



WITNESS STATEMENT OF ROBERT PAUL RYAN

I, Robert (Rob) Paul Ryan of 34 Douglas Street, Milton, 4064, in the State of Queensland, Executive Lead - Strategy and External Engagement (Child, Youth and Family) (Australia) 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. Life Without Barriers made a submission to the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (**Commission**) on 30 June 2021. I refer to and adopt that submission. Attached to this statement and marked **RPR-01** is a copy of the Life Without Barriers submission dated 30 June 2021.
4. Life Without Barriers is a member of the Children in Care Collective, which also made a submission to the Commission on 1 July 2021. I refer to and adopt that submission. Attached to this statement and marked **RPR-02** is a copy of the Children in Care Collective submission dated 1 July 2021.

BACKGROUND AND QUALIFICATIONS

5. I have the following qualifications:
 - (a) Master of Professional Education and Training – Education and Learning from Deakin University, awarded in 2008;
 - (b) Graduate Certificate in Management – Human Resources and Industrial Relations from the University of Queensland, awarded in 2001;
 - (c) Post Graduate Certification in Family Therapy from Queensland Family Therapy Training Group, awarded in 1996; and
 - (d) Bachelor of Social Work from the University of Queensland, awarded in 1993; and
 - (e) Justice of the Peace (Qualified) Queensland.

6. Prior to my appointment as Executive Lead - Strategy and External Engagement (Child, Youth and Family) at Life Without Barriers, I worked for Key Assets in Australia and the Asia-Pacific Region. Key Assets is a non-government organisation that provides services to children, families and communities across Australia including foster care, family support services and disability services. I held the position of Chief Executive Officer – Asia Pacific Region between March 2014 and April 2020, and State Director between 2012 and December 2015.
7. Prior to my employment at Key Assets, I held the following roles:
 - (a) Assistant Regional Director, Department of Child Safety and Communities (Queensland);
 - (b) Director, Placement Services Unit (Southeast Region, Queensland);
 - (c) Acting Manager, Practice Development Unit and Fortitude Valley Child Safety Services Centre (Queensland); and
 - (d) Acting Director and Principal Training and Specialist Support Officer, Training and Specialist Support Branch (Queensland).
8. I hold the following professional memberships and positions:
 - (a) Board Director of the Create Foundation, the national consumer body representing the voices of children and young people with an out of home care experience;
 - (b) Chair of the Children in Care Collective, an interagency think-tank formed in 2016 to share experience, discuss best practice, learn from researchers and policy experts in out of home care and advocate for change;
 - (c) member of the Australia Association of Social Workers; and
 - (d) graduate and member of the Australian Institute of Company Directors.
9. I have previously held the following professional memberships and positions:
 - (a) Chair of the Forde Foundation Board of Advice (Queensland); and
 - (b) Board Member (Queensland Branch of the National Association for the Prevention of Child Abuse and Neglect.

10. I am also a Churchill Fellow and completed my fellowship in 2009 on the topic of Child Protection.
11. Attached to this statement and marked **RPR-03** is a true copy of my resume.

Current role

12. My role at Life Without Barriers is Executive Lead for Strategic Partnerships and External Engagement (Child, Youth and Family) (Australia). I commenced this position in August 2020.
13. In this role I am responsible for the management of the National Strategic Innovation, Design and Evaluation (**Stride**) team. This includes leading the evidence-based and informed programs such as the Children and Residential Experiences (**CARE**) model, Mockingbird Family, Youth Advocate Program and Multisystemic Therapy. I also lead the Strengthening Families and Partnership Strategic Governance groups for Life Without Barriers and manage key partnerships across the Child, Youth and Family program. This work includes Life Without Barriers' Reconciliation Action Plan and partnership with the Secretariat of National Aboriginal and Islander Child Care.

LIFE WITHOUT BARRIERS

14. Life Without Barriers is a national organisation providing care and support services primarily across Australia. It has approximately 8,000 staff and has a presence in every Australian State and Territory, along with a small footprint in New Zealand.
15. Life Without Barriers' organisational purpose is to partner with people and change lives for the better. It provides a range of services and assistance in the community so that people can achieve their goals and maximise their opportunities to participate as fully in society as they wish. In delivering these services, Life Without Barriers partners with at-risk and vulnerable children, young people, families, Elders, government and the private sector to ensure positive long-term change.
16. Across Australia, Life Without Barriers provides a range of services in the follow sectors:
 - (a) foster care;

- (b) disability;
- (c) aged care;
- (d) child, youth and families;
- (e) mental health;
- (f) refugees and asylum seekers;
- (g) housing and homelessness;
- (h) alcohol and drugs; and
- (i) domestic violence.

OUT OF HOME CARE SECTOR FUNDING

National trends

17. My position as Executive Lead – Strategy and External Engagement (Child, Youth and Family) gives me insight into national trends in the out of home care sector. There are two national trends in the out of home care sector of particular relevance to the Commission that I would like to highlight: a lack of funding for general foster care services and a need to enhance therapeutic services for children and young people engaging with the out of home care system.
18. In my view, there is a need to review the funding for general foster care. When I refer to “general foster care”, I am referencing the entry funding available to non-government agencies to provide support to foster carers who have children placed with them that are referred to as moderate or high needs children.
19. The reality is that all jurisdictions are finding mechanisms to reduce the entry of children into the out of home care system. This is absolutely the right thing to do. However, children do not enter care without having significant trauma experiences and as such it is my observation that all children who are placed in foster care have needs that require significant intervention and support. Without investment in both the children’s trauma and therapeutic needs, and the families they were removed from, we will continue to see pressures in the placement system.

20. In addition, in instances where these children and their families have not had access to strong secondary intervention services, they enter the foster care system with a range of complex needs that require intense support. I agree that keeping children out of the foster care system is the right approach and we should be anchoring towards family support at all points along the child protection continuum.
21. Child protection intervention does not necessarily lead to help for the family or the children, and rates of investigations and repeat investigations continue to rise across Australia. The Australian Institute of Health and Welfare (2019 – 2020) data reports that:¹
- (a) 67% of children who received child protection services were repeat clients;
 - (b) more than half (57%) of the total number of children were investigated only, with no Care and Protection Order, or placement;
 - (c) year on year the rates for children receiving child protection services continue to rise;
 - (d) the risk for child abuse and neglect is reported to be higher now than before the COVID 19 pandemic “due to worsening social and economic conditions undermining the functioning of families to a point where well intentioned parents can no longer cope, let alone care for others”;
 - (e) physical and mental health concerns for children have increased following the impact of the pandemic, lockdowns and isolation from schools, peers and extended family as well as reduced access to services and supports; and
 - (f) children from very remote areas are three times as likely as those from major cities to have a child abuse report substantiated.

¹ Australian Institute of Health and Welfare, *Child protection Australia: 2019-20* (Report, 2021).

22. The Productivity Commission Report on Government Services 2021 (Child protection services) on further identified that nationally, in the period 2019 to 2020:²
- (a) total recurrent expenditure on out of home care and other supported placements, protective interventions and family support services, intensive family support services, was \$6.9 billion;
 - (b) out of home and supported care services accounted for more than half, 59.3%, or \$4.1 billion (approximately 46,000 children);
 - (c) the cost per child protection notification investigated ranged from \$864 to \$6,154;
 - (d) the cost per child receiving intensive family support services was \$8,804;
 - (e) a national figure for the cost of family support services per child is not available;
 - (f) the annual cost per child in care at 30 June 2020 varied across jurisdictions, ranging between \$56,611 and \$131,273; and
 - (g) in jurisdictions where data was available, annual costs were considerably higher for residential care, ranging between \$445,023 and \$847,379, compared to non-residential care ranging between \$37,837 and \$54,118.
23. Hence, from the Productivity Commission Report on Government Services we see the annual rise in costs continues, as does the costs per child as they penetrate further into the child protection and care system. More funds are increasingly directed towards a reducing proportion of children in need.
24. Despite stated policy objectives across all jurisdictions to follow the evidence for prioritising support for families to keep children safely in their care, the struggle continues to shift resources away from the more expensive tertiary

² Australian Government Productivity Commission, 'Report on Government Services 2021', *Australian Government Productivity Commission* (Website, 20 January 2021) <<https://www.pc.gov.au/research/ongoing/report-on-government-services/2021/community-services/child-protection>>.

services to family strengthening services as the best pathway for improving lifetime outcomes for vulnerable children, young people and families.

25. Furthermore, Australia has no national system of child protection to ensure alignment and consistency in practice to improve outcomes for children across jurisdictions.

Funding in Tasmania

26. In other States and Territories, it is typical for service providers to be funded to provide foster care supports to a defined number of young people or to provide a clear number of placements. Providers are given set targets, benchmarked against system needs and the provider will be accountable to provide a set number of carers to fill placement needs. For example, a State may contract a provider to offer a certain number of foster placements in specific geographic areas. In those circumstances, the service provider's performance is monitored against those core contractual requirements. Where there is an increase in need for placement options the relevant government departments can negotiate for additional services. This approach is common in jurisdictions where the government is not providing foster care services.
27. Comparatively, Life Without Barriers' out of home care contracts with the Department of Communities Tasmania (**Department**) are open. This position is far less transparent for service providers. There is no specified number of young persons to whom Life Without Barriers is required to supply foster care supports for or defined number of placements it is required to make available. Instead, Life Without Barriers is contracted to provide supports and maintain stability and safety for each placement. There are no benchmarks or standards Life Without Barriers must comply with when providing out of home care services in Tasmania. This does make it difficult to manage service delivery particularly in the context of a workforce shortage across the community services industry.
28. The ability to have clarity of funding allows organisations such as Life Without Barriers to scale and provide effective infrastructure, which includes specialist therapeutic, educational and other roles that are key to supporting vulnerable and at risk children and young people. In jurisdictions where the relevant government departments have fully outsourced funding to the non-government

agencies, the government is not a competitor and as such can more clearly take on a role of regulator, contract management and monitoring. In a situation where a government department maintains foster care there is an inherent conflict due to the dual roles the department is expected to perform.

Economies of scale in out of home care service provision

29. The economies of scale in service provision are particularly important. The Department is the largest provider of out of home care services in Tasmania. In performing its role as an out of home care provider, it is able to rely upon Departmental infrastructure, funding and resources to carry out those services.
30. The position is significantly different for non-government providers of services who are trying to manage a service within the general funding envelope. Non-government providers must try to build infrastructure around their services to ensure efficient and effective service delivery. However, this is particularly difficult in Tasmania, which is small in size and which has comparatively less funding across the Department's portfolio than other States. Without sufficient scale, an organisation will struggle to establish the infrastructure necessary to provide the range of therapeutic support, education support and other supports required. This can result in an inability to resource and find solutions in regional and remote areas of the State as the funding envelope is not viable to establish service provision. In remote and regional areas, it makes better sense to have a place-based approach and fund a smaller number of services across the continuum of service provision to ensure the service can use the range of funding to scale up and provide a full service approach for that local area.
31. For example, to the extent Life Without Barriers wishes to offer certain services, such as mental health services, its ability to do so depends on its capacity to leverage its national scale to fund that service in each setting. The Department does not offer funding to providers to invest in evidence-based programs or models within the current funding envelope. Fortunately, Life Without Barriers can use national efficiencies to purchase models or support, and to integrate them into the service system because it is a national provider. However, it has to be done on economies or efficiencies within our overall budget provisions. Not all providers are able to achieve this in all settings.

32. These issues become compounded where the Department allocates a small portion of funding to a number of providers through the competitive tender process. While this makes sense commercially for the Government, which then has a range of options to choose from, it creates difficulties in practice for providers. In those settings it becomes extremely difficult to build necessary infrastructure to achieve an integrated continuum of care.
33. Questions of scale are relevant to the nature of the service model followed by providers as well. There is often talk amongst government and non-government providers of out of home care services of the need or desire for evidence-based models, but the implementation of those models, including the licensing fees, are expensive. Unless an organisation has the necessary scale to achieve that across a jurisdiction, its ability to implement these kinds of models is limited. I discuss service models further below from paragraph 36.

SERVICE PROVISION

Life Without Barriers' national approach to the provision of out of home care services

34. Life Without Barriers takes a national approach (guided by local context) to its provision of out of home care services, with a view to ensuring that care environments are set up to deliver a safe and stable home in which a child can thrive.
35. While the nature of services may differ from State to State, Life Without Barriers applies a consistent model across its services to ensure best practice in its out of home care services. This takes the form of key practice essentials that must be applied to every young person placed in our care. I have outlined some examples of our framework for practice below.

Children and Residential Experiences (CARE) therapeutic framework

36. Nationally, Life Without Barriers operates a trauma-informed therapeutic framework to guide our work with children and their families.
37. The specific model used by Life Without Barriers is called the CARE model. The CARE model is an evidence-based, trauma-informed approach developed

at the Residential Child Care Project at Cornell University. It is based on six core principles:

- (a) relationship based;
 - (b) family involved;
 - (c) developmentally focused;
 - (d) competence centred;
 - (e) trauma informed; and
 - (f) ecologically oriented.
38. This evidence-based, trauma-informed model is intended to guide our interactions with children and families by influencing the way we think about children and helping us make decisions and take actions based on the best interests of children. The CARE model emphasises that by working together we can create conditions for positive changes in the lives of children. Attached to this statement and marked **RPR-04** is an article authored by Martha J Holden and Deborah E Sellers titled “An Evidence-Based Program Model for Facilitating Therapeutic Responses to Pain-Based Behaviour in Residential Care”, which provides further information on CARE.
39. The CARE model informs our national approach and is rolled out across our whole infrastructure. Life Without Barriers first commenced implementation of the CARE model in 2016 and has progressively been implementing CARE across the seven States and Territories in which we provide child, youth and family services.
40. CARE was selected as the model of choice for the following reasons:
- (a) CARE has a high level of available research evidence. CARE is listed as a Promising Research Evidence-Based model with High Child Welfare relevance on the Californian Evidence-Based Clearinghouse.
 - (b) At the time, CARE was the only model that had an articulated theory of change.
 - (c) The Residential Child Care Project team from Cornell University, who developed the model, provides regular and ongoing technical assistance and implementation guidance during the life of

implementation, including data analysis, access to the latest research, leadership and practice workshops, and feedback via observations. After the initial implementation, agencies apply for CARE certification which provides ongoing fidelity assurance and confirmation that the agency meets the CARE certification process evidence. Life Without Barriers became the first CARE certified agency in Australia in May 2022, in the State of Queensland, and Life Without Barriers is progressing towards certification in other States and Territories.

- (d) The researchers at the Residential Child Care Project are routinely scanning and reviewing the latest international research and best practice, updating implementation materials and providing access to international best practice to agencies adopting CARE.
- (e) The principles of CARE and implementation approach was congruent with the Life Without Barriers values of relationships, responsiveness, imagination, respect and courage. Life Without Barriers saw the value in a shared language and approach, with the flexibility to adapt practices to meet local cultural and community differences.
- (f) CARE built on Life Without Barriers' existing use of the Therapeutic Crisis Intervention (**TCI**) program which was also developed by the Residential Child Care Project.
- (g) CARE is currently adopted by three agencies in Australia (Uniting Care Queensland, Big Brown House and Challenge Community Services) and over 50 agencies internationally. TCI is also widely adopted by child welfare agencies across Australia.

Therapeutic Crisis Intervention (TCI)

- 41. TCI is a crisis intervention system developed alongside CARE at Cornell University. Attached to this statement and marked **RPR-05** is a copy of a document prepared by the Residential Child Care Project providing further information on TCI.
- 42. Through TCI, our staff learn to:
 - (a) prevent a crisis from occurring;

- (b) de-escalate a potential crisis;
 - (c) safely and therapeutically manage crisis situations;
 - (d) constructively handle stressful situations; and
 - (e) support children to improve their coping strategies.
43. The TCI system gives organisations a framework for implementing a crisis prevention and management system that reduces the need to rely on high-risk interventions. The TCI system addresses six general domains:
- (a) leadership and program support;
 - (b) child and family inclusion;
 - (c) clinical participation;
 - (d) supervision and post-crisis response;
 - (e) training and competency standards; and
 - (f) documentation, incident monitoring and feedback
44. These domains are required to establish effective crisis prevention and management in a residential and out of home care settings. Since TCI's inception in 1980 there have been six major revisions. The revision process generally includes:
- (a) examining the evaluation results and research conducted by the Residential Child Care Project;
 - (b) reviewing related literature and research;
 - (c) conducting surveys of organisations using the TCI system; and
 - (d) convening experts for consultation and review.
45. TCI has been disseminated successfully for four decades and is now operating in more than 1,800 residential childcare agencies, foster care, settings, juvenile justice programs, hospitals, and schools across the United States and internationally.
46. Life Without Barriers has been implementing TCI for several years, and partners with the Residential Child Care Project at Cornell University to assess and monitor fidelity to the TCI system.

Benefits and risks of a single service provider or therapeutic service model

47. It is my understanding that each agency that provides out of home care services adopts its own model of care depending on their own preferences and funding. For example, the Sanctuary model is used by a number of other non-government providers of out of home care services.
48. The Sanctuary model and CARE model are both evidence-based, whole-of organisation approaches to creating trauma sensitive environments. The Sanctuary model is organised around four pillars: Trauma Theory, SELF Model (“safety”, “emotions”, “loss” and “future”), Seven Commitments and Sanctuary Toolkit. These pillars provide the shared knowledge, values, language and practice required to create a Sanctuary community which support individuals to heal from the impacts of trauma experiences.
49. In comparison, CARE is a principle-based therapeutic practice framework that supports evidence-informed program delivery and practice, creates a shared language and common goals, and enriches the relational dynamics throughout the agency. Like Sanctuary, CARE also fosters the development of communities to support an individual to heal from trauma, connect and have agency in their future. CARE is founded on six core principles and supported through formal implementation processes. By incorporating these principles and three key processes (reflective practice, data-informed decision-making and participatory management) throughout all levels of the organisation and into daily practice, an ethos develops that supports and expects developmental relationships in a trauma-sensitive environment. The core principles of the CARE model are in direct alignment with the seven Sanctuary Commitments of Non-Violence, Growth and Change, Emotional Intelligence, Social Learning, Open Communication, Social Responsibility and Democracy.
50. For Life Without Barriers, one of the key benefits of adopting the CARE model is that it provides a holistic approach to supporting children, young people and families, that goes beyond being trauma informed. For example, the six principles and practice of CARE enable workers to assess:
- (a) the child’s experience of trauma and how this is impacting them today through pain-based behaviours (trauma informed);

- (b) where the child is up to developmentally – whether they have met their developmental milestones, and how to adjust support and their environment to promote their development (developmental focused);
 - (c) what skills and competencies, especially those related to executive functioning, like problem solving, flexibility, the child has and needs to develop, and how they can be supported to develop those skills (competency centred);
 - (d) the child's connection to family, community and culture. How staff can support the child's rights to connection with family and culture, and what is need to reconnect or maintain safe connections with family, and promote the child's connection to culture and community;
 - (e) how to build developmental relationships with children, which is the active ingredient in any other intervention; and
 - (f) how the physical, social and cultural environments in which the child lives is promoting healing, growth and participation.
51. There are other approaches and training systems adopted in Australia, such as (but not limited to) the Attachment, Regulation and Competency Framework, Trust-Based Relational Intervention and Teaching Family model, however generally these do not provide a whole-of-organisation approach similar to CARE and Sanctuary.
52. State and Territory governments do not require that out of home care providers adopt particular models of care. At most, a government may select a preferred model to inform their internal practice. For example, South Australia has identified Sanctuary as its model of practice in the relevant child safety department in that State. However, the South Australian Government does not mandate agencies to adopt the same model of care when providing services.
53. In my view, it is appropriate for out of home care providers to determine internally their own model of care. I do not think it would be beneficial to have one standard model of care imposed by a State.
54. I also do not believe it would be beneficial to have only one provider of out of home care services in any jurisdiction but as I mentioned above at paragraph 30 there is merit in considering a reduced number of providers in

regional and remote areas to ensure sufficient scale to make the service a viable option.

55. In my view, rather than providing for a single model of care or a single provider, a more useful approach is to develop a framework of standards to be adopted by all out of home care providers. Prescribing standards that state minimum requirements agencies need to deliver would ensure providers were all operating to an agreed standard and a consistent level of care. This helps out of home care providers understand the expectations and to propose solutions that most effectively achieve those policy positions.

TRAINING

Whole-of-organisation approach

56. Life Without Barriers takes a whole-of-organisation approach to child safety and training.
57. In 2015, Life Without Barriers adopted its “*We Put Children First*” child sexual abuse prevention strategy. That strategy recognises that it is the responsibility of all Life Without Barriers staff to keep children safe in the organisation.
58. The strategy is based on a situational prevention approach, which recognises that the risk of child sexual abuse can be reduced by making environmental and cultural changes within the organisation, rather than only focussing on the risk presented by particular individuals. To reduce the risk of child sexual abuse, organisations need to create conditions where offending is difficult, the risk of detection is high, environmental cues that can trigger offending are removed and permissibility is reduced.
59. To fulfil these requirements, the “*We Put Children First*” campaign refers openly to child sexual abuse, encourages staff to be open to the possibility of child sexual abuse occurring in the organisation, and encourages staff and carers to take active guardianship of children.
60. The “*We Put Children First*” strategy is founded on leadership from the top down. In my view, leadership of this kind — where child safety is embedded at all levels of the institution and championed by an organisation’s leaders — is the key to the success of a child safe organisation.

61. As part of the whole-of-organisation approach, the “*We Put Children First*” policy forms part of the mandatory training for all staff on entry, including the Board and Executive team. “*We Put Children First*”, including training specific to understanding child sexual abuse, is also a core part of all staff and foster carer training and expectations
62. In addition, the “*We Put Children First*” messaging saturates the organisation’s collateral activities. Contracts, policies, advertising, email signatures, employment agreements and other organisational output contains the “*We Put Children First*” messaging, reflecting our whole-of-organisation commitment to preventing child sexual abuse.
63. A copy of Life Without Barriers’ “*We Put Children First*” policy statement is attached to this statement and marked **RPR-06**.

National training model

64. All staff and foster carers are required to undergo induction training in:
- (a) the CARE model;
 - (b) the TCI system;
 - (c) understanding child sexual abuse; and
 - (d) understanding harmful sexual behaviour.
65. In relation to communicating directly with children in out of home care, we provide the Safe Book, developed by the New South Wales Children’s Guardian, to children aged two to ten years. This is a series of resources used to teach children about safety, acceptable behavior, who they can turn to if they are feeling unsafe and protective behaviours they can use to keep themselves safe. There are four books, which are provided to children and read to them by their Case Worker.

National coordination between agencies

66. Life Without Barriers is a foundation member of the National Office of Child Safety’s Child Safe Sectors Leadership Group. The Child Safe Sectors Leadership Group gives advice and shares information about what

governments and organisations can do to keep children and young people safe and well.

67. The National Office for Child Safety facilitates a non-government annual reporting process, where non-government organisations and peak-bodies of organisations that engage in child related work are invited to report on their actions to keep children safe and well. The Royal Commission into Institutional Responses to Child Sexual Abuse (**Royal Commission**) recommended that at a minimum, the eleven organisations that were the subject of relevant Royal Commission hearings should report for five consecutive years (Recommendation 17.3). The National Office for Child Safety has grown the reporting process each year, in recognition of the importance of transparency and accountability for organisations. The reporting process also promotes sharing of best practice and new approaches to enhancing child safety in organisations. Life Without Barriers has voluntarily submitted a report as part of this process in December 2021 in the spirit of sharing learning and collaboration. Attached to this statement and marked **RPR-07** is a copy of that report.

Staff and carer selection and recruitment

68. Selection of suitable people to work with vulnerable children and young people is a crucial part of being an organisation that is safe for children. Measures we take at Life Without Barriers include a robust system to manage employment checks required by each jurisdiction and educating recruitment staff to recognise the risk of child sexual abuse in the organisation. For staff roles that are child-facing, specific questions are asked at interview, in order to elicit responses that may illuminate attitudes to children that are concerning.

RESPONDING TO CHILD SEXUAL ABUSE IN OUT OF HOME CARE

69. Appropriate responses to child sexual abuse are crucial to outcomes for victim-survivors.
70. Part of the training that staff and carers undertake in relation to child sexual abuse includes understanding possible indicators of abuse, supporting disclosures and responding appropriately.

71. Part of an appropriate response to alleged child sexual abuse includes reporting to child protection authorities and police. Internal processes are guided by these authorities, as well as differing jurisdictional requirements.
72. At a national level, instances of child sexual abuse in any State or Territory are reported to the Chief Executive and the Board's Practice Governance Committee.
73. The Practice Governance Committee assists the Board in fulfilling its responsibilities with respect to listening to client voices, supporting a strong internal learning culture, monitoring practice trends and developing strategy.
74. The Practice Governance Committee receives reports on a series of key performance indicators in relation to all matters concerning Life Without Barriers practice.
75. Currently, Life Without Barriers is undertaking some work with the Parenting Research Centre to redefine our practice governance framework. The expectation is that this work will give rise to a dedicated overarching practice governance framework for the whole organisation that informs the work of the Practice Governance Committee. A key pillar of this practice framework is safe practices. Boards have an important strategic and oversight role in the practice governance system, ensuring that the system is effectively driving the focus on practice quality and improvement. This review will ensure the Practice Governance Committee are using the most up to date evidence-informed approach to Practice Governance across Life Without Barriers.

NATIONAL CHALLENGES

Lack of foster carers

76. Nationally, there are significant difficulties recruiting carers. This is a universal problem and is also a trend internationally. Life Without Barriers is also experiencing similar challenges in recruiting carers. Increasingly potential applicants are reporting, due to cost of living pressures, that both parents (in a two parent household) are having to work full time to sustain rental/mortgage and lifestyle commitments. Potential carers identify a lack of appropriate remuneration as a barrier to giving up full time work to become a foster carer.

In terms of carers exiting foster care the number one factor cited is a lack of support.

77. Out of home care has traditionally relied on volunteerism, often from women. This approach was established at a time when it was common for one parent to be at home full time. The complex nature of trauma means that children who now enter the foster care system do require a stable base. It is inappropriate to create a system that has foster carers working full time and then providing care on the side, as these are highly traumatised children and young people who require significant attention.
78. Given the modern cost of living, where all adults in a home are usually required to work, it is not sustainable for most people to undertake foster care. Various entities have done omnibus studies on what people would be prepared to do in fostering. Persons under the age of 50 regularly say they would be a foster carer but cannot afford not to work.
79. On that basis, I consider that greater support is required for foster carers in order to ensure that they are appropriately supported to provide this care and that enough appropriate placements are available to meet the needs of the system. I discuss some possible support structures from paragraph 103 below.

High child safety staff turn-over

80. The high turn-over of child safety staff, or what I call “staff churn” within government departments tasked with child safety is a national issue. I do not have current figures on the staff turn-over in the relevant government departments nationally or in Tasmania. However, historically some jurisdictions report percentages up to 70% of frontline child protection having less than 12 months’ experience. The ability to implement any new approach to operations, regulation and governance across Tasmania relies on staff stability and strong leadership.
81. Further compounding the turn-over of staff, what can often occur is that those frontline staff that do stay are promoted into senior leadership roles. Where there is insufficient depth of experience and leadership it increases risks in terms of the ability of leaders to effectively coach and monitor their teams. This turn-over seems to be more pronounced in front line government child

protection services but is also a challenge for non-government agencies. The result is that government departments and non-government organisations can have senior leaders with limited experience, who are then making extremely complex decisions with limited practice experience. As that situation extends over time, the depth of knowledge within management dissipates. This has significant effect on the quality of the work undertaken across the sector.

82. All jurisdictions are currently managing this pressure with investment in workforce planning strategies to map the future growth and identify effective learning pathways to attract staff and retain staff in the child, youth and family area. A key feature that has assisted in stabilising work forces is pay parity between government roles and non-government roles.

The need for increased investment in research and evaluation

83. To meet our ethical obligations to provide the highest quality of care to children and young people in out of home care, Life Without Barriers has made a commitment to being evidence-informed in our programs. However, there is an ongoing need for increased investment in well-coordinated research conducted in the Australian context, together with robust and ongoing evaluation. This is critical to inform continuous improvement and to prevent harm to children due to the use of ineffective approaches and practices.
84. As an example, Life Without Barriers has formed a partnership with researchers, such as [REDACTED] who have expertise in the prevention of child sexual abuse. This partnership has led to the development of a training package targeted to staff undertaking carer assessments, complemented by a Guided Interview Practice Resource, to better identify the risk of child sexual abuse in carer households. A small evaluation to date, conducted with Life Without Barriers staff in Queensland in 2021, highlighted that confidence in knowledge about child sexual abuse increased significantly as a result of the training workshop. Overall staff have welcomed the co-design of a practice resource to support them to more comprehensively gather information and educate carer applicants as a strategy to reduce the risk of child sexual abuse in foster care. Without dedicated funding however, research projects such as this will tend to remain small and isolated in the sector.

SYSTEM IMPROVEMENTS

85. I consider that there are a range of matters that can and should be explored to improve child safety outcomes in out of home care in Tasmania.

Adopting a whole-of-organisation approach

86. In my view, a whole-of-organisation commitment to child safety and to preventing child sexual abuse is a critical part of ensuring child safety outcomes in out of home care. This would reflect the kind of whole-of-organisation approach taken by Life Without Barriers.
87. The key for such a change (which needs to be undertaken on scale in both government and non-government organisations) is for top-down demonstration of leadership from the most senior people in organisations (including Board members, Chair, Departmental Secretary, Minister and Executive leaders). I talk further about this topic earlier in my response from paragraph 60.

Oversight of investigations

88. In Tasmania, the Department is both a provider of out of home care services as well as the regulator who conducts investigations into concerns in care.
89. In my view, this arrangement has the potential to undermine the independence of the regulatory system. For example, there is a risk that as regulator, the Department will overlook issues or concerns where it is under pressure for placements or experiencing other internal pressure. While I do not consider this would happen deliberately, there is a risk that the conflation of roles will contribute to gaps in appropriate regulation. The checks and balances are not appropriate. I consider this arrangement would be improved by separating the regulatory function of the State, so that it is undertaken by a government agency separate from the Department's out of home care service provision arm. Ideally this can be achieved by outsourcing all foster care and placement functions to non-government services and then the Department could retain the regulatory functions in-house.
90. These investigations could also be improved by addressing the punitive nature of the response. Naturally, investigations should apply a high standard to carers given they have vulnerable children in their care. However, care must

also be taken to ensure that carers are supported when an investigation is required in circumstances where the issues in question are part and parcel of the foster care experience. Carers often report that they do not feel supported during an investigation process, that the investigatory process is not fully explained to them or that the regulator's reaction is unnecessarily punitive. This can often cause carers to leave the system.

91. The Queensland peak body for foster carers, Queensland Foster and Kinship Care, is a State-funded body that provides the Foster Advocacy Support Team (**FAST**). FAST is a team of trained specialist local foster and kinship carers who have volunteered to provide advice, support and advocate on behalf of other foster and kinship carers. FAST representatives are attached to one of six regions across Queensland. They have the capacity to provide advice, support and advocacy to all carers in their region and can also provide face-to-face support to carers within proximity or tele link into meetings where needed. The FAST representative provides a local avenue for foster and kinship carers to receive advice, support and/or advocacy on individual matters. This is an example of an approach that has provided support to carers and could be considered as an option as part of this inquiry.

Integrated policy, legislation and regulation

92. Improving out of home care outcomes and child safety in out of home care requires a whole-of-system approach. It is not enough to fix just one part of the puzzle.
93. In my view, this requires an integrated policy, legislative and regulatory response. This includes the imposition of minimum standards for the provision of out of home care as described above at paragraph 55.
94. A key facet of this approach is ensuring that the regulatory response includes a robust reportable conduct scheme, working with children and vulnerable persons scheme and appropriate information sharing provisions between relevant persons and agencies.

Child safe organisations

95. A critical feature of child safety is ensuring that there is a common and baseline understanding of what constitutes a child safe organisation.
96. This could be achieved by the implementation of standards, but it fundamentally comes down to ensuring both the government and the non-government sector share a culture of child safety through their organisations. Culture will beat any strategy and recommendations all the time.

Good partnerships between government and non-government agencies

97. Good partnerships between non-government service providers and government are key to the proper functioning of the out of home care sector.
98. It is common for a gap to emerge between government and non-government providers of out of home care services. An “us” and “them” mentality can form, where the government can tend to be fairly directive in its approach and not listen to the non-government providers. In my view, that mentality does not contribute to good outcomes in the out of home care system.
99. In my view, this partnership should be supported by regular meetings between senior leadership of each of the government department and non-government agencies, preferably every two months or so. During those meetings, they should be sharing data on the system and key learnings, identifying pressure points and discussing how to work collaboratively.
100. An example of this kind of partnership can be seen in South Australia. The Chief Executive of the South Australia Department for Child Protection (or her Deputy) has a regular meeting with the senior leadership of all out of home care providers. Data is shared and sector partners are able to raise concerns or identify challenges and collaborate to support problem solving as a whole of sector approach. This regular connection with the sector is particularly useful when the government is seeking to roll out a large reform and ensures consistency of messaging and alignment across government and non-government providers.

Divest the foster care system

101. I consider that the out of home care system in Tasmania would be improved by divesting the entire foster care delivery service sector into the non-government sector. In my view, when the Department has carriage of some foster care placements it creates a difficult environment for non-government providers.
102. Divestment of foster care delivery will also address the concerns for the independence of the Department's regulatory function, as discussed above at paragraph 89.

Improved support for foster carers

103. While the future of the child safety system is and should remain focused on keeping children out of the out of home care system for as long as possible, when they are in the system we must ensure that they have really good support. This includes having extremely effective support for carers. As discussed above at paragraph 79, I consider greater support is required for foster carers in order to meet the national demand for placements.
104. Such support includes remuneration. The variation of financial support for carers across Australia is significant. In studies conducted over the years many potential carers report that one of the key factors that stops them from becoming a carer is the remuneration for foster carers. With the rising rates of inflation this issue will be amplified in the coming years and it will run the risk of further reducing the pool of potential carers across the country.
105. In addition to remuneration, improved support services for foster carers would be appropriate. Life Without Barriers runs a program called "Mockingbird Family". This program involves an employed home hub carer who provides central support to a constellation of carer families. The purpose is to ensure that children are supported in an integrated environment. That constellation is then supported by a liaison officer for the non-government agency. The idea is that the program creates a rich space for carers to be supported by other carers, which then in turn helps with things like training and infrastructure. The expectation is that if a child has to move placements, they move between their constellation of people as opposed to a respite placement outside of that constellation.

106. Life Without Barriers currently operates Mockingbird Family programs in New South Wales (Hunter and Coffs Harbour) and South Australia. Outcomes data from the New South Wales programs showed that over a two-and-a-half year period the rate of stability of children placed was 96%, the rate of carer retention was 100% and the rate of young people engaged in school-based programs was 100%. This is an example of how a program that invests in carer support can greatly assist in stability of carers and placements for children and young people. In turn this creates a safety net for the young people and enhances the potential for positive outcomes which can include placement permanency and reunification. Attached to this statement and marked **RPR-08** is a document that provides further information about the Mockingbird Family program.

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

Declared at [REDACTED] Queensland
on 9 June 2022

[REDACTED]
.....

Robert Paul Ryan

Before me

[REDACTED]