

SUBMISSION

“A Future Program of Family Based Care” Discussion Paper: Anglicare Tasmania’s response

10 December 2018

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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 drugs services; gambling support; disability services; and aged care services.

Anglicare's Social Action and Research Centre conducts research, policy and advocacy work with 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 were closely involved at both policy and implementation levels with the current redesign of Tasmania's Child Safety Services 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, through to 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 who 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 to support parents in ensuring their children are school-ready, support families' and children's capacity to develop their own safety plans and support them to connect to their communities.
- TazKids, which provides statewide 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
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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.
- 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, SARC has undertaken a number of relevant research pieces exploring the needs of children, young people, families of origin and carers within the OOH system. These pieces are referenced within our submission.

Anglicare welcomes the opportunity to respond to the State Government's discussion paper on reforming Family Based Care. We would be happy to discuss any points raised in this submission further with Children and Youth Services.

Part 1: Conceptual framework

Anglicare Tasmania acknowledges the significant work that has gone into researching and developing the Family Based Care model offered in the discussion paper. We broadly welcome many of the principles outlined in the model.

However, there are a number of overarching conceptual issues that Anglicare Tasmania would like to raise which, from our perspective, impact on our ability to provide comments about the details of any model. As such, our submission focuses mainly on exploring some of the key concepts in the paper rather than responding to the detailed elements of the model that has been presented.

Family Based Care as a therapeutic hub

Anglicare Tasmania supports the Government's aspiration for out-of-home care (OOHC) to offer a space where 'All children and young people are raised in a safe, supportive and nurturing environment with every opportunity to reach their full potential' (DoC 2018, p. 12).

We warmly welcome the discussion paper's focus on how Family Based Care can support children and young people to overcome challenges with trauma and attachment and reach their full potential. We also welcome the collective aim across agencies and stakeholders to create both attachment and stability for children and young people who experience OOHC.

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 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) 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.

Family and domestic violence, poor maternal mental health or challenges with alcohol or drugs can affect a developing foetus in utero 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. Complex trauma and challenges

with attachment have a significant negative impact on the mental health of children in OOHC and affect all of a child's interactions, including with their family of origin, their carers, at school and any other agency which children and young people are required to engage with (Anglicare Tasmania 2018).

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 be exhausted due to hypervigilance and they may struggle to make friends. Poor role modelling may have led to poor behaviour with peers as a child acts out their family's story towards others. 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.

If those supporting children and young people in OOHC treat such behaviours as issues requiring discipline and perhaps, in the case of school, suspension or expulsion – that is, interpret such behaviour as symptoms of the child being 'problematic' or 'bad' – the behaviour may be being misrecognised (Robinson 2018) and the underlying cause of the behaviour will remain unaddressed (Hinton 2017; Robinson 2018).

We believe that all services working with children and young people in OOHC, including Child Safety Services, community services, schools, health professionals and carers should look at each child's individual circumstances when they display behaviours that are well known as symptoms of trauma and attachment challenges, and have the skills to respond and support appropriately.

Taking an ecological perspective: what else needs to change if FBC does?

The discussion paper highlights that:

Family based carers provide the opportunity to live in a family or home environment and form the caring relationships to heal from trauma and thrive in the future. Furthermore, many of the outcomes that we seek for children and young people...will to a large extent be determined by the care and support they receive from their carer (DoC 2018, p. 13).

Whilst Anglicare supports the view that carers have a crucial role in supporting positive outcomes for children and young people in out-of-home care, we would like to highlight that evidence strongly indicates the relationship a child or young person has with their family of origin and the nature of the relationship between the carer and the family of origin can have equally significant impacts on the outcomes for children in out-of-home care (For example, see Chateauneuf, Turcotte & Drapeau 2017 for a review of this evidence).

Similarly, the presence of a therapeutic, trauma-informed approach in other environments children and young people regularly encounter, such as education and health, can have a significant impact on positive outcomes for them (Robinson 2017a & b, 2018).

Given this, Anglicare has considered the potential effectiveness of the proposed changes to FBC in light of these important dynamics. Changes made within FBC will need to be complemented by changes within family support and other relevant agencies, to maintain the Government's desire to achieve continuity of care for children and young people and for progress in children and young people's attachment and stability to be maintained longer term.

Below, we have provided some overarching thoughts on the need for ecological change. These have been expanded on within our more detailed comments on aspects of the proposed Family Based Care model in subsequent sections.

Addressing parental and carer trauma

Anglicare welcomes this discussion paper's focus on Family Based Care as the therapeutic hub from which to nurture continuity of care for children and young people. The paper encourages a move to Family Based Care placements that are committed to working within a framework of concurrent planning, i.e. working towards family reunification in the first instance, where this is assessed as a possibility, and to concurrently plan for safe, appropriate permanent care (DoC 2018).

Anglicare believes it is the responsibility of the State to protect children from abuse and neglect. It is also the responsibility of the State to support carers **and** parents to establish safe home environments for children. As both carers and families of origin play crucial roles in supporting young people's positive health and wellbeing outcomes, they need to be **equally** supported to be trauma-informed and safe spaces for children and young people.

Addressing any complex or situational trauma parents and carers themselves carry as adults is as important as addressing any trauma experienced by children and young people, and ensures that children and young people's care circle is a safe and consistent environment. As SARC's research has highlighted, many parents involved with Child Safety Services have complex trauma from their own experiences of abuse and neglect as a child or from potential violence or abuse as an adult. Often they were themselves in care as children (Hinton 2013, 2018).

This trauma may be compounded through the process of child removal itself (Hinton 2013; 2018; Fidler 2018; Broadhurst and Mason 2017). Parental trauma is often left unaddressed (Hinton 2018), even though their children are likely to return to them either through family reunification or through the children self-selecting to return when they are old enough to do so. These parents may also have subsequent children, or be parenting step-children or grandchildren.

As such, in order to meaningfully assess the value or likely impact of changes to Family Based Care, Anglicare Tasmania strongly feels that there is a need to understand the nature of any planned parallel work that will provide therapeutic continuity of care for children and young people across **all** the households they are living in, likely to live in, or need to maintain attachment with.

Recommendation 1:

Anglicare Tasmania recommends that the Department of Communities Tasmania should ensure a parallel investment in family support to complement that in Family Based Care. Such support should offer **continuous skilled pre- and post- child removal family support services**, available to all parents involved with Child Safety, to improve the chances of family preservation and expedite family reunification, or ensure their ability to parent in the longer term, whether or not children are returned. This should include a continuous case management model of intensive therapeutic support for parents as well as practical support, delivered at arm's length from Child Safety. The programs should be responsive to the differing needs of Aboriginal parents, young parents and parents with disability and enable support to be delivered at varying levels of intensity.

Resourcing a trauma-informed approach across support services

Anglicare Tasmania also strongly feels the need to understand parallel work to be undertaken to support a therapeutic, trauma-informed approach in the other spheres that regularly support children, young people, families of origin and carers. We need to consider how carers delivering FBC will be able to interact and collaborate with such agencies and whether there needs to be tweaks or changes to those areas to achieve the Government's desired outcomes. For example:

- other forms of OOHC (residential care, kinship care).
- support and advocacy services for children and young people within OOHC or at risk of OOHC (educational support, health services, supported accommodation services) (see Hinton 2017; Robinson 2017a & b, 2018).

Recommendation 2:

Anglicare recommends that all agencies supporting children and young people in OOHC be resourced to provide appropriate, trauma-informed therapeutic and practical support.

Permanency planning: what does this mean for FBC?

The Tasmanian State Government is currently developing a Permanency Framework which will redefine the care outcomes possible for children and young people in OOHC and possibly the timelines in which these outcomes can be achieved (DSS 2018; DoC 2018).

Alongside this, the State Government is developing a new model of Family Based Care for children and young people.

We do not yet know what 'permanency' might look like for children and young people in OOHC in Tasmania (for example, long term foster care, transfer of guardianship, adoption), as the development process and framework is yet to be made publically available. So we do not yet understand what is needed from Family Based Care, or Family Support Services, to support children, young people, families of origin and carers to plan for such permanency, alongside concurrent planning for family reunification where this is a possibility.

Anglicare believes that it would be useful to understand more about what 'permanency' will look like before we can meaningfully comment on what is needed from and for carers. Evidence is clear that the attitudes of carers towards a child or young person's care and their own role in that (whether they are facilitating a return to the birth family, offering a permanent 'home' etc) and carers' motivations for caring for children and young people (offering a place for children to heal, compared to wanting to be a parent themselves) can have a significant impact on both family restoration outcomes and positive outcomes for children and young people themselves (Chateauneuf, Turcotte & Drapeau 2017; TACSI 2016a). Carers' attitudes to family restoration or permanency options can influence many aspects of the FBC elements discussed in this paper, including how children's 'challenging' behavior is interpreted, managed and supported (particularly pre- and post- family access visits), how relationships with families of origin are cultivated, and how they present their 'role' and that of a child's birth parents to the child (see Chateauneuf, Turcotte & Drapeau 2017). The recruitment and training of carers – their skills, aptitudes, approach – may look very different within the FBC model if the permanency option is adoption rather than long term foster care.

Recommendation 3:

Anglicare encourages the State Government to:

- Make known the process and options for developing a permanency framework for Tasmanian children and young people, and consult widely on the options and their implications.
- Explore how concurrent planning for family reunification and permanency will operate.
- Consider what the implications are for children and young people, families of origin and carers in Family Based Care and family support programs. For example:
 - How will this concept be integrated into family support, child safety planning and OOHC interventions across the board?
 - How will permanency planning work alongside family reunification if both are a possibility? For example:
 - How and with whom will reunification goals be reviewed?

- How will family restoration and permanency be resourced within CYS, relative to each other?
- What does concurrent planning mean for the skills needed from carers?
- If there are different permanency options (e.g. long term foster care and adoption), what does this mean for carer assessment and recruitment, training and their roles with families of origin?

What is the scope of the FBC model?

Anglicare Tasmania welcomes the child-focused approach that the model is adopting. We would like to clarify the model's scope in order to assess the elements in a more meaningful way. Is the revised model of FBC aimed at:

- Emergency care and longer term care placements? Kinship care? There are different implications and support needs for kinship carers compared to other foster carers in terms of relationships with birth families (Chateauneuf, Turcotte & Drapeau 2017).
 - Children and young people coming into OOHC from diverse pathways, including unaccompanied homeless children, as well as those with an ongoing relationship with their family? There is currently a lot of focus on assessment processes and placement matching whilst children are still with birth families. This would, of course, not be possible where children are not living with their families (Robinson 2017a).
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Part 2: Program design of family based care

Continuity of care

The discussion paper proposes that FBC should offer continuity of care for children and young people in OOHC (DoC 2018). The core rationale for this is to enable secure attachments and stability for children. This is clearly a solid aim, welcomed by Anglicare.

Anglicare is particularly keen to understand how the relationship between carers, children and young people and their family of origin will be nurtured under the new model of FBC. This is because evidence tells us that the nature of this relation can have significant impacts on outcomes for children and young people in OOHC, as Chateauneuf, Turcotte and Drapeau 2017 describe (p. 71):

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 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.

There are two elements in the relationship between carers, children and young people and families of origin in the context of continuity of care that Anglicare would like to encourage the Department to embed in the model of FBC, where it is feasible to do so:

- Relational permanency – to ensure that children and young people can develop secure attachments across their care circle, no matter what the care goal is.
 - Co-parenting – to encourage carers to work closely with families of origin as part of the case and care planning team, in order to break intergenerational cycles of disadvantage, increase protective factors for children and young people across their care circle and create the best chance for children and young people to experience continuity of care and avoid loyalty conflicts.
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Relational permanency: embedding secure attachment

Whatever permanency looks like in terms of a legal approach, the most crucial element in any model will need to be the opportunity for children and young people to develop and maintain healthy attachments with their care circle – i.e. their carers and where possible, their birth and extended family. This has been called ‘relational permanency’ by New South Wales’ Family Inclusion Strategies in the Hunter (FISH) (FISH 2018).

As FISH describes, the best and safest form of permanency for children is to be raised by their own family with a secure sense of attachment and belonging. For children in OOHC, relationship 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 (Boddy 2013, cited in FISH 2018; Biehal 2014, cited in FISH 2018).

FISH recommends that to develop such a sense of attachment, belonging, inclusion and safety, any OOHC system needs to:

- Prioritise children’s best interests, including their right and need to belong and be part of their family, community and culture.
- Utilise family inclusion principles in children’s care planning.
- Aim for relational permanency, whatever a child’s care planning goals are.
- Maintain respect for a child’s name, identity, culture and background (adapted from FISH 2018).

Recommendation 4:

Anglicare Tasmania recommends that relational permanency is embedded into the model of Family Based Care to ensure that continuity of care is facilitated in every element of the model’s design.

Co-parenting: tackling the cycle of intergenerational disadvantage and increasing children’s protective factors

An effective and very direct way to involve carers in developing stability and attachment for children and young people, whatever the care goal is, is through supporting them to co-parent or mentor parents of origin.

The Australian Centre for Social Innovation has undertaken extensive research into what works in creating a co-parenting model and has facilitated an inclusive co-design process to create a co-parenting model that can deliver a number of outcomes, including increasing protective factors for children and reducing stress, and interrupting cycles of intergenerational disadvantage and building adult capabilities to parent that will, in the longer term, decrease child maltreatment (TASCI 2016b).

TASCI's co-parenting model does not leave connection and parental mentoring down to carers to organise. It recognises the need for external support for all parties to make this work. As such, it requires purposeful design, planning and investment. The model includes:

- A Family Link Worker to supports carers to support the family of origin. The Family Link Worker facilitates the stages of engagement from building trust between families, building a collaborative relationship and finding levers for change, through strengthening parents' capabilities, to plans for family reunification.
- An independent Child Advocate to ensure that children and young people's voices are heard and responded to within the process.

This model has the following pillars that embrace many of the concepts already expressed in the FBC discussion paper:

- **Embedding effects of and responses to trauma** – Including ensuring that carers, Family Link Workers and parents understand the effects of trauma and positive development. It also addresses immediate challenges and stressors for children and young people, parents of origin and carers.
- **Utilising attachment and social learning theory** – This includes having a shared understanding of children's wellbeing being dependent on their relationships with all caregivers, and that those relationships are warm, predictable, supportive and positive. It encourages a model of foster care that aims to cause minimum disruption to the parent-child relationship when the state intervenes (TAISC 2016b). Furthermore, the model acknowledges the potential for parental growth and change and offers support to do so. This is offered through a dedicated Family Link Worker.
- **Putting child safety and wellbeing at the centre of all processes** – Including ensuring there is a clear screening process to identify suitable carers and families who may be able to co-parent and that child safety expectations are clear to all parties, as are the expectations for what needs to change for a family to meet their children's needs. The model also encourages an independent Child Advocate to be matched to the child, so that their needs are heard and acted upon.

Additionally, the pillars include an approach that:

- **Builds parent capacity** to reduce risk factors and build children’s protective factors through work with both the Family Link Worker and with the carers. A Family Link Worker assesses parents’ needs and ensures that they can access the right types of supports in a timely manner to address needs. The carer will support the parent(s) through relationship building, ensuring regular contact and mentoring. Regular peer-to-peer meetings are held for support and learning for parents and carers. Parents are encouraged to build their advocacy skills so they can negotiate challenging relationships with others and with agencies.
- **Builds positive social networks for parents** to counter the social isolation that vulnerable families often encounter and help them recognise their needs and create their own support networks to address them longer term.

Recommendation 5:

Anglicare Tasmania recommends that the Department considers exploring models of co-parenting, such as that offered by The Australian Centre for Social Innovation, or parent mentoring programs, such as Washington State Government’s Parent Mentoring Program (DSHS), with a view to investing in programs that would both enhance continuity of care and either expedite family reunification or encourage relational permanency for children and young people in longer term care.

Placement matching

Anglicare welcomes the paper’s focus on ensuring that placements are suitable for children and young people, based on their needs, and that carers are resourced to provide appropriate therapeutic and practical support.

The focus of family preservation work is usually just that – on keeping the family together. This forms a huge motivational factor for family engagement. Many interventions, such as Tasmania’s Intensive Family Engagement Service and Rapid Response in Victoria, are intensive and short term – four to 20 weeks. Many programs have a ‘fidelity’ to their delivery model, which prescribes what interventions should be included for the support to have the maximum chance of success.

Anglicare Tasmania is concerned that introducing a matching process into such a period of support could disrupt the program’s effectiveness. For example:

- Would it change the nature of the family support work undertaken?
 - Would it impact on a family’s engagement with the work and the working relationships between the family and the CSO?
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Recommendation 6:

Anglicare Tasmania encourages the Department to consider the impacts of assessing children and young people's needs whilst the birth family is engaged within intensive family support programs.

Conclusion

Anglicare Tasmania acknowledges the significant work that has gone into researching and developing the Family Based Care model offered in the discussion paper. We broadly welcome many of the principles outlined in the model, including the aim to enable secure attachments and stability for children through FBC offering continuity of care.

However, there are a number of overarching conceptual issues that from our perspective, impact on our ability to provide comments about the details of any model. In order to meaningfully assess the value or likely impact of changes to Family Based Care, Anglicare Tasmania strongly feels that there is a need to understand:

- the nature of what 'permanency' will look like, as this will impact on what is needed for and from carers.
- how the relationship between carers, children and young people and their family of origin will be nurtured to ensure that children and young people can develop secure attachments across their care circle, no matter what the care goal is, break intergenerational cycles of disadvantage, increase protective factors for children and young people across their care circle and create the best chance for children and young people to experience continuity of care and avoid loyalty conflicts.
- the nature of any planned parallel work that will provide therapeutic continuity of care for children and young people across **all** the environments that impact on their wellbeing, if the aim is to ensure continuity of care and safety for children and young people in out of home care.

To address these concerns, in summary, Anglicare Tasmania recommends the following:

Recommendation 1: Anglicare Tasmania recommends that the Department of Communities Tasmania should ensure a parallel investment in family support that complements that in Family Based Care through **continuous skilled pre- and post- child removal family support services**. This would aim to improve the chances of family preservation and expedite family reunification, or ensure families of origin people have the ability to parent in the longer term, whether or not their children are returned.

Recommendation 2: Anglicare recommends that all agencies supporting children and young people in OOHC be resourced to provide appropriate, trauma-informed therapeutic and practical support.

Recommendation 3: Anglicare encourages the State Government to make known the process and options for developing a permanency framework for Tasmanian children and young people. We encourage the Government to consult widely on the options and the implications for how concurrent planning will be operationalised and resourced, and the implications for children and young people, families of origin and carers within both Family Based Care and family support programs.

Recommendation 4: Anglicare Tasmania recommends that relational permanency is embedded into the model of Family Based Care to ensure that children and young people can develop secure attachments across their care circle, no matter what the care goal is.

Recommendation 5: Anglicare Tasmania recommends that the Department considers exploring models of co-parenting, such as that offered by The Australian Centre for Social Innovation, or parent mentoring programs, such as Washington State Government's Parent Mentoring Program (DSHS), with a view to investing in programs that would both enhance continuity of care and either expedite family reunification or encourage relational permanency for children and young people in longer term care.

Recommendation 6: Anglicare Tasmania encourages the Department to consider the impacts of assessing children and young people's needs whilst the birth family is engaged within intensive family support programs.

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