



Kennerley Children's Services

Submission to:

***Tasmanian Parliament Joint Sessional Committee
Commission of Inquiry Recommendations Scrutiny Committee***

13 February 2025

Contents

1. OVERVIEW OF KENNERLEY'S SERVICES	3
2. COMMISSION OF INQUIRY OBSERVATIONS AND RECOMMENDATIONS RELATING TO THE OUT OF HOME CARE SECTOR	3
3. FUNDING FOR OUT OF HOME CARE REFORMS IN THE 2024-25 TASMANIAN STATE BUDGET	9
4. KENNERLEY PROPOSALS TO IMPROVE OUT OF HOME CARE IN TASMANIA	13

1. Overview of Kennerley's services

Kennerley is funded by the Tasmanian Government to meet the needs of children, young people and their families involved with, or at risk of involvement with, Tasmania's statutory child safety system.

Kennerley has a specific focus on providing 'family living' for children in Out of Home Care (OOHC).

Kennerley's main services are:

- **Family Based Foster Care:** Care for children and young people who are unable to live safely at home and are subject to statutory orders pursuant to the *Children, Young Persons and Their Families Act 1997* (TAS).
- **Community and Emergency Respite Program (Family Based Community Care):** Giving caregivers a chance to have a short break, thereby preventing contact with the Child Safety system, and supporting the stability of long term foster care placements.
- **Moving on Program:** Safe supported living and life skills development for young people aged between 15 and 21 in eight two-bedroom units. The program has successfully supported transitions out of care for more than 20 years.
- **Informal Kinship Care Program:** Support for members of the community raising children and young people outside of the statutory care system. These carers face complex circumstances, usually with little to no financial or other forms of support.

2. Commission of Inquiry observations and recommendations relating to the out of home care sector

In this section, Kennerley provides the committee with:

- a summary of the *Commission of Inquiry's* findings and recommendations specifically relating to Out of Home Care (OOHC)
- thirteen ways in which the sector can and should have a role in implementing the *Commission of Inquiry's* key OOHC reform areas, and the types of additional resourcing required to enable meaningful sector involvement
- an overview of why comprehensive sector mapping is a critical early step in the reform process.

Kennerley has undertaken detailed consideration and analysis of the *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings Report* August (2023), with a specific focus on Volume 4: *Children in out of home care* (Chapters 7 to 9).

Volume 4 alone contains 100 sub-recommendations directly relevant to out of home care providers. If implemented to the extent expected by the COI, these recommendations would radically transform the provision of out of home care in Tasmania over the next 3 years. They involve major change, opportunities and challenges for the out of home care sector, and are supported by Kennerley.

Volume 4 is 289 pages in length and divided into three chapters (Chapters 7, 8 and 9 of the full COI Report).

Overview of Chapter 7: “Background and context: Children in out of home care”

Chapter 7 provides an overview of the out of home care system in Tasmania including:

- Defining ‘out of home care’
- A child’s pathway through the system
- The Secretary’s responsibilities as guardian
- The number of children in care
- Types of out of home care
- Government and non-government providers
- Number of foster and kinship carers
- Department structure
- Child sexual abuse in care: risks and protective factors
- Factors that increase risk
- Sources of risk
- Over-representation of particular groups of children
- Protective factors
- Previous reviews and reforms
- National Royal Commission
- Tasmanian reviews and reports into out of home care.

Chapter 7 identifies endemic issues with out of home care in Tasmania, identified in 22 different reviews undertaken since 2003, and in the [National] *Royal Commission into Institutional Responses to Child Sexual Abuse* 2017.

These identified issues (all of which are supported by Kennerley) include:

- insufficient support for carers
- poor recruitment practices and insufficient support and professional development for staff
- inappropriate placements for children
- inadequate monitoring of children in care
- poor record keeping
- too few out of home care placements compared with the number of children in need
- poor monitoring of non-government out of home care providers and governance of funding agreements
- inadequate complaints processes
- over-representation of Aboriginal children in out of home care and low compliance with the Aboriginal and Torres Strait Islander Child Placement Principle
- over-representation of children with disability in out of home care
- poor support for children taking part in decision making
- variable understanding of and compliance with the National Standards for Out-of-Home Care, and poor monitoring of compliance
- no accreditation, registration or licensing system for out of home care providers
- poor information sharing between non-government providers and the Department.

Overview of Chapter 8: "Case examples and our approach: Children in out of home care"

Chapter 8 focuses on evidence provided to the COI from children in care and victim-survivors, and evidence from former and current Departmental employees.

Chapter 8 also examines the scale and nature of child sexual abuse in out of home care in Tasmania. The Department provided the COI with a list of 439 instances where 299 children in out of home care were the subject of a risk notification relating to child sexual abuse between 1 July 2013 and 30 June 2021. The Department cautioned that its dataset was missing some information and the incidence of concerns about sexual abuse for children in care may be under-reported.

The COI noted that, in relation to these 439 risk notifications of child sexual abuse:

- Numbers of risk notifications per year ranged from 35 to 81, with an average of 50, which equates to about one risk notification of possible sexual abuse against a child in care per week.
- While the ratio of female to male children in out of home care is about equal, 65.8 per cent of risk notifications were about the possible sexual abuse of a girl in care.
- While 21 per cent of children in out of home care were identified as having disability, 27.3 per cent of risk notifications were about the possible sexual abuse of a child with disability.
- Of children in out of home care, 37.4 per cent were identified as Aboriginal, although it is likely that the Aboriginal status of a child was not always accurately recorded. Just over one-quarter (27.8 per cent) of risk notifications concerned the possible sexual abuse of an Aboriginal child.
- The relationship of most people believed responsible (64.5 per cent) to the child concerned was recorded as 'not stated', although in some cases a deeper reading of the material identified the relationship.
- Of the alleged abusers whose relationship with the child was stated:
 - 17.1 per cent were adults in the role of a foster, kinship or residential carer
 - 16.2 per cent were identified as a parent or relative of the child
 - 2.3 per cent were identified as other children in care.
- The low proportion of alleged abuse from other children contrasts with expert evidence indicating that children in out of home care are more likely to experience sexual harm from other children, rather than an adult carer.

The COI identified a range of system and practice failures within the Department in relation to allegations of sexual abuse, including:

- inconsistent recording of Aboriginal status
- limited evidence in the records of Aboriginal children about the presence of cultural support plans or engagement in cultural support activities
- failure to clearly identify a child's disability as a vulnerability factor in risk assessment
- very few case and care plans among the documents provided
- the use of different and unclear language in case files that made it difficult to assess what had occurred
- the risk assessment section of notification records was frequently not updated with current information to support the risk assessment and decision made, and often appeared to have been cut and pasted from previous notification records. In one instance, the risk assessment section content referred to the child being seven years of

age and living with her parents, when she was in fact aged 17 and living in a residential care setting, and had been in care since she was seven.

- regular use of the term 'self-selected' in case notes to describe why children and young people in care were not living in their placement, which raised COI concerns given patterns of groomed compliance of children experiencing sexual exploitation.

The COI identified the following systemic problems specifically in relation to sexual abuse in out of home care:

- challenges in adopting measures to prevent child sexual abuse, including ensuring appropriate placements of children
- difficulties consistently putting in place risk mitigation strategies when risks are identified, such as providing early treatment for serious and concerning harmful sexual behaviours
- not consistently addressing the trauma children have experienced before or during their out of home care experience, increasing their risk of child sexual abuse or reducing their confidence in disclosing such abuse
- not consistently addressing the cultural needs of Aboriginal children, increasing their risk of child sexual abuse or reducing their confidence in disclosing such abuse
- insufficient supports for staff and carers to manage risks of child sexual abuse, or respond appropriately when it occurs
- inconsistent and uneven responses when children disclose child sexual abuse while in care.

Overview of Chapter 9: “The way forward: Children in out of home care” and the role of the Tasmanian OOHC sector in implementing reforms

Chapter 9 contains the COI recommendations for reforming the out of home care system in Tasmania. The key principle underpinning all the recommendations is that “a high-quality and well-functioning out of home care sector is the best way to protect children from child sexual abuse and to respond appropriately when it occurs.”

The reform recommendations are summarised by Kennerley into thirteen (13) areas in the table below.

COI OOHC Reform Area	The role of the Tasmanian community-based OOHC sector:
Increased funding in every area of out of home care to meet the needs of children in care and fully implement this reform agenda.	determining the level of funding required to ensure Tasmania has the nation's best out of home care sector.
Outsourcing care to non-government providers, with obligations to comply with the National Standards for Out of Home Care and Child Safe Standards, and for reporting incidents and complaints.	determining the funding, staffing and administrative arrangements required to transition to care being provided by non-government providers, including assessment of current and required capacity.
Developing an empowerment and participation strategy for children and young people in out of home care to strengthen children's say in their own care and in the way the out of home care system works	drawing on lived expertise and staff knowledge to identify the key elements of a strategy that ensures children and young people have real agency and voice.

Strengthening executive leadership, including establishing an executive role specifically for out of home care, an Office of the Chief Practitioner and an Office of Aboriginal Policy and Practice	supporting these recommendations, and providing recommendations on key elements of the roles and priorities of the Chief Practitioner.
Strong internal [departmental] functions, governance and accountability measures including a Quality and Risk Committee and a harmful sexual behaviours unit.	helping the Department determine the priorities of the new Quality and Risk Committee and a harmful sexual behaviours unit.
A [Tasmanian] out of home care strategic plan to set a strong vision for out of home care and to guide policy and resource allocation	determining the strategic priorities for a Tasmanian OOHC strategic plan, closely linked to increased sector funding and transition to an outsourced care model.
Developing a reporting framework for out of home care to inform quality assurance and continuous improvement processes	determining the most appropriate QA and CI process for an outsourced OOHC model in Tasmania.
A workforce strategy to increase recruitment and build capacity across the Child Safety Service and out of home care	identifying the key success factors in recruitment and retention of OOHC staff, contractors, carers and volunteers – particularly from a non-government provider perspective.
Implementing all elements of the Aboriginal and Torres Strait Islander Child Placement Principle, including increasing self-determination by promoting and supporting recognised Aboriginal organisations	partnering with recognised Aboriginal organisations and detailing the resourcing and systems minimum requirements for all non-government OOHC providers to implement the ATSIC Child Placement Principle in Tasmania.
A Carer Register to ensure carers meet minimum standards and departmental expectations	establishing the key principles and practices for implementing carer standards, in close partnership with carers and their advocates.
More clinical supervision, assessments, case management and therapeutic care to meet the unique needs of all children	supporting these recommendations, closely linked to increased sector funding and transition to an outsourced care model.
Developing policies in key areas including professional conduct, mandatory reporting, harmful sexual behaviours, child sexual exploitation, and complaints and care concerns	helping the Department determine the content and implementation processes for these policies.
Establishing key oversight roles, including setting up a Tasmanian Commissioner for Aboriginal Children and Young People, enhanced functions for the new Commission for Children and Young People in relation to out of home care, establishing the Child Advocate as an independent Deputy Commissioner and a community visitor scheme.	helping the Department determine the priorities and processes for these new oversight functions, including their practical interaction with the new outsourced model of OOHC in Tasmania.

If Tasmania's community-based out of home care sector is to take a productive role in implementing the 13 reform areas outlined above, it will require significant and sustained additional resources, including expertise in policy, research, advocacy, service modelling, lived expertise engagement, sector engagement, operational planning and financial modelling.

Then, the implementation of reform plans (as recommended by the COI), will require an unprecedented increase in the number of expert and professionally trained carers, therapeutic care coordinators, and support staff and contractors to ensure that high quality care is established and sustained over the long term.

As the COI Report states:

We acknowledge that out of home care is a challenging environment. Holding the trauma of children in care and helping them turn their lives around for the better requires enormous effort, even in a well-resourced out of home care system staffed by the most dedicated workers. We accept that fully implementing significant reform is a long process. This is even more reason why the Government and the Department must prioritise rebuilding the out of home care system now.

Considerable funding is required to ensure our reform recommendations for the out of home care system are implemented in ways that significantly improve the safety of children and young people in out of home care. The Government must commit this funding so the Secretary can effectively acquit his responsibility as the statutory guardian of children in out of home care, and to allow the Department and sector to work with purpose and intent to protect the best interests of children.

The importance of 'mapping' the sector as a critical first step in reform

Before the *Commission of Inquiry* reforms are fully designed and implemented, there needs to be a transparent and comprehensive 'mapping' of the Tasmanian OOHHC sector. At present, there is no overarching understanding of the cost, longevity and funding modality associated with each provider in the sector, or the sector overall.

This mapping should also consider the extent to which the sector has drifted away from differentiated service delivery to generalist family-based care and salaried special care.

Perhaps most importantly, the mapping should include an assessment of current client need. Kennerley contends the current service commissioning practices have not adequately considered the circumstances of families and children, resulting in foster and kinship services that have not grown and adapted to meet client need. Understanding client need is also required to minimise service replication across OOHHC providers.

3. Funding for Out of Home Care Reforms in the 2024-25 Tasmanian State Budget

In this section, Kennerley provides the committee with:

- a summary of the additional funding for OOHC in the 2024-25 Tasmanian State Budget (as per *Budget Paper No 2, Government Services, Volume 1*)
- a request to clarify how the additional \$120 million in OOHC funding over the next four years will be allocated
- a request to address historical inequities in funding amongst community based OOHC service providers.

The out of home care sector's funding from the Tasmanian Government is sourced from Output 4.1 of the Department for Education, Children and Young People (DECYP), under the responsibility of the Minister for Children and Youth.

This Output provides services to children, young people and their families through a range of programs such as the Strong Families Safe Kids Advice and Referral Line, the Child Safety Service, and Out of Home Care.

Revenue from Appropriation by Output	2023-24 Budget	2024-25 Budget	2025-26 Forward Estimate	2026-27 Forward Estimate	2027-28 Forward Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000
4.1: Services for Children and Families	151 155	189 985	180 129	177 271	181 913

The variation (increase) in Output 4.1 from 2023-24 reflects expenditure associated with the Government's *Commission of Inquiry* recommendation responses, primarily *Out of Home Care - Additional Funding*. The Government is allocating \$120 million over four years, in line with COI recommendation 9.1, to meet increasing costs of Out of Home Care in relation to foster and kinship care, respite and salaried care, and Special Care Packages.

Operating Services - Budget Item	COI Recommendation	2024-25 Budget	2025-26 Forward Estimate	2026-27 Forward Estimate	2027-28 Forward Estimate
		\$'000	\$'000	\$'000	\$'000
Out of Home Care - Additional funding	9.1	30 000	30 000	30 000	30 000

Recommendation 9.1 of the Commission of Inquiry stated: *The Tasmanian Government should provide one-off funding to help implement the Commission of Inquiry's recommended out of home care reforms and significantly increase ongoing funding of out of home care, including out of home care services provided by Child Safety Services (such as out of home care governance and case management).*

The additional funding for Out of Home Care is the single largest operating expenditure item in the Government's 2024-25 Budget *Commission of Inquiry* initiatives. As highlighted below, it represents 63% of DECYP's *Commission of Inquiry* operating expenditure - and 32% across all agencies - over the next four years.

Commission of Inquiry Initiatives by State Government Entity (Operating Services)	2024-25 Budget	2025-26 Forward Estimate	2026-27 Forward Estimate	2027-28 Forward Estimate
	\$'000	\$'000	\$'000	\$'000
Education, Children and Young People	40 550	50 000	50 000	50 000
Health	7 767	13 595	15 585	16 576
Justice	10 085	11 065	10 288	10 023
Police, Fire and Emergency Management	12 828	9 616	8 452	8 707
Premier and Cabinet1	11 227	11 482	8 922	8 929
Integrity Commission	200	200	200	200
Office of the Director of Public Prosecutions	1 500	2 700	2 700	2 700
Office of the Ombudsman	100	200	200	200
Total Operating Services	84 347	98 858	96 347	97 335

The additional funding for Out of Home Care comprises the great majority (83%) of the 2024-25 Budget *Commission of Inquiry* initiatives falling under the responsibility of the Minister for Children and Youth, as highlighted in the table below:

Minister for Children and Youth COI Operating Initiatives Budget Items	COI Recommendation	2024-25 Budget	2025-26 Forward Estimate	2026-27 Forward Estimate	2027-28 Forward Estimate
		\$'000	\$'000	\$'000	\$'000
After-Hours Service	9.16	279	779	1 051	1 037
Child and Youth Empowerment	9.6, 12.8	269	429	457	451
Complaints Management System	9.2, 9.31, 12.35, 16.2	7	14	14	14
Critical Case Management	9.22	266	546	581	574
Disability Liaison	9.22, 9.23	199	409	436	431
Enhanced Case Management for Children and Young People	9.16	1 133	1 962	2 200	2 393
Implementation Taskforce	All	700	645
Office of Aboriginal Policy and Practice and Implementing the Aboriginal and Torres Strait Islander Child Placement Principle	9.7, 9.15	195	400	426	671
Out of Home Care - Additional funding	9.1	30 000	30 000	30 000	30 000
Out of Home Care Reform Implementation Unit	9.1, 9.2, 9.3, 9.8, 9.9, 9.12, 9.20, 9.21, 9.25, 9.15, 9.16, 9.18	596	812	858	855
Policy Resources for Legislative Work	6.10, 6.11, 6.12, 6.13, 6.14, 6.15, 9.15, 9.27, 9.34, 12.12, 12.13, 12.14, 12.15, 21.9	139	150
Reducing Harmful Sexual Behaviours	6.9, 9.17, 9.28, 12.30	178	355	366	596
Volunteer and Contractor Management - System Development	6.5	7	14	14	14
TOTAL		33 968	36 515	36 403	37 036

Implementation of the additional funding for Out of Home Care will be driven by the new *Out of Home Care Implementation Unit*, which has been allocated \$3.1 million over four years (**in addition to the \$30 million for OOHC reforms**). This Unit will “work across agency boundaries and drive reform” including:

- prioritising implementation of key elements of out of home care reform, including the model of care, Out of Home Care System Strategy and the Out of Home Care Outsourcing Strategy (*directly impacting the future operations of out of home care providers*);
- articulating a longer-term vision for the future state of the broader child safety system, ensuring out of home care and child safety service reforms are connected and aligned. This will ensure future investment in the whole system is strategic and targeted to improve outcomes for children and young people;
- developing an accurate current state assessment of service delivery costs across the system and a forecast for future service delivery costs required to deliver the future vision, paired with a business case and fully costed plan to operationalise the vision;
- building partnerships with the community services sector, including Aboriginal Community Controlled Organisations for delivering out of home care over time.

Other notable initiatives in the above table years (**in addition to the \$30 million for OOHC reforms**) include:

- \$1.7 million over four years to implement the Aboriginal and Torres Strait Islander Child Placement Principle
- \$1.6 million in additional structural funding to strengthen and expand child and youth participation and empowerment across the Department
- From 2027-28 onwards a new role of Chief Practitioner to lead clinical practice and quality assurance across Child Safety Services, the Strong Families, Safe Kids Advice and Referral Line, and Out of Home Care (this is in the ‘Reducing Harmful Sexual Behaviours’ line item in the above table).

In the capital expenditure area, an “Enhanced Case Management for Children and Young People in Detention and Out of Home Care Project” aims to enhance client-centred child safety and youth justice business systems and ensure greater monitoring and transparency and responsiveness around care for young people in detention.

Minister for Children and Youth COI Capital Initiatives Budget Item	COI Recommendation	2024-25 Budget	2025-26 Forward Estimate	2026-27 Forward Estimate	2027-28 Forward Estimate
		\$'000	\$'000	\$'000	\$'000
Enhanced Case Management for Children and Young People in Detention and Out of Home Care	9.16	1 374	1 382	2 777	2 793

Further, in the Department of Health budget, \$11.6 million is provided over four years to establish a comprehensive mental health response within the out of home care services for children and adolescents in, or at risk of entering, OOHC in line with *Commission of Inquiry Recommendation 9.24*. This initiative will deliver an enhanced capacity for tailored, specialist trauma-informed therapeutic interventions for children and young people in OOHC experiencing multiple, intense and persistent emotional and/or behavioural difficulties and significant functional impairment.

The importance of ensuring additional OOHC funding is fairly and appropriately allocated

Kennerley requests that the Committee ascertains, and makes public, the Government's proposed allocation of the additional \$120 million in OOHC funding over four years. In particular, Kennerley requests that the Committee clarifies the proposed allocation to internal staffing at the Department for Education, Children and Young People (DECYP), and the proposed allocation to ensuring community-based providers can deliver the *Commission of Inquiry's* recommendations over the long term.

Further, Kennerley requests that the Committee seek assurances from DECYP that additional funding for community-based providers will be based on current and future need, **and not on historical funding arrangements**.

At present, providers that have been in Tasmania for a long time (such as Kennerley, which has operated for 156 years), operate in an inequitable funding landscape.

Kennerley's funding agreements were developed and agreed upon prior to the entry of other interstate providers of foster care. The new entrants were incentivized to enter the market with more favourable funding agreements, whereas Kennerley's funding agreements have continued to roll over with no or limited additional funding in real terms. Kennerley staff are also supporting higher caseloads of children, young people and carers than other providers.

At the same time, the complexity of the needs of children and young people requiring OOHC has increased, and recruitment of potential foster carers has become more difficult. Further, increased understanding of complex developmental trauma and the importance of multi-disciplinary responses has resulted in significant growth in the scope of work undertaken by Kennerley personnel. The cost of this increased scope has been met and absorbed by Kennerley, again without additional funding.

The allocation of an additional \$120 million for OOHC over the next 3.5 years provides an opportunity for historical inequities in funding to be fixed, and to ensure that all providers are operating 'on a level playing field'.

4. Kennerley proposals to improve Out of Home Care in Tasmania

Kennerley has developed five proposals that would give practical effect to the COI recommendations relating to Out of Home Care, and are affordable under the State Budget forward estimates.

These proposals (each of which is explained in further detail in following pages) are:

Proposal One: Complex foster care initiative

Kennerley's Therapeutic Care Coordinators are managing foster care caseloads more than double the sector norm, and approximately 70% of children are presenting with complex needs. Kennerley proposes a complex case levy of 30%, at an approximate cost of \$400,000 per annum. It also proposes a pool of 'brokerage' funds (\$100,000) to support high risk periods of complex care, including circumstances such as:

- a long-term placement requires additional respite to be preserved
- a long-term placement requires a higher level of wrap around support to be preserved
- the transition of young people out of care
- the restoration of children and young people to family.

Proposal Two: Community and emergency respite initiative

The current State Government funding model is resulting in Kennerley providing respite care at an unsustainable loss. Top-up funding of \$100,000 per annum is required to maintain service levels.

Proposal Three: Meet the full direct costs of Tasmanian carers

Tasmanian foster, kin and respite carers are frequently 'out of pocket' thousands of dollars per annum, which impacts placement stability and carer wellbeing, and is deterring people from becoming carers. Funding to be determined upon agreement in-principle.

Proposal Four: Pilot professional models of foster care and respite care

Develop, implement, and evaluate a cost-effective alternative for complex out of home care in Tasmania, in which professional, highly trained carers are supported by an integrated team of specialist supports. This approach has been successfully trialled in other states. The pilot would include professional carers specialising in long-term foster care, and carers specialising in short-term respite care. A pilot could commence for \$400,000 per annum.

Proposal Five: Meet compliance requirements, and participate in reform processes arising from *Commission of Inquiry*

To ensure Kennerley has the systems, processes, and infrastructure in place to meet the standards recommended in the *Commission of Inquiry*, and can constructively contribute to sector reform, Kennerley requires one-off increased funding of \$120,000 and a recurrent increase of \$50,000.

More detail about each of these five proposals is provided below.

Proposal One: Complex foster care

Increase funding for complex care placements to \$11,687 (approximately \$400,000 per year) and a 'brokerage fund' (\$100,000 per year) to manage high risk periods of care.

Kennerley's Family Based Foster Care program supports the care of children and young people who are unable to live safely at home and are subject to statutory orders pursuant to the *Children, Young Persons and Their Families Act 1997*. Kennerley consistently provides Family Based Foster Care to over 100 children. This includes children and young people requiring long-term care and those who need care for only a short time.

The program relies on Kennerley's pool of trained, assessed, and accredited foster and kinship carers who open their hearts and homes to children and young people for as long as they need. Kennerley's team of skilled Therapeutic Care Coordinators work collaboratively with carers and other key stakeholders including families and Child Safety staff to ensure each child receives the care and support they need to grow, thrive and fulfil their potential.

Approximately 70% of clients within Kennerley's Family Based Foster Care program present with complex needs requiring service far in excess of Kennerley's current funding.

Factors that contribute to complexity include:

- Large family based foster care households
- New carer households or households who require additional developmental support
- Children and young people without a statutory worker
- Households working with more than one statutory worker/team
- Children and young people with a disability, emerging or diagnosed mental health condition or complex medical and neurodiverse diagnosis/diagnoses
- Children and young people readying to leave care
- Unclear case direction.

Some of these factors are transient, but the majority are persistent and require an ongoing high level of support, planning and advocacy.

Children and young people requiring out of home care present with complex needs associated with their experiences of developmental trauma, abuse and neglect. Changes to thresholds associated with risk, along with community and lifestyle pressures appear to have created an environment where the needs profile of children and young people accessing our services is higher and even more complex. This, along with major stressors within the Child Safety system in Tasmania, including limited staff and the implementation of a teams-based response to children and young people subject to long-term guardianship orders has created pressure points for Kennerley's carers and practitioners. Kennerley's staff are taking on a substantial range of tasks that were traditionally delivered by Child Safety practitioners, with no additional funding or resourcing.

Kennerley's Therapeutic Care Coordinators carry caseloads of between 35 and 40 children and 15 and 20 carer households. Caseloads of other like organisations have a maximum of 15 children per caseworker in the NGO out of home care sector. Kennerley uses a caseload triaging framework to assess support needs for children and for households which creates a clear picture of the level of complexity our service supports.

The current funding model does not differentiate between levels of need, with Kennerley provided a standard rate for each child or young person placed within its Family Based Foster care program, regardless of complexity. Information shared within the sector suggests funding levels are inconsistent across services, as are caseloads, with Kennerley maintaining higher caseloads and undertaking more tasks, with less funding, than other similar services.

In order to meet the ongoing higher level of need within Kennerley's Family Based Foster care program, Kennerley is seeking a complex case levy of 30% be applied to the 70% of placements with additional support needs identified. This will increase Kennerley's carer support payment to \$11,687 per annum per child where complexities exist.

In addition, Kennerley proposes a 'brokerage fund' to provide specific, tailored and flexible support for high risk care placements. This would, for example, allow the flexing up of time-limited support to foster and kinship carers experiencing periods of increased complexity or challenge over their carer journey. It would also provide additional support for young people who are going through the often-difficult process of transitioning out of care. Kennerley's existing 'Moving On' program constantly supports a higher quota of young people transitioning out of care than contractually funded, at times double the agreed number. It is proposed that this 'brokerage' fund is trialled at \$100,000 in 2025-26, with a full acquittal and outcome review for future years.

Proposal Two: Community and emergency respite initiative

Increase funding by \$100,000 per year to enable bare cost recovery

Kennerley's Community and Emergency Respite program supports over 240 children over the course of a year, equating to more than 2300 nights of care.

It is designed to give parents, guardians, or primary caregivers a chance to have a break to regenerate and face the challenges of parenting with renewed strength. Within the community and emergency arm of our respite program, Kennerley support families who may be isolated, have little family/community support or are experiencing a crisis. This can be considered an early intervention/family preservation program designed to prevent children and their families coming into contact with the Child Safety system.

The program also supports primary foster carers, children and young people in statutory care through the establishment of relationships between a primary household and a respite household. This supports the stability of primary placements and also helps children to develop relationships with other safe adults. All respite carers are approved foster carers and undergo the same training and assessment processes as full-time carers.

Kennerley's Community and Emergency Respite program continues to run at a significant loss as current funding allocations are both insufficient and inconsistently provided. In order to continue to provide this service to the community at current levels, 'top-up' funding of \$100,000 per annum is required just to meet direct costs.

Proposal Three: Meet the full direct costs of Tasmanian out of home carers

(Cost to be determined following agreement in-principle)

In addition to program delivery costs, Kennerley strongly supports increased carer reimbursement rates for full-time and respite carers to a level that fully covers the costs associated with providing for the needs of child/children in their care.

Foster, kin and respite carers are frequently out of pocket thousands of dollars per annum, and in many circumstances, even more so.

This is detrimental to placement stability, carer wellbeing and resilience and is deterring community members from applying to become carers.

An accurate assessment of the costs related to caring for a vulnerable child or young person, based on a thorough understanding of their needs must be made at the commencement of their journey in care.

The standard board reimbursement level should fully cover the costs of taking care of a child without additional needs, with supplementary funding for additional needs available quickly, and in an uncomplicated way.

Proposal Four: Pilot professional models of foster care and respite care

(A pilot with one professional long-term foster carer and one professional respite carer could be established, delivered and independently evaluated for approximately \$400,000 per year)

Tasmania's Out of home care system currently struggles to meet the care needs of some children and young people. This includes those in late childhood and adolescence, young people with complex and additional developmental needs including disability and neurodiversity, and those who require a different support model to transition from care to independence. As a result, children and young people may remain in unsafe care environments, or in placements that inadequately meet all their needs.

Contemporary research and demographic analysis at both a state and national level indicates the number of children requiring out of home care continues to increase, whilst the number of foster care households is consistently decreasing. This correlates with the increased number of children and young people living in residential care, either individually or in group environments. Analysis by the Australian Institute of Health and Welfare into the factors behind the reducing number of volunteer foster carers in Australia identified the following trends:

- Cost of living increases and inadequate cost of caring reimbursements
- Media coverage focussed on risk and traumatic events
- Changes to family lifestyle such as increasing number of households where both partners work full time
- Changing trends relating to the time of having and raising children
- Changes in retirement with more people working longer, and, upon retirement, caring for grandchildren or travelling – fewer retired 'empty nesters'.

This means that the traditional pools of potential foster carers are smaller, with factors such as financial stability and negative media influencing the likelihood of making an application to become a carer.

When family-based placements cannot be made, children and young people are usually placed in salaried care placements (primarily 1:1 residential care). The cost to government in providing these placements is extremely high, (many hundreds of thousands of dollars per annum, per child).

Kennerley seeks to pilot an alternative model of professional and highly supported family-based care that would be a far more cost-effective approach. Models of 'professional foster care' are informed by evidence and create sustainable care placements that promote the healing of children and young people through safe and secure relationships. These models are already achieving results in other states - for example:

- [OzChild's Treatment Foster Care Oregon \(TFCO\) program](#) in Victoria, Queensland and NSW
- OzChild and Anglicare's delivery of the Circle Therapeutic Foster Care model in Victoria
- Australian Childhood Foundation and Anglicare's Treatment and Care for Kids (TrACK) program in Victoria.

Models of professional foster care feature family-based carers who are recruited, trained, and supported in an intensive way, to ensure they can focus on the child or young person's needs and recovery from experiences of developmental trauma. The carer-child relationship is supported and understood to be the key "treatment" for children and young people recovering from trauma and abuse. The carer is supported by a care team including trauma specialists, psychologists, respite carers and/or other relevant supports. These models also focus on the early assessment of children's needs by using a holistic, trauma-informed developmental approach. Assessments are undertaken by qualified experts. The assessments are used to inform the child's support plan and ongoing placement support.

These models move away from viewing the carer as a volunteer and remunerates them on a full-time basis. The expectation is that the caregiver is available for the child or young person as and when they need and is actively engaged in high frequency coaching and development sessions, care teams, planning, and other activities relevant to the child or young person's needs.

In relation to respite care specifically, it is proposed that the principles of the professional models of foster care are applied in terms of assessment, recruitment, training, professional development and support. Currently, the Community Respite program is able to meet the needs of children and families with low to moderate needs, however, is frequently unable to meet the respite care needs of children and families with complex needs such as:

- mental health, neurodiverse or disability diagnoses (often multiple)
- higher level trauma-related needs and behavioural presentations
- sibling groups that require care together
- medical or disability diagnoses that require specific skills
- difficult family dynamics including co-morbidities such as addiction, mental and physical health diagnoses, family violence, poverty and homelessness leading to unpredictable care needs
- emergency circumstances.

It is proposed that a carer household is recruited, or identified from the existing carer pool, and remunerated on a full-time basis to be constantly available and 'on call' to provide care to children and young people who, due to the complexity of needs or circumstances, are unable to be accommodated through the current and traditional respite framework.

Kennerley seeks funding to develop and pilot:

- a) a model of professional long-term foster care in Tasmania
- b) a model of professional short-term respite care in Tasmania.

Kennerley will partner with DECYP and relevant other non-government providers to develop, implement and evaluate the pilot.

Proposal Five: Meet compliance requirements, and participate in reform processes arising from *Commission of Inquiry*

One-off funding of \$120,000 and increased recurrent funding of \$50,000 per annum to meet increased compliance standards

Kennerley fully supports the implementation of the recommendations of the *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings* report, August 2023 ("the report") and will partner with the newly formed Out of Home Care Implementation Unit to deliver recommended reforms.

As an organisation focussed on safeguarding children and young people, Kennerley has already taken substantial steps to improve programs and processes. For example, in 2020 Kennerley was independently accredited a Safeguarding Children Organisation by the Australian Childhood Foundation and was reaccredited in 2023, at a cost of well over \$50,000.

Kennerley has a small team of thirteen staff and already stretches its resources as far as possible to contribute to positive outcomes for children, young people, and their families above and beyond the expectations of our service delivery contracts. Kennerley anticipates a need for attention and revision of some of our processes, policies, and workflows, to comply with the recommendations of the *Commission of Inquiry* and the related priorities of out of home reform. We anticipate the need for each of our practitioners to expend additional time in relation to:

- Reviewing our systems, processes, and policies to ensure, and maintain, Kennerley's compliance with standards and expectations.
- Increased reporting and information sharing obligations. As an accredited Safeguarding organisation, with strong internal governance mechanisms, Kennerley have already embedded higher than required standards for the safety of all children and young people accessing our programs and activities and have additional reporting obligations. The integration of our obligations relating to the reportable conduct scheme will necessitate a review of internal processes to ensure these are streamlined.
- Additional obligations in terms of participation in panel processes and liaison with newly developed and appointed reform roles within DECYP.
- Participation in revised carer registration and deregistration processes and potentially revising Kennerley's onboarding and compliance mechanisms, to align with DECYP expectations.
- Additional liaison will be required with newly developed and appointed roles such as the increased functionality of the office for the *Commissioner for Children*, the *Aboriginal Children and Young People Commissioner* and the *Chief Practitioner* and team.

Further, Kennerley seeks to positively drive the sector's responses to out of home care reform. To do so, Kennerley will require significant and sustained additional resources, including expertise in policy, research, advocacy, service modelling, lived expertise engagement, sector engagement, operational planning and financial modelling. Kennerley will ensure key staff are available to participate in working groups, discussion groups and advisory panels to ensure the readiness of all Out of home Care providers - including Kennerley - for reform implementation.

With additional resources, Kennerley will be positioned to contribute positively - for children, young people, their families and carers - with minimal disruption to day-to-day frontline services.

For more information, please contact:

Cedric Manen
Chief Executive Officer
Kennerley Children's Homes

[REDACTED]
[REDACTED]