



WITNESS STATEMENT OF PAUL MICHAEL CAIRNS

I, Paul Michael Cairns of [REDACTED] in the State of Tasmania, Tasmanian Director of Child Youth and Family Services at Life Without Barriers and [REDACTED], do solemnly and sincerely declare that:

1. I am authorised by Life Without Barriers to make this statement on its behalf.
2. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.
3. I have read the witness statement of Mr Robert Paul Ryan, Executive Lead - Strategy and External Engagement (Child, Youth and Family) (Australia) at Life Without Barriers made to the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings and declared on 9 June 2022. I agree with that statement and refer to and adopt that statement.

BACKGROUND AND QUALIFICATIONS

4. I hold a Bachelor of Arts (Social Work) from the University of Tasmania, awarded in 2012.
5. I have been employed by Life Without Barriers for approximately eleven years and eight months. During this time I have held a variety of roles within the organisation. These include:
 - (a) from October 2010 to August 2014, a range of direct practice roles in the areas of Case Management, Assessment and Recruitment;
 - (b) from August 2014 to October 2018, people management roles as both a Program Manager and Project Manager; and
 - (c) from October 2018 to 2021, Senior and Strategic Leadership positions including as Quality and Practice Business Partner and Regional Director.
6. Attached to this statement and marked **PMC-01** is a true copy of my curriculum vitae.

Current role

7. I am currently employed as the Tasmanian Director of Child, Youth & Family Services at Life Without Barriers. I commenced in this position on 21 June 2021.
8. In this role I am responsible for leading and managing children, youth and family service delivery in Tasmania and ensuring service integrity and consistency in accordance with approved Life Without Barriers guidelines and processes. I am required to work with a range of internal and external stakeholders to successfully implement organisational programs and initiatives, driven by both external/sector changes and/or internal changes to improve outcomes for children, and to meet Life Without Barriers' purpose, values and strategic objectives.
9. The key responsibilities of my role include:
 - (a) lead and support Life Without Barriers' Child Youth and Families (**CYF**) approach to have a well-developed foster care model and service delivery approaches that are delivering for the needs of children;
 - (b) support improving our foster care attraction, on boarding and retention of foster carers that are aligned to Life Without Barriers' purpose and values;
 - (c) provide guidance and support to ensure that the Children and Residential Experiences (**CARE**) model (our evidence-based practice framework) is embedded in Life Without Barriers' CYF residential services;
 - (d) support the management and delivery of CYF services to ensure compliance with Life Without Barriers' policies, processes, strategic plan and business plan, the relevant statutory regulations, funding agreements, contracts and accreditation standards;
 - (e) support the implementation of strategic projects that improve outcomes for children and young people. This may include service delivery structure, program design, service development focus and

other projects that impact on Life Without Barriers' delivery of CYF services;

- (f) work with colleagues nationally to support our approach that all services and program activities operate consistently and ethically within the purpose and values of Life Without Barriers;
- (g) ensure the effective implementation of Life Without Barriers endorsed evidence-informed practice models and intervention, ensuring program fidelity and practice improvement that promotes safety and wellbeing of children and young people in specified regions;
- (h) model and support the implementation of a culture of continuous improvement in CYF programs and service areas, focusing on systems and processes that will improve the safety, wellbeing and permanency goals of children and young people in Life Without Barriers' care;
- (i) promote regular and ongoing opportunities for feedback on program operations from children, young people, carers and staff;
- (j) support the introduction of new technologies, policies and processes that look to reduce the administration burden, improve service integrity and repeatability and support Life Without Barriers' objectives; and
- (k) in conjunction with key stakeholders, undertake root cause analysis or diagnosis into issues and concerns, and connect with relevant support services to address and rectify issues.

OUT OF HOME CARE PROVISION

10. At present, Life Without Barriers in Tasmania is funded by the Tasmanian Government to provide Family Based Foster Care for children and young people in out of home care and transitional residential care via Special Care Packages. These services are the subject of two separate funding agreements with the Department of Communities Tasmania (**Department**).
11. Alongside these services, Life Without Barriers Tasmania also provides a youth mentoring service known as the Mentoring and Personalised Support Services

(**MAPSS**) Program and a Placement Preservation Support Program (**PPSP**). Both MAPSS and PPSP are funded by the Department.

12. Our out of home care services, including MAPSS and PPSP are required to be delivered in accordance with the *Children, Young Persons and their Families Act 1997* (Tas) (**CYPF Act**), *Registration to Work with Vulnerable People Act 2013* (Tas) (**RWWVP Act**), *Family Violence Act 2004* (Tas) and, where applicable, the *Disability Services Act 2011* (Tas).

Family Based Foster Care

13. Life Without Barriers partners with Child Safety Service to provide care of children and young people that maximises opportunities for growing up in a safe and stable environment in which every opportunity is given to reach his or her full potential. Our Family Based Foster Care service is provided by people in the community within their own home, on a short or long-term basis, including respite to children and young people aged zero to 18 years who are unable to live with their families.
14. As a provider of out of home care services, Life Without Barriers delivers care that is:
- (a) responsive and places children and their needs at the centre of services;
 - (b) based on the principles and approach of CARE and Therapeutic Crisis Intervention (**TCI**) which are Life Without Barriers' evidence-based, trauma informed frameworks/models;
 - (c) based on a child development approach to best meet the needs of children at different ages and stages;
 - (d) promotes children and families to maintain positive contact to the extent that this is safe;
 - (e) able to respond with a continuum of care options for children and young people with varied assessed needs;
 - (f) offers flexible service delivery to meet the needs of children, young people and foster carers and fluctuating service demand;

- (g) provides scheduled key performance indicator reporting to monitor the delivery, safety, quality and effectiveness of services; and
- (h) provides culturally sensitive service responses for children and families from culturally and linguistically diverse backgrounds.

Service activities

15. In relation to Family Based Foster Care, Life Without Barriers' primary role is supporting carers, placement stability and the child or young person's day to day care needs during their time in care. This includes activities such as:
- (a) providing primary and respite carers with appropriate training and assessment;
 - (b) providing regular respite for primary carers;
 - (c) providing a 24 hour after hours service that can be accessed by carers for support;
 - (d) providing an ongoing training program to build carer skills and capacity;
 - (e) vigilance and responsiveness in respect of quality of care offered and continuous service improvement;
 - (f) applying management protocols and practices reflecting the detail about carers, their conditions of approval, carer suitability for matching purposes;
 - (g) providing strategies to manage role and task clarity and delivery for carers such as participating in care planning and Care Team meetings and relationship management with Child Safety Service;
 - (h) advising on the developmental needs of each child or young person, advocating through the Care Team to ensure their needs are met and cultivating stable placements that provide continuity of care for children and young people with trusted and supportive care givers.
16. Under the Family Based Foster Care contract, Life Without Barriers is approved to deliver care to children and young people with a range of care

needs, including:

- (a) Standard;
 - (b) Intensive Level One; and
 - (c) Intensive Level Two.
17. These levels of support are defined by the child or young person's Needs Assessment, which is an assessment completed by Child Safety Officers and informed by members of the child or young person's Care Team.
18. The Needs Assessment is used in this situation to outline what funding level is allocated to the child or young person for both foster care reimbursement and service support costs.

Delivery of outcomes

19. Under the Family Based Foster Care contract, Life Without Barriers is required to ensure that services are delivered utilising evidence-based practice and consistent with providing positive outcomes for children and young people. Outcomes to be pursued include:
- (a) children and young people are raised in safe, stable, supportive and nurturing environment which is responsive to their assessed needs;
 - (b) children and young people receive tailored, coordinated services and supports that reflect their individual needs and circumstances; and
 - (c) children and young people have improved life circumstances in domains under the Tasmanian Child and Youth Wellbeing Framework including:
 - (i) improved health and wellbeing;
 - (ii) improved developmental outcomes;
 - (iii) a strong sense of belonging; and
 - (iv) participation and engagement in education and community activities.

Service standards

20. As a provider of out of home care services in Tasmania, Life Without Barriers is required to meet the following specialist standards:
- (a) evidence continuous quality improvement;
 - (b) practice aligned to the Child Safety Service practice advice relevant to out of home care, including:
 - (i) the National Standards for Out of Home Care (a copy of which is attached to this statement and marked **PMC-02**);
 - (ii) the Signs of Safety Framework; and
 - (iii) the Responding to Concerns impacting on a child in Out of Home Care policy (a copy of which is attached to this statement and marked **PMC-03**); and
 - (c) demonstrate to the satisfaction of the Department that the organisation has adopted child safe policies.
21. Currently there is no independent systematic monitoring or audit process for out of home care providers against the above or any other service standards. Life Without Barriers currently monitors the achievement of these service standards through regular internal audit performed by our Quality and Practice Assurance team.
22. Internal audits are performed against each of our out of home care services in Tasmania on an annual basis.
23. Internal audit for our Tasmanian programs is mapped against the Health and Human Services Quality Framework (used in Queensland) and includes a review of services against the National Standards for Out of Home Care.

Training, assessment and approval of foster carers

24. Life Without Barriers uses the Step-by-Step assessment tool to assess the suitability and capacity of foster care applicants. Step-by-Step is regarded as a best practice approach to foster care assessment and is used by most foster care organisations both nationally and in Tasmania

25. Once an applicant carer has completed mandatory training and has met all probity requirements, the Step-by-Step assessment is then sent to Child Safety Service for review and approval before a carer is officially approved. My understanding is that the approval of foster care applicants sits at Child Safety Service Manager level.
26. In accordance with Child Safety Service requirements, Tasmanian foster care applicants and approved carers must undergo a Child Safety Check (completed once at assessment stage), obtain a Registration to Work with Vulnerable People (at assessment stage and every five years thereafter) and a National Criminal Record Check (at assessment stage and every three years).
27. Household members, such as a foster carer's biological children aged 16 years and over must undergo a National Criminal Record Check (at the date of turning 16 and every three years thereafter), obtain a Registration to Work with Vulnerable People (at the date of turning 16 and every five years thereafter), and undergo a Child Safety Check (at the age of 18). These process is to ensure compliance against Child Safety Service requirements.
28. Foster carer applicants are required to complete Shared Stories Shared Lives training before providing care to a child or young person. This is undertaken at the request and agreement of Child Safety Services and in line with Life Without Barriers' best practice approach.
29. Once approved, Foster Carers with Life Without Barriers are then required to complete eLearning training modules in Introduction to Aboriginal and Torres Strait Islander Culture, We Put Children First: understanding child sexual abuse and We Put Children First: understanding harmful sexual behaviour.
30. Life Without Barriers' Family Based Foster Care contract with the Department stipulates that all Life Without Barriers carers complete a minimum of two learning opportunities per year. Carers are offered a range of training opportunities including trauma training from the Australian Childhood Foundation, Foster and Kinship Carers Association training calendar events and Life Without Barriers' internal suit of eLearning modules. Ongoing training events are funded through Life Without Barriers service support and coordination funding which is received by the department for such purposes.

31. Life Without Barriers foster carers undergo an annual review. The annual review process is completed by a Life Without Barriers Child and Family Practitioner and is an opportunity to explore areas requiring ongoing support, celebrate carer strengths and create a development plan including identifying training opportunities.
32. Attached to this statement and marked **PMC-04** is a copy of the CYF National Carer Learning and Development Guidelines, which further outlines the Life Without Barriers approach to carer learning and development.

Placement of children in foster care

33. Life Without Barriers is one of five other providers who provide foster care services in Tasmania. Placements are sought by the Department through the provision of a weekly placement list sent to providers via email. Providers then respond with availability of a suitable foster care placement. Life Without Barriers' Family Based Care Team meet weekly to review the placement list and conduct our own review of any care options that might be available to meet the needs of a child or young person on the placement list.
34. Life Without Barriers works collaboratively with the Department in finding the best care options for children and young people however the matching process is impacted by the fact that the care demand often outweighs the supply of available foster placements.
35. Life Without Barriers generally does not place multiple unrelated children or young people in foster care placements. Any placement of unrelated children with a Life Without Barriers foster carer is assessed and approved through our Placement of Unrelated Children procedure. Placement of unrelated children require Director level approval.
36. Attached to this statement and marked **PMC-05** is a copy of the Life Without Barriers Children Under 12 in Residential Care Policy Guideline, which relates to the placement of children under 12 in residential care.
37. Attached to this statement and marked **PMC-06** is a copy of the Life Without Barriers Unrelated Foster Care Placements – Practice Guide and Procedure for each of Tasmania and New South Wales (**NSW**).

Special Care Packages

38. Life Without Barriers in Tasmania is an approved provider of Special Care Packages. Under this arrangement, Life Without Barriers provides transitional therapeutic residential care. Life Without Barriers' service, My Launch Pad (MLP) is provided on a fee for service basis through what is known as material basics quoting. MLP provides short term residential supports designed to be transitional for children and young people with complex needs.
39. Often young people in the MLP program have a history of significant trauma and it has been assessed that their needs are unable to be met in a family-based setting. This often means that these young people have experienced multiple placement breakdowns in foster care. MLP is designed to provide a safe and stable care environment while a transitional care option can be found.
40. Currently the MLP program does not place multiple children together and is generally provided in a 1:1 ratio.

Activities undertaken by Life Without Barriers

41. In the delivery of the MLP program, Life Without Barriers is contracted to undertake activities which include:
- (a) 24/7 care that is safe and secure in community accommodation with a model of practice that recognises and responds to child trauma and that delivers stabilisation and management of a child's challenging behaviour;
 - (b) delivery of supports according to the agreed Therapeutic Plan approved by the Department and against the approved quote for service;
 - (c) communicate regularly with Child Safety Service on day-to-day matters requiring case direction;
 - (d) deliver services in a way which mitigates extensive property damage and injury to staff;
 - (e) review and seek service continuation every six months;
 - (f) participate in the child or young person's Australian Childhood Foundation Therapeutic Assessment;

- (g) progress goals within the young person's wellbeing domains. Young people in MLP typically transition from the program to foster care, independent living or kinship care; and
- (h) if required, raise care concern and participate in the Child Safety Service care concern process and notify Child Safety Service of any serious incidents within 24 hours.

Approval and funding of Special Care Packages

- 42. Special Care Packages are initially applied for by Child Safety Officers via an internal approval process and approved at the Child Safety Director level. Life Without Barriers holds an internal placement matching and approval panel to review risk and ensure that the placement request fits our service model.
- 43. Within the Special Care Package contract, there is the opportunity to provide individualised service responses that can support the specific needs and care direction of children and young people. For example Life Without Barriers could be asked by Child Safety Service to support the transition of a young person in our MLP program back to kin or family as it is assessed that this would be in the child's best interest. We might support that transition by providing the young person with residential support for three days a week, and then providing outreach-based supports to the young person as they transition to a family based placement.
- 44. The funding approach to Special Care Packages allows for innovative and bespoke service responses that cater to the specific needs of a child or young person. However, the fee for service commissioning approach also poses significant challenges in operating a therapeutic residential care environment sufficient to accommodate for the needs and complexity of the children and young people being referred. These challenges include:
 - (a) lack of funded program supervision and therapeutic elements: the degree to which staff supervision, training, clinical oversight and staff development is funded is not in line with the level complexity and support required to deliver therapeutic residential services. Ongoing staff training, additional administrative follow ups, regular house team meetings, support to staff after significant incidents and individual or

group supervision are all elements of service delivery that are not sufficiently funded;

- (b) financial sustainability of therapeutic elements of care: the service is commissioned for six month intervals. If the placement breaks down or another care direction is decided upon (such as transition to another provider) all of the fixed costs such as staffing and property sit with the provider. There are frequently occasions in which these costs are covered by Life Without Barriers which reduces our ability to sustainably deliver MLP services sustainably; and
- (c) ability to respond in a timely manner: referrals for Special Care Package can at times be urgent and requested for young people with complex needs. This means that we are then required to find properties and recruit and train staff to meet the service request reactively. Often this is hard to achieve in the timeframe that would best meet the needs of the child or young person. The delay in a suitable placement option can further negatively impact the young persons wellbeing. Often alternative reactive placement are pulled together, staffed by both Departmental and service provider staff in caravan parks and hotels.

Other out of home care service supports:

- 45. Child Safety Service also funds Life Without Barriers to provide a youth mentoring program called MAPSS and a PPSP.

MAPSS

- 46. Our youth mentoring program supports children and young people aged ten to 18 in Tasmania's South. The support direction is defined by the child or young persons as well as input from their Care Team. Referrals are made by Child Safety Officers. Our mentors use the STAR Outcomes tool to set and record progress.

PPSP

47. The PPSP was established by Life Without Barriers in September 2020 and is funded by the Department.
48. The establishment of an initial 12-month pilot program recognised gaps in services for very vulnerable children, already subject to statutory orders, including those who have “self-placed” (ie, returned to their families from care of their own volition).
49. The PPSP works with the following groups who are at high risk of instability or of imminent removal from placement and for whom no alternative service is currently able to meet their needs:
 - (a) children at home who are being abused or neglected or at very high risk, where a short-term court order is in place. Intensive work in the PPSP is needed to prevent removal and achieve safety and stability at home;
 - (b) children who have “self-placed”. Intensive work in the PPSP is needed to create safety and stability with their families;
 - (c) children in kinship care. Intensive work in the PPSP is needed to support safety and stability for children when the kinship care arrangement is at risk of breakdown and there are limited alternative options with family or in foster care; and
 - (d) children in foster care already experiencing instability and disruption or at very high risk of instability and disruption. Intensive work in the PPSP is needed to create safety and stability in foster care and where there are limited options for the child or young person with family.
50. The overarching aim of PPSP is to achieve long-term safety, stability and felt security with children through therapeutic, flexible, and individually tailored intensive family-level interventions in the community.
51. The PPSP is being delivered within the context of relevant Tasmanian legislation including the CYPF Act and the RWWVP Act. The PPSP is fully aligned with the legislative environment and with key policy and practice documents including the Tasmanian Child and Family Wellbeing Framework.

The agreed outcome measures of the PPSP align to the Child and Family Wellbeing Framework.

52. Life Without Barriers has implemented the Tasmanian Child and Family Wellbeing Framework along with our evidence-based CARE model – our overarching practice framework for all our work with children, young people and families across Tasmania. CARE and the Child and Family Wellbeing Framework are highly congruent. Both have a broad and holistic understanding of child wellbeing, are ecological in orientation, respond to trauma and seek to create the family and social conditions for children to thrive. Our implementation of CARE in an intensive family support setting is geared to work with highly vulnerable children and families facing significant challenges.
53. The PPSP has been “block funded” to enable a 30 children and families per year to access intensive services more readily without the need for individual funding arrangements.
54. The evaluation report for the first year of the PPSP was provided to the Department in October 2021. Based on the demonstration of positive service outcomes and cost effectiveness the Department have supported another two years of the program.

STAFF TRAINING, ASSESSMENT AND APPROVAL

55. Life Without Barriers staff who deliver services to children, young people and families undertake mandatory training including in relation to:
 - (a) the Life Without Barriers Code of Conduct;
 - (b) i-Sight incident reporting;
 - (c) We Put Children First: Understanding Child Sexual Abuse; and
 - (d) We Put Children First: Understanding Harmful Sexual Behaviour.
56. We aim for staff to receive five days CARE training and two days TCI training within the first three months of joining Life Without Barriers.
57. In relation to qualifications, all of our Child and Family Practitioners and Case Managers require a bachelor’s degree in a relevant area of study. The preferred minimum qualifications are a Bachelor of Social Work, Social

Welfare, Psychology, Nursing and Mental Health. A current driver licence is also essential.

58. For Residential Support Workers working within our MLP program under the Special Care Package contract, Life Without Barriers aims for a minimum diploma level qualification in a relevant course. A current First Aid Certificate and driver licence are also required.
59. Probity clearance requirements for our staff working with children and young people include:
 - (a) a National Criminal Record Check before commencement and renewed every three years; and
 - (b) Registration to Work with Vulnerable People before commencement and renewed every three years.
60. The recruitment of Residential Support Work staff with a minimum level qualification is a presenting issue both in Tasmania but also around Australia. In light of this challenge, our recruitment teams and Operations Managers have taken a values-based approach to recruitment. This approach acknowledges that a person may not have specific experience in the child safety sector but through our assessment process demonstrates the values and capacity to fulfil the requirements of the Residential Care Worker role with further Life Without Barriers training in CARE and TCI. This determination is made after thorough assessment by senior staff during recruitment process in which applicants are asked to respond to several scenario's based on the delivery therapeutic residential care. Successful applicants are then required to meet probity and our mandatory training requirements.

EVIDENCE-BASED PRACTICE: CARE AND TCI

61. CARE is our evidence-based, trauma-informed model adopted by Life Without Barriers across our child, youth and family programs. Developed by the Bronfenbrenner Translational Research Centre at Cornell University, the CARE model is research based and the evidence supports that CARE creates the conditions for positive change in children's lives. Life Without Barriers in Tasmania has been implementing CARE over the last three years and is seeking full certification from the Cornell University in October 2022.

62. Having an evidence-based model underpinning and guiding services influences the way staff and carers think about working with children. CARE focuses particularly on our relationships to help our children and young people in care to build new skills and competencies. CARE also guides the interactions of our staff, and our foster carers, with children and provides a common language and practice principles.
63. CARE runs concurrently with our TCI program. TCI assists Life Without Barriers staff and carers in preventing crisis from occurring, de-escalating potential crises, managing acute physical behaviour, reducing potential and actual injury to children and staff, teaching children and young people positive coping skills and helping create a learning organisation. The ability of the entire team to respond effectively to staff and children and young people in crisis situations is critical in establishing not only a safe environment but one that also fosters positive relationships and promotes growth and development.
64. I do not consider it is appropriate or necessary for the Department to require all out of home care providers to adopt one single evidence-based model in the delivery of out of home care services but my view is that having services in which an evidence-based, trauma informed framework is in place delivers better outcomes for children in out of home care and increases protective factors.
65. CARE for example increase resiliency and promotes environmental protective factors through three key elements:
- (a) caring relationships categorized by the presence of trust, availability, acceptance, positive regard, and respect;
 - (b) high expectation messaging, which involves believing in children when they do not believe in themselves and encouraging children to build upon strengths and interests; and
 - (c) creating opportunities for children and young people to participate and contribute to decision making which develops a sense of self efficacy, power and respect.
66. At present, I understand the Child Safety Service out of home care team are implementing a trauma informed model called Trust Based Relational Intervention (**TBRI**). Our internal review of TBRI finds that the model

compliments CARE and TCI, and Life Without Barriers will be engaging in any training opportunities offered by Child Safety Service.

CHILD SEXUAL ABUSE IN OUT OF HOME CARE

Responding to allegations of child sexual abuse

67. All allegations of child sexual abuse or concern regarding the quality of care to children and young people are reported, tracked and managed through i-Sight which is our electronic incident management system. All incidents that indicate potential abuse in care or that the standards of care may not have been met are escalated to the relevant Operations Manager and myself as Director. In line with our contractual requirements we have a 24-hour timeframe in which to report incidents to Child Safety Service.
68. Any reports or allegations of sexual abuse, sexual misconduct, grooming behaviour or sexualised behaviours – regardless of whether it involved children or adults, clients, staff, visitors or carers – are reported to Child Safety Service and also recorded in i-Sight. i-Sight automatically sends internal notifications to Line Managers, myself as the State Director, [REDACTED] the Executive Director Client Services and [REDACTED] the Chief Executive – however immediate verbal notification to Line Managers is considered best practice.
69. For practitioners supporting the placement or residential care of children the first step in response to allegations is to ensure that the child is in a safe and secure environment. This can include undertaking initial actions such as relocating the child into respite care or other emergency type placement. Any allegations of sexual abuse, breaches of professional boundaries or serious care concerns made within our residential care settings result in the immediate standing down of the staff member while the allegation is investigated.
70. Alongside ensuring the child's immediate safety care needs are met, Life Without Barriers notifies Child Safety Service of the allegation or incident. If, for whatever reason, we are unable to notify the relevant Child Safety Officer, Life Without Barriers staff will work up through the channels of team leader and practice manager to ensure the allegation or care concern has been received.
71. The Child Safety Service response is then guided by its internal process outlined in Investigations of Severe Abuse or Neglect of Child in Out of Home

Care (Schedule 2). Under this procedure, Child Safety Service is responsible for reporting the allegations of sexual assault to Tasmania Police and directing any ongoing actions related to the follow up and ongoing safety of the child or young person. Attached to this statement and marked **PMC-07** is a copy of Investigations of Severe Abuse or Neglect of Child in Out of Home Care (Schedule 2).

72. According to the procedure ongoing investigation and management responses are to be followed up in a coordination meeting. Closure meetings are to be held at the end of such investigations.
73. It is my experience that the procedural response outlined in Investigations of Severe Abuse or Neglect of Child in Out of Home Care (Schedule 2) is not consistently met within the current system. For example, the procedure outlines that an initial review meeting should be held within one working day of receiving the care concern. Subsequently, for serious matters such as allegations of sexual abuse a Senior Quality and Practice Advisor should convene a meeting within two working days of the review meeting.

Quality of care concerns

74. Life Without Barriers will often be requested by Child Safety Service to undertake its own investigation into quality of care concerns and other disciplinary matters involving Life Without Barriers staff or carers.
75. This is not a part of our response to allegations of child sexual abuse but is requested for less significant concerns regarding the quality of care, breaches of the Life Without Barriers Code of Conduct or in response to a particular incident.
76. If this situation occurs, Life Without Barriers appoints an investigator external to the program or team to conduct interviews with those involved, consider other evidence, summarise findings against the just and fair decision-making matrix and make a recommendation for the level of disciplinary action. Attached to this statement and marked **PMC-08** is a copy of that decision-making matrix.
77. Child Safety Service is informed of all such investigations and made aware of all findings.

78. Child Safety Service typically does not conduct its own investigation on quality of care concerns (but rather relies on the Life Without Barriers investigation). Child Safety Service may request a frequency of updates usually through meetings between the Life Without Barriers investigation lead and Child Safety Service team while investigations are undertaken.
79. In situations of allegations of sexual abuse against a Life Without Barriers carer, we do not conduct investigations into the matter but, as outlined above at paragraph 71, ensure the matter is escalated to Tasmania Police for investigation.

Responding to allegations or incidents of harmful sexual behaviour

80. In the circumstances of an allegation or incident of harmful sexual behaviour in our out of home care programs, the first step is again to assess the care environment and ensure the child's immediate safety. Again, this may involve placing the child in respite care as an interim measure. Decisions regarding which child or children are moved are made in consultation with Child Safety and with the best interest of the child or children involved.
81. All allegations or incidents of harmful sexualised behaviour are reported, tracked and managed through i-Sight. i-Sight automatically sends internal notifications of harmful sexualised behaviour to Line Managers, myself as the State Director, Jane French the Executive Director Client Services and Claire Robbs the Chief Executive – however immediate verbal notification to Line Managers is considered best practice.
82. In line with our contractual requirements, we have a 24-hour timeframe in which to report incidents to Child Safety Service.
83. In consultation with Child Safety Service, actions in response to the allegations or incident are developed and actioned. This includes the connection of children and young people to counselling support at the Sexual Assault Support Service or a private psychologist. Such referrals are made for both the child perpetrator and child victim of incidents.
84. In relation to ongoing initiatives and system responses regarding harmful sexual behaviours, Life Without Barriers promotes several initiatives including:

- (a) talking with children: the SAFE Books are a series of four children's books published by the NSW Children's Guardian. The books are based on a protective behaviours approach to child abuse prevention. Life Without Barriers provides the books and associated activity sheets nation-wide to children in care with us aged two to ten. The books are read to children by their child and family practitioner over a period of six months;
- (b) understanding Child Sexual Abuse: all staff and carers who work with children are required to undergo training on Understanding Child Sexual Abuse. It aims to increase understanding of child sexual abuse, and our capacity to act protectively and responsively to children;
- (c) understanding Harmful Sexual Behaviour: this is a policy guideline and associated training program to increase our understanding of children and young people who engage in harmful sexual behaviour. eLearning module for all staff and carers, more detailed workshops for manager, clinicians and residential care staff; and
- (d) practice models: as discussed above from paragraph 61, the CARE model is designed to enhance environmental protective factors when safeguarding children.

SERVICE SYSTEM CHALLENGES

- 85. In my experience there are many systemic challenges and gaps in the out of home care service system. Many of these challenges stem from the lack of a quality and practice system that would otherwise support the identification of issues, increase accountability and promote continuous quality improvement.
- 86. Tasmania has not yet established an out of home care accreditation scheme. The development of an accreditation scheme, including out of home care standards and a carers register, will ensure ongoing improved quality of care for children and young people and increased accountability for out of home care providers both government and non-government.
- 87. Workforce challenges are another significant issue across the sector. There are many dedicated and skilled practitioners working in Child Safety Service

but there remains a significant workforce challenge in recruiting, developing and maintaining skilled practitioners. This issue is common in the child safety sector in Tasmania and I understand it to also be a challenge in other States and Territories.

88. In my view, the workforce challenges I have observed in Child Safety Service create an environment where practice essentials are not met and adherence to Departmental policies and procedures are not met.
89. This includes children not receiving a visit by their Child Safety Officer every month, children not having a current Care Plan, children having outdated Needs Assessments, a lack of information sharing regarding important medical information and prescribed medications for children, delayed and inconsistent responses to quality of care concerns and not having appropriate cultural support planning in place for Aboriginal young people.
90. In our current contract, Life Without Barriers continues to provide supports to children and young people where there may be a gap in service being provided by Child Safety Service. For example, if the child or young person does not have an up-to-date case and Care Plan written by Child Safety Service, Life Without Barriers practitioners will take carriage of writing a Care Plan with the input of a variety of Care Team members including school, carers and family. This is then sent to the relevant Child Safety Officer for review, input and signing. Life Without Barriers is not specifically funded by the Department to develop Care Plans.
91. I understand that Child Safety Service are currently implementing a move to a new Care Plan template informed by the Child and Youth Wellbeing Framework. This Care Plan document is to be shared by all members of the child's Care Team including service providers. This is a welcome change and supports the implementation of the Child and Youth Wellbeing Framework. There are, however, some practical issues emerging with regards to ownership and version control of the Care Plan document.
92. Often it appears as though the internal supervision, practice support and guidance to Child Safety Officers is impacted by workforce changes. This is a logical outcome of high staff turnover creating a high percentage of new

practitioner and the promotion of relatively new practitioners into supervisory roles. Again, this issue is common in Child Safety Services in other states.

SERVICE SYSTEM IMPROVEMENTS

Accreditation of out of home care providers

93. The final report of the Royal Commission into Institutional Responses to Child Sexual Abuse (**Royal Commission**) includes recommendations relating to State and Territory provision of out of home care accreditation schemes. Specifically, the Royal Commission recommends that:
- (a) each State and Territory government should revise existing mandatory accreditation schemes to incorporate compliance with the Child Safe Standards identified by the Royal Commission, and extend accreditation requirements to both government and non-government out of home care service providers (Recommendation 12.4); and
 - (b) in each State and Territory, an independent statutory body should be responsible for receiving, assessing and processing applications for accreditation of out of home care service providers and conducting audits to ensure ongoing compliance with accreditation standards and conditions (Recommendation 12.5).
94. The accreditation of out of home care service providers which includes demonstrated compliance with Child Safe Standards and a carer register will improve the quality of services and accountability of out of home care service provision in Tasmania.
95. The entity made responsible for accreditation of service providers must be independent from the delivery of out of home care services.

Reportable conduct

96. Another significant systems improvement in the Tasmanian context would be the development of an independent investigatory approach to reportable conduct. For example, the introduction of a Reportable Conduct Scheme, such as the scheme administered in NSW by the Office of the Children's Guardian.

Improved coordination, specialisation and support in response to allegations of child sexual abuse or significant harm

97. The current system response into allegations of child sexual assault in out of Home Care in my view appears to be lacking coordination, consistency, and specialisation. Adherence to Departmental procedures such as Investigations of Severe Abuse or Neglect of a Child in Out of Home Care (Schedule 2) is not currently effective.
98. Resourcing a model similar to the NSW Joint Child Protection Response Program (**JCPRP**) would improve the Tasmanian system response.
99. JCPRP is a tri-agency program delivered by the NSW Department of Communities and Justice, NSW Police Force and NSW Health. The program provides a comprehensive and coordinated safety, criminal justice and health response to children and young people alleged to have experienced sexual abuse, serious physical abuse and serious neglect.

Carers register

100. A further systems improvement would include the establishment of a carers register to ensure a robust system of probity that protects children through identification of perpetrators of harm and enable information sharing for providers.
101. The Royal Commission makes a number of recommendations relating to State and Territory provision of a carers register. Based on these recommendations, I understand that the Department is currently in the process of establishing a carers register and working through how it should be administered, governed and implemented.

The implementation of alternative models of therapeutic family-based care

102. Life Without Barriers recognises the service system pressures that exist in out of home care in Tasmania.
103. One of the most challenging system issues is that the need for quality foster care placements outweighs the supply. To my knowledge this is not a Tasmania-specific issue and it exists across other States and Territories.

104. Solutions to this pressure involve looking at new foster care models that address some of the barriers which prevent people considering foster care (recruitment) and addressing some of the issues that attribute to carers leaving the sector (retention).
105. This include investment in models that are evidence informed, have a focus on peer-to-peer carer support, include carer reimbursement that aligns to the complex needs of children and young people and inclusive of therapeutic support elements.
106. Child Safety Service has expressed a willingness to explore alternate foster care models in Tasmania and is currently considering two models (Care 2 Thrive and Mockingbird Family) provided to the Department by Life Without Barriers.

Fee for service approach to commissioning services in out of home care.

107. It is common in other States for out of home care service providers to be contracted to deliver an agreed number of foster care or residential care placements under what is commonly considered “block funding”.
108. Under a block funded approach, providers are funded to cover the fixed structure and staffing costs of running the service and can be monitored against performance to meet or exceed the contract target.
109. Not having a block funded approach in favour of a fee for service approach, particularly in commissioning Special Care Package services, contributes to challenges in recruitment and retaining quality staff in a sector where it is already hard to recruit and retain staff. It also diminishes the responsiveness of the service system as requests for placement are often unachievable in the time required to meet the needs of the child or young person.

Divestment of out of home care services.

110. In my view, it would be appropriate for the Department to take the approach seen in other States (such as NSW and Queensland) where the majority of out of home care services, including foster care, have been partly or entirely divested to the non-government sector. This activity could be delivered

alongside the accreditation of out of home care service providers and implementation of standards.

Expansion of evidence informed supports to children and young people who have engaged in harmful sexualised behaviour

- 111. My view is that the Tasmanian out of home care system would be improved by having greater access to programs such as New Street in NSW.
- 112. New Street is a therapeutic service for children and young people aged between ten and 17 years of age who have engaged in harmful sexual behaviours towards others, their families and their caregivers. New Street has a defined evidence-informed model of operation which involves working with the whole family unit and engaging with other agencies and community services to sustain and support engagement. New Street was evaluated in 2014 and found to have achieved significant outcomes for children, young people and their families. Attached to this statement and marked **PMC-09** is a copy of that evaluation.

I make this solemn declaration under the *Oaths Act 2001* (Tas).

Declared at [Redacted]
on 9 June 2022

[Redacted]

.....

[Signature of witness]

Before me

[Redacted]