



**Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings**

WITNESS STATEMENT OF MARY LOUISE DICKINS

I, Mary Louise Dickins of [REDACTED], in the State of Tasmania, Coordinator, Fostering Hope, and foster carer, and [REDACTED], do solemnly and sincerely declare that:

1. 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.

Background and qualifications

2. I have the following qualifications:
 - (a) Masters of International Law, University of Sydney (2010);
 - (b) Masters in Development Economics and International Development, Murdoch University (2004);
 - (c) Bachelor of Applied Science (BASc – International Business), Lake Superior State University (2002).
3. I am the co-founder (with my husband) of an organisation called Fostering Hope, which my husband and I founded in 2018, and I have been a Coordinator at Fostering Hope since January 2019.
4. Prior to founding Fostering Hope, in 2018, I worked with the endorsement of the Foster and Kinship Carer's Association of Tasmania (**FKAT**) to write the Foster and Kinship Carer's handbook.

Attached to this declaration and marked "**MD-1**" is a copy of the Foster and Kinship Carer's handbook.

5. From 2012 to 2015, I was a Research and Policy Officer with Anglicare Tasmania Inc.

History of Experience as a Foster Carer

6. I have been a foster carer since 18 September 2014, and I have [REDACTED] in my care at this time.

7. My husband and I did our foster care training and assessment through Life Without Barriers. We transferred across to Kennerley and all three children were placed in our care through Kennerley.
8. We had two main motivations to become carers. I had always wanted to work in international development and community building. When we had our own children, this ambition was put on hold. My mother-in-law grew up in foster care and foster care is part of my husband's journey. We saw in my mother-in-law's life the impact of one stable placement, that changed her life trajectory and then so too that of her children and now my children. Foster care was an opportunity for me to engage in local community development, local outreach and mission.

Fostering Hope

9. When my husband and I began foster caring in 2014, we knew that there was a massive shortage of foster carers, and that really good foster carers were becoming isolated and their community support shrinking because of the children's behaviours and needs, or were ceasing foster care because of lack of support.
10. As members of the Christian faith, we saw the Christian community as a place that carers could be found, and that church communities could provide a wraparound support for families that were offering foster care.
11. So my husband and I founded an organisation in 2018 called Fostering Hope, to try to find more carers and ultimately, more homes for children, and to provide support to carers. We currently support about 50 foster and kinship families around the State through the Fostering Hope program. We are non-denominational and will support any carer. The foster carers we support are foster carers with the Department or with various non-government foster care agencies.
12. In addition to finding foster carers, we seek out people who can support the foster and kinship carers, and have also developed various resources to support foster carers. Through our website, social media, and community of carers, we provide links to useful references about out of home care, and what it is like to be a foster or kinship carer. In my role, I am connecting with agencies, FKAT, Australian Childhood Foundation and others, so pool these resources and training together to offer support for carers. As a carer, I also see training and programs through the lens of a carer or the children in our home, so know what has the potential to be useful.

13. We have also developed what Fostering Hope calls trauma awareness training. This involves going to talk to churches, schools, or playgroups, or anyone interested, to raise awareness and to try to have more spaces that are accepting of children who have suffered trauma. It is not certified training, but is a tool to help carers advocate for their children. I developed this trauma awareness training, after having completed different trauma-awareness trainings such as Trust-Based Relational Intervention Training (available online via the Karyn Purvis Institute of Child Development), Australian Childhood Foundation courses, courses through FKAT, and others.
14. During my fostering journey I've participated in lots of free and online training that is not widely advertised to carers. Australian Childhood Foundation offers great one-hour training sessions, some of the Tasmanian Council of Social Service's training has been relevant, the Honestly Adoption Company, Christian Alliance for Orphans and Vulnerable Children training, Mental Health First Aid, Lifeline's understanding domestic violence, Circle of Security and other parenting programs, programs through FASD (Fetal Alcohol Spectrum Disorder) Australia – all of these are available and often free or at accessible prices for carers. As someone who wants to understand and do my role as well as possible – I've participated in lots of training and read lots of books. I invite other carers to participate in training with me, promote training, and let the agencies know about these training opportunities. If I am hosting a training event I ask the agencies and FKAT to let their carers know about it.

Submissions, responses and articles

15. On 30 November 2018, I submitted a response, on behalf of Fostering Hope, to the Tasmanian Government regarding "A Future Program for Family Based Care in Tasmania".
- Attached to this declaration and marked "**MD-2**" is a copy of the Fostering Hope Response to "A Future Program for Family Based Care in Tasmania", dated 2019.
16. In January 2021, I wrote a document entitled "Tasmania's Child and Youth Wellbeing Strategy Discussion Paper January 2021 Lived experience foster carer".
- Attached to this declaration and marked "**MD-3**" is a copy of the document entitled "Tasmania's Child and Youth Wellbeing Strategy Discussion Paper January 2021 Lived experience foster carer".

17. In May 2021, I wrote a document entitled "Fostering Hope's Six Election Asks" which I submitted to all three political parties.

Attached to this declaration and marked "**MD-4**" is a copy of a document entitled "Fostering Hope's Six Election Asks"

18. In February 2021, I wrote a document entitled "Leaving Care and Changing Outcomes: What Does "Success" Looks [sic] Like for Young People Entering Adulthood from Out of Home Care?" which I submitted to Parity Magazine..

Attached to this declaration and marked "**MD-5**" is a copy of the document entitled "Leaving Care and Changing Outcomes: What Does "Success" Looks [sic] Like for Young People Entering Adulthood from Out of Home Care?"

Foster and Kinship Carers Handbook

19. In 2018, in response to the lack of information available for carers, I wrote the Foster and Kinship Carer's handbook on behalf of FKAT (Attachment "**MD-1**"), which had obtained a grant from The Tasmanian Community Fund to pay for the writing of the handbook.
20. To put the handbook together, I tried to find what the baseline was in Tasmania, and I also looked a lot at what other States and Territories had, and I read as much as I could find on these issues, and tried to pull all the information together for carers, who don't have any of that information available to them.
21. I asked the Department of Communities in Tasmania to provide us with all of the relevant policies and procedures to include in the handbook, and was told that someone in the Department would find them all for us. But we never received them. And then we were told that the Department would put all of the policies and procedures on their website so that we could link directly to them, but that never happened. So the handbook is not complete but it is available online and through FKAT, and all the foster care agencies know about it, and, as far as I know, are encouraged to give it to their carers.

Current problems with the OOHC system in Tasmania

Lack of training for carers

22. When I became a foster carer, I received the 'Shared Stories Shared Lives' training program through the Life Without Barriers agency. This is a two day training program, which is a great start. I believe that all foster carers (but not kinship

carers) nationally complete this two day training. And all foster carers (but again, not kinship carers) will have a social worker who comes to do an in-home assessment.

23. After this initial training, some agencies, such as Kennerley and Life Without Barriers and Glenhaven will offer further training for foster carers as it becomes available, however, there is no requirement for foster carers to do on-going training, and no requirement for agencies to provide it. Some of the agencies offer training as it comes up, such as trauma-awareness, managing medication, or first aid, however none of it is required and it is ad hoc. Throughout my time as a carer, the agencies have talked about developing a training calendar and together offering training for all carers regardless of the agency. I've observed the same people participate in training offered. As far as I am aware, there is no on-going training offered to kinship carers.

Lack of Case and Care Plan/Care Team Meetings

24. A further problem with the out of home care system in Tasmania is that, when children are placed into foster care, there is very seldom a Case and Care Plan put in place for that child. Often, foster carers are given children with very high needs, but they are not given very much information about the child and the trauma they have experienced. And the carer is then left on their own without any administrative support or direction.
25. In addition, children in care, even if they are removed at birth, can have attachment issues, and trauma issues, leading to behavioural issues that can be really big in a home. But carers aren't getting support in the home to be able to support the children, and then, after 6 months in care where there hasn't been any support and issues have arisen, the response of the Department tends just to be reactive, as opposed to preventative. For example, carers are fearful of saying 'they aren't coping' because there is an undertone of threat that a child will be removed or a complaint will be made against the carer that remains on their file. A carer connected to us reached out to her Department OOHHC Worker to say she wasn't coping with the child in her care's behaviours and when she had her annual review found out there had been a care concern investigation made against her, yet she was completely unaware. Further, many carers strongly advocate for National Disability Insurance Scheme (NDIS) and other supports for a child and nothing is actioned, so then they are left trying to cope with the behaviours with no support.

This could be done more proactively and with the lens to support the placement and ensure placement stability instead.

26. I think that this could be done a lot better. I believe that every child in care should have a Case and Care Plan developed in a Care Team Meeting, where the child is at the centre and the important adults in their life develop the Plan. The child's Child Safety Officer could 'own' the plan as they have the most information about the birth family, legal orders, etc. The other members of the Care Team would be the carers, the carer's OOHC worker (could be Department or non-government agency), the teacher, the respite carer, if there is an allied health worker, and the birth family if restoration/reunification is part of the Plan. The Care Team will vary over time depending on the age and legal orders. However, any relevant professional and family member could contribute to the Plan with letters. At the right age a child may also be part of the Care Team meetings. The frequency of Care Team meetings should be based on the legal orders, focus of the Plan (restoration/reunification or long-term in care), and the needs of the child. For example, for the first 12 months of being in foster care, there should be a Care Team Meeting every three months where everyone in the child's life can raise any issues, whether in relation to behaviour, contact or access visits for family, or health concerns, or any relevant issue. This would create a place where issues can be managed on an ongoing basis, and there would be a support team around that family and that child. And children should have a voice in Care Team meetings as they get older.
27. I think there should just be a general acknowledgement and acceptance that every child in care will have trauma and attachment issues, and if we start with that baseline, then we start by beginning to put supports in for the child and the fostering family. And then if, a few years down the track, those supports aren't needed, that's okay. But it just has to start with that principle. Important supports are:
- (a) Life Story Work, so the child can own their story and know where they belong and be able to say who's important in their life.
 - (b) For children placed in care from about five years or older, there should be an automatic referral to the Australian Childhood Foundation (or similar) to support them to understand why they are in care, that it isn't their fault, and their voice to be heard about seeing their birth family. For children placed in care younger than this, carers should be able to access this referral to the Australian Childhood Foundation at the age a child is beginning to question

these same things or if they are transitioning home or a long-term order is made.

- (c) All children in care should be referred straight to a paediatrician and the Child Safety Officer and carer should attend this first appointment to understand the child's baseline medical needs and make referrals for extra checks. This should include dentist, eye checks, and a referral to a GP who will be the ongoing GP for the child.
- (d) All children in care are required to have an Individual Education Plan through the Department of Education. As soon as a child enters care or moves placements, this should also be reviewed and again the Child Safety Officer and carer be part of this conversation to assess a child's baseline abilities and needs.

28. The risk to children due to the lack of support from the Department for foster carers is that placements will breakdown. You only get one chance at childhood. And if you're removed from your birth family, that's already a significant thing that's happened in your life. And obviously we all want birth families to be able to have their children back and for that to work. But if it's not going to work and the carers don't receive the support they need and the placement breaks down, that's just another rejection for a child. That's not okay. Or children get to 10 or 11 years old and – which I've seen this a number of times – their behaviours just get too big for remaining in a family, so then they are removed to a group home or residential care. And, all the research says the best way to form belonging and attachment and healthier outcomes is to be in a family based setting.

Lack of support for carers

- 29. Carers don't have any legal status in the system and often feel that they don't have a voice to raise concerns, because there is the threat that the children will be removed if they're not coping.
- 30. As a result, if there are concerns, I believe that a lot of carers would be really scared about reporting that behaviour, because they would fear that the placement would be ended, as opposed to getting the right supports to manage the issue.
- 31. I believe if carers were provided the right supports they would be more comfortable to come forward with concerns, and help resolve the concerns early enough, so the placement does not break down.

Lack of training and support for kinship carers

32. Kinship carers do not receive the Shared Stories Shared Lives training, and I am not aware of any training which is made available to kinship carers.
33. There is no dedicated kinship care agency in Tasmania. So, whilst the kinship carers do not receive the training to become a carer, they are being asked to take care of a child who has the same trauma and attachment issues that other foster children have, but they don't get any training or support. I recently became aware the Department is trialling kinship carers moving from the Department's OOHC Team to Baptcare's foster care program. The information sessions for this are in June 2022 and kinship carers can self-opt to move to Baptcare.
34. In addition to providing care, kinship carers have the added complexities of trying to navigate those issues, where the child is a family member. For example, if the carer is a grandparent, how do they keep their daughter away from their grandchildren? It can be really complex and difficult, and they're just left on their own to deal with it.

Lack of accessibility regarding processes, policies and procedures for carers

35. One of the big gaps in the Tasmanian foster care system is that there is absolutely no information in relation to processes, policies and procedures provided to carers. There's no information on what to report or how to report. There's no guidance on anything, from simple things like bunk bed policies and whether you can send a child for an overnight sleepover, to the much more serious things, about how do you make reports of abuse and what's your responsibility, and who else can you talk to about it.
36. So carers do not know what they are allowed and not allowed to do, or even how they can look after themselves as a carer. Although promised to be supplied for the Foster and Kinship Carers Handbook, there is still no information for carers on the Department of Communities' website. Whereas if you go to the Queensland government website or New South Wales' website – all the information is there, including all the policies and procedures, and how decisions are made. So carers there know how to be proactive in pushing for a family group conference, or know what their rights are, and what their role is, when it comes to contact visits.
37. But there's just nothing in Tasmania, and so carers can feel very scared to bring things up, because of the fear that the child will be removed if they ask for too much.

38. As stated previously, this is why I wrote the Foster and Kinship Carers Handbook (Attachment “**MD-2**”), to try to provide carers with the information they need.

Children with specific vulnerabilities

39. A lot of children that come into a foster carer’s home are quite traumatised, and some of the children have additional needs, such as a disability, or they may be First Nations children, or they may be LGBTQI+ children. The foster care system is not supporting those children with additional needs very well, and I am not aware of any information that is available to foster carers, beyond the information in the Foster and Kinship Carers Handbook, in relation to those children. Carers are constantly asking for support, and they don’t get it.
40. One issue for children with disabilities is that at the moment, if a child is entitled to be on the NDIS, it is not clear to carers how that works with the foster care system, although it is up to the carers to do all the advocating, with the paediatricians or Occupational Therapists. There is inconsistent support from the Department to access and manage the NDIS.
41. Carers of children with disabilities have mixed experiences of the level of support and co-operation from Child Safety Services in applying for NDIS funding. One of our little boys is on NDIS, and I have a great relationship with my Child Safety Officer, so we worked on the NDIS application together. But there are other Child Safety Officers who will not let the foster carer work on the NDIS application because they say that Child Safety Services are the legal guardian, not the carer. As a result, the NDIS application does not actually reflect all the needs of the child. As another example, in a recent case that I am aware of, a carer found out that her child had been on NDIS for a couple of years and she had never known about it, Child Safety Services had never told her. So the system is just not working well for those children with those needs.
42. There is also inconsistency with respite for children in care with NDIS plans. NDIS respite can cost up to \$3,000 for two nights, yet respite foster carers receive around \$60 for the first night and \$32 for subsequent nights. This disparity is huge, yet it is caring for the same child with the same needs. Carers are unsure whether they can ask for NDIS respite and if this then has implications for other respite. It seems like there is an opportunity to work together in this area.

43. I think this relates back to the lack of Case and Care Plans and Care Team Meetings, where the care team could have conversations on those subjects regularly, and the right supports could be regularly put in place.

Lack of systems protections in place regarding children who are vulnerable to child exploitation

44. I am not aware of any protections that are in place in the out of home care system that are connected to the issue of risks to children and young people around sexual abuse and harmful sexual behaviour.
45. In relation to the risk of vulnerable children leaving their placement to go back to a potentially unsafe family, I think this risk is increased by the fact that, in Tasmania, we don't have a permanency framework, but a few years ago the legislation changed to allow the Department to apply for placement orders for any duration. So a lot of the time in Tasmania, orders for five years are made. And there's no clarity as to whether that's a restoration order or a permanent in care order. And so it just doesn't allow anybody to settle, whether that's the carer, or the birth family. And if children and carers and birth families never actually know what a case direction is and where things are heading, it's really hard for a child to feel like they belong with their foster family. So that option to move back home, even though it might not be safe, is more appealing.
46. But if a permanent order was made, that narrative that we as carers can tell our children – that this is your family and this is where you belong, because we've got a permanent order - can begin a lot earlier, and so hopefully then we can protect them, or they can have a better understanding of their story and why they're in care. So if we could make those decisions quicker and create a narrative for the child that's true and they can understand they belong, I think some of those decisions to go back to their birth family later down the track, where that may be unsafe, might be less appealing.

Lack of consistency in standard of service provided by Child Safety Officers

47. After a child is placed in foster care, the level of oversight from the Department is very dependent on the particular Child Safety Officer responsible for that child. So you can have a great Child Safety Officer and they will organise your care team meetings and they'll check in with you regularly. Or you can have a Child Safety Officer that doesn't do that.

48. I just think they've got too much work, and also too many different hats to wear. So, for example, we've got one Child Safety Officer who loves the kids, and is great with the kids, but she doesn't do any follow up. We've got another Child Safety Officer who is awesome with admin, for example, if you send a request, you get a response straight away, but they have no relationship with that foster child.
49. So I think you've got Child Safety Officers who are trying to apply the legislation, work with birth families, work with foster families, work with children, do a whole lot of administration – and that's a huge role for one person. And then if they've got 20 kids on their case, they're just responding, they're not being proactive.

How care concerns are handled by the Department

50. In relation to care concerns, I have supported other carers through responding to care concerns. And the main experience is that often they don't know a care concern has been made against them until they have their annual review. So it's a real shock to them, that that's happened.
51. Then, even if the care concern is addressed and it's found that there was actually nothing wrong, it stays on their record as a care concern, and they hate that.
52. The investigation is always done by the Child Safety Officer that is involved with the family. And the Department's immediate attitude can be that 'you've done the wrong thing', as opposed to understanding the context of what was going on. So it's not a nice process for carers, and some carers have stopped fostering because of the way they were treated through this process.
53. The process is different for everyone. Some carers receive support from their foster care agency, but others have felt that their foster care agency has also cut them off because it doesn't want to be associated with them if the carer is found to have done the wrong thing, so they received no support from their agency as well. Care concerns are usually raised by the birth family, or may arise when a foster carer self-discloses an incident, such as losing their temper and hitting a child, or a child accessing Panadol, and then those things are rated as care concerns, even though the carer has tried to do the right thing and be proactive when something happened.

Role of children's lawyers (and lack of trauma-informed approach)

54. The other thing that needs to be improved is the role of separate representatives, or children's lawyers. The whole framework of child safety and out of home care is a

legal process and the separate representative, appointed for the child, has a really big voice in determining what order is granted.

55. But a lot of separate representatives in Tasmania aren't trauma-informed, and so don't have conversations with children in a trauma-informed way or with an understanding that, when asking a child "where do you want to live?", the child can feel shame and not want to say that they don't want to live with mum and dad, or not wanting to hurt the foster carer. So all of that just isn't done well. Yet their role in court and in determining the order is so big. I think there needs to be some real reform done there. To improve this all separate representatives should do at a minimum trauma-awareness training. All separate representatives should do a full investigation on behalf of the child, not just meet the child. I think of it as 360 degree investigation, which would involve:
- (a) Always calling the foster/kinship carer as part of their process to hear from the person that cares for the child full-time how the child is settled, their needs, how they are with seeing birth family, etc.
 - (b) Talking to the child's teacher or childcare worker and anyone else important in the child's life; and
 - (c) Only after this is done, meet with the child. The meeting with the child should be in a safe space, with assurance of a safe person being there afterwards in case they are triggered. Carers understand it may not be appropriate for them to be in this meeting but often it is OK.
56. I understand Separate Representatives rely on information provided by the Child Safety Officer. I did some consultations with Legal Aide who provide some Separate Representatives and they informed me they have very little information on the file from Child Safety Services. They often don't even have the foster/kinship carers name or contact information. So this is a huge gap. I think the onus is on the Separate Representative to investigate and find this information, but I also understand they are relying on Child Safety Services for all the information. This goes back to Case and Care Plans and Care Team Meetings, if all the information and a child's care history is documented, then the Separate Representative could have all this information.

Carers/children not having a voice at the table

57. As foster and kinship carers, we are the people that know the children the best.

They're in our care 24/7, and through that whole legal process we don't have a voice. Particularly when children are younger, the foster carer is going to be the child's voice.

58. If Case and Care planning and Care Team Meetings happened regularly, with the foster carer present and providing input, the evidence of what is said in these meetings would be available to the separate representative and the Court when the case goes to court, giving better understanding of the reasons for applying for whatever length order is in the child's interests.

59. Currently this isn't happening, so orders are being made that I think are not in the best interests of children. Carers are not being asked what they think is in the best interests of the child. So the legally driven process is not working to protect these children and keep them safe.

Opportunities for reform*Carers register/annual review*

60. In Tasmania, we don't have a registration of carers. This is one of the things that I've advocated for. I believe we should have a registration of carers. As a baseline, it could be just a registration of every foster and kinship carer in Tasmania, including just the basic demographic information of where they live and who is in the household and what agency they go through.

61. In addition within the system, all carers should have an annual review by their agency or their out of home care worker.

62. As part of the Kennerley foster agency, my family and I have an annual review. This involves going through the same pro-forma document with who is in our family, any significant changes, then documents information about each child in our care, documents our training needs or gaps, and any relevant information about our own family. But there are a lot of carers with other agencies who never have an annual review. So those carers are being left on their own. I don't think the foster carers are doing the wrong thing, but nobody's checking in that everything is okay. Kinship carers do not receive any review or assessment.

63. I think the carers register and annual review should be used as a proactive thing to create best practice for foster and kinship carers, not as a stick, but to recognise them and support them. Having the register would also mean all carers could receive information, such as if there's a change to a policy or a procedure.

Mandatory minimal training

64. I think that kinship carers should receive the same training (including the Shared Lives Shared Stories training) and on-going support as foster carers receive.

65. There should be a requirement for all carers (foster and kinship) to do on-going training, because you can learn the theory of trauma, but until you've got a child having those behaviours in your house, it is very difficult to actually apply it. So that's where the on-going training is really important – it's giving carers the tools to do the best job they can.

66. I think that there should be mandatory minimum training per year for foster and kinship carers, to cover a range of things like sexualised behaviours, trauma training, and e-safety. There are lots of different resources that are available, and a lot of them are free, but we're just leaving carers to keep trying to do the best job they can.

Kinship care Agency

67. Ideally, there should be a dedicated kinship care agency in Tasmania, to provide specialised kinship care training and support.

Aboriginal mentor or respite care for Aboriginal children in care

68. In Tasmania, there are not enough Aboriginal placements available. So Aboriginal children are often placed with non-Aboriginal carers. In these situations I think having Aboriginal mentors for these children, who come from their community would be beneficial. Or for there to be an option for Aboriginal community groups to provide respite care, so then the community can be involved in the care of those children. These solutions then could form part of the child's Case and Care plans.

Mandatory standards

69. I think that Tasmania should adopt mandatory standards for out of home care providers. As a starting point we could adopt the National Standards for OOHC and then add to them if needed.

Permanency framework

70. I think that a permanency framework is needed for Tasmania to provide stability for children. So much is written about the first thousand days for children and if we could get that right, hopefully, we can change outcomes.

71. On 4 June 2019, I sent a response to the Discussion Paper on Developing a Permanency Framework for Children and Young People in the Child Safety Services, to the Department of Communities Tasmania, which sets out my views on a permanency framework.

Attached to this declaration and marked "**MD-6**" is a copy of my letter dated 4 June 2019 to the Department of Communities Tasmania with attached response entitled: "Developing a Permanency Framework for Children and Young People in the Child Safety System: Fostering Hope Response"

State-wide out of home care clinics for children

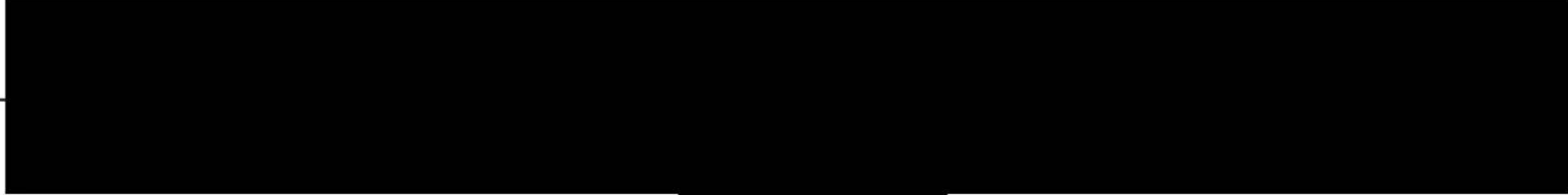
72. Royal Hobart Hospital has an out of home care clinic, and all children in care are supposed to go there every six months or annually, this is determined by the paediatrician at each visit. That is a great model and service on paper, as it provides additional supports to children and carers as it assists in preventing the risks associated with child sexual abuse (as it provides an avenue for disclosures to be made to paediatricians). But that service is not State-wide, and, again, it is dependent on the Child Safety Officer whether the children get those appointments or not.

73. I am really lucky with my little foster children, they have their regular appointments, and it's so good to have that proactive, preventative conversation with a paediatrician. The one negative is that you always see a different paediatrician every time. However, that's the government system and at least you're seeing someone regularly and things are getting followed up. Carers in other parts of the State don't have that opportunity. And if you have a Child Safety Officer that isn't good with administration, those kids just don't get seen.

74. It would be a preventative and proactive strategy to adopt a model of having an out of home care clinic and requiring that, when a child is in out of home care, they see a paediatrician every six months, for the first two years or so. After a couple of years, it could be reduced to an annual appointment (depending on the needs of the child).

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

Declared at_



on 2 June 2022



.....
(signature of deponent)

Before me

