wright et al. 2019).
- There are a multitude of issues to resolve around who decides long-term care options – New South Wales and the ACT have opted to dispense with parental consent, so that the focus can be on the strength of the carer/child bond and to alleviate parents from having to consent to 'giving their child away' (Conley Wright et al. 2019; ACT Government 2018). Anglicare would encourage very careful consideration before opting for this model.
- There are issues to resolve about access to legal support for children and young people, carers and birth parents to ensure that informed decision-making can be made.

Recommendation 7:

Long-term care options need more public debate and scrutiny before any changes are made to Tasmanian legislation, programs and practice. Key criteria for any long-term care options need to include:

- child-centred decision-making;
- therapeutic care across extended care circles;
- purposeful and resourced relational permanency with birth families to promote a wider sense of belonging;

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- therapeutic and practical support available for children, parents and carers before, during and after long-term care decision are made; and
- consideration given to how all parties are fully involved in the legal processes around long-term care options.

Enhancing our understanding about children and young people's short- and long-term care outcomes

Australia lacks a robust system for measuring the impact of and reporting on outcomes achieved for children in care across different pathways (Conley Wright et al. 2019; MacDowall 2018), as does Tasmania. We simply don't know which pathways are most likely to deliver positive outcomes for children involved in out-of-home care nationally or in Tasmania.

Anglicare welcomes the National Framework's intention to develop a national data reporting and evaluation framework to measure permanency outcomes (DSS 2018), including data on timeliness of decisions, placement stability and connection to relationships, as well as sharing lessons from evaluations of various initiatives. We also welcome the State Government's OOHC outcomes project, being developed to monitor and understand the experiences and outcomes for children and young people in Tasmanian OOHC. Anglicare has previously submitted our recommendations on the type of data and approaches that could be useful for developing our understanding (Anglicare Tasmania 2019).

New South Wales has developed the Pathways of Care Longitudinal Study (POLs) to provide an evidence base that can inform policy and practice and improve decision-making for children and young people who cannot live at home. Anglicare would encourage Communities Tasmania to consider a significant longitudinal evaluation of the experiences of and outcomes for children, young people, carers and birth families across the permanency continuum.

Recommendation 8:

Given the current projects within DoC around measuring the wellbeing of children and young people in OOHC, Anglicare would encourage the Department to continue a public discussion on Tasmania's data and evaluation needs that would enable us to understand the experiences and impacts of our permanency framework for children, young people, carers and birth families.

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Conclusion

Anglicare Tasmania welcomes Communities Tasmania's commitment to reviewing the architecture of Tasmania's permanency continuum. As we have stressed, such a review requires more than simply looking at the legislative architecture. It needs to review what we need to create a coherent network of legal, policy, program and practice settings that are appropriately resourced. This will take time. Whilst this process is evolving, there is an urgent need to ensure that key elements of the current permanency system – home-based care, family preservation and restoration – are commissioned and resourced adequately to ensure that Tasmania's children and young people are supported to heal, form secure attachments, develop a positive sense of belonging and fulfil their potential. Anglicare looks forward to being part of future discussions.

To progress this agenda, Anglicare Tasmania recommends the following.

Recommendation 1:

All programs and services directed towards children and young people involved with Child Safety Services – including those supporting carers and families of origin, health and education – must identify and remove the risk factors for compounding their trauma and attachment challenges and develop coherent therapeutic support strategies. This care planning should be approached in a coordinated manner, centred around the child's lead and interests.

Recommendation 2:

Relational permanency should be embedded into all legal short-term and permanent care options (18 year orders, transfer of guardianship and open adoption) to ensure that continuity of care and a sense of belonging is facilitated in every element of the permanency continuum. Children, young people, carers and birth families should be offered support to establish and maintain connection and relationships where possible, and to ensure that children maintain connection with their story, their community and their culture. The Department should consider support models such as those offered elsewhere in Australia and the UK for long-term care options and open adoption to draw up a suitable program for Tasmanian families.

Recommendation 3:

Consult Tasmanian children and young people who are living in families receiving support, who are experiencing home-based and residential out-of-home care and who have exited care about all elements of the permanency continuum before redesigning the system.

Recommendation 4:

Invest in therapeutic family-based care and continuous family support within the current system in accordance with Anglicare's recommendations to the State Budget and to the Family Based Care discussion paper (Anglicare Tasmania 2018a & c) in order to maximise opportunities for stability, secure attachments and connection for children and young people whilst our permanency infrastructure is being redeveloped.

Ensure that any changes to our current permanency framework are given appropriate time for consideration and are resourced before implementing change. No legal or policy changes should be introduced without comprehensive investment in the programs and practice that will deliver the outcomes we are seeking for children and young people.

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Recommendation 5:

The Permanency Framework should include a practice framework for effectively working with vulnerable families. This would encourage a consistent approach to family preservation, restoration and post long-term care support.

Recommendation 6:

The current flexibility in the Children, Young Person's and the Families Act around short-term orders should remain to enable arrangements to respond to the needs of individual cases. However, it is crucial that more investment is directed towards purposeful and inclusive case and care planning, family restoration, carer support and legal support services so that decisions about children's short- and long-term care can be made *appropriately*, as well as in a timely manner.

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Long-term care options need more public debate and scrutiny before any changes are made to Tasmanian legislation, programs and practice. Key criteria for any long-term care options need to include:

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- therapeutic care across extended care circles;
- purposeful and resourced relational permanency with birth families to a promote wider sense of belonging;
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Given the current projects within DoC around measuring the wellbeing of children and young people in OOHC, Anglicare would encourage the Department to continue a public discussion on Tasmania's data and evaluation needs that would enable us to understand the experiences and impacts of our permanency framework for children, young people, carers and birth families.

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References

ACT Government 2018, *Dispensing with consent*, discussion paper, Community Services Directorate, ACT Government, Canberra.

Anglicare Tasmania 2016, *Family and domestic violence: Its impact upon children and young people in Tasmania*, submission to the Commissioner for Children and Young People Tasmania.

— 2018a, 'A Future Program of Family Based Care' Discussion Paper : Anglicare Tasmania's response, Anglicare Tasmania.

— 2018b, 'Being Healthy': Preventative strategies, health care services and health outcomes for children and young people in out of home care in Tasmania, submission to the Commissioner for Children and Young People Tasmania.

— 2018c, *State budget submission 2019-20*, submission to the Tasmanian Government.

— 2019, *Companion document to the Outcomes Framework for children and young people in out of home care Tasmania, version 1.12: Anglicare Tasmania's submission*, Social Action and Research Centre, Anglicare Tasmania.

Arney, F, Iannos M, Chong, A, McDougall, S, Parkinson S, 2015, *Enhancing the Implementation of the Aboriginal and Torres Strait Islander Child Placement Principle: policy and practice considerations*. Child Family Community Australia Paper No.34, August 2015.

Australian Institute of Health and Welfare (AIHW) 2016, *Permanency planning in child protection: A review of current concepts and available data*, Child Welfare Series no. 64, cat. no. CWS 58.

Barnardos Australia 2003, 'Establishing permanency for children: The issues of contact between children in permanent foster care and their birth families', in *Developing practice*, Autumn 2003.

Broadhurst, K & Mason, C 2017, 'Birth parents and the collateral consequences of court ordered child removal: Towards a comprehensive framework' in the *International Journal of Law, Policy and The Family*, vol. 31, pp. 41-59.

Bromfield, L, Lamont, A, Parker, R & Horsfall, B 2010, *Issues for the safety and wellbeing of children in families with multiple and complex problems*, National Child Protection Clearinghouse Issues No.33, Australian Institute of Family Studies.

Bywaters, P, Bunting, L, Davidson, G, Hanratty, J, Mason, W, McCartan, C & Steil, N 2016, *The relationship between poverty, child abuse and neglect: An evidence review*, Joseph Rowntree Foundation.

Chateaufneuf, D, Turcotte, D & Drapeau, S 2017, 'The relationship between foster care families and birth families in a child welfare context: the determining factors', in *Child and Family Social Work*, vol. 23, no. 1, p. 71-79.

Child Welfare Information Gateway (CWIG) 2018, *Concurrent planning for timely permanence*, Child Welfare Information Gateway Bulletin for Professionals July 2018.

SUBMISSION

Conley Wright, A, Cashmore, J, Pope, S & Luu, B 2019, *Adoption Reform: dispensing with consent consultation ACT Government – Community Services Directorate. Submission – Institute of Open Adoption Studies.*, Institute of Open Adoption Studies, University of Sydney and Barnardos Australia.

Conley Wright, A & Cashmore, J 2017, *Submission to the discussion paper ‘Shaping a better child protection system’*, Institute of Open Adoption Studies, University of Sydney and Barnardos Australia.

Conley Wright, A & Kaltner, M 2019, ‘Assessing the outcomes of alternative care and treatment responses’, in B. Lonne, D. Higgins & T. Herrenkohl (eds.) *Visioning public health approaches for protecting children*, Springer, New York, pp. 35-47.

Cox, E, Moggach, L & Smith, T 2007, ‘Participation and decision making in older age adoption’, in *Developing practice* no. 19, Winter/Spring 2007.

Department of Communities (DoC) Tasmania 2016, *Redesign of Child Protection Services Tasmania: Strong families – safe kids*, Tasmanian Government, Hobart.

— 2018a, *A future program for family based care*, discussion paper, Tasmanian Government, Hobart.

— 2018b, *Outcomes framework for children and young people in out-of-home care in Tasmania*, Tasmanian Government, Hobart.

2019a, *Child Safety Service Redesign*, discussion paper, Tasmanian Government, Hobart.

— 2019b, *Developing a permanency framework for children and young people in the child safety system*, consultation paper, Tasmanian Government, Hobart.

Department of Social Services 2018, *National Framework for Protecting Australia’s Children 2009-2020: proposed focus and scope of the fourth action plan 2018-2020: a discussion paper*, Australian Government, Canberra.

Family Inclusion Strategies in the Hunter (FISH) 2018, *Maintaining connection and building belonging: Response to the inquiry into approaches into a nationally consistent framework for local adoption Australia*, viewed 13/11/18, <http://www.finclusionh.org/s/FISH-submission-Federal-parliament-adoptions-May-2018.pdf>

Fidler, L 2018, *In Limbo: Exploring income and housing challenges for reunifying Tasmanian families*, Social Action and Research Centre, Anglicare Tasmania.

Font, S & Warren, E 2013, ‘Inadequate housing and the child protection system response’, in *Children and Youth Services Review*, vol. 35, pp, 1809-1815.

Hinton, T 2013, *Parents in the child protection system*, Social Action and Research Centre, Anglicare Tasmania.

— 2017, *Fostering education: supporting foster carers to help children and young people learn*, Social Action and Research Centre, Anglicare Tasmania.

SUBMISSION

— 2018, *Breaking the cycle: supporting Tasmanian parents to prevent recurrent child removals*, Social Action and Research Centre, Anglicare Tasmania.

Institute of Open Adoption Studies (IOAS) 2019, *Adoption legislation in Australia*, University of Sydney.

MacDowall, J 2016, 'Are we listening? The need to facilitate participation in decision-making by children and young people in out-of-home care', in *Developing practice*, issue 44 April 2016.

— 2018, *Out-of-home care in Australia: Children and young people's views after 5 years under national standards*, Create Foundation.

Mackieson, P, Shlonsky, A & Connolly, M 2019, 'Permanent care orders in Victoria: A thematic analysis of implementation issues', in *Australian Social Work*, DOI: 10.1080/0312407X.2018.1539112

McLean, S 2016a, *Children's attachment needs in the context of out-of-home care*, CFCA Practitioner Resource, Australian Institute of Family Studies.

— 2016b, *The effect of trauma on the brain development of children: Evidence-based principles for supporting the recovery of children in care*, CFCA Practice resource, CFCA Information Exchange.

Maltais, C, Cyr, C, Parent, G & Pascuzzo, K 2019, 'Identifying effective interventions for promoting parent engagement and family reunification for children in out-of-home care: A series of meta-analyses', in *Child Abuse & Neglect*, vol. 88, pp, 362-375.

Neil, B 2017, *Contact after adoption: Planning and supporting contact in open adoption: Implications of UK research for NSW practice*, presentation given at R2P Forum, Sydney, 31 August 2017.

Parenting Research Centre (PRC) 2017, *Engagement of birth parents involved in the child protection system: A scoping review of frameworks, policies, and practice guide*, commissioned by NSW Department of Family and Community Services.

Robinson C 2017a, *Too hard? Highly vulnerable teens in Tasmania*, Social Action and Research Centre, Anglicare Tasmania.

— 2017b, *Who cares? Supported accommodation for unaccompanied children*, Social Action and Research Centre, Anglicare Tasmania.

— 2018, *Outside in: How the youth sector supports school reengagement of vulnerable children in Tasmania*, Social Action and Research Centre, Anglicare Tasmania.

The Australian Centre for Social Innovation (TASCI) 2016a, *Co-Parenthood: foundational evidence*, Australian Centre for Social Innovation, Adelaide.

— 2016b, *Generation by Generation: Pragmatic approaches to reducing intergenerational cycles of reliance on child protection services*, Australian Centre for Social Innovation, Adelaide.

Tregeagle, S, Moggach, L, Cox, E & Voigt, L 2014, 'A pathway from long-term care to adoption: Findings from an Australian permanency programme', in *Adoption & Fostering*, vol. 38, no. 2, p. 115.

Tregeagle, S, Voigt, L, Smith, T & Moggach, L 2005, 'Secure legal belonging: An important factor for children permanently removed from their families', in *Developing practice*, Issue 12, Autumn 2005.