

Tasmania's Child and Youth Wellbeing Strategy

Discussion Paper January 2021

Lived experience foster carer

For most of us Tasmania is a wonderful place to live, blessed with natural beauty, a democratic government, great schools, accessible healthcare, peace, and presently coronavirus free. It is a gift to be born here and grow up with this peace, freedom, and beauty, when so many children around the world are born into war, conflict, poverty, and unclean living conditions. Childhood only happens once in our lives and from it our values, physical, mental, cognitive, and emotional development happens, it is the bedrock of who we become as adults. It also should be a time free from adult responsibilities and stress.

I am a foster carer and work with other foster and kinship carers. Children growing up in OOHC have already suffered trauma, neglect, abuse and for them to be removed from their families of birth, there is a responsibility on the state to protect them and their childhood and provide opportunities for healing.

This response is based on the wellbeing of children growing up in OOHC. It brings together the lived experience of foster and kinship carers in Tasmania and their children. The experience of carers who are child focused, practice trauma-informed and therapeutic parenting, understand attachment and the importance of the first 1000 days of a child's life and desperately want to see children heal and thrive. Unfortunately, carers operate in a system with inconsistent policy and legislative application, without the proper attention given to the childhood development and, both, the impact of trauma and what's needed to heal from trauma for children, and which does not seem to value that children only have one childhood and this should be the focus.

Aboriginal Child and Youth Wellbeing

1. What programs, services, initiatives or supports are important for Aboriginal families, caregivers, children and young people?
2. What actions are needed to support protective factors for Aboriginal children and young people?
3. How can we support all Tasmanian Aboriginal children, young people, families, caregivers and communities to achieve their goals against each domain of the Child and Youth Wellbeing Framework?

I am not Indigenous, so cannot begin to understand or appreciate the destruction of their culture and generations of pain. The recommendations below are just ideas that could prevent another generation of Indigenous children entering adulthood with trauma and lack of identity in their culture.

As identified in Target 12, there is an overrepresentation of Aboriginal and Torres Strait Islander children growing up in OOHC. At the same time there is a shortage of Aboriginal and Torres Strait Islander carers and kin community stepping up to become carers. This means non-Indigenous carers are placed with Aboriginal children.

Foster and kinship carers know the importance of connection to culture and family and most carers respect and honour this. Carers with Indigenous children in their care, feel the weight of their culture and heritage and do not want this to be lost for another generation of Aboriginal children.

However, these carers, feel whatever they do, it will never be enough from the perspective of the Aboriginal groups, because they are not Indigenous. This leads to a sense of long-term child protection orders being blocked leading to tension between carers and the Aboriginal community. Ultimately this affects a child's ability to attach, develop, and grow 'normally' and can either turn a child against their carer or against their culture, which are both bad outcomes.

To overcome these barriers, recommend:

1. Acceptance from the Aboriginal community towards non-Indigenous carers and even appreciation, that they have stood up and opened their hearts and homes to children of their culture.
2. Respect from the Aboriginal community of the non-Indigenous carers, as the fulltime parents and family of the child, and willingness to work with them to teach the whole family about culture and connection.
3. Recognition of the Aboriginal community of the needs of each child, regardless of their culture, to attach, develop, have stability and belong.
4. The Aboriginal community does not block long-term stability for Indigenous children growing up in OOHC. From that place of belonging and acceptance, learning about culture and belonging in their Aboriginal community will come too. Long term orders do not need to be a threat to children being 'removed' from their culture, rather a tool to facilitate stability and therefore growth and healing.
5. A concerted effort to recruit Indigenous carers, who want to care and nurture the next generation of Aboriginal children and young people.
6. The Aboriginal centres develop a mentor program of individuals who can be positive adults in Indigenous children's lives and teach about their culture. These mentors could be a positive cultural connection for a child in care, while not undermining their placement stability.
7. And/or Aboriginal centres have a group of respite carers that can have the child one weekend a month and in school holidays to be the link to their community. These respite carers are a team with the fulltime carers around the child.
8. Child Safety Services (CSS) create a role to facilitate connection and understanding for non-Indigenous carers, so they can easily support an Aboriginal child's connection to culture, rather than trying to work this out on their own and then often being ostracised from various Aboriginal groups for going to the wrong group.
9. CSS or the foster care agencies require carers with Indigenous placements to do a course of what's expected to respect and honour a child's Aboriginal culture and connection.

Vision for the Child and Youth Wellbeing Framework

Question 4: In the knowledge of the exiting domains of the Child and Youth Wellbeing Framework what should our unifying vision for the Child and Youth Wellbeing Strategy?

All Tasmanian children to have a childhood full of fun, freedom, and activity so they enter adulthood hopeful and excited.

National Child Wellbeing Strategy

The National Children's Commissioner Anne Hollands recently shared her vision for a national strategy for children. As she put it,

We currently have a fragmented landscape of services across the country. It's a lottery depending on where you are born. There is no national co-ordination to ensure the safety, health, wellbeing and development of our children. Much of what we do is trying to address the symptoms, not the root causes, such as poverty, discrimination or disadvantage.

The human costs, and economic costs for the taxpayer, are astonishing ...¹
As a person living and working in the OOHC sector, it is incredible the different policy and legislative landscapes around child protection in Australia. That we can have some states with adoption and permanency, different lens applied towards reunification, and vastly different supports for foster and kinship carers. Yet the research shows the importance of the first 1000 days, stability, what is needed for positive growth and development.

5. Please circle your specific community or communities.
Kinship and out of home care.

6. With reference to existing supports, programs and initiatives in Tasmania for your community what do you think works best and why?

Foster care agencies can support foster carers and the children in their homes well

As a carer supported by a foster care agency, I receive support, advocacy, and ongoing training. Agencies can be at arm's length from CSS decision making and provide support for carers in their unique role. This currently works well.

The OOHC Paediatric Clinic at the Royal Hobart Hospital

The OOHC Paediatric Clinic at the Royal Hobart Hospital (RHH) ensures all children growing up in OOHC in southern Tasmania receive regular check ups and can advocate for their needs to CSS. The paediatricians and nurses look at the overall development of a child and this is valuable information for long-term decision making.

The Child Advocate role

This role is a great addition to the OOHC sector. It is great to have someone with no relationship with either the birth family, Child Safety Officer (CSO) or fostering/kinship family to assess what is best for each child or young person. The role works in a strengths based way and collaboratively with all parties so everyone can understand what is best for the child.

7. If additional initiatives are required to ensure the wellbeing of Tasmanian children and young people in your community what are they and why have you made that suggestion?
8. Are you able to identify any barriers to Tasmanian children and young people accessing initiatives aimed at improving wellbeing for your community?

Kinship care

In Tasmania there is very little support for kinship carers, yet the *Children, Young Persons and Their Families Act 1997* (Tas) (The Act) has its Object in 7(1)(b) 'that a child's family is the preferred environment for his or her care and upbringing,' and kinship placements are explored before a child is placed in formal foster care. Yet, kinship carers do not have an agency for support, do not have access to training the foster carers do (through their agency), and access to respite. At the same time kinship placements are often more complicated, as a family member has taken on a child removed from another family member and can therefore become ostracised, have to deal with not allowing the birth parents into their home, and has closer contact. Kinship carers need greater supports in Tasmania.

¹ Australian Human Rights Commission, Speech by National Children's Commissioner Anne Hollands to the Parliamentary Friends of Early Childhood, 25 February 2021, 'Towards a National Child Wellbeing Strategy' [Towards a National Child Wellbeing Strategy | Australian Human Rights Commission](#).

Grandparents raising grandchildren & other informal care arrangements

In addition to kinship care, there are lots of grandparents and other relatives raising their grandchildren and child-relatives without the intervention of Child Safety Services. There are cases, where these carers are financially and socially connected to do this without the needs of other formal supports. But there are lots of cases of these carers becoming isolated, financially struggling, and unable to care for their own health and needs as they care for the children in their home.

Case and care planning and Care Team Meetings

The Act and Department of Communities policies set out guidelines for case and care plans and Care Team Meetings (CTMs), yet these are not followed. Survey after survey shows that most children growing up in OOHC do not have case and care plans or regular CTMs. This means decision-making is done without all the information and puts children at risk, frustrates and burns out foster/kinship carers, and leads to confusion and misunderstanding for birth parents trying to understand the safety concerns and understand what is needed.

Focus on permanency – restoration or permanency in care

Under s 10E of the Act, best interest of the child, it states the need for stability of living arrangements and no exposure to trauma. Yet in practice, children in OOHC sit on short term order after short term order, interim orders, and court mentions and dates are constantly extended. Foster and kinship carers protect children from knowing all of this, but it naturally leads to an unsettled living arrangement. Quicker decision making, decisions made according to a child's development and attachment needs, and with the focus of giving a child a childhood free from trauma, stress, and 'adult problems' is required.

Trained and dedicated Separate Representatives or Children's Lawyers

The application of the Act is important for all children growing in OOHC. The Act is based on the best interest of the child and outlines the importance of hearing children's voices. Separate Representatives are lawyers appointed by the Magistrate's Court to hear children's voices in CSS cases. The role of Separate Representatives is therefore vitally important in making legal orders. Yet, in many cases it appears hearing a child's voice is a 'tick the box' exercise by the Separate Representative, most Separate Representatives do not understand childhood development or the effects of trauma, and do not want to speak to the foster/kinship carer who is the expert on the child.

State-wide OOHC Paediatric Clinic

As mentioned above the RHH OOHC Paediatric Clinic is a great resource in the south. It would be great to have this service state-wide for all children growing up in OOHC.

Acknowledgement of the First 1000 days for children growing up in OOHC

Throughout this discussion paper the Government talks about the first 1000 days. Yet, this is not acknowledged in the development of children growing up in OOHC. This first 1000 days is pivotal to attachment, brain development, and the rest of the body growing. This needs to be considered when making decisions for children who enter care at birth.

Development in-utero

There is a lack of services for women when pregnant. Just as the first 1000 days are critical, so too are the 9 months of miraculous development. Research shows high levels of stress, exposure to domestic abuse, and alcohol and drug use have devastating effects on the fundamental development of a baby. Unlike trauma which happens outside the womb, in-utero trauma shapes the way the baby's brain and body grows and can lead to permanent brain damage, other organ damage, premature birth, and small size. Mothers who are at risk of domestic abuse, with unstable

living situations, struggling with addiction or their mental health should be able to access a service so they can stabilise and receive support and care.

Shortage of foster and kinship carers

There is a shortage of carers nationally and a net decrease annually. The main reasons carers stop is poor decision making and the way they are treated by CSS, not because of the children. If we are going to recruit and keep carers, they need to be respected as the people that look after the children 24/7, 365 days a year, their knowledge on the children heard and applied, and we need quicker and robust decision making for children. Asking people to become carers is a massive job and then leaving their lives in limbo is just not fair or appropriate.

Structure about recruitment, registration, and ongoing training and checks of foster/kinship carers

Currently in Tasmania there is no central registration of foster and kinship carers. This means there are no – required annual checks, compulsory training, or minimum supports for carers. Each agency has its own processes. CSS should have a central registration system of all carers with built in checks and required ongoing training. This would ensure safety of children and best practice amongst carers.

Therapeutic Foster/Kinship Care

CSS needs to explore the role of therapeutic foster carers. Carers who have the skills to support traumatised children and young people. It is heartbreaking to even think there are children entering primary school so traumatised their behaviours make them unsafe to be in a family. Then for every placement breakdown, their trauma and rejection only grows leading to further challenging behaviour. This is not the fault of the child. The Australian Childhood Foundation just released research exploring therapeutic foster care models around the world and identifying this gap in Australia. It presents a number of models. This research can be accessed at: [Research-Briefing-Essential-Elements-of-Therapeutic-Foster-Care.pdf \(cetc.org.au\)](https://www.cetc.org.au/research-briefing-essential-elements-of-therapeutic-foster-care.pdf). We recommend the Tasmanian Government looks at this and works with other state and territories to develop a model that would work in Australia.

Group homes

Group homes, residential centres, rostered care – these are not the way children should grow up, this isn't family, a childhood, stability or healing. While there are many wonderful workers in this sector, it just isn't the way we are designed to attach and grow. We need to recruit more carers so there are enough homes to place all children and we need a model of therapeutic foster care for some children who have suffered too much trauma.

9. How do you suggest these barriers are addressed?

Recommendations below, reflected in the discussion above.

1. Case and care plans written and followed. Ensure all parties understand the safety concerns and goals in the plan.
2. CTMs happen regularly and involve all the important adults in their life. If all the adults cannot be in the room at the same time, they can submit to the CTM.
3. Respect of birth families as acknowledged in the Act.
4. State-wide OOHC Paediatric clinic.
5. Acknowledgement of foster/kinship carers being the 24/7, 365 days parents who know the children, how they are going and genuinely really care for the kids.
6. Either dedicated kinship care and informal carer agency or foster care agencies paid to support non-foster carers.

7. Compulsory registration of foster/kinship carers with an annual review. If carers are 'deregistered' they are unable to take placements anymore.
8. All carers required to do first aid (paid for by Child Safety Services)
9. All carers required to do minimum annual training.
10. Compulsory training for foster carers who with Aboriginal children to know how to support their cultural connection.
11. Formal support developed for vulnerable, pregnant mums to both protect and care for them and their unborn child.
12. More robust and quicker decision making for children in care, appreciating the first 1000 days and need for stability so they can grow and develop and have a 'normal' childhood.
13. Dedicated children's lawyers who understand childhood development, the effects of trauma, and how to talk and work with children.
14. Therapeutic foster care model explored and developed.

12. Given the importance of the first 1000 days, what is the program you would put in place as your highest priority to support children up to 2 years and/or families?

As mentioned above, this must be acknowledged for children growing up in OOHC as much as it is for all children. For children growing up care, decisions need to be made with recognition of the importance of these 1000 days – the importance of attachment, brain and body development, for everything else to develop from.

13. Why have you identified this as your priority

Children only get one chance at childhood, growing up in care, the trauma that led them to care, and then ongoing instability and being torn between their birth family and foster home are just not fair. If the state has removed a child from their family of birth, they must work quickly with the birth family to address safety concerns so a child can heal, grow and enjoy being a kid.