

22 March 2023

The Commissioner for Children and Young People

Via email: childcomm@childcomm.tas.gov.au

Mental Health Council of Tasmania (MHCT)
Response to Out of Home Care Case Management Model Investigation


MHCT welcomes the opportunity to provide a response to the Commissioner for Children and Young People (CCYP) investigation into changes to the allocation of Child Safety Officers for children and young people in Tasmania's Out-of-Home Care (OOHC) system. While we recognise this investigation is focused on one specific change to the OOHC model, our response also makes broader recommendations regarding improvements to the OOHC model overall.

As recognised by the Tasmanian Government, children and young people in OOHC are a particularly vulnerable cohort and should have priority access to health services.¹ It should be assumed that children entering the OOHC system come with a background of trauma and that provision of appropriate mental health care is a matter of urgency and priority.²

To ensure this, MHCT calls for all children entering OOHC to undergo an initial mental health assessment, alongside regular reviews as their mental health and related support needs may change during their time in care. This should be supported by very clearly established pathways to relevant mental health supports and interventions across all levels of intensity.

The mental and physical health of young people in OOHC is critical to their overall well-being. Young people in OOHC typically experience worse mental and physical health outcomes than their peers.³ This can be attributed to adverse experiences prior to or during OOHC, insufficient mental health and wellbeing support in care and the on-going impact of exiting OOHC. Anglicare Tasmania's 2022 'Bigger, Better, Stronger' report demonstrates that, despite the high rate of mental ill-health amongst unaccompanied homeless children and young people (including those in OOHC), this cohort faces many additional barriers in accessing mental health care due to their young age, lack of effective guardianship, lack of income and unstable living circumstances.⁴ As stated in the report, "there is long-standing and consistent cross-sector acknowledgment that effective mental health care is largely inaccessible for unaccompanied homeless children in Tasmania."⁵

In making any changes to the OOHC case management model, including the recent changes regarding the allocation of Child Safety Officers, it is essential to ensure that these changes do not compromise care or create additional barriers to young people's ability to access the support and services that they need. MHCT is concerned that recent changes, resulting in some young people in care no longer being allocated to an individual Child Safety Officer, but instead allocated to a team (with communication managed through a generic phone number and email address), could compromise the provision of consistent person-centred and trauma-informed care coordination and case management. Consistency of care and support is essential to build and maintain trust, particularly with children who have experienced trauma.



To ensure provision of consistent, appropriate care and support, MHCT recommends that all staff within the OOHC system are provided with a minimum level of mental health training that incorporates trauma informed practice, as well as regular mental health assessment and review skills. Further, MHCT recommends training is in place for OOHC staff to maintain self-care and that some form of clinical supervision is also provided (e.g. from CAMHS or similar). The opportunity to share case load challenges and seek peer and professional support will be essential to maintaining the wellbeing of the OOHC workforce.

Current reforms to the Child and Adolescent Mental Health Service (CAMHS) include a new specialised, intensive mental health intervention and consultation service for children and young people in Out-of-Home-Care who are identified as having complex mental health needs.⁶ In order for this to have an impact, however, it will be essential to ensure that appropriate assessment and referral processes and trained staff are in place to enable young people and children with complex mental health needs to be identified accurately and connected with the service. Further, as stated above, it will be essential that ongoing assessment and review is provided to **all** children and young people in OOHC and appropriate support provided across all levels of need, in addition to the CAMHS service for those with complex mental health needs.

Further, while MHCT supports the appointment of an additional Child Advocate in Tasmania, as well as a Youth Wellbeing Officer for the advice and referral line, it will be important that both these roles also have specific training in trauma-informed care and in identifying and referring children and young people experiencing mental ill health to appropriate mental health supports.⁷ Ideally the Youth Wellbeing Officer would also have lived experience of the OOHC system.

Finally, MHCT would like to emphasise the importance of meaningfully engaging directly with young people with lived experience of the OOHC system, as well as other relevant stakeholders, prior to making any changes to the OOHC model. This should include engaging with forums such as the Youth Change Makers, whose role is to assist in co-creating and co-designing systemic change in the Child Safety Service.⁸ Designing services with people that have experience of the problem or service means the final solution is more likely to meet their needs.⁹ This should include engaging with Tasmanian Aboriginal and CALD communities to ensure that the OOHC provides culturally safe care and support for Tasmanian Aboriginal children and culturally and linguistically diverse children, and has the means to provide specialty and tailored support as required.

A trauma-informed, culturally safe OOHC model that is developed in partnership with young people with lived experience will foster a system that is better able to respond to the needs of vulnerable young Tasmanians and fulfil its vision for all children and young people in Tasmania to be “raised in a safe, supportive and nurturing environment with every opportunity to reach their full potential.”¹⁰

Further recommendations for improvements to the OOHC model can be found in MHCT and TasCOSS’s 2018 submission to the CCYP on Monitoring OOHC, available online here: [MHCT/TasCOSS Submission to CCYP on OOHC monitoring](#)

MHCT recognises that addressing mental health needs across a diverse and highly individualised group is a complex process and should CCYP consider an in-depth investigation into mental health within the OOHC system, MHCT would be willing to support and/or assist with the process.

For further discussion on any elements of this response, please contact MHCT.

Yours sincerely,



Connie Digolis
CEO
Mental Health Council of Tasmania

References

¹ Department of Communities Tasmania (2020) *Out of Home Care Response Report and Action Plan*, available: https://www.communities.tas.gov.au/_data/assets/pdf_file/0018/83502/Tasmanian-Government-OOHC-Response-Report-and-Action-Plan-2020.pdf

² MHCT & TasCOSS (2018) *Submission to the Commissioner for Children and Young People: Monitoring OOHC – 'Being healthy'*, available: [2018-MHCT-TasCOSS-Submission-CCYP-Monitoring-Plan-Being-healthy-Nov18-FINAL.pdf](https://www.mhct.tas.gov.au/_data/assets/pdf_file/0018/83502/2018-MHCT-TasCOSS-Submission-CCYP-Monitoring-Plan-Being-healthy-Nov18-FINAL.pdf)

³ Australian Institute of Family Studies (2007) *Outcomes for children and young people in care*, available: <https://aifs.gov.au/resources/policy-and-practice-papers/outcomes-children-and-young-people-care>

⁴ Anglicare Tasmania (2022) *Better, Bigger, Stronger: Responding to the mental health care needs of unaccompanied homeless children in Tasmania*, available: <https://www.anglicare-tas.org.au/research/better-bigger-stronger-final-report/>

⁵ Anglicare Tasmania (2022) *Better, Bigger, Stronger: Responding to the mental health care needs of unaccompanied homeless children in Tasmania*, p8, available: <https://www.anglicare-tas.org.au/research/better-bigger-stronger-final-report/>

⁶ Department of Health Tasmania (2020) *Government Response to the Child and Adolescent Mental Health Review and Recommendations*, available: <https://www.health.tas.gov.au/sites/default/files/2022-02/Government%20Response%20to%20the%20CAMHS%20Review%20Report.pdf>

⁷ Tasmanian Government (2021) *Strong Families, Safe Kids – Next Steps: Action Plan 2021-2023*, available: <https://publicdocumentcentre.education.tas.gov.au/library/Shared%20Documents/SFSK-Action-Plan-2021-2023.pdf>

⁸ Tasmanian Government (2021) *Strong Families, Safe Kids – Next Steps: Action Plan 2021-2023*, available: <https://publicdocumentcentre.education.tas.gov.au/library/Shared%20Documents/SFSK-Action-Plan-2021-2023.pdf>

⁹ Roper C, Grey F, Cadogan E (2018) *Co-production: Putting Principles into Practice in Mental Health Contexts*, available: https://healthsciences.unimelb.edu.au/_data/assets/pdf_file/0007/3392215/Coproduction_putting-principles-into-practice.pdf

¹⁰ Department for Education, Children and Young People Tasmania (2022) *Out of Home Care in Tasmania*, available: <https://www.decyp.tas.gov.au/children/out-of-home-care-in-tasmania/>