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Submission to

Tasmanian State Government 2016-17 Budget

Community Consultation on

Young Tasmanians and their Families

December 2015



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Contents

Executive summary and recommendations	4
Introduction to Anglicare Tasmania	5
Child protection and out-of-home care	6
Support for struggling families	7
MyFamily pilot program	8
Program description	8
Entry to care and reunification	9
Expected outcomes	10
Budget	11
Whole-of-government framework	11
Education	13
References	15
Appendices	
1. Diagram: MyFamily pilot program	17
2. Evidence-based practice principles	18

Executive summary and recommendations

Anglicare Tasmania welcomes the opportunity to participate in the State Budget Community Consultation process for 2016-17. This submission focuses on the needs of young Tasmanians and their families and the priority they should attract in the Budget. In particular it focuses on the need to better support our most vulnerable children and young people and their families – those at risk of or in contact with the Tasmanian Child Protection System.

Anglicare recognises the Government's commitment to meeting its election commitments and progressing a reform agenda. This has led to the implementation of a range of initiatives across sectors to improve pathways for families into and out of the child protection system and to improve the quality of out-of-home care (OOHC).

However this submission also recognises the current gaps in support for struggling families and in the basic protection which is offered by OOHC. These gaps mean that outcomes for children and young people fall short and more needs to be done to improve their developmental and life course trajectories. This submission focuses on three key concerns. Firstly, the need to better support struggling families to prevent their entry into the child protection system and, if they do enter, to improve their experiences of it. Secondly, to introduce an appropriate conceptual and policy framework to ensure clarity about what we are trying to achieve in OOHC. Thirdly, to prioritise education for those in the OOHC system in order to improve longer term outcomes and break the cycle of intergenerational poverty and disadvantage.

This submission recommends:

Support for struggling families

Recommendation 1: That Anglicare develop and conduct a three-year pilot of MyFamily Program, an intensive family intervention service in the north of Tasmania.

Estimated Cost: Option 1: Cost-neutral in year one and \$215,000 per annum in years two and three

 Option 2: \$804,000 per annum for three years

Whole of government framework

Recommendation 2: That the Government explore/adopt the concept of 'corporate parenting' to provide an overarching framework for the OOHC system in order to improve outcomes.

Estimated Cost: Uncosted

Education for those in OOHC

Recommendation 3: That the Government ensures full implementation of Gonski and that staffing allocations for public schools be increased to enable a return to 2014 staffing levels with no further cuts to staff.

Estimated Cost: Uncosted

Recommendation 4: That the Government fully implement the recommendations of the Ministerial Taskforce for supporting children and young people with disabilities in our schools.

Estimated Cost: Uncosted

Introduction to Anglicare Tasmania

Anglicare is the largest community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport and Burnie, and a range of programs in rural areas. Anglicare's services include emergency relief and crisis services, accommodation support, employment services, mental health services, acquired injury, disability and aged care services, alcohol and other drug services, and family support. In addition, the Social Action and Research Centre (SARC) conducts research, policy and advocacy work with a focus 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 a set of values which include these beliefs:

- 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.

Anglicare provides services for children, young people and families including Communities for Children, long-term and crisis accommodation (such as Thyne House¹ and Youthcare²), drug support for young people, a range of parenting courses and counselling services³ and since 2011 a reunification service in the north and northwest of the State, Pathway Home⁴.

Pathway Home is a service for children and young people who have been in OOHC and their families to assist them to reunify and return home. Families are referred to the service by the child protection system and Anglicare works with the young person, his or her family, Child Protection, the OOHC team, the school, and any other relevant service to support the family and the child to make reunification possible, successful and joyful. For a period of two years from July 2012 to June 2014 Anglicare received additional funding from the Clarendon Children's Fund for the Family Reunification Project to do more intensive reunification work, evaluate it and develop best practice approaches (Anglicare Tasmania 2014). The evaluation

¹ Thyne House: Long-term accommodation for young people aged 16-25 in Launceston.

² Youthcare: Crisis shelter for young males aged 13-20 years old in the South.

³ For a full list of Anglicare's services in this area go to: <http://www.anglicare-tas.org.au/Supportandcounselling.aspx>

⁴ For more information on Pathway Home go to: <http://www.anglicare-tas.org.au/Supportandcounselling/Parenting/Pathwayhome.aspx>

clearly demonstrated the value of better collaboration and information sharing between agencies and of intensive and flexible support for families in improving the chances of successful reunification.

Anglicare's research and policy arm, SARC, has also conducted two substantial pieces of research in this area:

- *Parents in the child protection system* (Hinton 2013) documents the experiences of 47 parents who have been involved with Tasmania's Child Protection Services and the experiences of over 140 frontline workers employed by 40 different non-government services (NGOs). The research also collates the views of 16 child protection staff and five lawyers involved in child protection work; and
- *A necessary engagement: An international review of parent and family engagement in child protection* (Ivec 2013) provides a review of international models of engagement, support and advocacy for parents who have contact with child protection systems.

The research clearly articulates the kind of improvements parents in Tasmania would like to see to the statutory child protection system and to family support including earlier and more intensive interventions to assist them in parenting their children and better quality placements if their children do enter the OOHC system. The research also identifies a range of initiatives across the globe which have sought to improve outcomes for families and for children in contact with child protection systems.

Child protection and out-of-home care

Anglicare believes that the community collectively has a responsibility to ensure that all children and young people are supported, educated, protected and nurtured. However, although Tasmania provides a good environment for many to grow and develop, there are areas where it is falling short in delivering this responsibility. This submission focuses on our most vulnerable children and young people, those in the out-of-home care (OOHC) system and how, as a community, we are not always fulfilling our duty towards them. There is an increasing recognition that the basic protection offered by OOHC is not sufficient to help children and young people grow into successful adults and that those leaving care face an increased risk of homelessness, unemployment and incarceration.

This submission stresses the priority those in OOHC should be given in the budget in order to improve their developmental and life course trajectories and how we might be able to do better with further investment. It focuses on three key concerns. Firstly we need to reduce the numbers of children and young people entering the OOHC system by providing more effective support to struggling families. Secondly we need to ensure that any approach to improving outcomes for those in OOHC is guided by an appropriate overarching conceptual and policy framework about what we are trying to achieve. Thirdly there is a need to prioritise education and to address the low educational attainment of those in OOHC as a key mechanism for improving outcomes and breaking the cycle of intergenerational poverty and disadvantage.

Anglicare's previous two budget submissions focused on children and young people and in particular the need to improve the statutory child protection system, the quality of OOHC,

the range and intensity of support to struggling families and to young people, investment in earlier intervention and ensuring both young people and their families have a voice in decisions that affect them. We welcome the Government's approach to meeting its election commitments and progressing a reform agenda. This has led to the implementation of a range of initiatives across sectors to respond to the pathways for families into and out of the child protection system and to improve the quality of OOHC. They include:

- continuing OOHC reform to establish a range of initiatives and therapeutic interventions to develop a continuum of care, intensive packages of support, reduce demand, increase placement stability and improve outcomes within a trauma-informed framework;
- continuing improvements to the child protection system including the implementation of Signs of Safety and new investment into support services and pre-placement processes for those moving into OOHC;
- the recent launching of a whole-of-government family violence action plan and additional funding for coordinating a multi-agency response, accommodation options, legal responses, family violence counselling and support services and a Respectful Relationships Program in schools;
- boosting the capacity of Child and Adolescent Mental Health Services (CAMHS) by increasing staffing levels and eliminating waiting lists;
- the 'Joined Up' support services initiative to develop a more integrated human service support system and the piloting of five initiatives to explore the building of user-friendly, sustainable and supportive person-centred systems; and
- the establishment of a six-month Redesign Reference Group to develop a comprehensive redesign of the child protection system in Tasmania based on international best practice. It is anticipated that this will fundamentally change the way we deal with families at risk and apply protective interventions.

All of these initiatives and investments are positive and will improve the lives of children and young people in Tasmania. At their core is a recognition that 'every element of OOHC and its supporting systems will be realigned to deliver a new approach to providing quality care to children now and into the future' (DHHS 2015). Rather than limiting change to targeted reforms to parts of the system, this requires a whole-of-government commitment to holistic reform and strong leadership in this area.

Support for struggling families

Across Australia notifications to child protective services have increased three-fold over the last ten years. This trend is replicated in Tasmania where the numbers entering the OOHC system have continued to grow and there are now 1,054 in OOHC in Tasmania (AIHW 2015). Too many of these children and families are in need of intensive support and assistance

rather than forensic investigation but nevertheless child protection intake has become one of the main gateways into existing family support services.

Recent state government inquiries (Qld Commission of Inquiry 2013; State of NSW 2008; Victorian Ombudsman 2010) have recommended extensive changes to the way child protection is conducted in order to support vulnerable and at-risk families earlier and reduce the need for intrusive statutory interventions. These changes are reflected in Tasmania's framework for reforming OOHC (Tasmanian Government 2014) which details the need to reduce the rate of entry into OOHC, reduce the length of stay for children entering care through intense and immediate work with families and ensure a speedy and successful reunification. Reform agendas highlight the imperative to support families before serious harm has occurred, support children and families through good assessment and therapeutic intervention if harm has occurred and help ensure the future safety of children so they can remain with or return to their families. Yet currently families can find it difficult to access support when they need it. As Anglicare research has demonstrated, families may be unable to access support of an appropriate intensity and duration at an early enough point before situations become unmanageable (Hinton 2013).

MyFamily pilot program

Anglicare proposes the development and trial of an innovative specialised intensive family intervention program which provides support when there are child protection concerns, a seamless transition across entry into care, support while in care and continuing support on exit from care to reunification where possible (see Appendix 1). The program demonstrates the benefit of removing the tension that exists when child protection workers are expected to be involved in the statutory and child removal elements of the system and also in supporting families. It also repairs the fracture which often occurs as families move from family support to statutory child protection intervention, leaving a gap in the delivery of supports.

The north of Tasmania is selected as the site for the proposed MyFamily program due to excellent working relationships between the State Department of Health and Human Services and the non-government sector, the range of complementary services already being delivered by community service organisations and the exciting and innovative movement in the region towards genuine collaborative practice based on community of practice principles and structures. This existing momentum will boost the collective impact of the new program and further develop the push for positive change.

Program description

The MyFamily program will provide pre-placement assessment and specialised intensive family intervention where there are identified child protection concerns with the aim of diverting entry to OOHC wherever possible. However it can also follow a child if they need to enter care or pick up children entering care and provide immediate intervention, pre-placement planning, a better match between child and carer and a speedy return to family or kinship networks if they do enter the care system. The key program features are:

- a lead case manager for each family with a single case plan with goals and targets which are monitored;

- small case loads of eight per practitioner with active and intensive engagement to achieve case plan goals;
- an average intake of 40 families per year;
- practical services addressing specific family needs – transport to medical appointments, establishing daily routines, getting to school, respite care;
- prioritising immediate needs which have led to crisis situations, for example a lack of food or housing or family violence, and stabilising the situation to enable the uptake of other services;
- personal support and development including information and advice, parenting skills courses, budgeting, household skills, and development of social supports;
- clinical or therapeutic services including counselling, family therapy, emotional support, early health assessments, family mediation and intergenerational healing;
- referral and advocacy to other supports – housing, child care, emergency relief payments, or rental assistance;
- specialist professionals, for example domestic/family violence and drug and alcohol professionals, to inform case planning, facilitate referrals to specialist services and work directly with clients where appropriate;
- brokerage for specialist services and resources to support individual case plans, for example purchasing clean-up services, providing whitegoods or purchasing specialist clinical or health assessments and interventions. A fund of \$20,000 per annum is anticipated spread across 40 families;
- an exit plan developed alongside the case plan clearly identifying how the family will transition from intensive family support at the end of the intervention. It is anticipated that case management will continue until all or the majority of support needs have been met; and
- mapping of outcomes, data collection and an evaluation framework to demonstrate effectiveness.

The service will employ a culturally competent, trauma-informed, multi-disciplinary team approach. While not designed to be a crisis service, the program will have extended working hours and remain as flexible as possible in order to meet a family's needs. It will operate through an evidence-based practice framework (see Appendix 2).

Entry to care and reunification

For those already receiving the program but who need to enter OOHC for a period of time, this program will hold them and their family within the same service. Needing a period of time in care should not be seen as a failure of service provision or of the family but as a necessary circuit breaker for some families giving them the space to continue working on issues that place their child at risk of harm. If numbers permit other children entering OOHC in the region will also be able to access entry to care assessment and the intensive family intervention service.

Research indicates that the most significant factors in successful reunification are the length of time spent in care and the consistency and quality of family contact during the care episode. Research also indicates that kinship care generally has more positive outcomes than foster or residential care. The seamless design of the pilot program will ensure that these elements are crucial to service delivery by shortening the length of time

spent in care, increasing the involvement of families in the child's life while they are in care, and supporting a move to kinship or other placements or back home. This part of the program includes:

- a focus on an entry to care assessment of the child and family to determine new case plan goals for existing cases and case plan goals for newly entering families. Case plan goals will include the process of reunification;
- effective placement and pre-placement planning;
- practical assistance for the family; for example attending appointments or family contact;
- referrals to appropriate services, including legal and court support, medical, dental, mental health and education support and other services;
- clinical and therapeutic support at family contact to observe, intervene, minimize conflict and build stronger relationships between children and their families;
- specialised training and support for foster and kinship carers to support the child in relation to their assessed needs and assist in the reunification process;
- ongoing engagement with the extended family and kinship networks; and
- ongoing work on reunification.

Other pilot programs have demonstrated how intensive engagement from a non-government organisation rather than government child protection services immediately after a child has been removed from home significantly increases the chance of engagement and leads to a more hopeful and less defensive working collaboration between the service and the family and a greater chance of reunification. Most importantly, the benefits of working in this way include a reduction in the number of new professionals in the life of the family so that in a time of crisis they do not have to repeat their stories because there are already established relationships with a professional team. The 'joining up' of support with a 'wraparound' service allows families to receive support for complex need in a more efficient and effective manner without them having to navigate a myriad of entry points for services.

Program development may require Anglicare Tasmania taking over a group of foster care or kinship care placements so that the service is as coordinated and streamlined as possible.

Expected outcomes

The MyFamily program will assist vulnerable families to address multiple and/or complex needs and build their capacity to safely care for and protect their children. In particular it will:

- deliver value for money and effective management of public investment;
- contribute to a sustainable child protection and OOHC system by reducing demand and placement breakdown and improving the quality and effectiveness of care in the OOHC system and life outcomes for vulnerable children and young people;
- support highly vulnerable families to be stronger, more capable and resilient and actively engage them in the process;
- streamline services by coordinating intensive family intervention, OOHC and reunification and longer term placement processes;

- provide earlier intervention to reduce later complex emotional and behavioural problems and the cost burden on mental health, welfare and justice systems in the future;
- shift government investment from tertiary to secondary interventions and more sustainable support services;
- improve outcomes for families through short term improvements in their situation and medium to long term improvements through sustained change over a period of time; and
- enhance collaboration and information sharing between government and non-government agencies.

Overall the pilot program will assist in paving the way for the future introduction of complementary community-based intake and referral services as the best approach to supporting vulnerable families. In this way it is a significant contribution to comprehensive reform for Tasmania and follows trends in other jurisdictions like Victoria and more recently NSW in piloting the transfer of case management to the non-government sector.

Budget

Anglicare proposes a team of 5 FTE practitioners/case managers with a full time coordinator supporting 40 families per annum in the north of the State. This formula can be scaled up proportionally, depending on available resources, to meet the needs across the whole region.

Two options are presented in this submission as an opening point for discussion. Both could incorporate the \$360,000 allocated as part of the Government's election commitment for a pre-placement centre:

- Secondment of 5 FTE case managers from DHHS. Anglicare would employ a coordinator at a cost of \$215,000 per annum including operational expenses and existing DHHS internal expenditure. Anglicare proposes making a contribution of \$80,000 in the first year with a view to Government contributing the full \$215,000 in years two and three following successful implementation. This makes the first year cost-neutral for the Government but potentially limits the capacity to establish the required multidisciplinary team described above.
- Anglicare employs the case managers and coordinator to support 40 families per annum. Cost approximately \$804,000 per annum.

Recommendation 1: That Anglicare develop and conduct a three-year pilot of MyFamily Program, an intensive family intervention service in the north of Tasmania.

Cost: Option 1: Cost-neutral in year 1 and \$215,000 per annum in years two and three

Option 2: \$804,000 per annum for three years

Whole-of-government framework

Research clearly demonstrates that the majority of families entering the child protection system are affected by a combination of issues including low income, substance use,

mental health issues, disability, family violence, educational under-achievement and inadequate housing. These issues underlie entry into statutory child protection and need to be addressed in order to reduce demand on the system and the numbers entering OOHC. At the same time children and young people who are parented by the State have a diversity of needs which would normally be met by family and which require a multi-agency response. This means that rebuilding the child protection and OOHC systems requires a whole-of-government response and cannot be done in isolation from other government agencies, services and initiatives.

Anglicare would like to see the adoption of a whole-of-government framework to improve outcomes for those in the OOHC system. One approach to this is the concept of 'corporate parenting'. As corporate parents all of government has a responsibility to ensure those in OOHC and those transitioning from OOHC to independent lives flourish. Underpinning policies and programs with the concept of corporate parenting means that legislation and guidance is designed to ensure those in OOHC are given 'the same level of care and support that their peers would expect from a reasonable parent and that they are provided with the opportunities and chances needed to help them move successfully to adulthood' (DES 2015). This is an enormous responsibility and requires everyone to be able to demonstrate a knowledge and understanding of the needs of those in OOHC and become a 'pushy parent', take an active interest in children and young people's lives, ensure their voices are heard and have the power to do something about it. Once the difficult decision is taken to remove a child from their family, the parenting role of the State should be approached with as much passion and commitment as it would be in any family.

There is an increasing interest in the concept of corporate parenting across the globe. Scotland has recently adopted corporate parenting to underpin its approach to those in OOHC and to improve outcomes. Corporate parenting is defined in the *Children and Young People (Scotland) Act 2014* as 'the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers'. It puts the concept on a statutory footing and introduces a new framework of duties and responsibilities for those bodies listed as corporate parents. The Scottish Government has summarised the three key elements of corporate parenting as:

- the statutory duty of all of government to cooperate in promoting the welfare of children and young people in OOHC and the duty of other agencies to cooperate with them in fulfilling that duty;
- coordinating the activities of many different professionals and carers who are involved in a child or young person's life and taking a strategic child-centred approach to service delivery; and
- shifting the emphasis from 'corporate' to 'parenting', taking all actions necessary to promote and support the physical, emotional, social and cognitive development of a child from infancy to adulthood.

In Scotland corporate parents are required to collaborate with each other to promote the wellbeing of those in OOHC and enable them to achieve the best outcomes through sharing relevant information, making sure services are properly coordinated and funding appropriate activities. All corporate parents are required to develop and publish a plan of how they are going to meet their statutory duties and must report to Scottish Ministers

annually on how they are carrying out their responsibilities. Ministers will report every three years to Parliament on how well corporate parenting is working in Scotland. A community service organisation has been commissioned to provide a program of training and support to corporate parents in order to assist them in fulfilling their responsibilities (Who Cares? Scotland 2015).

Recommendation: That the Government explore/adopt the concept of 'corporate parenting' to provide an overarching framework for the OOHC system in order to improve outcomes.

Education

Education is a critical dimension of the welfare of children and access to education is recognised as a human right. It has been called a 'gateway' right because it is integral to future employment and life opportunities and the foundation on which the rest of life is built. The education system is a key point for intervention to change the lives of those who are disadvantaged and to break down the intergenerational transmission of poverty, social exclusion and marginalisation. However those in OOHC do poorly and they have lower levels of educational attainment and higher rates of unemployment and social disadvantage than their peers. These trends are visible in all Australia jurisdictions and internationally (O'Higgins et al. 2015; Wise 2010; McDowall 2013). There are also high recorded rates of disability and special educational needs among students in OOHC. This means that any shortfalls in support for children with disabilities will be felt especially keenly by those in the OOHC system.

Low aspiration and achievement in education across the student population have become key issues for Tasmania and improving engagement, retention and achievement has become a priority for this Government. Reforms include:

- the extension of rural and regional high schools to years 11 and 12 to increase retention rates. Early results show an increase in enrolments by 38% (DoE 2015);
- an ongoing review of the Tasmanian Education Act;
- establishment of the Peter Underwood Centre for Educational Attainment – a formal partnership between the government and UTAS to change the way Tasmania thinks about education, raise aspirations and kick-start investment in this area;
- continuing investment in Launching into Learning (DoE 2014);
- development of a web portal called 'edi' (short for Education Information) providing comprehensive data about how students are faring in Tasmania's public schools in order to drive improvements; and
- a Ministerial Taskforce reviewing the evidence base for the education of students with disabilities in Tasmania and how to improve inclusion (Tasmanian Government 2015). \$1

million has been allocated in the last budget to implement recommendations from the Taskforce report.

All these initiatives are improving our knowledge of how students, including those in OOHC, are faring in Tasmania and what is required to improve educational outcomes. They point to a need for increased investment in this area to ensure that schools are sufficiently flexible and adequately resourced to meet the aspirations of all students to succeed and that those with behavioural and learning challenges, including trauma, are supported. This means practical support for students at risk of disengagement, for students with special educational needs and for the development of alternative education programs for those who are challenged by engaging in mainstream educational provision.

However, during 2014 the Government made cuts in the education budget which resulted in the loss of 250 teachers and support staff or up to two staff in schools and up to four staff in colleges (AEU 2015). Although there has been a recent announcement that Tasmanian schools will receive an additional \$11 million in 2016 to enable the employment of 105 more teachers, this constitutes less than half of the staffing cuts made by the state government last year. It means that the majority of schools will still be worse off than they were two years ago.

The implementation of the Gonski funding model is vital to break the link between disadvantage and poor outcomes and provide smaller class sizes, extra literacy/numeracy programs, psychologists, more in-class support to those struggling, more assistance for disability/behavioural issues and additional training for teachers. These improvements will mean fewer children, including those in the OOHC system, performing at or below average levels in literacy and numeracy and more staying on to complete their studies. A key recommendation of the Ministerial Taskforce was that the Tasmanian education system should move away from current funding arrangements to full implementation of Gonski in order to ensure a system which responds to students with disability and special educational needs.

Gonski tackles the impact of socio-economic disadvantage on educational attainment across the student body, including those in OOHC. However it does not meet the need for highly targeted responses to improving the educational outcomes for those in OOHC.

Recommendation: That the Government ensures full implementation of Gonski and that staffing allocations for public schools be increased to enable a return to 2014 staffing levels with no further cuts to staff.

Recommendation: That the Government fully implement the recommendations of the Ministerial Taskforce for supporting children and young people with disabilities in our schools.

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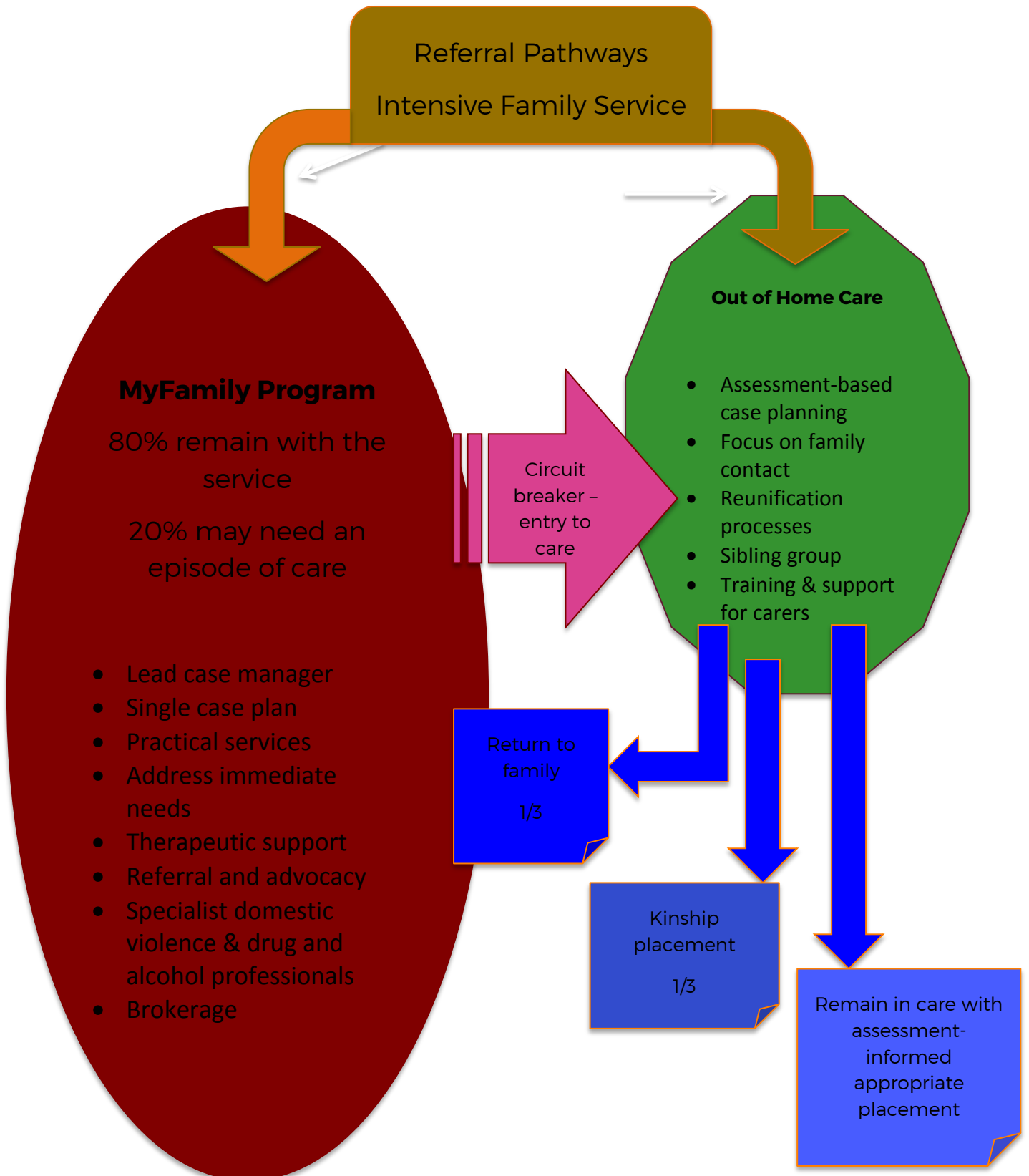
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Appendix 1

Diagram: MyFamily Pilot Program



Appendix 2: Evidence-based practice principles

(adapted from: Prof. Clare Tilbury, Griffith University)

Valuing and supporting families as the primary place of nurturing for children – The best way to promote the safety and wellbeing of children and young people and to protect them from harm is by supporting families to care safely for their children at home.

Building on strengths – Support and intervention builds on the strengths of the child, family and community, enhances capacity and resilience and addresses identified risks and/or problems. Service providers work collaboratively and in partnership with children, families, communities and other service providers where appropriate to develop case plans and to make decisions.

Respecting and responding to family and community diversity and strengthening culture and connections – Family and cultural background has a strong bearing on the ways families and communities approach childrearing. Support and intervention respects and responds to diversity and promotes culture as a resource, seeking to build on the strengths and protective factors that particular cultural backgrounds may provide.

Holistic and integrated policy and practice – A holistic and integrated approach to service provision offers the greatest chance of longer-term success. In partnership with non-government organisations, government plays a leading role in bringing together relevant stakeholders and supporting genuine collaboration throughout planning, implementation, partnership development and evaluation.

Evidence-based policy and practice – Support and intervention is outcome driven and reflects contemporary research and evidence on what works best to achieve desired outcomes. Where appropriate, consideration is given to targeting activities and interventions toward the early years and other critical transition points to maximise investment and outcomes. Agencies commit to action learning processes and participation in the evaluation of service delivery both as part of the broader network of IFSS services and in partnership with the department.

Purposeful, planned and matched to need – Supports and interventions are goal orientated and planned, within a sound theory of change. They are carefully coordinated and individually tailored to the specific nature and source of family difficulties. Parent engagement is maximised through family support based on goals that are specific and interventions that are well coordinated.

Relationship-based – Relationships are vital to service delivery. Workers aim for a therapeutic role and strive to develop a structured helping alliance with family members. Interventions will be delivered by appropriately trained, research informed and skilled staff, backed up by good management and supervision.

Tangible and non-tangible forms of assistance – A mix of practical, personal development, therapeutic and enabling services are utilised as appropriate.

Partnership approach – Workers develop a partnership approach with parents that endorse parental responsibility. Multiple pathways in to the service are utilised to encourage self-referral (where available) and reduce stigma for families.