



Monitoring Report No. 2:

Key data on Tasmania's out-of-home care system, 2020-2021

Out-of-Home Care Monitoring Program 2023

Acknowledgement of Country

The Commissioner for Children and Young People (Commissioner) acknowledges and pays respect to the palawa people of lutruwita as the original and ongoing custodians of this land and for the more than 40,000 years they have cared for their country and their children.

Further acknowledgements

The Commissioner wishes to acknowledge the members of the Expert Panel for the Commissioner's Out-of-Home Care Monitoring Program – Professor Sharon Bessell, Professor Daryl Higgins, Dr Greet Peersman and Professor Kitty te Riele. The Expert Panel's insights and expertise have informed the development of the Monitoring Plan of which this report is an output. Members also generously provided feedback on an early draft of this report.

The Commissioner also wishes to extend her thanks to the former Department of Communities Tasmania and the Department for Education, Children and Young People for their support of her ongoing monitoring activities, including through the provision of previously unpublished data.

In publishing this report, the Commissioner also acknowledges that while the data contained in this report relates to the functioning of the Child Safety Service, many issues, including those outside the direct control of the Child Safety Service, have a substantial impact on how this service functions and outcomes for children, young people and their families. It is apparent that in recent years the Child Safety Service has been, and continues to be, under enormous strain. In recognition of this, the Commissioner expresses her profound appreciation to the many individuals who work tirelessly within this service to ensure children and young people in care are safe and well.

Commissioner for Children and Young People (Tas) 2023, *Monitoring Report No. 2: Key data on Tasmania's out-of-home care system, 2020-2021*

© Crown in right of the State of Tasmania (Commissioner for Children and Young People Tasmania), 2023

Any questions regarding this report or the work of Tasmania's Commissioner for Children and Young People more generally may be directed to the Commissioner by email to childcomm@childcomm.tas.gov.au or by telephoning +61 3 6166 1366.

For more information, visit: www.childcomm.tas.gov.au.

Contents

Commissioner's foreword	4
The context for this report	6
Key data insights – 2020 to 2021	7
This report	9
Part 1: Children and young people in Tasmania's Out-of-Home Care system	12
1.1 The number of children in care	12
Daily average number of children in care	12
Number of children in care per 1,000 children	12
Spotlight on the number of children in care	12
1.2 The age of children in care	13
1.3 Number of children admitted and discharged from care	14
Spotlight on children admitted and discharged from the Out-of-Home Care system	15
1.5 The length of time children spent in care	16
Length of time continuously in care	16
1.6 Placement types for children in care	16
Children in care by placement type	16
Spotlight on the placement of Aboriginal and Torres Strait Islander children in care	17
1.8 Children in care with disability	18
Part 2: Tasmania's Out-of-Home Care system, 2020-2021	19
2.1 Out-of-home care providers	19
2.2 Providers of care placement types	19
Spotlight on foster care households	20
2.4 Case management services for children in care	22
Case and care plans for children in care	22
Spotlight on case and care plans	22
Visits to children by Child Safety Officers	23
2.6 The Tasmanian Government's investment in the Out-of-Home Care system	24
Expenditure on care services	24
References	27
Appendix	28
Notes	28
Figures	30
Tables	37

Commissioner's foreword

One part of my role as Commissioner for Children and Young People in Tasmania (Commissioner), is to undertake independent, systemic monitoring of Tasmania's Out-of-Home Care system. This monitoring focuses on systemic issues – it is distinct from complaint handling and individual advocacy for children with a care experience which are not part of my legislative functions. Systemic monitoring is important as it contributes to oversight of the Out-of-Home Care system, which in turn improves the accountability of those working within it – from Tasmanian Government Ministers to government Departments, non-government providers of services, and carers among others. In turn, accountability ensures that the safety and wellbeing of children in out-of-home care is, and remains, front and centre of everyone's minds.

Despite significant public interest in the Tasmanian Out-of-Home Care system, there is a concerning lack of transparency regarding its operation. While national reporting bodies publish some Tasmanian data, the Out-Of-Home Care system remains largely opaque. This limits effective system oversight and raises questions about how the Government is meeting its financial and social obligations to care for our most vulnerable children.

This report describes some of the key characteristics of the Tasmanian Out-of-Home Care system and provides information about the experiences of children and young people in care for 2020-2021. In reporting on the data relevant to the experiences of children and young people, I acknowledge that these data do not tell us enough about the richness and complexity of the lives of children and young people who are in care in Tasmania. We cannot know or understand children and young people's experiences in care unless we ask them and listen to what they have to say.

Data monitoring is only one element of my [Out-of-Home Care Monitoring Program](#). In the context of my broader monitoring activities, I have the great privilege of meeting and listening to the views of many children and young people around Tasmania with a care experience. What I have heard is reported in my other publications including, as part of this monitoring cycle, a book called, [OK, so a nest is a home](#).

The public release of this report is much later than I had hoped. This is due to several issues, including: lengthy delays in the provision of data by the data custodian, formerly, the Department of Communities and now the Department *for* Education, Children and Young People (DECYP); similarly lengthy delays in obtaining permission from the data custodian to publish previously unpublished data; and unforeseen issues relating to data quality which required considerable time to resolve. Given these issues, and my determination to increase the transparency of the Tasmanian Out-of-Home Care system, I will shortly be publishing an update of this report to ensure it contains the best available data. This report includes three explanatory comments from the DECYP where limited or no accurate data was available to me – these explanations appear in boxes throughout the report entitled *DECYP Comment*.

I am committed to continuing to monitor the rights and wellbeing of children and young people through my [Out-of-Home Care Monitoring Program](#). This program will continue to directly inform my systemic advocacy for children and young people with experience of Tasmania's Out-of-Home Care system.

Leanne McLean

Commissioner for Children and Young People (Tasmania)

14 March 2023

The context for this report

In recent years, Tasmania's Out-of-Home Care system has undergone a series of reforms, initially led by the Department of Communities Tasmania (*Communities Tasmania*). These reforms have primarily been implemented through the *Strong Families, Safe Kids* project which is reforming the child protection system. Under this project there have been several changes to the Out-of-Home Care system intended to improve the safety and wellbeing of children and young people in care. The Government has underlined its commitment to redesigning the Child Safety Service and Out-of-Home Care Supports in the *Strong Families Safe Kids Next Step Action Plan 2021-2023* (Action Plan) and the *Strong Families Safe Kids: Next Steps Action Plan 2021–2023—Implementation Plan* (Implementation Plan).

In August 2022, the Government released the [Tasmanian Out-of-Home Care \(OOHC\) Standards](#) (the Standards), a key action under the Implementation Plan. These Standards are a welcome step towards the quality improvements to the out-of-home care system that are needed in Tasmania. Further reforms are also underway, including the development of an Out-of-Home Care Accreditation Scheme based on the Standards, and a Carers' Register. Further to these changes, the Government announced that government services supporting children and families would be combined into a single department which is now called the Department for Education, Children and Young People (DECYP). The combining of services into a single department represents a unique opportunity to create a more child-centered service system, and, if properly implemented and funded, has the potential to lead to improved and enduring wellbeing outcomes for Tasmania's children and young people.

Further reform is anticipated following the release of the recommendations of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings, which are expected by May 2023.

In December 2022, the Commissioner announced an own motion investigation into the introduction by the Child Safety Service of a new approach to the case management of some children and young people in care and the allocation of child safety officers. The investigation examines the effect of the change in approach on the rights and wellbeing of children and young people in care. Further information about the investigation is available at www.childcomm.tas.gov.au.

Key data insights – 2020 to 2021

On 30 June 2021, 1077 children were in the Tasmanian Out-of-Home Care system (AIHW, 2022). This meant that Tasmania had the third highest rate (per 1000 children) of children in care among all Australian states and territories for this period.

Addressing the over representation of Aboriginal and Torres Strait Islander children in the Out-of-Home Care system

The data in this report again underline the persistent over-representation of Aboriginal and Torres Strait Islander children in Tasmania's Out-of-Home Care system. For 2020-2021, this rate was five times higher than non-Aboriginal and Torres Strait Islander children. Of concern, the rate of Aboriginal children in the system continues to increase, year on year, with Tasmania making little progress to address this situation (*Family Matters, 2021*).

Under the 2021 Closing the Gap Agreement, the Tasmanian Government has committed to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in care by 45 per cent by 2031 (*Tasmanian Government, 2021*). For Tasmania, achieving this target requires reducing the rate of over-representation of Aboriginal and Torres Strait Islander children in care to 2.7 per 1000 children or below.

A small but important step forward in Tasmanian has been the dramatic decrease in the proportion of children and young people in care with an 'unknown' Aboriginal or Torres Strait Islander status. This has fallen from around 30 per cent in 2019 to one per cent in 2021 (*Communities Tasmania, 2020*) due to significant work undertaken by Communities Tasmania to better ascertain and record the Aboriginal or Torres Strait Islander status of children in care. Despite this, there remains an enormous amount of work to do to reduce the over-representation (*Family Matters, 2021*).

Further, the lack of available and detailed data about the placement of Aboriginal and Torres Strait Islander children in care in Tasmania means that it is not possible to determine the extent to which children are being placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP), and whether best practice is being followed.

More information about children in out-of-home care with disability is needed to better understand their needs

There is a lack of detailed data about the care experience of children and young people with disability. Data indicate that at least one in every five children living in care in Tasmania has a 'stated disability'. However, issues with data quality mean that the true extent of children with disability in the system is unknown.

Improved support for the system is needed

There were fewer active foster care households in 2020-2021. Foster care is the most common placement type in Tasmania, and most foster care households provide a placement for a single child. Any decline in the total number of households is a concern, particularly

since Tasmania already had the second largest proportion of foster care households with five or more children during this period nationally.

Further, expenditure data shows that since 2018-2019, there has been a fall in investment by the Tasmanian Government in the Out-of-Home Care system. This is highlighted by a decrease in the amount spent per placement night as compared to the total number of placement nights provided.

Prioritising the participation of children to increase child safety across Tasmania

Supporting children and young people to participate contributes to their safety in institutional contexts (*Australian Human Rights Commission, 2018*). Anticipated improvements to the child safety system, including in the ability to measure, monitor and report on key indicators, are intended to lead to continuous improvement.

Due to the implementation of a new model of care, accurate data about the numbers of children and young people in care for whom individualised care planning has taken place, and the numbers of children who have been visited within appropriate timeframes is not available. This must be urgently addressed.

It is also essential, during the implementation of the new model, that every effort is made to ensure that all children and young people in care, no matter where they live in Tasmania, have access to the same level of service.

This report

The effects of COVID-19

During the period covered by this report, Australia experienced its first wave of the COVID-19 pandemic. Tasmanians had to adjust to significant changes in their daily lives. The pandemic has increased several risk factors for child abuse and neglect, including financial difficulties, housing stress, family violence, and challenges to mental wellbeing. There are concerns that these risk factors may increase the number of children entering care in the months and years to follow. Despite these concerns, during 2019 there were an average of 1090 children in out-of-home care. Although average daily numbers in 2020 increased to 1097, this was not substantially different from 2019.

Additional information about the experiences of children in out-of-home care in 2020, including during the COVID-19 lockdown, is contained in the Commissioner's November 2020 insight paper, [COVID-19 Monitoring Insights: Children and Young People in OOHC](#). This work forms part of the Commissioner's ongoing independent monitoring of the effect of COVID-19 on the provision of out-of-home care in Tasmania, as described in the Commissioner's [2021-2022 Annual Plan](#).

Data Sources

The data in this report largely come from publicly available sources, including data published by the Australian Institute of Health and Welfare (AIHW) and the Productivity Commission, and previously unpublished data from Communities Tasmania.

Previously unpublished data were provided to the Commissioner by Communities Tasmania in the form of the **Quarterly Children, Youth and Families Reports**. These reports are shared through an ongoing data sharing arrangement, and the Commissioner publishes the data with the permission of data custodian – see further comment below regarding the adverse comment process.

The AIHW regularly publishes data on children and young people in care as part of its Child Protection Series (available [here](#)). Similarly, the Productivity Commission publishes data on the out-of-home care system as part of the Child Protection Services data series (available [here](#)).

For those data that are publicly available, this report identifies the relevant data source, and the data caveats and notes are reproduced in the Appendix. For those data that are previously unpublished, all relevant data are included in tables in the Appendix, together with the relevant caveats and notes, unless otherwise provided in text.

Adverse comment process

Section 21 of the *Commissioner for Children and Young People Act 2016* (Tas) provides that the Commissioner is not to include in a report any comment that is adverse to a person unless the person has been provided with the opportunity to respond.

The former Secretary of Communities Tasmania and the Secretary of the DECYP were invited to respond to any matter in the draft report that could constitute ‘adverse comment’. Departmental responses have been considered and incorporated into this report as appropriate. These processes have significantly delayed the publication of the report.

Key terms

Children: Under the *Commissioner for Children and Young People Act 2016* (Tas), a child or young person is defined as a person under the age of 18 years. For ease of reading, this report uses the term ‘children’ to refer to people aged 0-17 years old.

Aboriginal and Torres Strait Islander: The Commissioner acknowledges that, in Tasmania, Indigenous people are referred to as ‘Aboriginal’ rather than ‘Indigenous’. In this report, the terminology Aboriginal and Torres Strait Islander is used as all data sets use both identifiers. The term ‘Indigenous’ is not used.

Out-of-home care: In January 2021, Australian state and territory governments agreed on a new definition of ‘out-of-home care’ (see Box 1 below). The introduction of this new, national definition of out-of-home care has had implications for data reporting and for making comparisons of data across years. The AIHW (2022) advises that:

In 2018–19, all states and territories adopted a national definition of out-of-home care and the out-of-home care data have been back cast to 2016–17 with the national definition. Due to data revisions, data for 2016–17 and 2017–18 may differ from those published elsewhere. Data should not be compared with data published in previous versions of Child protection Australia.

Box 1: National definition of out-of-home care

Out-of-home care is overnight care for children aged under 18 who are unable to live with their families due to child safety concerns. This includes placements approved by the department responsible for child protection for which there is ongoing case management and financial payment (including where a financial payment has been offered but has been declined by the carer). Out-of-home care includes legal (court-ordered) and voluntary placements, as well as placements made for the purpose of providing respite for parents and/or carers.

Out-of-home care excludes:

- *placements for children on third-party parental responsibility orders*
- *placements for children on immigration orders*
- *supported placements for children aged 18 or over*
- *pre-adoptive placements and placements for children whose adoptive parents receive ongoing funding due to the support needs of the child*
- *placements to which a child enters and exits on the same day*
- *placements solely funded by disability services, psychiatric services, specialist homelessness services, juvenile justice facilities, or overnight childcare services*
- *cases in which a child self-places without approval by the department.*

Source: AIHW 2021

The Commissioner acknowledges that the term ‘out of-home care’ is not necessarily used or well understood by Tasmania’s children and young people with a care experience. Most Tasmanian children in out-of-home care are cared for within a home, regardless of whether they are living in family-based or residential care. However, the term ‘out-of-home care’ is widely used and understood in Australia by those working in government and non-government organisations, and in national statistical and performance reports, and as such, it has been used in this report.

Foster care: A form of out-of-home care where the caregiver is authorised and provided a contribution for the cost of care by the state for the care of the child. This category excludes relatives/kin who are provided a contribution for the cost of care.

Relative/kinship care: A form of out-of-home care where the caregiver is:

- a relative (other than parents); or
- considered to be a family member or a close friend; or
- a member of the child or young person’s community (in accordance with their culture); and
- who is provided a contribution for the cost of care by the state for the care of the child.

For Aboriginal and Torres Strait Islander children, a kinship carer may be another Aboriginal or Torres Strait Islander person who is a member of their community or a compatible community or from the same language group.

Residential care: Where the placement is in a residential building whose purpose is to provide placements for children where there are paid staff. It appears through monitoring activities that the term ‘residential care’ is used by out-of-home care providers to describe out-of-home care arrangements provided to children and young people by paid staff on a rostered 24/7 basis. Within this broad definition, arrangements of this sort ranged from a single child or young person living in a house with paid staff to two or more children and/or young people (who may or may not be related) living in a house with paid staff.

For further explanation of the terms used in this report please see the [Monitoring Report No. 1: The Tasmanian Out-of-Home Care System and “Being Healthy”](#).

Part 1: Children and young people in Tasmania's Out-of-Home Care system

1.1 The number of children in care

Daily average number of children in care

During 2020-2021, a daily average of 1080.9 children were in care in Tasmania; over a third (39%) of these children were Aboriginal and/or Torres Strait Islander children (*Communities Tasmania, 2022*).

Number of children in care per 1,000 children

On 30 June 2021, Tasmania had the third highest rate of children in care (9.6 per 1000) among all the states and territories (*AIHW, 2022*). The rate was also higher than the national rate (8.1 per 1000) (*AIHW, 2022*).

The rate of Aboriginal and Torres Strait Islander children in care during this period was five times higher (34.4 per 1000) than non-Aboriginal and Torres Strait Islander children (6.5 per 1000) (*AIHW, 2022*).

Spotlight on the number of children in care

Over the last five years, the number of children in care in Tasmania, as of 30 June, has gradually increased year on year from 978 in 2017 to 1077 in 2021 (*AIHW, 2022*). This increase is reflected in the rate of children in care which has, as Figure 1 shows, increased from 8.7 children per 1000 children for 2017, to 9.6 children per 1000 children for 2021. Of note, the number and rate of children in care on 30 June 2021 (1077, 9.6 per 1000) represents a small decrease from 30 June 2020 (1112, 9.9 per 1000). Figure 1 also shows the increase in the rate of Aboriginal and Torres Strait Islander children and non-Aboriginal and Torres Strait Islander children in care during this period (2017-2021).

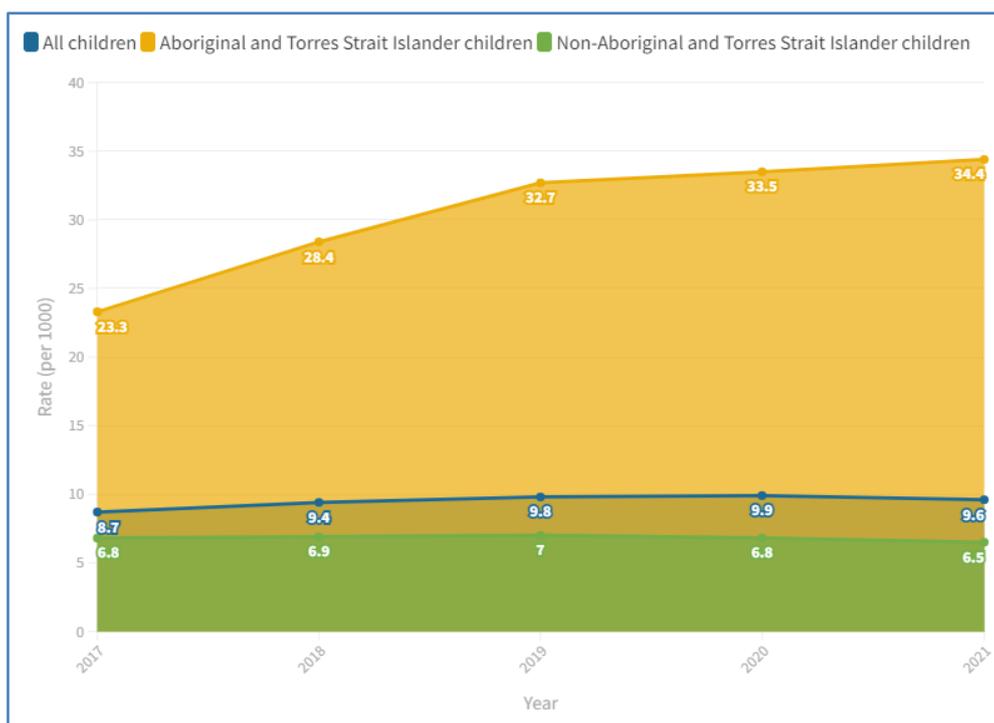


Figure 1: Rate of all children in care (number per 1000) by Aboriginal and Torres Strait Islander status, Tasmania 2017-2021. Source: AIHW 2022, Table T3. Refer to Figure 1 – caveats and notes.

Data to explain the decrease in the number and rate of children in care was not available.

1.2 The age of children in care

As Figure 2 shows, as of 30 June 2021, almost two thirds (64.3%) of all children in care were aged between 5-14 years old, with the largest proportion in the 10–14-year-old age group (32.8%). The smallest proportion of children in care were aged less than 1 year old (2.9%). Figure 2 also shows that, except for the less than 1 year old age group, a greater proportion of Aboriginal and Torres Strait Islander children were represented in the younger age groups, between 1 year old and 9 years old, than non-Aboriginal and Torres Strait Islander children. Non-Aboriginal and Torres Strait Islander children are more represented in care over the age of 10 years old.

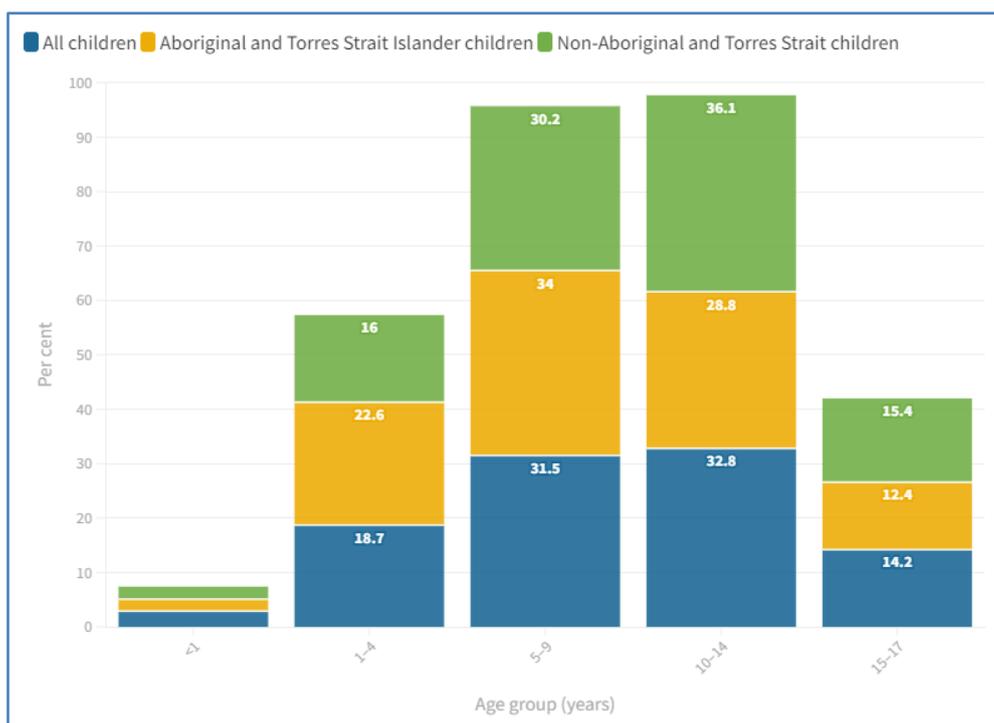


Figure 2: Children (%) in care by age group and by Aboriginal and Torres Strait Islander status, Tasmania, 30 June 2021. Source: AIHW 2022, Table S5.5. Refer to Figure 2 – caveat and notes.

1.3 Number of children admitted and discharged from care

In 2020-2021, fewer children overall were admitted to care than were discharged for the first time in 5 years (AIHW, 2022). There was a substantial reduction in the number of children admitted to care (207 to 155) and the rate of admissions (1.4 per 1000) was below the national average (2.0 per 1000) (AIHW, 2022).

Over a third (34.2%) of the children admitted to care during this period were Aboriginal and Torres Strait Islander, and the Aboriginal and Torres Strait Islander status of a further 11 per cent of children was ‘unknown’ (AIHW, 2022).

For all children, the admission rate for 2020-2021 was 1.4 per 1000 children (AIHW, 2022). The admission rate for Aboriginal and Torres Strait Islander children was more than five times higher (4.5 per 1000) than the admission rate for non-Aboriginal and Torres Strait Islander children (0.8 per 1000) (AIHW, 2022).

The discharge rate for all children for 2020-2021 was 1.7 per 1000 children which is below the national average of 2.2 per 1000 children (AIHW, 2022). The discharge rate for Aboriginal and Torres Strait Islander children (5.6 per 1000) was, in line with the higher admission rate, five times higher than the discharge rate for non-Aboriginal and Torres Strait Islander children (1.1 per 1000) (AIHW, 2022).

Spotlight on children admitted and discharged from the Out-of-Home Care system

For 2020-2021, the largest proportion of children admitted to care were under the age of 1 year old (28.4%) while the smallest proportion of children were aged between 15–17-years-old (9%) (AIHW, 2022).

Of the 34.2 per cent of Aboriginal and Torres Strait Islander children admitted to care in 2020-2021, 22.6 per cent of these children were aged less than 1 year, with a further 26.4 per cent of children in both the 1–4-year-old age group and the 5–9-year-old age group (AIHW, 2022). The remaining 24.6 per cent of children were aged between 10-17 years old however, due to publication suppressions due to low numbers, further division by age group is not available (AIHW, 2022 see further Note 1).

The largest proportion of all children discharged from care for 2020-2021, were aged between 15–17-years (39.2%) while the smallest proportion were under the age of 1 year (3.8%) (AIHW, 2022).

Figure 3 shows the net change between the number of children (by age group) admitted to care, minus the number of children discharged from care since 2016-2017 (AIHW, 2022). In Figure 3, positive numbers indicate more children in the relevant age group in care. For 2020-2021, larger numbers of younger children (0-4 years) were admitted to care than were discharged, while larger numbers of older children (5-17 years) were discharged from care than were admitted, particularly in the 15-17 years age group.

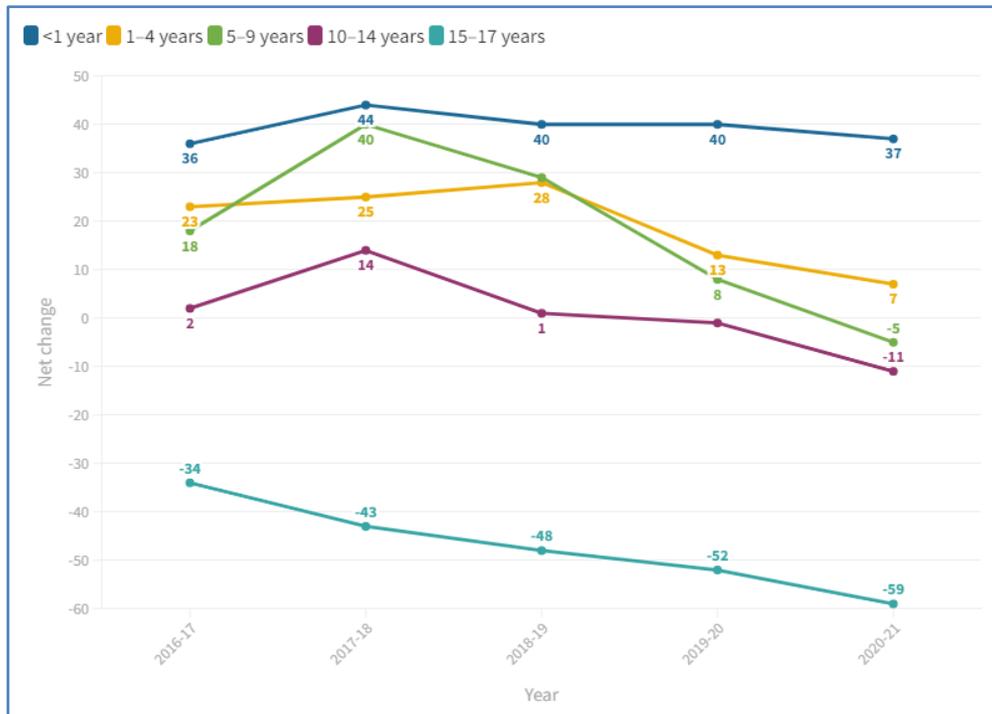


Figure 3: Net change in children in care (number), by age group, Tasmania, 2016-17 to 2020-2021. Sources: AIHW 2022, Table S5.18 and Table S5.20. Refer to Figure 3 – caveat and notes.

1.5 The length of time children spent in care

Length of time continuously in care

On 30 June 2021, more than three quarters (75.6%) of children in care had been in continuous care for two or more years (AIHW, 2022). Figure 4 shows that, with some variation, Aboriginal and Torres Strait Islander status does not have a substantial impact on the length of time a child spends in care. Group comparison reveals that a slightly larger proportion of Aboriginal and Torres Strait Islander children had been in continuous care for between 2 years up to 5 years (+9%) and a slightly larger proportion of non-Aboriginal and Torres Strait Islander children had been in continuous care for 5 years or more (+5%).

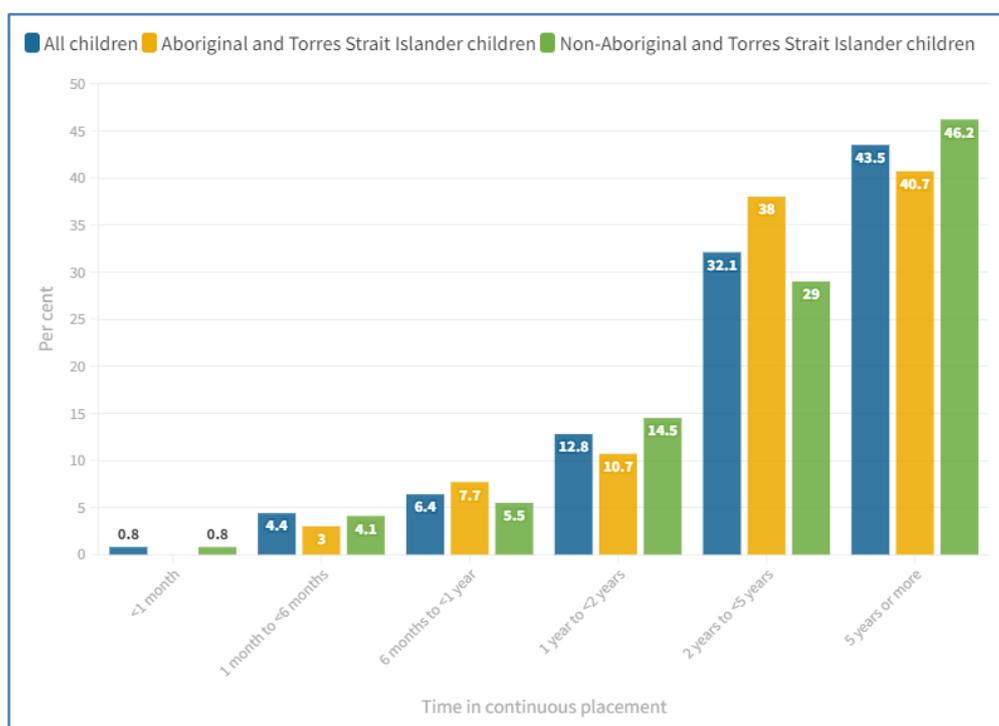


Figure 4: Children in care (%), by length of time continuously in care, by Aboriginal and Torres Strait Islander status, Tasmania, 30 June 2021. Source: AIHW 2022 Table S5.14. Refer to Figure 4 – caveat and notes.

1.6 Placement types for children in care

Children in care by placement type

As shown in Table 1, for 2020-2021, more than 90 per cent of children were living in family-based care (foster care (52%) and relative/kinship care (42%)) delivered in private homes (*Communities Tasmania, 2022*). A small proportion of children were living in residential care (6%) or other living arrangements (<1%) (*Communities Tasmania, 2022*). Further description of the types of placements mentioned here are included in the Key Terms section of this report.

Table 1: Children in care (daily average) by Placement type, 2020-2021

Placement type	Number	%
Foster care	560.7	52
Kinship care	449.0	42
Residential care	64.6	6
Other placement types*	6.5	<1

Source: Source: *Communities Tasmania 2022, Indicator 7.4.*

Refer to Table 1 – caveats and notes.

* 'Other placement types' include *Independent living, other living arrangements and other home-based care.*

Spotlight on the placement of Aboriginal and Torres Strait Islander children in care

One element of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) is 'Placement' (SNAICC, 2018). This element sets out a hierarchy of preferred placement options for caregivers of Aboriginal and Torres Strait Islander children in care. It provides that:

Placement of an Aboriginal or Torres Strait Islander child in out-of-home care is prioritised in the following way:

1. with Aboriginal or Torres Strait Islander relatives or extended family members, or other relatives or extended family members; or
2. with Aboriginal or Torres Strait Islander members of the child's community; or
3. with Aboriginal or Torres Strait Islander family-based carers. If the above preferred options are not available, as a last resort the child may be placed with:
4. a non-Indigenous carer or in a residential setting.

If the child is not placed with their extended Aboriginal or Torres Strait Islander family, the placement must be within close geographic proximity to the child's family (SNAICC, 2018).

Additional requirements include that child protection decision-makers '*exhaust all possible options at one level of the hierarchy before considering a lower-order placement*'; that placement must not occur until there has been a thorough consultation with representatives from the child's family and community to make sure all possible higher-order placement options have been considered; and regular placement review must also occur (*see further SNAICC, 2018*).

As of 30 June 2021, of the 403 Aboriginal and Torres Strait Islander children living in care in Tasmania, less than half (47.9%) were living with 'Indigenous' (10.7%) or 'non-Indigenous relatives or kin' (32.3%) or 'other Indigenous caregivers' (5%) (AIHW, 2022a). Accurate data on the proportion of Aboriginal and Torres Strait Islander children who were placed in accordance with the ATSICPP in Tasmanian was not available (see further, DECYP Comment below).

DECYP Comment: Implementing the ATSCPP to the standard of Active Efforts

The current available data is not accurate enough to draw definitive conclusions regarding application of the ATSCPP. Work is underway [to] improve data quality.

Tasmania is working together with the Australian Government, other state and territory governments, the non-government sector and First Nations representatives to deliver Safe and Supported: The National Framework for Protecting Australia’s Children.

The Aboriginal and Torres Strait Islander First Action Plan 2023 - 2026 is one of the two national action plans launched this year, and set outs targeted actions and activities to address the over-representation of Aboriginal and Torres Strait Islander children in child protection systems. It also responds to the National Agreement on Closing the Gap target 12 (to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out of home care by 45% by 2031).

The department will work alongside the Tasmanian Aboriginal community to develop jurisdictional plans to implement the ATSCPP across the system elements; and will report annually on indicators and implementation progress.

1.8 Children in care with disability

On 30 June 2021, approximately one in every five children (21%) in care in Tasmania had their status recorded as ‘stated disability’. It is likely that the proportion of children in care in Tasmania with disability is greater as the disability status of almost a third of children (31.8%) is recorded as ‘Not Stated’ (AIHW, 2022). As Figure 5 shows, there is considerable variation between the states and territories in relation to the availability of data on the disability status of children in care. This variability reflects known differences in how disability is defined and measured in the different jurisdictions and means that useful comparison between the states and territories, beyond observation of the variation, is limited (see further, Note 2).

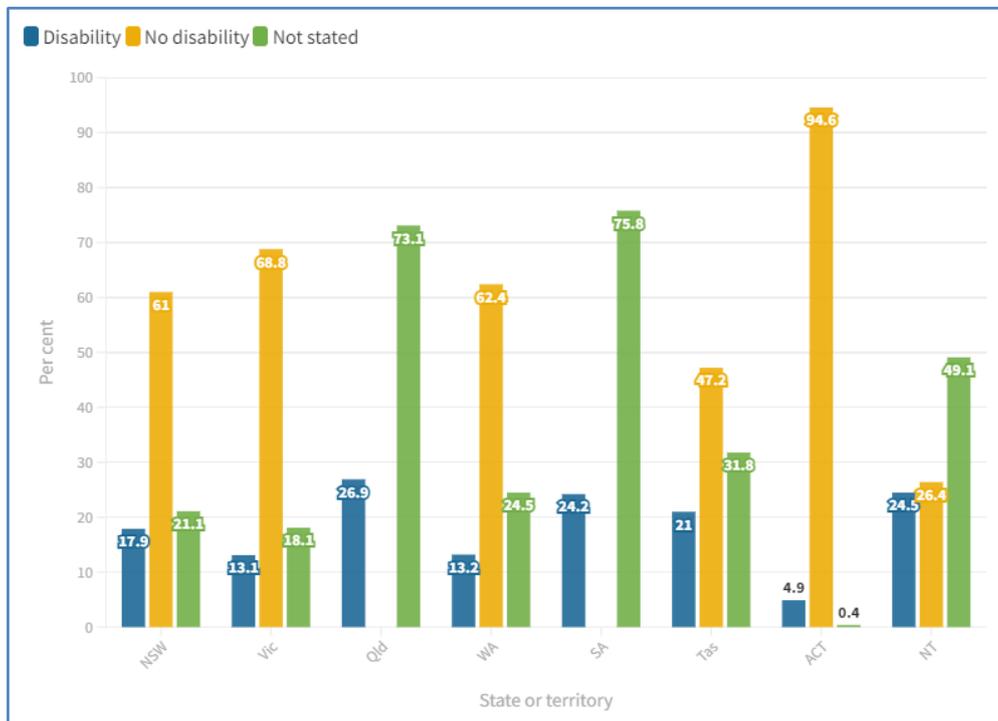


Figure 5: Children in care (%), with a stated disability, 30 June 2021. Source: AIHW 2022, Table S5.8. Refer to Figure 5 – caveat and notes.

Part 2: Tasmania’s Out-of-Home Care system, 2020-2021

2.1 Out-of-home care providers

The Tasmanian Government, as represented by Communities Tasmania during the reporting period, is the owner of the Tasmanian Out-of-Home Care system, as well as being the largest provider of care services. As a provider, Communities Tasmania provided placements for a daily average of 762.3 children (70.5%) in care for 2020-2021 (*Communities Tasmania, 2022*). A mix of for-profit and not-for-profit non-government providers provided care placements for a daily average of 318.6 children (29.5%) during this period (*Communities Tasmania, 2022*). Figure 6 shows the regional distribution of placements, as between Communities Tasmania and non-government providers for 2020-2021.

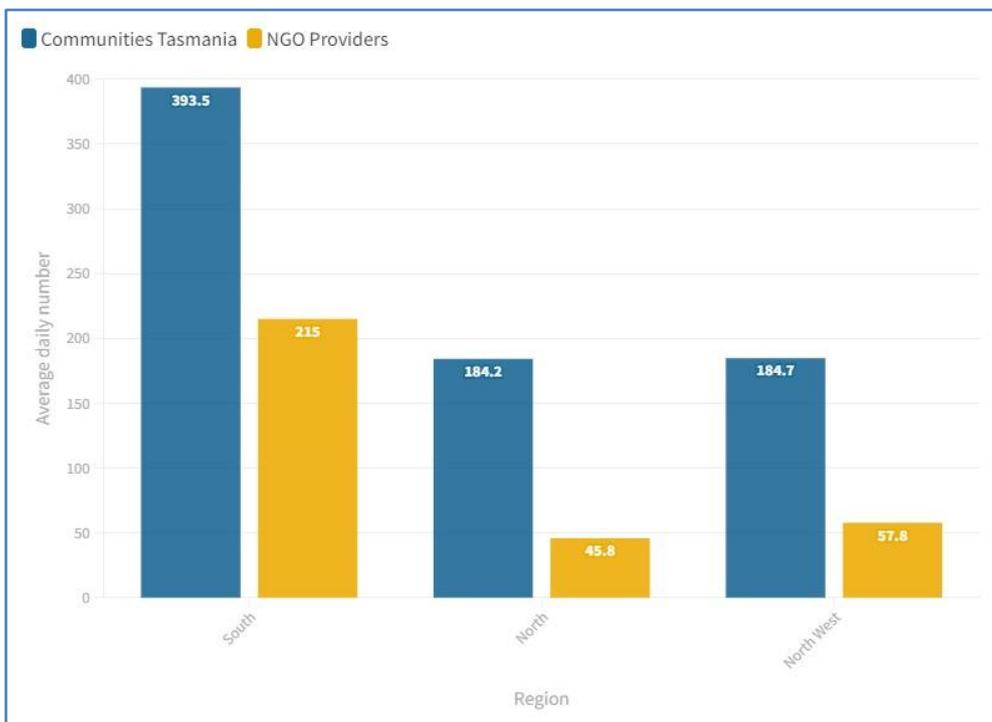


Figure 6: Children in care placed with Communities Tasmania or non-government providers (average daily number), by region, Tasmania, 2020-2021. Source: *Communities Tasmania 2022*, Indicator 8 and Indicator 9. Refer to Caveats, notes and data table for Figure 6.

2.2 Providers of care placement types

For 2020-2021, Communities Tasmania provided foster and kinship care, and for some, or all of this period, 13 non-government providers provided foster and kinship care and other types of residential care, including Therapeutic Residential Care (see Table 2 for further details).

Table 2: Providers of care, by placement type, Tasmania, 2020-2021

Provider	Home-based care		Residential care	
	Relative/kinship care	Foster care	Therapeutic Residential Care (a)	Other residential care (b)
Communities Tasmania	✓	✓		
Baptcare	✓	✓		
CatholicCare			✓	✓
Devonfield Enterprises				✓
Glenhaven		✓		✓
Kennerley Children's Homes		✓		
Key Assets		✓		✓
Langford Support Services				✓
Life Without Barriers		✓		✓
Many Colours 1 Direction (c)				✓
Mosaic				✓
Possability				✓
StGiles				✓
St Michaels				✓
Anglicare				✓
Caring Hearts				✓
Choice Support Tasmania				✓
Eskleigh Foundation				✓
Glenhaven Family Care		✓		✓
Inglis Support Service				✓
MSJ Aust (NT)				✓
Nexus				✓

(a) CatholicCare held the contract to deliver Therapeutic Residential Care during this period.

(b) Care provided by paid, rostered carers and funded by Special Care Packages.

(c) In 2020-2021, MC1D ceased delivering care to Tasmanian children in out-of-home care.

Refer to Table 2 - notes.

Spotlight on foster care households

For 2020-2021, there were 262 active foster care households with a current foster care or respite placement in Tasmania (*Communities Tasmania, 2022*). This represents a decline of five active foster care households from the 2019-2020 period; the retention rate was 80.2 per cent (*Communities Tasmania, 2022*).

As of 30 June 2021, foster care households most commonly provided placement for a single child (41.6%), with smaller proportions of households providing placements for two children (29.7%), three to four children (24.2%) or five or more children (4.5%) (AIHW 2022). Based on AIHW (2022) data, Tasmania had the second largest proportion of foster care households with five or more children nationally, except for Queensland (7.5%). Other data, as shown in Table 3, indicates a lower proportion of households with five or more children for 2020-2021 overall (4.1%), although there was considerable regional variation as between the South (6.1%), the North-West (1.5%) and North (1.7%). These differences are likely due to the continual updating of client records over time.

Table 3: Foster care households with 5 or more foster children (national), 2020-2021

Region	Percent (%)
North-West	1.5
North	1.7
South	6.1
All	4.1

Source: Source: *Communities Tasmania 2022, Indicator 23*.
Refer to Table 3 – caveats and notes.

For 2020-2021, most active foster care households (56.1%) were case managed by Child Safety Officers in the South and were likely to be in the South; the remainder were case managed in, and were likely to be in, the North (20.9%) and North-West (22.9%) respectively (*Communities Tasmania, 2022*).

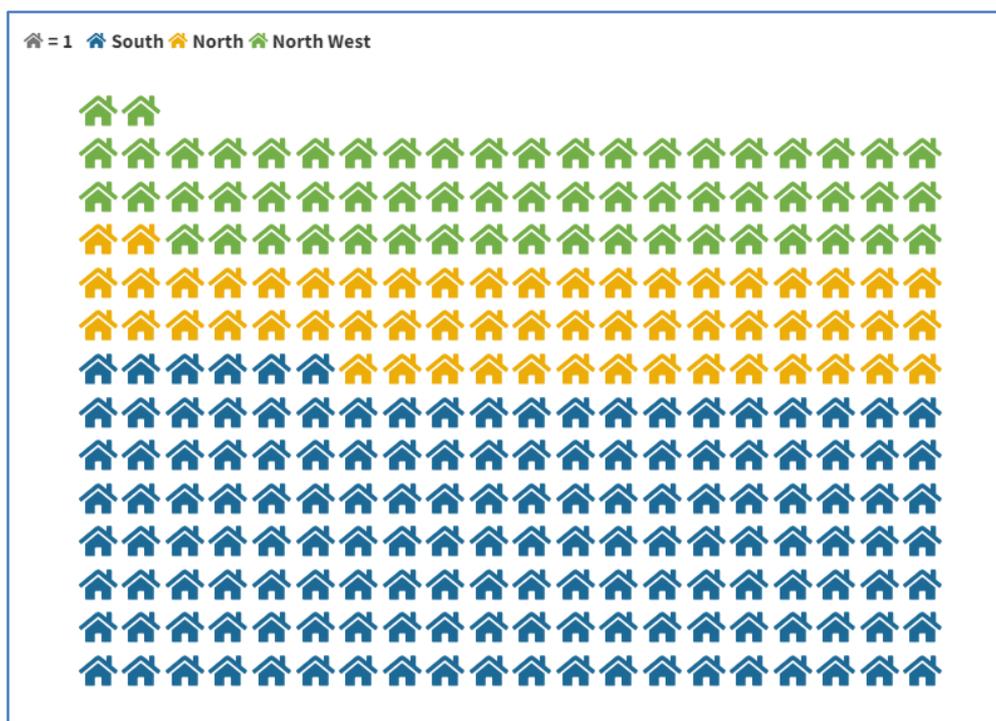


Figure 7: Active foster care households (number), by region, Tasmania, 2020-2021. Source: *Communities Tasmania 2022, Indicator 18*. Refer to Caveats, notes and data table for Figure 7.

2.4 Case management services for children in care

Communities Tasmania, through the Child Safety Service (Child Safety), provided case management services for all children in care, including those placed with non-government providers. By region, most children in care are managed through case management services that are based in the South (56.3%), with smaller proportions of children managed through services based in the North (21.3%) and the North-West (22.4%) respectively (*Communities Tasmania, 2022*). The location of case management services does not, in every instance, reflect the region in which the child receiving case management services lives. For example, a child may have been residing in Hobart during 2020-2021 but was case managed by Child Safety staff in the North-West. Further, while most children in care live in Tasmania, a small number of children live in foster care, kinship care or residential care in another Australian state or territory but continue to be case managed by Child Safety.

Case and care plans for children in care

Data for 2020-2021 indicates that more than 40 per cent of children in care (on guardianship and custody orders) did not have a current case and care plan that had been approved within the last 12 months (*Communities Tasmania, 2022*).

Due to the implementation of a new model of care, these data are not a reliable indicator for individualised planning for children and young people in care. At the time of publication, accurate data about individualised planning for children and young people under the new model was not available (see further, DECYP Comment below).

DECYP Comment: Care Planning for children and young people in out of home care

The Child Safety Service in Tasmania is fully committed to improving child-centred case coordination by developing a Care Team for every child and young person in out of home care.

A Care Plan is one output of a Care Team; and taken alone, should not be considered a sound proxy indicator for quality case planning and decision-making processes for children.

This commitment to Care Teams is through a genuine intent to ensure that every child and young person has a network of people who know and care about them, who are continuously and actively helping them to achieve their goals.

This fundamental practice shift has progressed ahead of the capability of the information system to guide and capture this important activity in a way that can be accurately and meaningfully reported and monitored.

The Child Protection Information System is being incrementally upgraded under an Integrated Client Information Program. System upgrades to better support the Care Team process are a clear priority.

Spotlight on case and care plans

Standard 4 of the National Standards for Out-of-home care requires that –

Each child and young person has an individualised plan that details their health, education and other needs (*Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, 2011 (hereafter 'FaHCSIA')*).

An individualised plan is essential to provide a child or young person with the opportunity to be actively involved in decision making about their lives. Standard 2 of the National Standards, requires that

Children and young people participate in decisions that have an impact on their lives.

A failure to involve children in this way has the potential to undermine a child's emotional development and self-esteem (*FaHCSIA, 2011*).

According to nationally reported figures, the proportion of children in care in Tasmania with a current documented case and care plan gradually increased from 2018 (55.1%) to peak at almost three-quarters of children in 2020 (73.3%), before declining by almost 15 per cent in 2021 to less than 60 per cent (58.9%) (*Productivity Commission, 2022*).

In reporting these figures, the Productivity Commissioner notes that these data do not assess the quality of case and care plans (*Productivity Commission, 2022*). The question of quality is particularly relevant as the case and care planning is intended to focus on the wellbeing of the child living in care and, where appropriate, include the child's views and be developed in partnership with carers, families and significant others (*FaHCSIA, 2011*). If applicable, it may also include a cultural plan (*FaHCSIA, 2011*). Further, case and care planning are an opportunity to ensure that critical information about a child in care is shared in a timely manner (*Commissioner for Children and Young People, 2019*).

Due to policy and legislative differences regarding timeframes within which children are required to have case plans prepared, it is not possible to compare Tasmania with other states and territories (*Productivity Commission, 2022*).

Visits to children by Child Safety Officers

Child Safety Officers have responsibility for case management for children in care. Communities Tasmania's policy states that, as part of their child management responsibilities, Child Safety Officers are to visit each child in care at least once in every 1-week, 4-week or 6-week period, depending on the type of child protection order that the child is subject (see further, Note 3).

Visits by Child Safety Officers are essential for a range of reasons, including, critically, to ensure that the child is safe, that they have access to the services and supports they need to stay well, and that they are listened to and have a say in decisions that affect them.

During 2020-2021, data indicate that slightly more than half (56.2%) of required visits were conducted within the required timeframes for children on orders (*Communities Tasmania, 2022*). These data do not reflect the practice shift that the Child Safety Service is implementing under the new model. At the time of publication, no other data about visits to children and young people on orders were available (see further, DECYP Comment below).

DECYP Comment: Expanding the Safety Network for children and young people in care

The Care Team approach is premised on the principle that children do better when they are surrounded by a community of people who care about them and support them.

Child Safety Officers are part of that community of support, but must work side by side with other people who know and care about the child who are critical in providing long-term and sustainable relationships, and the relational safety that comes with this.

Care Teams enable children to nominate people who are important to them, and who they trust to support them. The Child Safety Service has begun to focus on purposefully expanding sustainable networks for children, and inviting those people to play their part in the Care Team.

This doesn't remove the responsibility of Child Safety Officers to know children in care and monitor their safety, but seeks to create a more natural, consistent and meaningful support system for each child.

The Child Safety Service is committed to engaging well with children and young people in out of home Care and improving the rate of child visits as well as the frequency of other forms of direct communication.

2.6 The Tasmanian Government's investment in the Out-of-Home Care system

Expenditure on care services

As Figure 8 shows, over the last 10 years there has been an overall upwards trend in the amount that the Tasmanian Government invests in care services (*Productivity Commission, 2022*). However, since its peak in 2018-2019, Government investment, as measured by real recurrent expenditure across both residential and non-residential out-of-home care services has declined by \$16,776,000, or 17.6 per cent (*Productivity Commission, 2022*).

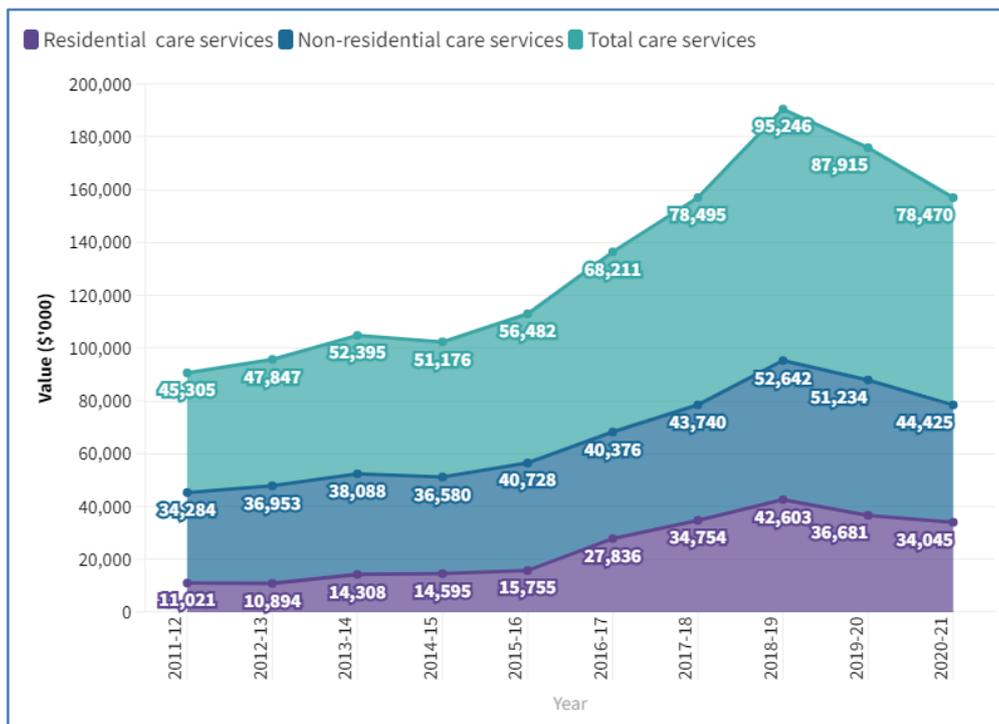


Figure 8: Tasmanian Government real recurrent expenditure on care services (2020-2021 dollars), 2011-12 to 2020-2021. Source: Productivity Commissioner 2022, Table 16A.36. Refer to Caveats and Figure 10.

An alternate way to measure the level of Government investment is to look at the 'unit cost of care' (Figure 9). This measure indicates how much the Government is spending *per placement*, rather than overall. For 2020-2021, a total of 476,733 placement nights in care services were provided by the Government, at a cost of \$164.60 per night; this is the lowest amount spent on placement nights since 2016-2017. As the Productivity Commission (2022) notes, while decreasing investment per placement night may suggest improved service efficiencies, it can also indicate lower quality services. Figure 10 provides additional useful context, indicating that since the peak in 2018-19, investment by the Government per child for both residential and non-residential care has fallen.

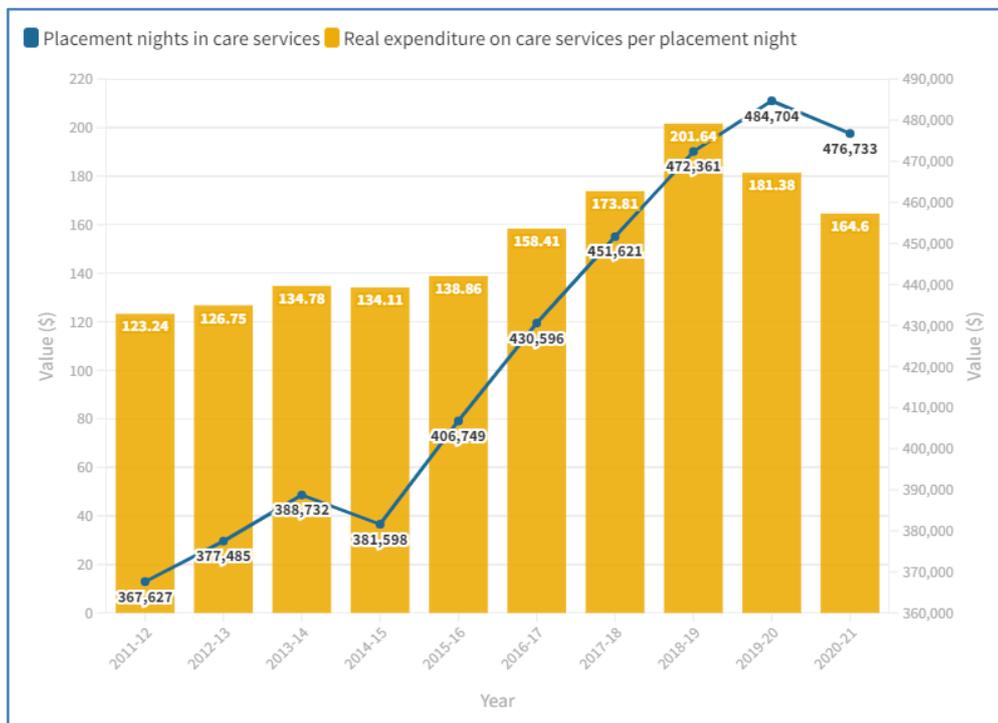


Figure 9: Tasmanian Government real recurrent expenditure on care services per unit cost (placement night) (2020-2021 dollars), 2011-12 to 2020-2021. Source: Productivity Commission 2022, Table 16A.35. Refer to Caveats and notes Figure 11.

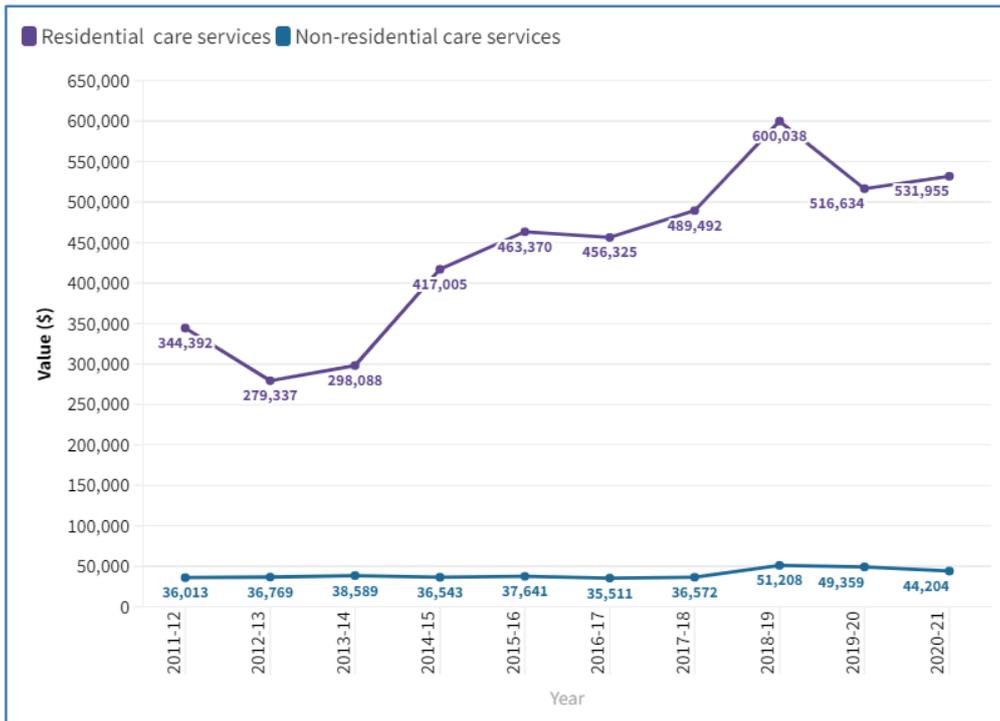


Figure 10: Tasmanian Government real recurrent expenditure on care services per child in care, 30 June (2020-2021 dollars), 2011-12 to 2020-21. Source: Productivity Commission 2022, Table 16A.36. Refer to Caveats and notes Figure 12.

References

- Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. (2011). *An outline of national standards for out-of-home care: A priority project under the National Framework for Protecting Australia's Children 2009-2020*.
https://www.dss.gov.au/sites/default/files/documents/pac_national_standard.pdf
- Australian Human Rights Commission. (2018). *National Principles for Child Safe Organisations*.
https://chilsafe.humanrights.gov.au/sites/default/files/201902/National_Principles_for_Child_Safe_Organisations_2019.pdf
- Australian Institute of Health and Welfare. (2016). *Case plan (Out-of-home Care) (Glossary Item, METEOR identifier 532565)*.
<https://meteor.aihw.gov.au/content/532565>
- Australian Institute of Health and Welfare. (2020). *Disability*.
<https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/disability/about>
- Australian Institute of Health and Welfare. (2021). *Out-of-home care: Identifying and definitional attributes (Glossary Item, METEOR identifier 735716)*.
<https://meteor.aihw.gov.au/content/735716>
- Australian Institute of Health and Welfare. (2022). *Child protection Australia 2020-21 (Child Welfare series no. 77. Cat no. CWS 87)*.
<https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21/> (last updated 15 June 2022).
- Australian Institute of Health and Welfare. (2022a). *Aboriginal and Torres Strait Islander Child Placement Principle indicators (Supplementary data tables, Cat no. CWS 84)*.
<https://www.aihw.gov.au/reports/child-protection/atsicpp-indicators/data> (last updated 24 October 2022).
- Communities Tasmania. (2022). *Quarterly Children, Youth and Families Report 2021-2022 Q3*. Tasmanian Government, Hobart.
- Family Matters 2021. (2021). *The Family Matters Report 2021*. Family Matters, SNAICC – National Voice for our Children, and the University of Melbourne.
<https://www.familymatters.org.au/wp-content/uploads/2021/12/FamilyMattersReport2021.pdf>
- Productivity Commission. (2022). *Report on Government Services 2022 Part F, Section 16: Child protection services*.
<https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/community-services/child-protection>
- Secretariat of National Aboriginal and Islander Child Care (SNAICC). (2018). *Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle: A Resource for Legislation, Policy, and Program Development*.
<apo-nid259426.pdf>
- Tasmanian Government. (2021). *Tasmanian Closing the Gap Implementation Plan 2021-2023*.
https://www.communities.tas.gov.au/_data/assets/pdf_file/0028/180478/Closing-the-Gap-Tasmanian-Implementation-Plan-August-2021.pdf

Appendix

Notes

Note 1

The number of Aboriginal and Torres Strait Islander children in the 10–14-year-old age group and the 15–17-year-old age group are recorded as ‘n.p.’ in *Table 5.1: Children admitted to out-of-home care, by age group, Indigenous status and state or territory, 2021-21* i.e., not published due to small numbers, confidentiality, and/or reliability concerns). It is further noted that ‘*Tasmania has adopted an interim policy to suppress numbers below 5 and AIHW has applied additional suppression*’. No further information is provided.

Note 2

There are significant limitations with the data relating to disability. The AIHW (2022) notes that:

As disability is a multi-dimensional and complex concept, differences may exist across jurisdictions in how disability is defined, including which health conditions are classified as a disability. There are also differences in how information about disability is captured in jurisdictional processes and client information systems.

These issues are reflected generally with the collection and reporting of data on disability, including inconsistencies between the ways different jurisdictions and organisations define and measure disability, although work is ongoing to address these issues. The AIHW (2020) notes:

At present, there are challenges in presenting a complete picture of the experiences of, and outcomes for, people with disability in Australia. Different data sources can define disability in varying ways depending on the type of data and the purpose they were collected for, and data from mainstream services rarely include a mechanism to identify whether a person has disability. The AIHW continues to work towards improving the quality and availability of national data on disability, including developing a standardised disability flag for use in mainstream services.

Note 3

Communities Tasmania (2022) provides the following caveats/notes for *Indicator 17 – Visits conducted within required timeframes for children on orders*:

- A visit period is defined as a period of one week, four weeks or six weeks, depending on the order the child is subject to, as per the policy (below). A child’s first visit period commences on the date the order commenced.
 1. A child on an Assessment Order or a Voluntary Care Agreement will be visited in person and talked with no less than once in every week.
 2. A child on a twelve-month Care and Protection Order and Interim Care and Protection Order will be visited in person and talked with no less than once in every four week period.

3. A child on a Care and Protection Order until 18 years will be visited in person and talked with no less than once every six week period.

This requirement does not apply to children whose guardianship has been transferred to a carer.

- Visit periods ending after an approved “Request to vary child visit frequency” Approval Request are not included in the numerator or denominator.
- CPIS fields: Visits are counted using case notes of type “Child Visits” and sub-type “CPW Visit – Kids check”, “TL Visit” or “SPC Visit”, and the child was flagged as sighted.

Figures

All the caveats and notes below have been reproduced in full, where relevant, from the applicable source material.

Figure 1 – caveats and notes

The data in Figure 1 is derived from the AIHW 2022 data tables, *Table T3: Children in out-of-home care or on third-party parental responsibility orders, by Indigenous status and state or territory, at 30 June 2017 to 2021*.

Caveats

- (a) In 2018–19, all states and territories adopted a national definition of out-of-home care and the out-of-home care data have been back cast to 2016–17 with the national definition. Due to data revisions, data for 2016–17 and 2017–18 may differ from those published elsewhere. Data should not be compared with data published in previous versions of *Child Protection Australia*.
- (b) For New South Wales, only children who are in the independent care of their guardian (third-party parental responsibility orders – non out-of-home care) are counted as being on third-party orders in this table.

Notes

1. Some data may not match those published in previous *Child Protection Australia* publications due to retrospective updates to data.
2. See Technical notes (section 4) for the method used to calculate rates, and Table P3 for the population data used.
3. Children of unknown Indigenous status are included in totals.

Sources: AIHW Child Protection Collection 2016–17 to 2020–21; Table P3.

Figure 2 – caveats and notes

The data in Figure 2 is derived from the AIHW 2022 data tables, *Table S5.5: Children in out-of-home care, by age group, Indigenous status and state or territory, 30 June 2021*.

Caveat

- (a) Tasmania data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.

Notes

1. See Technical notes for the method used to calculate rates, and Table P3 for the population data used.
2. Percentages in the table may not add to 100 due to rounding.

Source: AIHW Child Protection Collection 2020–21; Table P3

Figure 3 – caveats and notes

The data in Figure 3 is derived from the AIHW 2022 data tables, *Table S5.18: Children admitted to out-of-home care, by age group and state or territory, 2016–17 to 2020–21* and *Table S5.20: Children discharged from out-of-home care, by age group and state or territory, 2016–17 to 2020–21*.

Table S5.18: Children admitted to out-of-home care, by age group and state or territory, 2016–17 to 2020–21

Caveat

- (a) Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.

Notes

1. In 2018–19, all states and territories adopted a national definition of out-of-home care and the out-of-home care data have been back cast to 2016–17 with the national definition. Due to data revisions, data for 2016–17 and 2017–18 may differ from those published elsewhere. Data should not be compared with data published in previous versions of *Child Protection Australia*.
2. The table includes all children admitted to out-of-home care for the first time, as well as those children returning to care who had exited care 60 days or more previously. Children admitted to out-of-home care more than once during the year were counted only at the first admission.
3. See Technical notes for the method used to calculate rates, and Table P1 for the population data used.

Sources: AIHW Child Protection Collection 2016–17 to 2020–21; Table P2.

Table S5.20: Children discharged from out-of-home care, by age group and state or territory, 2016–17 to 2020–21.

Caveat

- (a) Tasmania data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.

Notes

1. In 2018–19, all states and territories adopted a national definition of out-of-home care and the out-of-home care data have been back cast to 2016–17 with the national definition. Due to data revisions, data for 2016–17 and 2017–18 may differ from those published elsewhere. Data should not be compared with data published in previous versions of *Child Protection Australia*.
2. The data for children exiting care include those who left care and had not returned in less than 60 days. Where a child exits care more than once during the year, the last discharge is counted.
3. Data may include children who were discharged on their 18th birthday.
4. Some data may not match those published in previous *Child Protection Australia* publications due to retrospective updates to data.

5. See Technical notes for the method used to calculate rates, and Table P2 for the population data used.

Sources: AIHW Child Protection Collection 2016–17 to 2020–21; Table P2.

Figure 4 – caveats and notes

The data in Figure 4 is derived from the AIHW 2022 data tables, *Table S5.14: Children in out-of-home care, by length of time continuously in care, Indigenous status and state or territory, 30 June 2021*.

Caveat

- (a) Tasmania data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.

Notes

1. If a child has a return home or break of less than 60 days before returning to the same or different placement, he or she is considered to be continuously in care during this period.
2. Not all jurisdictions were able to identify whether children were in respite care. However, where it was known that children were in respite care, they were included in the relevant time category.
3. Percentages exclude cases where the length of time in a continuous placement was unknown or not stated.
4. Percentages in the table may not add to 100 due to rounding.

Source: AIHW Child Protection Collection 2020–21.

Figure 5 – caveats and notes

The data in Figure 5 is derived from the AIHW 2022 data tables, *Table S5.8: Children in out-of-home care, by disability status and state or territory, 30 June 2021*.

Caveat

- (a) Queensland data remains subject to ongoing data improvement activities to improve accuracy and completeness.
- (b) In 2019–20, the Australian Capital Territory implemented a new system which did not capture 'Not Stated' for disability. 'Not Stated' was re-introduced in February 2021, however, for 2020–21 data there are still children for which a 'Not Stated' disability has been captured in the 'No Disability' category.

Notes

As disability is a multi-dimensional and complex concept, differences may exist across jurisdictions in how disability is defined, including which health conditions are classified as a disability. There are also

differences in how information about disability is captured in jurisdictional processes and client information systems.

Source: AIHW Child Protection Collection 2020–21.

Figure 6 – caveats, notes and data table

The data in Figure 6 is derived from Communities Tasmania 2022, *Indicator 8 – Children in out-of-home care placed with Communities Tas (daily average)* and *Indicator 9 – Children in out-of-home care placed with NGO providers (daily average)*.

Indicator 8 – Children in out-of-home care placed with Communities Tas (daily average)

Caveats/notes

- There are data quality issues with the recording of placements in the Child Protection Information System.

Indicator 9 – Children in out-of-home care placed with NGO providers (daily average).

Caveats/notes

- There are data quality issues with the recording of placements in the Child Protection Information System.

Data table

Figure 6 data Table: Indicator 8 and Indicator 9

Region	NGO providers		Communities Tasmania		Total	
	Number	%	Number	%	Number	%
North	45.8	4.2	184.2	17	230	100
North-West	57.8	5.3	184.7	17.1	242.5	100
South	215	19.9	393.5	36.4	608.5	100
Total	318.6	29.5	762.3	70.5	1,081.90	100

Source: CYF Report 2021-22 Q3 Indicator 8 -Children in out-of-home care placed with Communities Tas (daily average); and Indicator 9 -Children in out-of-home care placed with NGO providers (daily average).

Figure 7 – caveats, notes and data table

The data in Figure 7 is derived from Communities Tasmania 2022, *Indicator 18 – Active foster care households*.

Caveats/notes

- Due to the continual updating of client records in source systems, figures in this document may differ from those reported in other publications.

Data table

Figure 7 data table: Active foster care households (number and %), by region, Tasmania, 2020-2021

Region	Number	%
North	56	21.4
North-West	60	22.9
South	146	55.7
Total	262	100

Source: CYF Report 2021-22 Q3, Indicator 18 – Active foster care households

Figure 8 – caveats and notes

The data in Figure 8 is derived from the Productivity Commission 2022, Report on Government Services (RoGS) Part F, Section 16, *Table 16A.36 State and Territory Government real recurrent expenditure on care services, 2020-21 dollars*.

Caveats/notes

- (a) Time series financial data are adjusted to 2020-21 dollars (i.e. 2020-21=100) using the General Government Final Consumption Expenditure (GGFCE) chain price deflator (table 2A.26).
- (b) Refer to table 16.2 for information on the comparability of expenditure data.
- (c) These data need to be interpreted with care because they do not represent and cannot be interpreted as unit cost measures. Expenditure per child in care at 30 June overstates the cost per child because significantly more children are in care during a year than at a point in time. In addition, these data do not reflect the length of time that a child spends in care.
- (d) Data relating to annual real expenditure per child in care should be interpreted with caution due to the effect of different proportions of children in residential care across jurisdictions.
- (e) From 2018-19 data includes independent living arrangements and where living arrangements are unknown. Real expenditure per child in care for residential care services is calculated using the number of children in out-of-home care in residential care at 30 June. Real expenditure per child in care for non-residential care services is calculated using the number of children in out-of-home care in home-based care and family group homes at 30 June, except for Victoria which does not have family group homes.
- (f) ...
- (g) Tasmania: Data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.
- (h) ...
- (i) ...

- (j) ...
- (k) ...
- (l) ...

Source: State and Territory governments (unpublished); AIHW (unpublished) Child Protection National Minimum Data Set; ABS 2021, 'Table 36. Expenditure on Gross Domestic Product (GDP), Chain volume measures and Current prices, Annual' [time series spreadsheet], Australian National Accounts: National Income, Expenditure and Product, June 2021, <https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/jun-2021> (accessed 7 September 2021).

Figure 9 – caveats and notes

The data in Figure 9 is derived from the Productivity Commission 2022, Report on Government Services (RoGS) Part F, Section 16, *Table 16A.35 Expenditure on care services, 2020-21 dollars*.

Caveats/notes

Data are not comparable across jurisdictions but are comparable (subject to caveats) within jurisdictions over time.

Data are complete (subject to caveats) for the current reporting period.

- (a) Time series financial data are adjusted to 2020-21 dollars (i.e. 2020-21=100) using the General Government Final Consumption Expenditure (GGFCE) chain price deflator (table 2A.26).
- (b) From 2018-19, data on placement nights for NSW and WA exclude other supported placements.
- (c) ...
- (d) ...
- (e) ...
- (f) ...
- (g) ...
- (h) Tasmania: Data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied.
- (i) ...
- (j) Refer to table 16.2 for information on the comparability of expenditure data.
- (k) These data need to be interpreted with care because they do not represent and cannot be interpreted as unit cost measures. Expenditure per child in care at 30 June overstates the cost per child because significantly more children are in care during a year than at a point in time. In addition, these data do not reflect the length of time that a child spends in care.
- (l) Data relating to annual real expenditure per child in care should be interpreted with caution due to the effect of different proportions of children in residential care across jurisdictions.

Source: State and Territory governments (unpublished); ABS 2021, 'Table 36. Expenditure on Gross Domestic Product (GDP), Chain volume measures and Current prices, Annual' [time series spreadsheet], Australian National Accounts: National Income, Expenditure and Product, June 2021, <https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/jun-2021>, accessed 7 September 2021.

Figure 10 – caveats and notes

The data in Figure 10 is derived from the Productivity Commission 2022, Report on Government Services (RoGS) Part F, Section 16, *Table 16A.36 State and Territory Government real recurrent expenditure on care services, 2020-21 dollars*.

Caveats/notes

- See above caveats and notes for Figure 9.

Tables

Table 1 - caveats and notes

The data in Table 1 is derived from *Communities Tasmania 2022, Indicator 7.4 Children in out-of-home care (daily average) by Placement type, 2020-21*.

Caveats/notes

- There are data quality issues with the recording of placements in the Child Protection Information System.
- Due to the continual updating of client records in source systems, figures reported in this document may differ from those reported in other publications.

Table 2 - caveats and notes

The list of NGO out-of-home care providers in *Table 2 Providers of out-of-home care, by placement type, Tasmania, 2020-2021* was confirmed by Communities Tasmania on 13 October 2022.

Table 3 - caveats and notes

The data in Table 3 is derived from *Communities Tasmania 2022, Indicator 23 – Foster care households with 5 or more foster children (national)*. The data show that of the 270 foster care households with at least one foster care child in their care on the last day of the reporting period, 11 had 5 or more foster children in their care.

Caveats/notes

- Please note that figures for this measure are generally lower if the last day of the reporting period falls on a Friday or Saturday. This is as a result of an increase in the number of children moving to a respite placement for the weekend.
- Due to the continual updating of client records in source systems, figures reported in this document may differ from those reported in other publications.