



Secretary

Department of Health & Human Services

50 Lonsdale Street
Melbourne Victoria 3000
Telephone: 1300 650 172
GPO Box 4057
Melbourne Victoria 3001
www.dhhs.vic.gov.au
DX 210081

e3838469

22 May 2015

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Committee Secretary

I am pleased to provide the Department of Health & Human Services' responses to the additional questions from the Commonwealth Senate Standing Committee on Community Affairs' Inquiry into out-of-home care.

Thank you for inviting the Victorian Government to participate in the Inquiry.

Yours sincerely

Dr Pradeep Philip
Secretary



Victorian Government additional information to the Commonwealth Senate Standing Committee on Community Affairs Inquiry into out-of-home care

Question 1:
Expenditure by type of care

- a) For 2013/14, what was the total expenditure on out-of-home care services?**
- b) What proportion of expenditure was spent on:**
 - **Foster care**
 - **Relative/kinship care**
 - **Residential care**
 - **Other types of care?**
- c) What was the expenditure per child for:**
 - **foster care;**
 - **relative/kinship care;**
 - **residential care; and**
 - **other types of care?**

Please refer to Report on Government Services 2015, Productivity Commission Canberra, Chapter 15 Child Protection services, published January 2015.

Question 2:
Allowances for carers

- a) What are the available annual care allowances for:**
 - **relative/kinship carers;**
 - **foster carers; and**
 - **non-statutory informal carers?**
- A care allowance rate is based on the needs of a child in care and is not an annual delegation of funds.
- Foster carers and statutory kinship carers are eligible to receive a fortnightly care allowance to assist with the day-to-day costs of providing care based on the age of the child. There are three care allowance levels which respond to the different care needs of children.

2014–15 payment rates for the different care allowances levels are:

Table 1: General level¹

Age	Annual rates	Fortnightly rates
0-7	\$7,448	\$285.50
8-10	\$7,779	\$298.17
11-12	\$8,835	\$338.66
13+	\$11,916	\$456.74

Table 2: Intensive level²

Age	Annual rates	Fortnightly rates
0-7	\$9,000-\$12,050	\$344.97-\$461.87

¹ Foster Care Association of Victoria <http://www.fcav.org.au/carer-resources/care-giver-rates>

² Foster Care Association of Victoria <http://www.fcav.org.au/carer-resources/care-giver-rates>

8-10	\$9,868-\$13,108	\$378.25-\$502.41
11-12	\$11,853-\$15,825	\$454.31-\$606.56
13+	\$16,654-\$22,210	\$638.33-\$851.31

Table 3: Complex level³

	Annual rate	Fortnightly rate
HBC Complex/ACP Complex (non-high risk)	\$24,084	\$923.12
HBC Complex/ACP Complex (high risk)	\$33,707-\$37,647	\$1,292-\$1,443

b) What are the differences between general, intensive and complex levels of care allowance?

Care allowance level	Overview
General	<ul style="list-style-type: none"> This level is the most common allowance for home-based carers. Children are likely to present with some behavioural, emotional and physical needs beyond the 'norm' for children of their age. Where a general level care allowance is paid, a child does not have extraordinary support needs or expenses associated with their care. The general care allowance level is automatically applied to kinship care, permanent care and special needs local adoption unless there has been an application for a special negotiated increase.
Intensive	<ul style="list-style-type: none"> The intensive care allowance level is paid where a child has higher than usual behavioural, emotional and physical needs requiring regular additional financial support. Children will present with greater needs than those of children residing in general home-based care. This level helps to cover the additional cost of caring for a child with these needs and is intended to cover a range of additional expenses, rather than a single expense. The intensive level allowance paid to a carer is dependent on the age of the child.
Complex	<ul style="list-style-type: none"> This is paid for the small proportion of children who have extraordinary ongoing support needs and very high costs associated with meeting these needs. Children in complex home-based care placements may present with extremely challenging and risk-taking behaviours, mental health presentations, a disability with high level challenging behaviour, or have extremely high medical or care needs. Complex level placements are usually one-to-one placements where only one child in out-of-home care will reside with the carer due to the demands of the role.

³ Foster Care Association of Victoria <http://www.fcav.org.au/carer-resources/care-giver-rates>

Question 3:

Aboriginal and Torres Strait Islander children

a) In 2013/14, what proportion of Aboriginal and Torres Strait Islander children were placed with Aboriginal and Torres Strait Islander carers, consistent with the Aboriginal Child Placement Principle?

- In 2013-14, 36.4 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were placed with Aboriginal or Torres Strait Islander kin.
- In 2013-14, 5.3 per cent of Aboriginal and Torres Strait Islander children were placed with other Aboriginal and Torres Strait Islander carers.
- In 2013-14, 1.1 per cent of Aboriginal and Torres Strait Islander children in out-of-home care were cared for by an Aboriginal residential care worker.

Source: Report on Government Services 2015 Productivity Commission Canberra table 15A.24, published January 2015.

- **Note:** the counting rules remove independent living/unknown from the total count of ATSI children and young people in care.
- The Government is currently working in partnership with the Commissioner for Aboriginal Children and Young People to better understand and address issues in relation to Aboriginal children in out-of-home care. Taskforce 1000 involves an individual review of every Aboriginal child in the Victorian out-of-home care system.
- As part of the 2015-16 State budget, \$1.8 million was committed to support Aboriginal children and their families.

b) What proportion of departmental out-of-home-care staff are Aboriginal or Torres Strait Islander?

- CSOs are responsible for providing out-of-home-care services for vulnerable Victorian children and the recruitment of staff required to operate the service, not the department.

c) What role do Aboriginal organisations play in the placement and supervision of Aboriginal and Torres Strait Islander children in out-of-home care? How do the relevant department engage with these Aboriginal organisations?

- Child protection has an obligation to consult with the Aboriginal Child Specialist Advice and Support Service (ACSASS), regarding significant decisions including placement of the child, while respecting the child or family's wishes.
- Supporting cultural connectedness is encouraged through case planning and cultural support planning so individual choice is respected while being responsive to cultural needs should the child or family decide at a later point that they want to connect with their culture.
- A family-led decision making conference is to be held for each Aboriginal child following substantiation of harm to the child. This conference is co-convened by a DHHS convenor and ACCO convenor. The ACCO and other Aboriginal agencies, where appropriate, are involved in decision making for the child.
- Permanency reforms will focus attention on case planning earlier in child protection intervention at the time of substantiation.

- ACCOs may be involved in the development of case plans for children where they are the current or proposed service providers for placement and or case management or where a family invites their participation.
- Under the new permanency reforms case plans are required to address the cultural support needs of a child and will be an integrated process.
- Case plans will be required when an investigation is substantiated and protective intervention is required - this is much earlier within the service continuum. A cultural support plan consistent with the case plan must be provided for each Aboriginal child in out-of-home care.
- The process for identification of Aboriginality will not change, however where a child is Aboriginal, increased obligation and emphasis is placed on attending to their cultural support needs earlier in the process than is currently the case.

d) What programs, currently in operation, aim to specifically reduce the number of Aboriginal and Torres Strait Islander children in out-of-home care?

- The department funded Aboriginal Family Restoration and Preservation program targets Aboriginal children for whom placement in out-of-home care is being considered or where family reunification of an Aboriginal child living in out-of-home care is being considered. Priority is given to children and young people subject to current child protection involvement.
- The program is provided by Aboriginal Community Controlled Organisations (ACCO) and provides an intensive, short-term service (up to 12 weeks) aimed at strengthening the ability of families to protect and care for their children, thereby preventing the need for placement in out-of-home care. Where it has been necessary for a child or young person to be placed away from the family home, the program works to facilitate reunification.
- The Integrated Family Services (IFS) - Indigenous program is a component of Integrated Family Services focusing specifically on Aboriginal families providing services and approaches including:
 - identification of pathways and key transition points that focus on earlier intervention and diversion to prevent families' progression into the statutory child protection system
 - a strengths-based approach and comprehensive needs and risk assessment
 - capacity to provide intensive, multidisciplinary responses
 - authorisation to consult with or make reports to child protection when a child is believed to be in need of protection
- The services may be provided by the local ACCO or a mainstream funded CSO where an ACCO is not located in the catchment area, or by agreement.
- The Aboriginal Stronger Families program delivered by ACCO's also provides an integrated model of case work and intensive specialist supports to vulnerable children and their families, where the child is at imminent risk of placement in out-of-home care (including foster care, residential care and kinship care) for the first time or has entered out-of-home care for the first time.
- The service model includes integration and co-ordination of services, up to 12 months of case work support to children, young people and their families, which includes a child and family assessment, co-ordination of child and family action plans, therapeutic support and practical support.

e) How is the effectiveness of such programs measured?

- Service providers funded to provide services to clients are required through service agreements to meet the Human Services Standards (gazetted as Department of Health & Human Services Standards) and are monitored in relation to their compliance with these standards.
- Service providers are subject to independent review and accreditation requirements, except where exempted by the department. Organisations funded to deliver a service are required to be registered in accordance with the department's *Policy, procedures and forms for registration of disability service providers and community services*.
- Funded CSOs are also monitored against performance measures and targets specified in the service agreement. Examples of performance measures include number of clients, number of hours of service and number of cases.

Question 4:

Non-government organisations

a) What is the role of non-government bodies (if any) in the delivery of out-of-home care services?

- Most out-of-home care (foster care, residential care and 23 per cent of kinship care) is delivered and or managed by non-government CSOs that are funded by the department to provide this service. Case management of these children may also be delegated (in accordance with the *Children Youth and Families Act 2005*) to the relevant CSO.

b) At June 30 2014, what number of non-government organisations in Victoria responsible for delivering:

- relative/kinship care;
- foster care; and
- residential care

The department is not able to provide this information at short notice.

c) Where non-government organisations are responsible for delivering out-of-home care services, what is the role of government in administering:

- relative/kinship care
- foster care; and
- residential care?

- The department plays a critical role in specifying the type of services required, expected service outcomes, the framework under which services are funded, and how service delivery will be monitored.
- The department undertakes core monitoring of service delivery and engages with CSOs in relation to service demand and performance issues.
- The department is responsible for: timely provision of information to CSOs and carers regarding children in home-based care; developing case plans for children; participating as active members of care teams⁴ and

⁴ The care team may include the CSO worker who leads the care team, the case manager, child protection the child's carer and parents (as appropriate). The care team shares responsibility for assessment, planning and care for the child.

negotiating with CSOs to ensure the best interests of children are met via delivery of services in accordance with case plan direction and goals.

- Additional information about the role of the department can be found in the Victorian Government Response to the Royal Commission into Institutional Responses to Child Sexual Abuse⁵.
- CSOs are responsible for recruiting, assessing, training, supervising and supporting carers. Exceptions to this exist in the case of kinship care where the department (child protection program) is responsible for recruiting and assessing statutory kinship carers.
- Funded community service organisations are monitored by the department against performance measures and targets specified in the service agreement. Examples of performance measures include number of clients, number of hours of service and number of cases. Monitoring is undertaken through data collection requirements and financial accountability requirements.

Question 5:

Assessment and training for carers

- a) **What is the recruitment and assessment process for:**
 - relative/kinship carers;
 - foster carers; and
 - residential care workers?
- b) **What training that is required (by legislation or policy) to be undertaken by:**
 - relative/kinship carers;
 - foster carers; and
 - residential care workers?
- Please refer to the department's submission: *Royal Commission into Institutional Responses to Child Sexual Abuse, Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care*⁶ (attachment A).

Question 6:

Ongoing support services for carers

- a) **What ongoing support services are available for:**
 - relative/kinship carers;
 - foster carers; and
 - residential care workers?

⁵ Royal Commission into Institutional Responses to Child Sexual Abuse⁵, *Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care, Victorian Government Response to areas that will be examined in the Public Hearing*, pg 10 (February 2015).

⁶ *Royal Commission into Institutional Responses to Child Sexual Abuse, Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care, Victorian Government Response to areas that will be examined in the Public Hearing*, pg 14-22 (February 2015).

Foster carers

- The '*Program Requirements for Home-Based Care in Victoria*' states that the Community Service Organisation (CSO) will have written supervision or support and monitoring policies in place which specify that each carer has an appropriately skilled CSO worker as an identified supervisor or key contact⁷. CSOs will determine the level of supervision or monitoring and support for a carer by assessing the level of need of the child in care as well as the carer's needs. CSOs will provide mechanisms for carers to link with other carers to receive and provide support, including establishing support groups. CSOs will ensure carers are informed about the Victorian peak bodies available to provide them with independent advice, information, support and advocacy. The peak body for foster care in Victoria is the Foster Care Association of Victoria⁸.
- Assessed and approved home-based carers are eligible to receive the care allowance to assist with the day-to-day costs of care. Foster carers must be accredited and registered by a CSO in order to be eligible for the care allowance. The purpose of the care allowance is to support children in home-based care to have access to the same lifestyle as other members of the community. The care allowance is intended to contribute to expenses incurred by carers in the course of providing home-based care for children

Kinship carers

- Victorian statutory kinship carers are eligible for a care-allowance at the home based care general rate subject to the age of each child in their care and may be eligible for an adjustment to the allowance in exceptional circumstances.
- Kinship carers are provided an additional loading to their allowance, during the first six months of placement, to assist in meeting immediate or 'start-up' care costs.
- Quarterly educational and medical allowances are provided to further meet children's needs. In addition to the financial support offered by the care-allowances, kinship carers, both statutory and non-statutory, may be eligible for Commonwealth supports.
- The Department of Health and Human Services currently funds two main bodies, the Mirabel Foundation, and Kinship Carer's Victoria (KCV), the peak body for kinship carers. These provide information, advice and educational resources to kinship care services and kinship carers, while advocating for the needs of carers and delivering training to assist them to better perform their role as carers.
- The Victorian government funded Kinship Carers Victoria, to develop a Kinship Carers Handbook which has been used as a support guide for kinship carers including grandparents, to provide them with information on a range of areas including financial assistance, legal matters, cultural connections, health and well-being and education and learning.
- Since 2012, information and support sessions have been made available state-wide to all kinship carers. Professional development training is provided to enhance the skills of kinship care staff, supporting kinship carers. Culturally appropriate training for kinship carers of Aboriginal children, and staff who support these carers has also been piloted in 2014-15.

(b) What proportion of support services that are delivered by government and non-government bodies?

- There are currently 14 mainstream and 10 Aboriginal state-wide kinship care service providers. There are currently 750 targets being funded by community service organisations and the remainder are case-managed by the department.

⁷ *Program Requirements for Home-Based Care in Victoria*, March 2015

⁸ *Program Requirements for Home-Based Care in Victoria*, March 2015

- Kinship services are provided to both statutory and private kinship care placements and include statutory placement establishment support and contracted case management, family services, and advice and information services.

Question 7:

Ongoing support services for children

What ongoing support services are offered by:

- **government; and**
- **non-government organisations?**

Please refer to the department's response to the *Commonwealth Senate Standing Committee on Community Affairs Inquiry into out-of-home care* (attachment B)

Question 8:

Residential care facilities

a) As at June 30 2014, how many residential care facilities were operating?

The precise configuration of placement types in residential units is dynamic and varies with the movement of children and young people into or out of residential care.

b) What proportion of residential care facilities are administered by:

- **government departments;**
- **non-government organisations; or**
- **other bodies?**

- With the exception of two facilities, all residential care units are managed by Community Service Organisations. The department internally operates one therapeutic residential care program which has two residential care facilities located on the one property.
- The department manages Secure Welfare Services, a specialist state-wide service which is part of a continuum of strengthened care and protection for child protection clients (generally aged 10 to 17 years,) who are at a substantial and immediate risk of harm.

c) What models of residential care currently operate?

- Please refer to the department's response to the *Commonwealth Senate Standing Committee on Community Affairs Inquiry into out-of-home care* (attachment B)

d) What proportion of children in residential care are placed in residential care due to:

- **breakdown in foster care or kinship care; and**
- **complex behavioural issues.**

The department is not able to provide this information at short notice.

Question 9:
Transition from care

a) For children transitioning from out-of-home care to independence in 2013/14:

- how many children transitioned; and
- what was the average age of children at transition?

The department is not able to provide this information at short notice.

b) What proportion of children in out-of-home care have an active transition from care plan?

The department is not able to provide this information at short notice.

c) What is included in transition from care planning? What consideration is given to the age of children at transition?

- Young people who leave out-of-home care in Victoria do so from the context of their period of time in care, where they have been provided care and support designed to address their particular histories and needs. The transition planning process aims to prepare them for their future and the capacity to live a good life.

- Please refer to the *Transition planning for leaving care framework* (attachment C) for more information.

d) What consideration is given to the age of child at transition?

- Care and transition planning is an ongoing and dynamic process based on the level of maturity and skill development of the individual young person. It is supported by flexible plans, monitoring of progress and regular review to update the plan in response to changing needs and circumstances.

e) How are outcomes for children transitioning from care measured?

- Victoria tracks outcomes for young people engaged in our Springboard program. The recent evaluation confirmed that the Springboard program model aligns with best practice approaches for working with highly disadvantaged young people. It found that the program is achieving outcomes for young people in line with the expected trajectory of education and employment outcomes:

- Springboard has assisted young people to address and minimise the barriers that inhibit their engagement in education and employment – all participants had recorded addressing one or more barriers.
- Springboard is showing emerging results in the areas of sustained participation with training, education and employment – 40 per cent of participants had achieved sustained participation in education or employment.

- Funding for Springboard has been extended by the Victorian Government. The department will be exploring opportunities to embed the learnings from the Springboard program evaluation in all its leaving care support services, including monitoring of outcomes.

Question 10:
Permanent care and adoption

a) 2013/14, what proportion of children in out-of-home care were placed in a permanent care arrangement, including:

- adoption;

- permanent care order;
- transfer of guardianship to carer; or
- other permanent care arrangement?

The department is not able to provide this information at short notice.

b) What was the average age of children entering each category of permanent care arrangement listed above?

The department is not able to provide this information at short notice.

Question 11:

Children with a disability and complex needs

a) How many children in out-of-home care at 30 June 2014 were identified as having a disability?

The department is not able to provide this information at short notice.

b) If known, how many children in out-of-home care at 30 June 2014 were identified as having complex needs?

The department is not able to produce this information.

Question 12:

Contact with birth families

What proportion of children in out-of-home care:

- maintain contact with their birth family;
- attempt reunification with their birth family; and
- transition out of out-of-home care back to their birth family?

The department is not able to provide this information at short notice.

Question 13:

Early intervention

a) What early intervention programs are available to support children in vulnerable family situations (prior to the removal of children under care and protection orders)?

b) What proportion of these programs that are delivered by:

- Government; or
- Non-government organisations?

Early intervention program	Description
Cradle to Kinder	<ul style="list-style-type: none"> • Cradle to Kinder (including Aboriginal Cradle to Kinder) provides intensive support to vulnerable young mothers, their families and children in the form of antenatal support and longer term case work support, beginning in pregnancy and continuing until the child reaches four years of age. • The Cradle to Kinder service provides a response to the underlying areas of concern associated with the family's vulnerability.

	<ul style="list-style-type: none"> It also provides intensive and specialised early parenting support to strengthen the relationship between the parent/s and their child/ren and assist parents to meet the health, development, safety and wellbeing needs of their infants and young children. The service provides a combination of individual and group, centre/community and home based interventions and supports. Cradle to Kinder and Aboriginal Cradle to Kinder are provided by Community Service Organisations, Aboriginal Community Controlled Organisations and Victorian Early Parenting Centres (which are public hospitals under the <i>Health Services Act 1988</i>).
Early Parenting Centres	<ul style="list-style-type: none"> Early Parenting Centre (EPC) services provide state-wide specialist, intensive early intervention services for vulnerable young children and families, from pregnancy through to when the child reaches four years of age. EPC services provide the following three service types to vulnerable young children and families assessed as being at risk and requiring intensive parenting support to improve child outcomes: <ul style="list-style-type: none"> Residential – provide 24 hour centre-based intensive service, generally delivered over five days and four nights, which utilises evidence-based parenting approaches aimed at preventing risk factors from escalating. Day stay – provide centre-based, face-to-face professional support over an eight hour day, to build parents' competence and capacity to nurture and safely care for their child. Home-based – provide up to 120 hours of individually tailored, flexible, intensive early parenting services in the family home, aimed at providing vulnerable parents with practical supports to assist them to nurture and care for their child independently at home. Early Parenting Centres are public hospitals under the <i>Health Services Act 1988</i>.
Parenting Assessment and Skill Development Services (PASDS)	<ul style="list-style-type: none"> Parenting Assessment and Skill Development services (PASDS) aim to assess and assist parents of vulnerable infants and young children involved with child protection to develop their skills, knowledge and capacity to safely care for and nurture their children. The specialised assessments conducted by PASDS are key to informing decision makers under the <i>Children, Youth and Families Act 2005</i>, namely child protection, registered community service organisations and the Children's Court of Victoria, about the care of a child and to ensure appropriate supports are provided to these vulnerable children and their families. PASDS are delivered by Community Service Organisations

Child FIRST and Family Services	<ul style="list-style-type: none"> Integrated family services provide a comprehensive range of services for vulnerable children (from pre-birth up to the age of 17 years) and their families to promote children's safety, stability and healthy development. Services focus on diverting families from child protection and providing early intervention to address problems before they escalate. Integrated family services includes Child and Family Information, Referral and Support Teams (Child FIRST), which provide a visible and accessible entry into family services in a designated sub-regional catchment, and ensure that vulnerable children, young people and their families are linked effectively into relevant services. Service responses provided include: a strengths-based approach and comprehensive needs and risk assessment, development and implementation of a family action plan and multidisciplinary interventions. Family services have authorisation to consult with or make reports to child protection when a child is believed to be in need of protection. Indigenous family services provide a culturally sensitive service to Aboriginal children and families. Child FIRST and family services are provided by Community Service Organisations and Aboriginal Community Controlled Organisations.
Finding Solutions	<ul style="list-style-type: none"> Finding solutions provides case management and mediation approaches with young people and their families to address issues that may lead to family breakdown and/or young people entering out of home care or the Child Protection system. Case management includes case planning, coordination of services and referrals, individual and/or family counselling and support for the young person and their family. Finding Solutions is provided across Victoria by Community Service Organisations.

c) How is efficiency of early intervention programs measured?

- Service providers funded to provide services to clients are required through service agreements to meet the Department of Human Services Standards and can be monitored in relation to their compliance with these standards.
- These Service providers are subject to independent review and accreditation requirements under the Human Services Standards (gazetted as Department of Health & Human Services Standards), except where exempted by the department.
- Organisations funded to deliver the service are required to be registered in accordance with the department's *Policy, procedures and forms for registration of disability service providers and community services*. Please refer to attachment D for more information.

- Funded community service organisations are monitored against performance measures and targets specified in the service agreement. Examples of performance measures include number of clients, number of hours of service and number of cases. Monitoring is undertaken through data collection requirements and financial accountability requirements.

Acronyms referred to in the document

Acronym	
ACCO	Aboriginal Community Controlled Organisation
ACSASS	Aboriginal Child Specialist Advice and Support Service
CSO	Community Service Organisation
DHHS	Department of Health Human Services
IFS	Integrated Family Services
RoGS	Report on Government Services

Questions to which the department is unable to provide a response

Question	Reason
Question 4(b)	The department is not able to provide this information at short notice.
Question 8 (d)	The department is not able to provide this information at short notice.
Question 9(a) and (b)	The department is not able to provide this information at short notice.
Question 10	The department is not able to provide this information at short notice.
Question 11(a)	The department is not able to provide this information at short notice.
Question 11(b)	The department is not able to produce this information.
Question 12	The department is not able to provide this information at short notice.

Royal Commission into Institutional Responses to Child Sexual Abuse
Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care

Victorian Government response to areas which will be examined in the public hearing

Authorised by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, February 2015

Contents

About Victoria's written response.....	7
Introduction.....	8
Victoria's out-of-home care system.....	10
Home-based care	11
Residential care.....	11
Therapeutic residential care	11
Secure welfare services	12
Lead tenant.....	12
1. Recruitment, assessment and training of foster and kinship carers and staff in residential care	14
a) Screening of carers and staff as well as carers' household members. For example, Working with Children Check and criminal checks.....	14
Screening of foster carers and residential care staff	14
Screening kinship carers.....	15
b) Assessment of carers and staff.....	16
Assessment of foster carers.....	16
Assessment of kinship carers.....	17
Assessment of residential care staff.....	17
c) Training of carers and staff in identifying signs of sexual abuse in children, encouraging disclosures and responding to those disclosures.....	18
Training for foster carers	19
Training for kinship carers	20
Training for residential care workers.....	20
d) How does the agency determine that National Standard 12 is implemented and monitored?.....	22
Department of Human Services Standards.....	22
Program requirements	23
Community service organisation monitoring framework	23
Recent reforms	24
e) Does your agency have any other mechanisms to assess the effectiveness of the recruitment, assessment and training of carers and staff in residential care?	24
2. Monitoring of children in out-of-home care	26
a) Who monitors children in out-of-home care, how is that monitoring carried out and with what frequency does it occur.....	26
Monitoring the wellbeing of children.....	26
Transparency in the out-of-home care system.....	27
b) Practices which your agency has adopted in order to encourage disclosure by children of sexual abuse in out-of-home care.	28
Supporting good practice	29

Delivering programs that support healthy development of children and young people in out-of-home care.....	29
Promoting children's rights and opportunities to be heard	30
c) What is the mechanism by which other authorities for example law enforcement, health and schools exchange information with the out-of-home care agency about risks of sexual abuse of the child in care?.....	32
Legislation	32
Protocols and agreements	33
d) Is there a requirement that your agency as an out-of-home care provider be accredited, registered or licenced or otherwise be subject to conditions about the provision of out-of-home care? If so, please describe those requirements.....	34
e) What mechanisms are there for children in out-of-home care to talk to someone outside the immediate out-of-home care placement?.....	34
Early Childhood Agreement for Children in Out-of-Home Care	34
Out-of-home-care education commitment.....	34
CREATE Foundation.....	35
Community integration and independent visitor programs.....	35
3. Systems, policies, practices and procedures for reporting allegations.....	36
a) What are the requirements or practices for reporting allegations of child sexual abuse within the agency?	36
b) What are the requirements or practices for reporting allegations of child sexual abuse outside of the agency.....	36
Victoria Police.....	36
New criminal offences.....	37
Children, Youth and Families Act 2005.....	37
Code of Conduct for Victorian Public Sector Employees.....	37
c) What data is collected in these reports?	37
Critical incident reports.....	37
d) With which agencies or authorities does your agency exchange information about these reports?	38
Commission for Children and Young People	38
Victoria Police.....	38
e) Merits of a consistent national approach?.....	38
4. Systems, policies, practices and procedures for responding to allegations	40
a) What does the agency do about each allegation of child sexual abuse of a child in out-of-home care which is reported to them?.....	40
Quality of care processes	40
Disqualification of carers	40
b) What data is collected about these actions?	41
Quality of care reports.....	41
Register of out of home carers	41

c) With which agencies or authorities does your agency exchange information about these responses?	42
d) Merits of a consistent national approach.....	42
5. Systems, policies, practices and procedures for supporting children who have been sexually abused in out-of-home-care	43
a) What does your agency do to support children who have been sexually abused in out-of-home care, including providing counselling, support services, specialist services, financial assistance or recompense while in care and after exiting care?.....	43
Centres Against Sexual Assault	43
Civil claims.....	44
6. National initiatives	45
a) What has your agency done to support outcomes 2.2, 6.1, 6.2 and 6.4 of the National Framework for Protecting Australia's Children 2009–2020?.....	45
Initiatives to support outcome 2.2	45
Initiatives to support outcome 6.1	46
Initiatives to support outcome 6.2.....	48
Initiatives to support outcome 6.4	50
Appendix 1: Summary of policies and guidelines cited in response to questions.....	51

About Victoria's written response

In developing this response, the Victorian Government has drawn on information contained in its response to the Royal Commission's fourth Issues Paper, 'Preventing sexual abuse of children in out of home care' in November 2013. Since that submission was made, Victoria has continued to strengthen its safeguarding frameworks for children in out-of-home care.

The first section of the response provides contextual information about out-of-home care in Victoria. The responses to the Royal Commission's questions follow.

Machinery of government changes on 1 January 2015 included changes to the portfolio responsibility and names of the following departments:

- the Department of Health & Human Services – formerly the Department of Health and the Department of Human Services
- the Department of Education and Training – formerly the department of Education and Early Childhood Development
- the Department of Justice and Regulation formerly the Department of Justice.

Many policies cited in this document use the names of former departments as they pre-date these changes.

Introduction

In Victoria, on any given night, almost 8,000 children and young people under the age of 18 are unable to live with their family as a result of neglect or abuse. The out-of-home care system aims to provide these children and young people with stable placements which provide for their individual physical, emotional and psychological needs.

Out-of-home care is delivered through a partnership between children and their family, staff, carers, the Department of Health & Human Services (the department) and all other services involved with the child, to combine experience and skills and to share responsibilities.

The structure and performance of the Victorian statutory child protection system has been the focus of several major policy reviews and reports including:

- reports by the Ombudsman Victoria into the department's child protection program and out-of-home care system (2009 and 2010)
- the *Report of the Protecting Victoria's Vulnerable Children Inquiry* (January 2012)
- the Parliamentary Inquiry into the Handling of Child Abuse by Religious and other Non-Government Organisations and its 2013 report titled *Betrayal of Trust* (the *Betrayal of Trust* report)
- the Victorian Auditor-General's *Report on Residential Care Services for Children* (April 2014)

Key safeguarding initiatives arising from these reviews include:

- the establishment of a new Child Protection Operating Model for statutory child protection (in place)
- implementing child-safe standards and an independent oversight system similar to the reportable conduct scheme in New South Wales (in progress)
- new criminal offences for adults that fail to respond appropriately to child sexual abuse (in place)
- improving residential care workforce capability (in progress)
- removing the time limitations for civil claims involving criminal child abuse (in Parliament)
- removing barriers to achieving permanent placements for children (legislated)
- developing partnerships and practices to respond to sexual exploitation of children and young people in out-of-home care (ongoing).

The safety of children in out-of-home care is a priority policy area for the new government (elected in November 2014), with a particular focus on the over-representation of Aboriginal children in care and the provision of appropriate placements for younger children.

In February 2015 the Victorian Government announced the following immediate measures to improve safeguards for children in out-of-home care:

- an additional \$16 million in funding will be rolled out to 150 non-therapeutic care standard placements to provide more workers in residential care units during the day and staff members who remain awake throughout the night to provide supervision and support
- spot audits of residential care facilities will be introduced to ensure relevant standards are met and to enable discussions to occur directly with children and staff
- a further \$1.5 million will be invested to attract, recruit and retain more foster carers to provide more home-based care placements for primary school aged children.

The government recognises that supporting and empowering children in out-of-home care, and ensuring their voices are heard, is essential for ensuring they feel, and are, safe in care. The Victorian Auditor-General report on *Residential Care Services for Children* (April 2014) identified the need to strengthen mechanisms for children to raise concerns. The department is consulting with children and young people in out-of-home care to seek their views on how this issue can be addressed. The introduction of spot audits of residential care facilities will include discussions with children and young people.

To ensure the newly appointed Minister for Families and Children receives expert advice from the sector, a Ministerial Advisory Committee for Children in Out-of-home Care (the committee) is being established. The committee will enable engagement with the sector and provide timely advice in relation to issues that require an urgent response from government. Some of the immediate priorities for the committee will include:

- advice regarding a new approach to foster carer attraction, recruitment and retention
- improving the safety and wellbeing of children and young people in residential care
- reducing the use of residential care for children 12 years and under
- addressing the high number of Aboriginal children in the out-of-home care system
- strengthening the existing kinship care system to keep pace with growing demand
- addressing growth in out-of-home care numbers.

Members for the committee will be selected on the basis of: their expertise and perspectives in relation to the out-of-home care system; their understanding of the community services sector and the needs of disadvantaged and vulnerable Victorians; and their understanding of effective service delivery.

Victoria's out-of-home care system

The *Children, Youth and Families Act 2005* and the *Child Wellbeing and Safety Act 2005* provide the legislative framework for the care and protection of children who live in out-of-home care in Victoria. They reflect the importance of an understanding of the effects of trauma, abuse and neglect on a child's development and emphasise the need for children to: receive stable, consistent, positive and nurturing care from a primary caregiver; be engaged in early learning, education and training; and be connected to their family, community and culture.

The Children, Youth and Families Act defines when a child is in need of protection and sets out requirements for decision-makers under the Act, such as the Secretary, Department of Health & Human Services, to strengthen the capacity of families to care safely for children, intervene where necessary and place children or young people in out-of-home care to secure their safety. The Children, Youth and Families Act promotes the use of kinship placements, the importance of working with families to reunite children as expeditiously as possible, and securing permanent out-of-home care placements where the child is unable to be returned to their parents.

The main out-of-home care placement options in Victoria are:

Home-based care	Where placement is in the home of an approved carer who receives an allowance to care for the child. This category of placements is further divided into: <ul style="list-style-type: none"> • kinship care, where the carer is a family member or a person with a pre-existing relationship to the child • foster care.
Residential care	Where placement is in a residential building for young people (primarily over 12 years of age) and where there are paid staff to care for the young people. This category includes therapeutic residential care. Secure Welfare Services is a response option for young people who are at substantial and immediate risk of significant harm. Secure welfare services provide residential, non-voluntary, time-limited care. This service is considered a last resort, where containment is deemed necessary, and when the broader protection and care network cannot manage or reduce the risks to the child.
Lead tenant	Where placement is in a semi-independent environment in which young people (16–18 years) are supported by one or two approved adult volunteer lead tenant/s and supported by paid staff.

These placement options are described in more detail below.

At 30 June 2014, there were 7,710 children aged 0 to 17 years residing in out-of-home care in Victoria.

7,145 children were in home based care:

- 50.3 per cent were in kinship care (3,877 children)
- 27.7 per cent were in foster care (2,132 children)
- 14.7 per cent were in permanent care (1,136 children).

565 children were in other care types:

- 6.7 per cent were in residential care (515 children)
- 0.6 per cent were in independent living and other non-standard care options (50 children)¹.

¹ Steering Committee for the Review of Government Service Provision (2015) Report on Government Services 2015, Productivity Commission Canberra, published January 2015.

Out-of-home care can be arranged either formally through child protection intervention or informally. This paper is relevant to those children who have been placed in formal out-of-home care in Victoria following an intervention by child protection.

In Victoria, nearly all foster care, residential care and lead tenant service delivery is delivered by community service organisations. Community service organisations are funded and subject to service agreements negotiated with the department. A condition of funding is that community service organisations providing this type of care are required to be registered under the Children, Youth and Families Act.

The department delivers secure welfare services and operates Hurstbridge Farm, a therapeutic residential care home for up to eight young people.

Home-based care

Home-based care refers to kinship care arrangements and all forms of foster care, including therapeutic foster care. Home-based care is the preferred form of out-of-home care, where this is possible.

The Children, Youth and Families Act (section 10(3)(h)) promotes the use of kinship care arrangements, stating that:

If [a] child is to be removed from the care of his or her parent, ... consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered.

Kinship care is a placement within the child's wider family or community. Kinship care provides children with the security of being with family or adults from within their social network and community, promoting continuity, connectedness and stability in their lives.

When a kinship arrangement is not a possibility and assessment of a child's needs determines that the child can be best cared for in a home-based environment, placement in an alternative home-based care arrangement is the preferred option. Foster care is the temporary care of a child or young person up to 18 years of age, within a home-based setting, by an assessed, trained, accredited and registered foster carer. Foster care offers children exposure to a warm, nurturing and positive family environment. There is significant value for children in becoming a part of a carer's family, social network and community.

Residential care

The target group for residential care is children and young people (12–18 years) who are unable to be placed in home-based care and who are subject to current child protection involvement. In some circumstances, children under the age of 12 may be placed in residential care, if they cannot be placed in a home-based placement. For example, residential care is often the approach used for large sibling groups who would otherwise be separated if placed in home-based care. Children and young people who live in residential care are often those who have experienced the greatest level of trauma, and who therefore require the most expert therapeutic care and support.

The majority of residential care service delivery in Victoria is provided by community service organisations. These organisations can also be contracted by the department to provide case management services.

Therapeutic residential care

Therapeutic residential care is a specialist type of residential care in Victoria that commenced in 2008. It delivers a trauma-informed practice model through a set of core practice elements based on research and evaluation. The therapeutic residential care units receive additional funding for a therapeutic specialist to provide practice guidance and advice to residential care staff, additional residential staff on roster and mandatory training in trauma-informed practice for all care staff.

The therapeutic residential pilot programs were evaluated in 2011². The evaluation found that a therapeutic approach leads to better outcomes than standard residential care, provided certain essential principles are in place. These include: therapeutic specialists (clinicians) being embedded in the program; extensive training for staff; additional staff; consistent rostering of staff; and a trauma and attachment-informed program model tailored to the particular target group.

These elements lead to:

- reduced risk-taking
- improved stability, emotional and mental health and behaviour
- improved quality of contact between young people and their family and between young people and their carers
- greater participation in education and in extra-curricular activities in the community
- improved academic functioning
- a significant improvement in sense of self.

Secure welfare services

Secure welfare services provide care and protection services for child protection clients who are at a substantial and immediate risk of harm. It is a specialist statewide service that provides two 10-bed gender-specific residential units with a rostered 24 hour staffing model. Admission to the service is often precipitated by a significant crisis in a child or young person's life. The service aims to keep the child or young person safe while any welfare and immediate health (including primary and mental health) issues are addressed and a case plan is established to safely return the child or young person to the community.

Placement in a secure welfare service is considered a last resort, where containment is deemed necessary, and when the broader protection and care network cannot manage or reduce the risks to the child. All other options must be explored first and relevant human rights considered.

The circumstances in which a child or young person may be placed at a secure welfare service are limited by the relevant provisions in the Children, Youth and Families Act, namely:

- by the courts or bail justice where the child or a young person is the subject of an Interim accommodation order
or
- by the Secretary, Department of Health & Human Services when he has custody or guardianship of the child or young person where there is an immediate and substantial risk of harm to the child that necessitates this.

A child or young person must only be placed in a secure welfare service for a period not exceeding 21 days. This period may be extended for one further period of 21 days in exceptional circumstances.

Lead tenant

Lead tenant services provide supported semi-independent accommodation options for young people aged 16–18 years who are child protection clients transitioning to independence from state care. An outreach support team and a volunteer 'lead tenant', who shares the accommodation, support young people in this type of accommodation.

Young people are able to stay in 'lead tenant' programs for 12–18 months while they learn independent living skills. Lead tenants act as positive, mature and responsible role models, demonstrating appropriate independent living skills, engagement in education/training/employment, recreation, self-care, communication and behaviours. The community service organisations funded to deliver lead tenant

² The evaluation is available at: www.dhs.vic.gov.au/__data/assets/pdf_file/0005/712868/therapeutic-residential-care-report.pdf

services provide guidance and support to the lead tenant and support services and case management for up to two young people living in the house.

1. Recruitment, assessment and training of foster and kinship carers and staff in residential care

- a) **Screening of carers and staff as well as carers' household members. For example, Working with Children Check and criminal checks.**

Screening of foster carers and residential care staff

Approval, employment or engagement of out-of-home carers (foster and residential care) is governed by part 3.4 of the Children, Youth and Families Act. This provides that an out-of-home care service must have regard to prescribed matters before approving a person as a foster carer, employing them as a residential carer or engaging them to provide services to children in residential care. The prescribed matters include the person's:

- criminal history
- suitability
- fitness, medical (including psychiatric) health
- skills, experience and qualifications.

Community service organisations funded to deliver out-of-home care services are responsible for approving volunteer foster carers and for safety check requirements for residential care employees (with the exception of Hurstbridge Farm and secure welfare services, which remain the responsibility of the department).

Under the Program requirements for Home-based Care in Victoria – Interim revised edition (April 2014), community service organisations funded to deliver this placement type must:

- conduct police record checks (sometimes referred to as 'criminal history' or 'national criminal history' checks) for carers or contractors with client contact and all adult 'members of the household', including adults who regularly stay overnight. Further, international police checks must be conducted for carers (and members of their household who are 18 years of age) who have spent 12 months or more overseas during the previous ten years. If this is not possible, three additional referee checks from people who knew the applicant while in that country must be conducted; and
- conduct Working with Children Checks for foster carers, residential carers (including labour hire agency staff engaged by the community service organisation), and any adult member of the household with a parenting role.

Further information about the use of the Register of out of home carers and reference checks for foster carers and residential care workers is provided at sections 1(b) and 4(b).

Screening lead tenants

Community service organisations are responsible for recruiting, assessing, training, supervising and supporting lead tenants and the staff who work to manage and support the program. Under the *Program requirements for lead tenant services in Victoria* (September 2014), community service organisations funded to deliver this placement type must:

- Ensure the prospective lead tenant and their partner (if that partner will reside in the house) have up to date Working with Children Checks.
- Make direct contact (face-to-face or telephone) with three responsible people to act as referees to the applicant. Referees must have known the applicant for a minimum of two years, must still be in

contact with the applicant, must not be directly related and must have observed the applicant's interaction with children and young people.

- Ask if an applicant has previously applied or been a lead tenant or in another carer role with another community service organisation in Victoria, interstate or overseas. If so, community service organisations must seek permission to contact these other agencies to seek advice as to the applicant's suitability and competencies. If this information is required and the applicant does not provide consent the applicant must be found unsuitable.
- Conduct a police check for the prospective lead tenant and their partner (if the partner will reside in the home or regularly stay overnight). This must be updated every three years.
- For applicants (and their partner if they will reside in the home or regularly stay overnight) who have spent 12 months or more overseas during the past ten years, an international police check must be conducted. If the community service organisation advises this is not possible (for example, where the responding jurisdiction is not able to provide the information), three additional referee checks from people who knew the applicant while in that country must be conducted.

Screening kinship carers

In accordance with section 10(3)(h) of the Children, Youth and Families Act, where an out-of-home care placement is required, kinship care must be considered and investigated before any other placement option is considered.

Kinship care privileges the prospective carer's pre-existing relationship with the child, and recognises the importance of continuity, family and community connection for children. The department's child protection practitioners approach potential family members or members of the child/children's social network to care for a particular child.

Prior to any kinship care placement being made the carer must be assessed and approved by the department. This comprises a preliminary assessment conducted prior to the placement, a home visit and (for placements likely to be longer than three weeks) a comprehensive assessment.

Kinship care placements may be either planned or emergency. If the placement is an emergency, a preliminary assessment must be undertaken. It should ascertain that the placement is safe and suitable, and that the kinship carer(s), with support, can meet the immediate needs of the child or young person. The information gathered in the preliminary assessment is recorded in the Kinship Care Assessment Form A.

At a minimum, before placing a child, the preliminary assessment involves completion of the following:

- police history checks on the potential carers and all other household members aged 18 years or older who reside in the house or sleep there overnight
- a check of the department's Client Relationship Information System (CRIS) in order to ascertain information relating to the prospective carer and household members as carers of a child
- checks on the suitability and fitness of the proposed carer to care for the child
- discussion with the carer about whether the child will be safe living with them, and whether they are willing to cooperate with the department to help the child and their parents
- where a child is under two years of age, discussion of sudden infant death syndrome risk factors with the parents.

An international police check must be conducted for every prospective carer and members of their household who are 18 years of age or over and who have spent 12 months or more overseas during the past five years. If this is not possible, three additional referee checks from people who knew the applicant while in that country must be conducted by child protection.

A home visit is conducted generally within the first week of placement, to identify:

- the suitability of the accommodation available for the child
- the carer's capacity to provide the child with adequate day-to-day care

- the carer's understanding of the child's needs including access with their natural family
- supports required by the carer, which may include bedding or financial support or specialist support
- any health and safety issues such as appropriate fencing of a pool, storage of fire arms, medication and poisons.

Placement of a child in the care of or in contact with a person with a disclosable criminal record must be approved by a divisional child protection director or a divisional child protection assistant director (or another divisional executive officer) prior to placement. Where the police records check identifies a Category 1 offence³, the placement will not proceed nor be allowed to continue unless the Principal Practitioner in the Office of Professional Practice (50 Lonsdale Street) has been consulted and has endorsed the placement. Final endorsement must be approved by the director of statutory and Forensic Services Design branch. Police record checks must be repeated every three years.

Kinship carers are not required to hold a Working with Children Check. They are exempt under section 28 of the *Working with Children Act 2005* as they are considered a person working with a closely related child.

Further details on the comprehensive assessment process for kinship carers are provided at section 1b below.

b) Assessment of carers and staff.

Assessment of foster carers

Out-of-home care organisations use the mandatory 'Step by Step Victoria' or 'Step by Step Aboriginal Assessment Tool' packages to assess the suitability of applicants for approval to become foster carers. Use of the assessment packages is mandatory, and the assessment process is designed to complement the mandatory foster carer pre-service 'Shared stories, shared lives Victoria' and 'Our Carers for Our Kids' training resources. Community service organisation staff assessing and training applicants for approval to become foster carers must undertake a familiarisation program in the respective packages prior to their use.

The assessment process is comprehensive, involving a number of stages as the applicant moves from the enquiry and application stages through to interviews, where four competencies are assessed:

- demonstrate personal readiness to become a foster carer
- work effectively as part of a team
- promote the positive development of children in foster care
- provide a safe environment that is free of abuse.

The assessment includes a 'home and environment check' and a session with the children of the household to provide opportunities to explore expectations about being part of a family providing foster care.

The assessment process is supported by an assessment record, which records evidence that an applicant demonstrates the competencies necessary to undertake the task of fostering. Evidence includes legal and other background checks including (but not limited to) a health check, personal references and, where applicable, contact with organisations for which the applicant has previously provided foster care services, seeking relevant information about the applicant's suitability to provide foster care.

A foster care approval panel with representation from the community service organisation, the department and other relevant professionals is responsible for approving foster carers. A panel must not proceed without departmental representation. When noting if an applicant is approved as a foster carer, detail is provided in the assessment record of the type of care, numbers, ages and gender of children for

³ There is an allegation of physical and/or sexual abuse; the allegation is against a registered carer involving a child or young person in out-of-home care; and the abuse is alleged to have occurred on or after 7 December 2002.

which approval is being given, any special conditions of approval impacting future care arrangements and ongoing training needs that have been identified.

Following approval, the community service organisation must have the foster carer registered on the Register of out of home carers maintained by the department within 14 days. Further information about the Register of out-of-home carers is provided at question 4(b). Community service organisations are required to formally review approved carers annually, in order to confirm their continuing appropriateness to care.

In addition to the standard foster care training, carers providing therapeutic foster care (known as the Circle Program) are assessed at two points: following completion of mandatory pre-service training and again following completion of Circle Program training. The Circle Program also has a carer approval panel.

Assessment of kinship carers

Information about the preliminary assessment of kinship carers is provided at 1(a).

Comprehensive assessment

Where it is identified that a placement is likely to be longer than three weeks, a Kinship Care Assessment Form B (Comprehensive Assessment) is provided to the carer. The child protection practitioner then meets with the carer to complete the form and to explore any potential issues. The assessment should involve more than one visit and include the key members of the carer's family and household.

The child protection practitioner then analyses the information gathered and makes the final assessment. The assessment process is to be completed within six weeks of the commencement of the placement, with the preliminary assessment as its basis. The comprehensive assessment focuses on the ability of the kinship carer(s) to meet the ongoing needs of, and engage in long-term planning, for the child.

Twelve month placement review

A formal twelve month review of long term kinship care arrangements for a child in a kinship placement is normally undertaken by child protection. The information gathered for this review is recorded on the Kinship Care Assessment Form Part C (twelve month placement review).

Assessment of residential care staff

Under the *Program requirements for residential care services in Victoria interim revised edition* (April 2014), community service organisations funded by the department to deliver residential care must have written policies and procedures in place that ensure all applicants for positions that involve direct contact with children, or the management or supervision of services to children, are thoroughly assessed prior to commencing employment. This applies to paid employees, subcontracted workers, volunteers and student placement staff. Assessment includes:

- confirmation of experience and qualifications (the preferred non-mandatory qualification for residential carers in Victoria is the Certificate IV in Child, Youth and Family Intervention - Residential and Out-of-home care);
- confirmation that the applicant possesses the skills, personal attributes and competencies required to fulfil the role for which they have applied; and
- direct contact (face-to-face or phone) with two referees to confirm the applicant's suitability (including contact with their most recent employer).

Under s 78(b)(ii) of the Children, Youth and Families Act, community service organisations must register all residential carers on the department's Register of out of home carers prior to commencing work.

Community service organisations must ensure potential carers are not disqualified or under investigation.

Community service organisations must also ensure that before commencing work in a residential care home, a potential residential carer has obtained a Working with Children Check and that the currency of

this check is maintained. A Working with Children Check is required regardless of previous or current employment, education or volunteer status.

Community service organisations must not offer employment as a residential carer until a completed police records check has been sighted and approved.

Community service organisations must also ensure that residential carers employed through a labour hire agency have undergone police and Working with Children Checks. Community service organisations must comply with the departmental policy *Labour Hire Service Procedures: Engaging Labour Hire Agency Residential Care Staff in Out-of-Home Care Services* (August 2012). These procedures specify roles and responsibilities to be adopted by community service organisations and the labour hire agencies they engage to ensure relevant legislation, regulations, policies and practices in Victoria for recruiting and selecting contract workers, their registration as carers, and their engagement in residential care services are adhered to.

The department requires that police checks be updated every three years.

Assessment of lead tenants

Under *Program requirements for lead tenant services in Victoria* (September 2014), community service organisations providing lead tenant services are required to recruit, assess, train, supervise and support volunteer lead tenants who are able to meet the varied needs of young people making the transition to adulthood. People seeking to be lead tenants must be mature and responsible adult role models as they are required to provide general guidance, encouragement and support to young people in the placement as well as supporting them to develop and consolidate independent living skills.

Community service organisations must assess potential lead tenants based on the following key competencies:

- ensures a safe environment that is free from abuse
- demonstrates a personal readiness and capacity to become a lead tenant
- has a good understanding or willingness to learn about adolescent development and trauma
- promotes the positive development and independent living skills of young people in lead tenant accommodation
- has the ability to work as part of a team.

An assessment report on the potential lead tenant (and their partner if that partner is to reside in the home) should be completed by the community service organisation, documenting the assessment against the key competencies, the screening and referee checks undertaken, training requirements and the recommendation about their suitability for the role.

Community service organisations engage new lead tenants for a three-month probation period before conducting a review to determine their ongoing suitability.

c) Training of carers and staff in identifying signs of sexual abuse in children, encouraging disclosures and responding to those disclosures.

Carers in Victoria receive training to ensure they have the necessary skills to care for children in out-of-home care who often have a history of trauma and may be particularly vulnerable to further abuse. Specific training relating to child sexual abuse is a subset of high quality trauma-informed training and practice. Placement support and supervision also enable the out-of-home care service to monitor children's outcomes and to support carers to provide the best possible care and to further the carers' professional development.

Program requirements set out common benchmarks related to effective recruitment, training and supervision of staff (and carers), to ensure staff are provided opportunities to develop their skills and strengthen the quality of services they provide for children and carers. Program requirements also oblige

community service organisations to follow departmental instructions for the reporting of critical incidents and allegations of physical or sexual assault, and to follow the guidelines for responding to quality of care concerns. Further information about program requirements is provided at 1(d).

A statewide training program for departmental and community service organisation staff in responding to quality of care concerns was developed in 2011 as the result of a recommendation made by the Ombudsman Victoria, in its report entitled *Own Motion Investigation into Child Protection – out-of-home care 2010*. A broad range of issues are considered to be 'quality of care concerns', including possible sexual abuse. The three day training program is designed to strengthen practice when responding to and conducting quality of care investigations and reviews. The training program is currently being refined to improve its content. Further information on training for different carer types is provided below.

In addition to training provided directly to carers, Victoria provides a professional development program for child protection practitioners and staff from community service organisations and Aboriginal community-controlled organisations that focuses on trauma, complex family dynamics, grief and loss and challenging behaviours, so that these practitioners are well-placed to support carers.

The department provides evidence-based practice direction to practitioners in child protection, out-of-home care and broader family services, which underpins advice and support provided to carers. Nine specialist practice resources have been developed by the Office of Professional Practice in the department, within the context of the *Best interests case practice model*. The resources cover the following areas of specialisation:

- children and their families
- adolescents and their families
- infants and their families
- child development and trauma
- cumulative Harm
- adolescents with sexually abusive behaviours and their families
- children with problem sexual behaviours and their families
- families with multiple and complex needs
- working with families where an adult is violent.

Further information on the *Best interests case practice model* is provided at 2(a).

Training for foster carers

Foster carers and other household adults with a caring role are required to complete mandatory pre-service training: 'Shared stories, shared lives Victoria' and 'Our Carers for Our Kids' (for Aboriginal people applying to become foster carers). These training programs are designed to complement the mandatory pre-service carer assessment process ('Step by Step Victoria'). Pre-service training consists of eight modules.

The programs include a module on the 'Experience of abuse', including behavioural signs of child sexual abuse, responding to disclosures about child sexual abuse and preparing a carer's own child for what to do in the event that their foster-sibling discloses abuse. Competency D of the 'Step by step Victoria' assessment process entitled 'Provide a safe environment that is free from abuse' has a specific focus on child sexual abuse.

Beyond this initial training, foster carers are also assisted to access state-funded specialist carer training programs, as required. Foster carers approved to provide therapeutic foster care (via the Circle Program) are required to undertake both generalist and specialist mandatory pre-service trauma-informed training.

Under the *Program requirements for Home-based Care in Victoria – Interim revised edition April 2014*, Community service organisations are required to ensure foster carers and other household members (as determined by the community service organisation) attend in-service education and training on a range

of issues, including sexual abuse, to ensure they are competent to meet the specific needs of children in their care.

In addition to training, foster carers are assisted to access a range of state-funded services to meet the needs of children in their care. These include therapeutic services, multi-disciplinary health interventions and comprehensive care planning and other education and training services.

Training for kinship carers

Kinship carers are able to access training on a voluntary basis. The Victorian Government funds the Australian Childhood Trauma Group, Anglicare Victoria and Berry Street to deliver information and support sessions to kinship carers throughout the state. The primary aim of this voluntary program is to provide information, establish networks and improve understanding of the children in their care, including those affected by trauma. This training does not specifically address child sexual abuse, but is intended to assist carers to understand and manage complex behaviours and issues using a trauma-informed approach.

'Tracks to Healing', a culturally appropriate pilot training program for kinship carers of Aboriginal children and young people and professionals that support these carers was launched in 2014–15. This program has been developed by the Australian Childhood Trauma Group in collaboration with the Secretariat of National Aboriginal and Islander Child Care and includes the identification of trauma and its impact on the cultural/spiritual, psychological and physiological wellbeing of Aboriginal children.

The *Kinship Carer Handbook* provides information to kinship carers on a range of topics including cultural connection, legal and financial matters, health and well-being, education, child protection and looking after themselves.

Training for residential care workers

Victoria's Residential Care Learning and Development Strategy aims to strengthen residential care services through the development of a competent and appropriately trained residential care workforce that is supported to provide a high standard of care for children and young people in out-of-home care. Training offered includes:

- training on trauma and attachment theory
- managing young people with problem sexual behaviours
- working with adolescents at risk of exploitation
- working with Aboriginal children and families
- cyber safety
- critical incident debriefing
- culturally competent practice with vulnerable families
- mental health first aid
- advanced mental health
- supervision training
- effective conflict management
- working with intoxicated clients
- working with adolescents with autism spectrum disorder.

As part of the Residential Care Learning and Development Strategy, forums on specific topics such as sexual abuse are held. For example, in May 2014 a master class on sexual exploitation was held. The master class was facilitated by Professor James Anglin from Canada's University of Victoria, and the department's Chief Practitioner, Human Services. In 2015, Residential Care Learning and Development Strategy focussing on working with adolescents at risk of sexual exploitation is being delivered by the Office of Professional Practice and the Centre for Excellence in Child and Family Welfare (the peak body for child and family services organisations in Victoria).

The Residential Care Learning and Development Strategy also funds completion bonds, which are provided to community service organisations for each worker who completes the Certificate IV in Child, Youth and Family Intervention (Residential and Out-of-home care). This is the preferred qualification for residential care workers, and the completion bond acts as an incentive for agencies to promote further study.

Training for secure welfare services staff

Secure welfare services participate in the Secure Services induction program, which is recognised as part of a diploma level qualification. The Diploma of Secure Services is a nationally accredited qualification and the Secure Services branch of the department has recently been recognised as a registered training organisation. It is anticipated that the Diploma of Secure Services will be included in Secure Services' scope of registration (as a registered training organisation) in 2015, when it will be available for all new staff. In the interim, all new staff are undertaking the Diploma of Youth Justice which was contextualised for staff delivering secure welfare services.

Training for therapeutic residential carers

Community service organisations funded by the department to operate therapeutic residential care units must comply with the essential service design elements of the therapeutic residential services care model, as set out in the *Program requirements for the delivery of therapeutic residential care in Victoria* (December 2012).

Residential carers working in a therapeutic residential care unit must undergo mandatory staff training in trauma and the theory and practice of working therapeutically. The therapeutic residential care training, known as 'With Care', is provided under the Residential Care Learning and Development Strategy and delivered by Take Two in partnership with the Salvation Army Westcare.

Community service organisations providing therapeutic residential care must employ a therapeutic specialist who will work across the organisation and in the residential care home to advise on, and promote application of, a therapeutic approach. In accordance with program requirements, the therapeutic specialist must have a thorough understanding (based on advanced training/qualifications and a body of knowledge on recognised theoretical approaches) of the impact of trauma, on a young person's development and wellbeing. They must have substantial experience in working therapeutically with children and young people and demonstrated capacity to persevere to achieve positive outcomes when working with children and young people who have experienced trauma and have complex needs and presentations.

Therapeutic specialists guide residential carers in direct therapeutic work with children and young people so they gain a full understanding of the process of recovery and the therapeutic responses they will need to provide. Therapeutic specialists are required to work under the clinical supervision of appropriately qualified and experienced managers.

Training for lead tenants

The competencies, skills and personal attributes of lead tenants are central to providing high quality services. Sound working relationships are essential between community service organisations and the lead tenants they are supporting, based on mutual respect and trust.

As set out in the *Program requirements for lead tenant services in Victoria* (September 2014), community service organisations must ensure prospective lead tenants (and their partner if that partner will reside in the home or regularly stay overnight) are fully trained to ensure their suitability to perform the lead tenant role. Induction or pre-service training must be completed prior to taking on the role.

A lead tenant induction/pre-service and new starter training package must be utilised by community service organisations to ensure potential lead tenants are aware of the role, responsibilities and issues they may experience. This training includes: characteristics and needs of the young people in lead tenant placements, procedures to be followed in medical and non-medical emergencies and accidents, quality of care processes, adolescent development and trauma-informed work with young people.

After commencing in the role, community service organisations must ensure lead tenants have timely access to support, information and ongoing, targeted training that ensures they are competent to meet the specific needs of the young people placed within the program. For example, training may be required to ensure effective management of a medical condition, a disability, sexual assault, specific drug and alcohol issues, mental health issues, a therapeutic and trauma-informed approach to care, cultural competency or other particular need.

d) How does the agency determine that National Standard 12 is implemented and monitored?

Victoria's system for assessing, training and supporting carers is set out in sections 1(b) and 1(c). Monitoring of community service organisations' compliance with carer assessment and training requirements is undertaken through:

- independent reviews against the *Department of Human Services Standards*
- monitoring of compliance with the service agreement and program requirements.

Department of Human Services Standards

Out-of-home care providers must achieve certification/accreditation as determined by an independent review body, based on their compliance with the *Department of Human Services Standards*. The *standards* are a single set of service delivery standards for a range of department-funded programs providing services to clients. There are four standards:

- Empowerment: People's rights are promoted and upheld.
- Access and Engagement: People's right to access transparent, equitable and integrated services is promoted and upheld.
- Wellbeing: People's right to wellbeing and safety is promoted and upheld.
- Participation: People's right to choice, decision-making and to actively participate as a valued member of their chosen community is promoted and upheld.

In addition, out-of-home care providers must comply with their chosen independent review body's governance and management standards, including pre-employment checks, training and development, supervision and workforce.

Organisations are independently reviewed against the standards once during every three year service agreement period and must also meet the independent review body's mid-cycle or periodic review requirements at the 12 or 18 month mark. The department endorses independent review bodies that meet its criteria to provide reviewing services to department-funded organisations. Community service organisations select independent review bodies from the department-endorsed-list.

The independent review includes reviewing a sample of staff, volunteer and carer files to undertake an assessment of compliance with key child-safe practices including: carer assessment and training; foster carer accreditation approvals; annual foster carer reviews and home visits; and documentation of quality of care reports on carer files.

Through the accreditation process, independent review bodies will inform community service organisations of any governance and service delivery areas requiring improvement and propose actions to address these issues in order to achieve certification against the standards. The department receives a copy of the independent review reports. To ensure issues are identified and addressed before abuse occurs, independent review bodies must immediately inform the department where, during the course of a review, they identify notifiable issues. A notifiable issue is described as being where the review team suspects, has evidence of, or receives a complaint or allegation about:

- the health, safety, abuse or risk to a client or where there is a failure to meet basic client needs
- a service provider experiencing significant organisational disruption and executive mismanagement
- the ongoing financial viability of the service provider

- the service provider engaging in conduct which is fraudulent, or potentially fraudulent, or engaging in other criminal activities.

The *Department of Human Services Standards* require accredited organisations to comply with carer assessment processes. A lack of training, development and support for carers would be noted in the Standards audit report. As part of the *Department of Human Services Standards* and accreditation process, if the auditor finds a lack of evidence of police checks and Working with Children Checks, the department must be notified immediately.

The department publishes information on the numbers of registered organisations, the number of revoked or lapsed registrations, and organisations certified against the *Department of Human Services Standards* in its annual report.

Program requirements

In addition to the Standards, out-of-home care providers must comply with specific guidelines and service requirements set out in the following documents:

- Program requirements for home-based care in Victoria Interim revised edition* (April 2014);
- Program requirements for residential care services in Victoria Interim revised edition* (April 2014);
- Program requirements for the delivery of therapeutic residential care in Victoria* (December 2012)
- Program requirements for lead tenant services in Victoria* (September 2014).

These program requirements set out the staff training, supervision and professional development requirements for community service organisations delivering these services. Monitoring of community service organisation compliance with program requirements is incorporated into the community service organisation monitoring framework set out below.

Community service organisation monitoring framework

The department's community service organisation monitoring framework describes how the department monitors compliance with service agreement requirements and a community service organisation's service quality and sustainability. The monitoring framework provides an overarching set of policies, guidelines and tools to support departmental staff to monitor community service organisation compliance. The framework applies risk management principles and provides for active monitoring of compliance through:

- ongoing core monitoring processes
- an annual desktop review
- additional core monitoring actions such as meetings to address specific issues
- a service review undertaken following an adverse desktop review outcome.

Service agreements require community service organisations to comply with a range of service delivery, quality and reporting obligations. For the annual desktop review, to assess whether closer monitoring is required, the department must consider a range of performance data, including:

- aggregate incident reporting data which may include some incidents involving carers
- how well the organisation has managed quality of care investigations about carers
- whether or not the organisation has complied with the *Department of Human Services Standards* and the governance criteria.

Service reviews, undertaken as either an internal review or by a consultant, have previously resulted in the withdrawal of funding from community service organisations for a specific out of home care program or the withdrawal of all funding from a community service organisation.

Engagement with community service organisations, and support of service delivery, is the responsibility of the three levels of the department's organisational structure: the 17 areas; four divisions across the state; and the central office.

The 17 areas have primary responsibility for:

- community service organisations engagement, support, capacity building and monitoring (including monitoring compliance with program requirements)
- informing the broader oversight of community service organisation management and performance that occurs at the divisional level within the department.

The four divisions have responsibility for:

- The community service organisation performance framework for both services delivered by the department and services delivered by community service organisations
- quality improvement initiatives
- strategic planning and business intelligence capability, strategic input into service implementation, and oversight of funded-sector performance and reform
- oversight, support, and coordination of engagement and monitoring activities
- implementation and monitoring of actions following adverse findings in the community service organisation review process.

Central office is responsible for:

- maintenance of and improvements to the monitoring framework
- training and support
- providing and updating policies and guidelines
- supporting departmental areas when procuring external service reviews or commissioning services
- systems support and enhancement.

Recent reforms

As noted earlier, in order to ensure policies are implemented on the ground, the department is introducing spot audits of residential care facilities. These audits will include discussions with children and young people, in-person observations, interviews with staff and an examination of formal records.

e) Does your agency have any other mechanisms to assess the effectiveness of the recruitment, assessment and training of carers and staff in residential care?

Residential care staff provide feedback on the training they attend, and this information is incorporated into the learning strategy. Furthermore, the Residential Care Learning and Development Strategy reference group comprises residential care providers and departmental representatives who are able to advise of emerging themes or issues for the Residential Care Learning and Development Strategy to address or respond to.

The department is also subject to independent oversight, including by the Victorian Auditor-General's Office. The Auditor-General's report on *Residential Care Services for Children* (March 2014) identified a need to improve residential care workforce training and recommended that the department 'ensures that residential care staff have the necessary skills, qualifications, training and support to work effectively with children and their families'.

In response to this recommendation, a residential care workforce quality initiative is being implemented to enhance the professional skills and capabilities of all residential care staff through the provision of strengthened professional development, coaching and support. The initiative will provide further evidence and feedback on effectiveness of staffing in the residential care system. It has three components:

- skills analysis to build an evidence base about the current skill set and qualifications of residential care staff
- development of a future capability framework, including consideration of the introduction of a minimum qualification

- development of a coaching program which comprises training, coaching and case consultation to embed theory into practice.

As part of the skills analysis, the Centre for Excellence in Child and Family Welfare has been commissioned by the department to undertake the following work:

- a residential care workforce census, including online focus groups with residential care staff will also occur to obtain their feedback on workforce issues
- focus groups to obtain feedback from children and young people in residential care on the skills and capabilities required of residential care workers caring for them
- an audit of position descriptions currently used throughout the sector to employ residential care staff in order to develop core capabilities and attributes and drive greater consistency and workforce support.

These components of work are expected to be completed in the first quarter of 2015.

2. Monitoring of children in out-of-home care

a) Who monitors children in out-of-home care, how is that monitoring carried out and with what frequency does it occur?

Victoria has systems in place to monitor the wellbeing of individual children in out-of-home care, in addition to systems that ensure transparency in the out-of-home care system.

Monitoring the wellbeing of children

The department monitors the wellbeing of children and young people in out-of-home care through:

- case management and collaborative case practice
- regular contact with the child or young person
- complaints mechanisms.

Case management and collaborative case practice

In Victoria, the *Best interests case practice model*, developed by the department's Office of Professional Practice, provides the foundation for case practice in child protection, as well as for family services and out-of-home care services. It aims to reflect the case practice directions arising from the Children, Youth and Families Act and the Child Wellbeing and Safety Act. The model is designed to inform and support professional practice in family services, child protection and placement and support services and contributes to preventing sexual abuse in out-of-home care. The model aims to achieve successful outcomes for children and their families through:

- planning and collaborative case management
- regular face-to-face contact with the child
- responding to placements that are under pressure
- the use of high risk schedules and panels
- seeking to achieve permanency and stability in placements.

Every child and young person in out-of-home care must have a case plan to maximise placement outcomes. Case planning is the department's responsibility, however it may contract a registered community service organisation to manage the implementation of the case plan (a responsibility referred to as 'case management'), either in part or in full. Where a child is subject to a Children's Court order, case management may be contracted to a community service organisation. This is most common where the child is in a sufficiently stable out-of-home care placement with a community service organisation. A case contract is a formal written agreement between the department and another agency usually a registered community service organisation, for the provision of case management for a child who is subject to a protection order, in order to meet the goals of the case plan. When cases are contracted, child protection retains all statutory responsibility for the case.

Children and young people in out-of-home care will routinely have direct contact with their case manager. In Victoria, case management includes the following functions:

- engagement and direct casework with children and families
- initial and ongoing safety and needs assessments
- information management
- identification, coordination and monitoring of therapeutic services for the children and families
- referral and linkage of families with external services.

In accordance with the Best Interests Principles under the Children, Youth and Families Act, at the point of placement, a care team is established by the placement provider to facilitate collaboration between people who are involved in the day-to-day care of the child. This collaborative approach is designed to

increase safety through the development of trusting relationships that provide regular opportunities for discussion and raising issues of concern.

The composition of a care team will vary depending on the specific issues and needs of the child and family. However, it will always include the case manager (either the departmental child protection practitioner or the community service organisation contracted case manager); the community service organisation care manager (such as foster care worker, residential care supervisor); the child's carer and parents (as appropriate). Members of the child's care team meet as regularly as required by the circumstances of the child and family.

Regular contact with the child or young person

A client contact statement, setting out the level of contact to occur between child protection and the child, must be recorded and maintained throughout child protection involvement for each child about whom protective concerns have been found.

The client contact statement must be reviewed at least quarterly within supervision.

Complaints mechanisms

Complaints mechanisms, including critical incident reporting processes and quality of care reports, perform a key role in monitoring the wellbeing of children and young people in out-of-home care. Complaints mechanisms are outlined in sections 3 and 4.

Transparency in the out-of-home care system

The following bodies play a role in monitoring the out-of-home care system and ensuring transparency:

- Reviews and accreditation of out-of-home care providers
- Commission for Children and Young People
- Victorian Auditor-General's Office
- Victorian Ombudsman
- Children's Services Co-ordination Board
- departmental monitoring of out-of-home care providers.

Reviews and accreditation of providers

As detailed in section 2(d), service providers are regularly reviewed by independent review bodies against departmental Standards. Among other things, independent review bodies must immediately notify the department of any risks to the health or safety of a child or young person.

Commission for Children and Young People

The Commission for Children and Young People Act establishes the Commission for Children and Young People as an independent statutory body. The commission's function, among other things, is to monitor out-of-home care services (see part 4 of the Commission for Children and Young People Act). The commission is led by the Principal Commissioner.

The Commission for Children and Young People has the power to conduct formal inquiries (see parts 4 and 5 of the Commission for Children and Young People Act) and is required to report on its activities (see, part 5, division 6 Commission for Children and Young People Act). Inquiries can be initiated by the commission into health services, human services or schools. These can be individual inquiries in relation to the safety and wellbeing of a vulnerable child, or systemic inquiries, where the commission identifies persistent or recurring issues in health services, human services or schools affecting the safety and wellbeing of children and young people.

In addition to formal inquiries under the Commission for Children and Young People Act, the commission undertakes a range of programs to fulfil its function as an independent statutory body, including independent visitor programs and community visitor programs.

Further information on these programs is provided at 2(e).

A Commissioner for Aboriginal Children and Young people was appointed in 2013. This appointment recognises the vulnerabilities and significant over-representation of Aboriginal children and young people in the child protection and out-of-home care systems. The Commissioner provides advice to government and service providers about policies and practices to promote the safety and wellbeing of Aboriginal children and young people.

Victorian Auditor-General's Office

The Victorian Auditor-General's Office is an independent office established under part V of the *Constitution Act 1975* to examine the management of resources within the public sector, including services provided or funded by the department. Its powers are set out in the *Audit Act 1994*.

In March 2014, the Victorian Auditor-General's Office tabled in Parliament a report of its performance audit on residential care services for children. The former government's response to this report is publicly available. The Auditor-General is currently conducting an audit of early intervention services for vulnerable children and families.

Ombudsman Victoria

The Victorian Ombudsman is established under the *Ombudsman Act 1973* and has jurisdiction to investigate complaints by a child or young person who is in the care of the Secretary, Department of Health & Human Services and is receiving care services provided pursuant to the Children, Youth and Families Act.

Recent investigations relevant to out-of-home care include the *Investigation regarding the Department of Human Services Child Protection Program (Loddon Mallee Region)* (2011) and the *Own motion investigation into Child Protection - out of home care* (2010). The Ombudsman is currently undertaking an investigation into how allegations of abuse in the disability sector are reported and investigated.

Further information about complaints processes is provided at 2(b) below.

The Children's Services Co-ordination Board

The Children's Services Co-ordination Board is established by section 13 of the Child Wellbeing and Safety Act. It comprises the Chief Commissioner for Police and the secretaries of the departments of Premier & Cabinet, Treasury & Finance, Education & Training, Health & Human Services, and Justice & Regulation.

The Children's Services Co-ordination Board annually reviews and reports to the Minister for Families & Children on the outcomes of government actions in relation to children, particularly the most vulnerable children in the community (section 15 Child Wellbeing and Safety Act).

The role of the Board is to sponsor and oversee coordination of effort across different Victorian Government programs and policies where this is needed to improve outcomes for children and young people, particularly those vulnerable to harm, disadvantage or social exclusion.

Since 2006, the Board has produced *The State of Victoria's Children* report each year, which includes information on outcomes for children in state care.

Department of Health & Human Services monitoring of our of home care providers

In addition, the department monitors community service organisation performance in accordance with the monitoring framework detailed at 1(e).

b) Practices which your agency has adopted in order to encourage disclosure by children of sexual abuse in out-of-home care.

Child sexual abuse does not occur in a vacuum. A number of recognised factors lead to some children and young people being more vulnerable to sexual abuse than others. These factors include, but are not

limited to: a background of family dysfunction, family violence and family breakdown; a prior history of sexual abuse; disconnection from peers and schools; problematic early attachment relationships resulting in emotional neediness and vulnerability; a sense of isolation and not fitting in; and intellectual disability.

In order to encourage disclosures, carers, case managers and other professionals must be aware of these risk factors and their relevance to individual children and young people.

The department encourages disclosure by children of sexual abuse in out-of-home care through:

- supporting good practice
- delivering programs that support healthy development of children and young people in out-of-home care
- promoting children's rights and opportunities to be heard.

Supporting good practice

High quality case practice can maximise placement outcomes and help prevent abuse in out-of-home care. Good case practice is dependent on case workers and practitioners receiving regular high quality supervision and opportunities for ongoing professional development.

The department's Chief Practitioner and the two statewide Child Protection Principal Practitioners work closely with child protection and out-of-home care staff and other service partners in the management of complex cases and practice quality issues. This includes the provision of specialist expertise and assistance, case consultancy and review, and the promotion of reflective and evidence-based practice.

The Office of Professional Practice has an annual training calendar which includes the *Best interests case practice model* professional development series. The series is aimed at providing professional development opportunities for those professionals working with Victoria's vulnerable children and families. Participants are drawn from child protection, youth justice, disability client services, family services, out-of-home care, family violence and police. Child protection practitioners (CPP3s and 4s) are required to undertake a minimum of two formal scheduled supervisions per fortnight.

Delivering programs that support healthy development of children and young people in out-of-home care

Encouraging multi-disciplinary partnerships and networks assists in the early identification of health and safety concerns, and increases opportunities for:

- professionals to respond to symptoms and signs of child abuse
- children and young people to make disclosures.

Pathway to Good Health

The Pathway to Good Health project implements a comprehensive healthcare approach based on the *National Clinical Assessment Framework for Comprehensive Health Assessments for Children and Young People in Out-of-home care*. The project commenced in November 2012 and is based in the north and west metropolitan areas of Melbourne.

The Pathway to Good Health project aims to provide a systemic response to identify health issues at the earliest opportunity in a highly vulnerable population and provide coordinated and continuing health care for children in out-of-home care. The clinical pathway has been designed to incorporate mainstream health services and clinicians, and includes the following steps:

- an initial health check by a General Practitioner
- a comprehensive multi-disciplinary health assessment led by a paediatrician, including an assessment of the physical, developmental and psychological health domains
- timely treatment as recommended under a health management plan
- regular ongoing review of the child's health needs.

The model has been rolled out in a limited geographical area to test and evaluate the clinical pathway.

Looking After Children framework

Programs and practice models addressing sexual safety as a health issue have a key role to play in encouraging disclosures. Along with general safety issues, coping with physical and emotional change, and information about sexual activity are a part of the health domain of the Looking After Children framework.

The framework was originally developed in the United Kingdom and has subsequently been implemented in many jurisdictions, internationally and interstate. In Victoria, it provides the practice framework for considering how each child's needs will be met while that child is in out-of-home care. Community service organisations are required to use the Looking After Children framework to manage out-of-home care in accordance with the *Best interests case practice model* cycle of information gathering, assessment, planning, implementation and review.

The Looking After Children framework is used by a child and young person's care team (the group of people, who share responsibility for doing the things that parents generally do) to work together to respond to the child's safety, stability and developmental needs while the child or young person is in out-of-home care. The framework considers the child's needs and outcomes in seven life areas, which cover the things that parents usually also pay attention to, as well as being the critical areas identified from outcomes research, namely the child's:

- health
- emotional and behavioural development
- education, family and social relationships
- identity
- social presentation
- self-care skills.

The framework also includes a set of practice tools to support the care team to manage the day-to-day care of a child.

Promoting children's rights and opportunities to be heard

Supporting and empowering children in out-of-home care and ensuring their voices are heard is essential for in order to make sure that they feel safe in care. There are a range of initiatives in place or in development in Victoria to hear the voices of children in out-of-home care including:

- the *Charter for Children in Out-of-Home Care*
- initiatives that seek the views of children
- complaints mechanisms; and
- child safe standards.

The Children, Youth and Families Act requires the Children's Court, the Secretary, Department of Health & Human Services and community service organisations to have regard for the best interests principles in making any decision or taking any action and requires consideration to be given to 'the child's views and wishes, if they can be reasonably ascertained, and they should be given such weight as is appropriate in the circumstances.'

Charter for children in out-of-home care

Upon entering care, case managers engage children and young people in a conversation about their rights and responsibilities, including how to raise concerns or make a complaint, and the key people with whom they can raise concerns about their care at any time. Children, young people and their families are also provided with the contact details for the Commission for Children and Young People and the Victorian Ombudsman.

The Secretary, Department of Health & Human Services is required to publish and promote the *Charter for Children in Out-of-home Care* (s 16(1)(f) of the Children, Youth and Families Act). The charter, which was developed by the former Office of the Child Safety Commissioner in partnership with the CREATE Foundation, sets out the rights of children in out-of-home care and provides a guide for workers and carers about what they need to do to ensure children's rights are upheld. The child's right to 'be safe and feel safe' is emphasised in the charter, which also outlines and explains the right to 'have a say and be heard' and the right to 'tell someone if I am unhappy'.

Since its launch in 2007, the charter has been distributed to children in out-of-home care, carers, departmental child protection and community service organisation staff. Information sessions are held for carers and workers to promote the Charter.

In accordance with the *Department of Human Services Standards* community service organisations must ensure the Charter is accessible to community service organisation staff, underpins community service organisation practice and is provided to carers and children.

In 2012, CREATE developed a range of materials to raise awareness of the Charter and to embed the Charter in practice. The resources are designed to help children and young people understand their rights in care, assist staff to effectively engage with children about their rights and to assist community service organisations to embed the Charter into their policies and procedures. Resources include DVDs, posters, and story and activity books. As part of its response to recommendation 2 of the Auditor-General's report, *Residential Care Services for Children* (2014), the department is currently seeking feedback from children and young people in residential care services in relation to these materials.

Initiatives to seek the views of children

Valuing and encouraging the voice of children and young people is an important part of encouraging disclosure of sexual abuse in out-of-home care. Various initiatives are underway in the department to hear and promote the voices of children and young people, including:

- The current national survey of children in out-of-home care: Victoria is participating in this survey and is engaging 'Viewpoint', an audio computer-assisted self-interviewing application designed for children and young people. It enables the surveying of children in out-of-home care in order to capture their views. The first survey will be conducted from February to June 2015 and the results will be collated by the Commonwealth Government.
- Raising awareness of complaints mechanisms for children and young people in residential care: In response to Auditor-General's recommendation 2 of the *Report into Residential Care Services for Children* (2014), the department is reviewing the adequacy of current complaints materials (including those relating to the *Charter for Children in Out-of-home Care*), with a view to improving awareness of the Charter and complaints processes. A key part of this work is consultation with children and young people in residential care services, as well as young people aged 18 or over who have left care. This will be undertaken through focus groups and one-on-one interviews.
- Funding the CREATE Foundation (discussed further in section 2(e)) to advocate to improve policies, practices and services, and increase community awareness of issues concerning children and young people.

Complaint mechanisms – departmental mechanisms and requirements

Robust complaint and feedback mechanisms are an important part of an organisation that listens to children and young people, and encourages disclosures. The department has a range of internal complaints and incident reporting and management processes, which are discussed in section 3 and 4 of this response.

Complaint mechanisms – external

As stated at 2(a), the Victorian Ombudsman is established under the *Ombudsman Act 1973* and has jurisdiction to investigate complaints by a child or young person who is in the care of the Secretary,

Department of Health & Human Services and is receiving care services provided pursuant to the Children, Youth and Families Act.

Once a matter is investigated, the Ombudsman may recommend that the government authority take some action to remedy the problem, both in relation to the individual concerned and, if relevant, to the system.

Residential care facilities and secure welfare services promote children's access to the Victorian Ombudsman through signs posted near phones in the facilities.

The Commission for Children and Young People is not an official complaints body, but is able to provide information and assistance to people with concerns about the safety and wellbeing of children and young people. As noted in section 2(a) above, the Commission conducts independent and community visitor programs, which may involve referring and following up complaints. Further information on initiatives delivered by the Commission to provide children with opportunities to talk to people outside the placement are provided at 2(e).

Child safe standards

In November 2013, the Family and Community Development Committee of the Victorian Parliament tabled the *Betrayal of Trust* report. The Victorian Government is now working with organisations engaged in child-related work on the development and implementation of child safe standards based on best practice approaches to creating and maintaining 'child safe' organisations. The primary aim of introducing child safe standards is to drive cultural change and create a focus on risk management within organisations working with children.

One of the proposed 'child safe' standards would require organisations engaged in child-related work to promote the participation and empowerment of children within their organisation. This is likely to involve ensuring: there are mechanisms in place that encourage children to be listened to; there are safe avenues for children to speak up about their concerns; and disclosures and concerns are treated seriously by the organisation, and the affected children and their families supported appropriately.

The department has conducted consultations on the proposed standards with a range of organisations engaged in child-related work, including community service organisations delivering out of home care. It is proposed that legislation will be introduced in 2015 and a phased approach to implementation will commence in 2016.

c) What is the mechanism by which other authorities for example law enforcement, health and schools exchange information with the out-of-home care agency about risks of sexual abuse of the child in care?

Legislation

Three primary pieces of legislation govern the sharing of information in child protection cases.

- *Children, Youth and Families Act 2005* and *Children, Youth and Families Regulations 2007*
- *Privacy and Data Collection Act 2014*
- *Health Records Act 2001*.

The practical application of these pieces of legislation is set out in Child Protection Practice Manual advices:

- *Information sharing in child protection practice: Advice No 1090*
- *Information sharing in out-of-home care: Advice No. 1403.*

Protocols and agreements

A range of protocols and agreements are in place to support collaborative practice and information sharing across government services and between jurisdictions in relation to children and young people in out-of-home care. The list below highlights protocols and MOUs which relate to sexual abuse.

- *Department of Human Services and Victoria Police: Preventing sexual exploitation of children and young people in out-of-home care – addendum to: Protecting children protocol between DHS-Child Protection and Victoria Police June 2012 (2014)*
- *Information Sharing between Community Correctional Services and Child Protection – Fact Sheet*
- *Information Sharing Protocol between the Commonwealth and Child Protection Agencies 2009*
- *Interstate Child Protection Warrants Protocol 2002*
- *Memorandum of Understanding Department of Human Services – Child Protection and the Royal Children's Hospital 2014*
- *Out-of-home Care Education Commitment: A Partnering Agreement between the Department of Human Services, Department of Education and Early Childhood Development, Catholic Education Commission of Victoria, Independent Schools Victoria 2011*
- *Protecting Children: Protocol between Department of Human Services - Child Protection and Victoria Police.*
- *Protecting the safety and wellbeing of children and young people – a joint protocol of the Department of Human Services Child protection, Department of Education and Early Childhood Development, Licensed Children's Services and Victorian Schools 2010.*

d) Is there a requirement that your agency as an out-of-home care provider be accredited, registered or licenced or otherwise be subject to conditions about the provision of out-of-home care? If so, please describe those requirements.

In accordance with Part 3.3 of the Children, Youth and Families Act, the department is required to be monitored and reviewed against the *Department of Human Services Standards* with respect to the residential care services it delivers through Hurstbridge Farm and secure welfare services. Information about the standard and accreditation processes are provided at 1(d).

e) What mechanisms are there for children in out-of-home care to talk to someone outside the immediate out-of-home care placement?

In Victoria, children and young people in out-of-home care have regular and frequent contact with a range of professionals and carers from outside their immediate placement, including their case manager, teachers and other professionals.

The work of professionals and carers with children and young people in care is guided by a single practice model—the Best interests case practice model—which emphasises the building of key relationships of trust with the child or young person. The model encourages linking children and young people with other protective and responsible adults by maximising their opportunities for engagement with education and other community-based pursuits.

Additionally, children have contact with a range of community members and other professionals with whom they may have an established and trusting relationship such as paediatricians, general practitioners, teachers and allied health professionals.

Early Childhood Agreement for Children in Out-of-Home Care

Increasing participation in key early childhood services, including high quality early learning, is one way of ensuring that children and young people have opportunities to talk to people outside their immediate out-of-home care placement.

The Early Childhood Agreement for Children in Out-of-Home Care: A Partnering Agreement between the Department of Human Services; Department of Education and Early Childhood Development; Municipal Association of Victoria; Early Learning Association Australia (the Agreement) aims to increase the participation of young children in out-of-home care in high quality early childhood services, with a particular focus on maternal and child health and early learning services. This in turn enables children to be referred to specialist services that they may require to support their ongoing wellbeing and development.

The Agreement was signed in April 2014 and requires all parties to jointly ensure children in out-of-home care are referred to, and engaged in early childhood services.

Out-of-home-care education commitment

For children and young people, school is often a place of safety and stability, where they connect with teachers and friends. The *Out-of-Home Care Education Commitment: A Partnering Agreement between the Department of Human Services, Department of Education and Early Childhood Development, the Catholic Education Commission of Victoria and Independent Schools Victoria (2011)* (the Partnering Agreement) aims to ensure a coordinated approach supports the needs of children and young people in out-of-home care.

The Partnering Agreement applies to staff who work in government, Catholic and independent schools, including principals, teachers and student wellbeing staff. It also applies to case managers from child protection and community service organisations. The Partnering Agreement recognises the particular

challenges children and young people can experience in remaining engaged with school, and its processes require regular engagement with children and young people and provides opportunities for them to develop trusted and meaningful relationships with people outside of the immediate home environment.

It is of note that while the Partnering Agreement can guide the work of staff in independent schools, these schools are individual legal entities. Further, elements of the Partnering Agreement, such as Regional and Diocesan organisational structures, may not apply to independent schools. Independent Schools Victoria provides guidance and advice to schools that require assistance in the interpretation or implementation of any part of the Partnering Agreement.

The Partnering Agreement places a strong emphasis on information sharing and meeting the welfare needs of children and young people. It requires schools to establish student support group, work with the case manager and participate in care planning meetings.

CREATE Foundation

The department funds the advocacy group CREATE Foundation to undertake activities with children and young people in out-of-home care such as:

- 'Connect' activities for children and young people in care, including Club CREATE (membership, magazines, website kits), Christmas activities, and other specific projects
- 'Empower' activities for children and young people in care, including sector training, training and support of 20 young consultants, monthly Youth Advisory Group meetings, and Victorian representation at the National Youth Advisory Group
- 'Change' activities for children and young people in care, including an annual CREATE Report Card investigation, connecting with all departmental divisions to engage and work with children and young people on priority projects, and young people's representation on a range of project and advisory groups with government and other stakeholder groups.

The department also provided funding to CREATE to develop and distribute the 'Go Your Own Way' information kit for young people who are transitioning from out-of-home care.

Community integration and independent visitor programs

Programs encouraging the development of trusted relationships are based on the premise that young people who are actively involved in their local communities are more likely to experience positive educational, health and employment outcomes.

The Commission for Children and Young People has a role in promoting and trialling promising approaches for improving the outcomes for children in out-of-home care, including the Community Integration Program and Independent Visitor Program pilots.

The Community Integration Program is currently being tested in three separate sites. It aims to connect young people living in residential care with their local community. Volunteers from the community get to know a vulnerable young person and support them to connect with others involved in a local activity, group or event that interests them, for example through sports clubs, or dancing lessons.

An Independent Visitor Program is being piloted in secure welfare services involving paid Commission for Children and Young People employees. In addition, an Independent Visitor Program pilot for residential care facilities in the Southern division involving volunteer community visitors is expected to commence in early 2015.

3. Systems, policies, practices and procedures for reporting allegations

a) What are the requirements or practices for reporting allegations of child sexual abuse within the agency?

Upon receiving information that a child has been sexually or physically assaulted, the reporting of matters to police must occur as soon as possible so that police can determine whether or not an offence has occurred and what criminal investigation response is necessary.

There are two key instruction documents that relate to reporting allegations of sexual abuse within an out-of-home care agency:

- *Critical client incident management instruction (technical update 2014)*
- *Responding to allegations of physical and sexual assault instruction (technical update 2014)*.

All allegations of physical and sexual abuse must be reported to the department via the client incident reporting system. When an allegation of sexual abuse is reported to the department, the matter must also be reported to the police.

There are two categories of reportable incidents: Category One incidents, which include all incidents that have resulted in a serious outcome, such as a client death or severe trauma; and Category Two incidents, which involve events that threaten the health, safety and/or wellbeing of clients or staff. All alleged staff-to-client assaults, whether sexual or physical, are classified as Category One incidents regardless of whether medical attention is required and regardless of the type of assault alleged. Client-to-client sexual assault is also classified as a Category One incident. Category One incidents must be reported to the department as soon as possible and within one working day. These responsibilities are further set out in an accessible format in the *Critical Client Incident Management Summary Guide and Categorisation Table*.

The community service organisation must advise the department as soon as possible to ensure the immediate safety issues are considered and managed. Analysis of critical incident management data is undertaken by departmental divisions to identify themes and monitor operational issues.

The Responding to allegations of physical or sexual assault (technical update 2014) sets out the management and reporting requirements relating to allegations of physical or sexual assault involving departmental clients receiving facility-based services operated or funded by the department, youth justice facilities, child protection clients in out-of-home care and disability services clients. The aim of the instruction is to:

- protect clients and staff from assault;
- support clients and staff who report allegations of physical or sexual assault;
- meet duty of care obligations; and
- hold perpetrators of assaults accountable for their actions.

The instruction contains a set of minimum standards for supporting victims and reporting allegations of physical and sexual assaults to Victoria Police.

b) What are the requirements or practices for reporting allegations of child sexual abuse outside of the agency

Victoria Police

In 2012 the former Department of Human Services and Victoria Police established a joint protocol to ensure an effective response to child abuse: *Protecting children: Protocol between Department of*

Human Services—Child Protection and Victoria Police 2012 (the protocol). The protocol articulates the statutory and non-statutory responsibilities of both child protection and Victoria Police and how they will interact with each other. As mentioned, when an allegation of sexual abuse is reported to the department, the matter must also be reported to the police.

New criminal offences

New criminal offences have been introduced to improve responses within organisations and the community to child sexual abuse.

The offences form part of the Victorian Government's response to the recommendations of the *Betrayal of Trust* report.

A new 'failure to disclose' offence came into effect on 27 October 2014 for adults who fail to disclose child sexual abuse to police. Any adult who forms a reasonable belief that a sexual offence has been committed by an adult against a child under 16 now has an obligation to report that information to police, unless they have a reasonable excuse. Failure to disclose the information to police is a criminal offence.

A new 'failure to protect' offence will apply to people within organisations who knew of a risk of child sexual abuse by someone in the organisation and had the authority to reduce or remove the risk, but negligently failed to do so. This offence is expected to come into effect by 1 July 2015.

Children, Youth and Families Act 2005

Under section 184 of the Children, Youth and Families Act, certain professionals, namely medical practitioners, nurses, midwives, teachers, principals and police are mandated to make a report to the department if they believe on reasonable grounds that a child is in need of protection from physical or sexual abuse. In addition, under section 183 Children, Youth and Families Act, any person who believes on reasonable grounds that a child is in need of protection may report that belief to child protection or the police.

The following may constitute reasonable grounds for forming a belief that a child is in need of protection:

- a child states that they have been physically or sexually abused
- a child states that they know someone who has been physically or sexually abused
- someone who knows the child states that the child has been physically or sexually abused
- professional observations of the child's behaviour or development leads the mandated professional to form a belief that the child has been abused or is likely to be abused
- signs of physical or sexual abuse leads to a belief that the child has been abused.

A report must be made as soon as practicable after forming the belief, and on each occasion thereafter when the reporter becomes aware of any further reasonable grounds for the belief.

Code of Conduct for Victorian Public Sector Employees

The *Code of Conduct for Victorian Public Sector Employees* also includes a positive obligation upon departmental employees to report any unethical conduct. In addition, where a child who resides in an out-of-home care placement is the subject of an allegation of sexual abuse or assault, the department's incident reporting policy applies. The allegation must be reported to the department and the police. Where the allegation concerns a carer, the quality of care policy also applies. Further information on quality of care policy is provided at 4(a).

c) What data is collected in these reports?

Critical incident reports

The critical incident report form records information about alleged incidents, including:

- the incident type, date and time of occurrence

- actions taken and planned in response to the incident
- the name and involvement of any client in the incident
- the client's sex, date of birth, and Aboriginal and/or Torres Strait Islander status
- whether the client was injured and/or required medical treatment
- the name, position title and the work status of the client's carer
- the carer's involvement in the incident
- whether the carer was injured and/or required medical treatment
- the location, the organisation, facility, or program reporting the incident
- whether police have been contacted
- whether the immediate needs of the client are being addressed.

Analysis of critical incident management data is undertaken by departmental divisions to identify themes and monitor operational issues.

d) With which agencies or authorities does your agency exchange information about these reports?

Commission for Children and Young People

The department provides the Commission for Children and Youth People with:

- all Category One incident reports that relate to children in out-of-home care, including quality of care matters
- statewide data on Category One critical incidents relating to clients in residential care
- statewide data on absent/missing person reports in residential care.

Victoria Police

As noted in response to 3(a) the *Responding to allegations of physical or sexual assault (technical update 2014)* requires that, upon receipt of information that a child has been sexually or physically assaulted, the reporting of matters to police must occur as soon as possible so that police can determine whether or not an offence has occurred and what criminal investigation response is necessary.

e) Merits of a consistent national approach?

A consistent national approach could be achieved in a range of ways, from establishing identical policies, practices and procedures with reporting to a central national body, through to harmonisation of key elements under a common national framework.

The Victorian Government is mindful that consistent national approaches to public policy can, in some circumstances, result in improved client outcomes. In other circumstances, consistent national approaches can be resource intensive, time consuming and do little to improve client outcomes.

In assessing the merits of any specific proposal for a national approach to policies, practices and procedures for reporting allegations of child sexual abuse, the Victorian Government would first consider:

- whether the proposed approach is evidence-based and addresses a demonstrated system weakness that is impacting the safety of children
- how Victorian children would directly benefit from the proposed approach
- whether current Victorian best practice standards would be maintained or enhanced
- whether Victoria would retain the flexibility to innovate and improve its own out-of-home care system (or respond to recommendations of, for example, the Ombudsman Victoria or the Victorian Auditor General) without requiring amendment to an intergovernmental agreement
- whether the benefits would outweigh administrative costs

- whether the proposed approach would confuse the accountability of state and territory governments for the performance of out-of-home care systems.

Taking these factors into account, it is unclear that a consistent national approach would deliver better safety outcomes for Victorian children and it is likely that innovation and continuous system improvement would be quite constrained.

4. Systems, policies, practices and procedures for responding to allegations

a) What does the agency do about each allegation of child sexual abuse of a child in out-of-home care which is reported to them?

Information about the procedures for reporting and responding to and reporting allegations of child sexual abuse of a child in out-of-home care is provided at 3(a).

Information about the support provided to children who have experienced sexual abuse is set out at 5(a).

Quality of care processes

All allegations of sexual abuse by an out-of-home carer result in a quality of care investigation.

Under section 82 of the Children, Youth and Families Act, any person may make a report to the Secretary, Department of Health & Human Services, alleging physical or sexual abuse by a foster carer or a residential out-of-home carer towards a child or young person in out-of-home care (under the age of 18 years, at the time of the alleged abuse).

The Victorian response to allegations of sexual abuse of children in out-of-home care is outlined in *Responding to quality of care concerns in out-of-home care (technical update 2014)* (the Guidelines). The guidelines apply to the department and community service organisations that provide out-of-home care.

When a quality of care concern is raised about a child or young person in out-of-home care, the department, community service organisations, carers and police must work together to ensure that the safety and best interests of the child are paramount and that an effective and timely response is achieved.

In addition, under the program requirements for both home-based and residential care, when an allegation of abuse or a quality of care concern is raised in relation to an Aboriginal child, the department and the community service organisations are required to ensure a relevant member of the child's Aboriginal community is included as part of any investigation.

Staff involved in leading the response and making appropriate decisions must be well-trained. As noted at 1(a) Victoria has a statewide quality of care training program for departmental and community service organisation staff.

The quality of care process is led by senior staff within both the department and community service organisations that are supported by clinical specialists in sexual abuse including principal child protection practitioners.

Community service organisations must clearly document on carer files relevant details of all quality of care concerns.

Disqualification of carers

The Children, Youth and Families Act establishes a process whereby registered carers can be disqualified from being placed on the 'Register of out-of-home carers' if they are deemed to pose an unacceptable risk of harm to children.

Where a report is received and certain criteria⁴ are met, the Secretary, Department of Health & Human Services may determine that an independent investigation is warranted.

⁴ There is an allegation of physical and/or sexual abuse; the allegation is against a registered carer involving a child or young person in out-of-home care; and the abuse is alleged to have occurred on or after 7 December 2002.

If an independent investigation finds that, on the balance of probabilities, the carer has physically and/or sexually abused the child, and the Secretary, Department of Health & Human Services considers that the person poses an unacceptable risk of harm to children the Secretary may decide to refer the matter for hearing by the Suitability Panel. Where the Suitability Panel determines that the carer poses an unacceptable risk of harm to children, the carer is marked as disqualified on the register. Further information on the 'Register of out of home carers' is provided at 4(b).

The Suitability Panel consists of people independent of the department with a range of qualifications and experience. It comprises a legal practitioner chairperson and other members who have a relevant tertiary qualification in law, social work, psychology, the treatment of sex offenders or in any other relevant discipline. The chairperson and members are appointed by the Governor-in-Council under the Children, Youth and Families Act.

A system of independent oversight for allegations of abuse is currently in development, as recommended in the *Betrayal of Trust* report. This reform provides an opportunity to improve responses to allegations, including how and when they trigger disciplinary and disqualification procedures.

b) What data is collected about these actions?

Refer to incident reporting data – section 3(c).

Quality of care reports

The department's Quality of care database contains information on allegations by client characteristics such as age, gender, placement type, and allegation type. It can also provide information on the investigation process following an allegation of child sexual abuse including outcome and length of investigation.

Quality of care cases can be complex and often involve multiple clients and/or multiple carers in one incident. However, the system enables the calculation of individualised outcomes.

Allegations of assault by one child in out-of-home care against another child in care are not in the scope of the quality of care system.

Register of out of home carers

Since 2008, Victoria has maintained a register of all foster and residential carers and the community service organisations with whom they are employed or engaged. The Children, Youth and Families Act defines what an out-of-home carer is and prescribes who can be registered on the 'Register of out of home carers'. All foster and residential carers in Victoria must be registered. The Carer Register identifies the registration status of all carers including those who are subject to an investigation, or who have been disqualified from caring for children in out-of-home care as a result of an adverse Suitability Panel finding.

The Children, Youth and Families Act makes it an offence for an out-of-home care service to employ or engage a person who has been disqualified by the Suitability Panel or without inquiring whether the person is disqualified. It is also an offence for a person to apply for work as an out-of-home carer while disqualified or to conceal the fact that they are under investigation as to their suitability.

The register of out of home carers contains information about the number of out-of-home carers who are the subject of a report, under the Children, Youth and Families Act, regarding allegations of physical and/or sexual abuse of children or young people in their care. It also shows the status of cases as they progresses through the Independent Investigation and Suitability Panel process from a new report to a Suitability Panel finding. The register also provides data regarding the number of out-of-home carers that have been disqualified by the Suitability Panel from caring for children and young people in out-of-home care.

c) With which agencies or authorities does your agency exchange information about these responses?

The department provides:

- information about the status of individuals on the register of out of home carers to support community service organisations' carer screening processes
- all outcome reports for quality of care investigations to the Commission for Children and Young People
- Information about disqualified carers to the Department of Justice and Regulation to enable consideration of the person's eligibility to retain their Working with Children Check.

Independent oversight

Following the release of the *Betrayal of Trust* report, the Victorian Government is considering how to implement a system of independent oversight for allegations and findings of child abuse across certain organisations that work with children.

Similar to the New South Wales 'reportable conduct' scheme, it is proposed that organisations with a high degree of responsibility for children, including CSOs providing out-of-home care, would be required to report allegations and findings of child abuse to a central, independent oversight body in addition to existing police reporting obligations. It is proposed that the oversight body would:

- monitor investigations into abuse and report on trends
- refer certain findings to the Working with Children unit in the Department of Justice and Regulation, triggering a reassessment of Working with Children Check eligibility
- have the power to inquire into the child safety systems of all organisations engaged in child-related work
- assist in building the capacity of organisations to respond to allegations of abuse.

The design of the scheme would build on existing requirements including Victorian and national employee misconduct, professional registration and reporting obligations.

d) Merits of a consistent national approach

As outlined above at 3(e), national approaches are suitable in some circumstances and not in others. In assessing the merits of national approaches to systems, policies, practices and procedures for responding to allegations of child abuse in out of home care, the same considerations would apply. Taking these factors into account, it is likely that national approaches would constrain innovation and continuous system improvement, confuse accountability for performance between the Commonwealth and state governments, and deliver few (if any) direct benefits for children.

5. Systems, policies, practices and procedures for supporting children who have been sexually abused in out-of-home-care

a) **What does your agency do to support children who have been sexually abused in out-of-home care, including providing counselling, support services, specialist services, financial assistance or recompense while in care and after exiting care?**

The Victorian Government recognises the importance of providing survivors of abuse with ongoing therapeutic services and practical support.

Responding to allegations of physical or sexual assault (technical update 2014) provides guidance to out-of-home care providers in supporting children and young people to access services through Centres Against Sexual Assault.

If the client consents, in instances of alleged sexual assault, the most senior staff member in the relevant work area is required to contact the local Centre Against Sexual Assault at the same time the police are informed of the allegation.

The Centre Against Sexual Assault should always be involved unless the client does not want contact with this service. Where the allegation is of sexual assault and the client is examined by a forensic medical officer or forensic nurse examiner, staff must ensure that the client is offered the assistance and support of a counsellor-advocate from the Centre Against Sexual Assault.

Centres Against Sexual Assault

The government funds non-government agencies on a recurrent basis to deliver sexual assault support services throughout Victoria. The majority of these agencies are Centres Against Sexual Assault. The centres provide counselling, advocacy, support and information to adults, young people and children who have experienced sexual assault, whether they were children or adults when the assault was perpetrated.

The Sexual Assault Crisis Line is available 24 hours a day. Services are free and confidential to all victims/survivors of recent and past sexual assaults regardless of gender, and include:

- immediate crisis support including crisis intervention, provision of information, counselling, advocacy, liaison with the department on child protection matters, police, forensic and other medical personnel, and coordination of support
- follow-up, longer-term counselling, advocacy and support
- information regarding options and rights within the legal system
- information regarding medical options, including follow-up medical treatment
- assistance to negotiate the management of sexually transmitted infections and/or pregnancy arising from the assault
- support and information to non-offending family members and support people.

There is no pre-determined number of sessions available and services are delivered in accordance with the individual needs of victims/survivors.

In addition to the above activities, Centres Against Sexual Assault also provide community education, training and specialist consultation services to relevant individuals and services to facilitate meeting the broader needs and concerns of victim/survivors of sexual assault.

Multidisciplinary centres enable a specialist response to sexual offences and sexual abuse through an integrated, multidisciplinary context and an environment which provides safety, support and access to justice. The multidisciplinary centres co-located with Centres Against Sexual Assault, departmental child protection practitioners and Victoria Police sexual offences and child abuse investigation teams.

The multidisciplinary centres also have close ties with the Victorian Institute of Forensic Medicine and Victorian Forensic Paediatric Medical Service, which provide forensic medical examinations. Medical professionals from the Victorian Institute of Forensic Medicine are co-located in one multidisciplinary centre and there are specially designed forensic suites in both the Dandenong and Mildura multidisciplinary centres with plans for forensic suites to be included in a further two regional multidisciplinary centres in 2015.

The specialist professionals work collaboratively to provide a victim/survivor-centred, integrated and holistic response to victims of sexual assault from a single location. Work is also underway to co-locate nurses in all multidisciplinary centres during 2015 to provide nursing services to children and adults who attend the centres. MDCs are operating in Seaford, Mildura, Geelong and Dandenong. Additional multidisciplinary centres are in development in Bendigo and Morwell and are expected to be open in 2015.

Civil claims

Following the 2006 Victorian Government apology to care leavers, the former Department of Human Services developed an alternative approach to civil claims to minimise the trauma to survivors and sensitively expedite the settlement process. The approach was recently formalised through the introduction of the Common Guiding Principles for responding to civil claims involving allegations of child sexual abuse).

Both the Department of Health & Human Services and the Department of Education and Training manage civil claims involving allegations of child sexual abuse in accordance with the principles. They guide responses to all child sexual abuse claims in a way that is consistent and appropriate, including:

- making the process for child sexual abuse civil claims less litigious
- minimising potential further trauma to survivors of child sexual abuse
- reducing government reliance on legal mechanisms that have been the subject of public criticism, including in submissions to the Parliamentary Inquiry and the Royal Commission
- ensuring greater consistency in responding to child sexual abuse claims across departments
- encouraging provision of pastoral letters and apologies
- supporting early resolution.

This approach is also used in response to pre-litigation claims such as letters of demand and unissued writs. Under the principles, departments do not ordinarily rely on a limitation period defence in either settlement negotiations or litigation. They also do not require confidentiality in terms of settlement.

People who are making civil claims also have the option to report the matter to Victoria Police. There are three options:

- make a formal police report and initiate an investigation
- tell their story and defer any decision to proceed
- make a statement with a clear decision not to proceed formally.

In response to the *Betrayal of Trust* report, the government is exploring options for a redress scheme for victims/survivors of institutional abuse.

6. National initiatives

a) What has your agency done to support outcomes 2.2, 6.1, 6.2 and 6.4 of the National Framework for Protecting Australia's Children 2009–2020?

Initiatives to support outcome 2.2

The following information relates to Outcome 2.2 of the *National Framework for Protecting Australia's Children 2009–2020* which is 'Develop new information sharing provisions between Commonwealth agencies, State and Territory agencies and NGOs dealing with vulnerable families'.

Children and Families Secretaries Group

The Children and Families Secretaries Group provides jurisdictions, including the Commonwealth with a platform to collaborate on policy approaches to child and family issues, including opportunities for information sharing.

- The Children and Families Secretaries Group 2014–15 workplan includes the following National Framework for Protecting Australia's Children projects:
 - professionalisation of carers
 - national standards for out-of-home care
 - health assessments for out-of-home care
 - indigenous child safety
 - evaluation and strategy and annual report.
- National Framework for Protecting Australia's Children Third Action Plan, with incidents of family violence in child protection cases as a particular focus to be considered.
- Data and measurement – focusing on prevention and early intervention.
- Inter-jurisdictional carer information sharing arrangements.

The Children and Families Secretaries Group has also identified information sharing between jurisdictions as a key priority and formed a Data Sharing Working Group which will scope and undertake projects with the aim of increasing information sharing between jurisdictions in the area of community services. The working group held its inaugural meeting on 21 January 2015 and will confirm its work program in the coming months.

In the 2009–10 cost shared budget, the Community and Disability Services Ministers' Advisory Council commissioned the Carer De-Registration Information Sharing Project. The project aimed to develop measures to ensure that information on previously de-registered foster carers could be shared between jurisdictions. It resulted in amendments being made to the *Protocol for the transfer of care and protection orders and proceedings and interstate assistance* and its operating procedures to enable information sharing about carers moving between jurisdictions.

Jurisdictions have committed to the ongoing review and improvement of this protocol.

Senior Practice Adviser (Sex Offender Registry Liaison)

The role of Senior Practice Adviser (Sex Offender Registry Liaison) was created in 2011 and is responsible for management and overseeing the liaison and information sharing between child protection and three parts of Victoria Police – the Sex Offender Registry, Sexual Crimes Squad and regional Sexual Offences and Child Abuse Investigation Teams (SOCIT). The role operates across the two organisations to inform and support practice and decision making regarding highly vulnerable children at risk of sexual abuse and sexual exploitation.

Children and Youth Area Partnerships

Children and Youth Area Partnerships are a key initiative, launched in 2014. Area partnerships bring together the most senior representatives in a local area from state and local governments, the community sector and the broader community, who are most able to make a difference for vulnerable children, young people and their families. Area partnerships will identify where there are issues (such as information sharing) that can be resolved locally. They will have scope to escalate identified issues to the Children's Services Coordination Board where there are systemic issues that cannot be locally resolved.

Child FIRST

Child FIRST (Child and Family Information, Referral and Support Teams) and family services are funded by the department to provide support and assistance to vulnerable children, young people and families where there are concerns about the wellbeing of the child or young person. Family services provide a case work response that aims to boost parenting capacity and skills, strengthen parent-child relationships, improve child development, and enhance social connectedness.

There are 24 Child FIRST sites across the state; each providing a central referral point to a range of community-based services within a local catchment area.

Information can be shared between Child FIRST and child protection to enable assessments of families' risks and needs, and family services are authorised to consult with or make reports to child protection when a child is believed to be in need of protection.

Initiatives to support outcome 6.1

The following information relates to Outcome 6.1 of the National Framework for Protecting Australia's Children 2009-2020 which is 'Raise awareness of child sexual exploitation and abuse, including online exploitation'

Sexual exploitation

The Department of Health & Human Services and Victoria Police have a shared commitment to protect children and young people in out-of-home care from sexual exploitation. The commitment has a focus on prevention, intervention and support and seeks to:

- raise awareness and develop evidence-informed responses to sexual exploitation
- strengthen partnerships between the department, Victoria Police and community service organisations to develop strategic and effective responses and improved outcomes for children and young people.

The *Department of Human Services and Victoria Police: Preventing sexual exploitation of children and young people in out-of-home care – addendum to: Protecting children protocol between DHS-Child Protection and Victoria Police June 2012 (2014)* describes how these organisations will work together to prevent and respond to the risk of sexual exploitation of children and young people in out-of-home care. The joint approach is supported by a collaborative responses steering committee and sexual exploitation sub-committee.

Training

The Department of Health & Human Services/Victoria Police collaboration is supported by joint training across the state for child protection workers, police and care workers in how to prevent and respond to the risk of sexual exploitation.

In late 2013, Victoria Police together with the department's Office of Professional Practice commenced training sessions across the state focussing on Working with Adolescents at Risk of Sexual Exploitation. The training is aimed at residential care workers, departmental child protection managers, practice leaders, case managers and Placement Coordination unit staff, Victoria Police Sexual Offences and Child Abuse Investigation team members and youth resource officers.

To date, 15 sessions have been delivered across metropolitan Melbourne and rural Victoria. Each session was attended by 80-120 participants. The training ensured participants gained knowledge and understanding in:

- all aspects of sexual exploitation
- redefining how we view young people's involvement in sexual exploitation
- what to look for (signs of sexual exploitative situations)
- how to respond
- where each agency/individual fits in the systems response.

Training advises residential care workers and departmental staff to provide information and their observations of clients who may be being sexually exploited through completion of a template which is lodged with the department and proved to the Victoria Police Sexual Crimes Squad for analysis and to the relevant Sexual Offences and Child Abuse Investigation Coordination for action.

For Victoria Police specifically, the training outlines police responsibilities, expectations and considerations, when receiving notification of suspected sexual exploitation of children/youth in out-of-home care.

Working with adolescents at risk of sexual exploitation now forms part of the training delivered at all Sexual Offences and Child Abuse Investigation Team/Video and Audio Recorded Evidence courses.

The Office of Professional Practice, in partnership with the Centre for Excellence in Child and Family Welfare and the Victoria Police – Sexual Offences and Child Abuse Investigation Coordination Team and Sexual Crime Squad, present annual workshops on working with adolescents at risk of sexual exploitation. The series is part of the Residential Care Learning and Development Strategy (see also 1(c)) and is presented in divisional locations and targeted at staff from local residential care agencies, child protection practitioners and Victoria Police Sexual Offences and Child Abuse Investigation Team members.

Victoria has developed practice guidance for child protection practitioners, entitled *Sexual exploitation of children and young people: Advice No. 1597* (March 2014). The guidance provides information on departmental policy and practice requirements, and strategies to prevent or disrupt persons perpetrating the exploitative activity.

Collaborative practice

The focus of the joint work is: timely information exchange when concerns arise that a young person subject to child protection involvement may be at risk of sexual exploitation; rigorous information and intelligence gathering by child protection and community service organisations on alleged perpetrators or persons of interest; and the documentation of this information in jointly developed templates.

The templates are completed by child protection and care staff and are designed to hold all key information relevant to the young person's experience of sexual exploitation. They are then forwarded to Victoria Police Sexual Crimes Squad via divisional child protection management and the Office of Professional Practice.

New concerns and any subsequent information is reported immediately to Victoria Police verbally and through updated sexual exploitation templates to ensure all information about possible perpetrators is considered and investigated and the immediate safety concerns for the young person are addressed.

Since late 2013, the Office of Professional Practice has also been preparing Link Charts that analyse and map critical linkages between young people at risk and persons of interest/known offenders to inform child protection and Victoria Police investigation and targeted operations.

Key partners include the department's child protection service and Office of Professional Practice, Victoria Police Sexual Offences and Child Abuse Investigation Teams and the Victoria Police Sexual Crimes Squad. The community service organisations that provide residential care are also significant partners in this work.

The department has also provided a senior child protection practitioner who is co-located with police at the Victoria Police Sex Offender Registry to support information exchange with the department's child protection service. This practitioner also provides high level operational and policy advice, case consultation to divisional child protection staff and management, and assists child protection and Victoria Police in the development of strategic operations to cease or disrupt identified networks of sexual exploitation.

Grooming offence

The partnership approach of the department and Victoria Police has recently been strengthened with the introduction of the *Crimes Amendment (Grooming) Act 2014*. This legislation provides for the prosecution of people who groom children for sex.

The offence does not require proof that a sexual offence was actually committed with the child, nor that there was any specific conduct involved in the grooming. A grooming offence occurs when there is a communication with a child, their parent or carer, with the intention of making it easier to engage or involve the child in a sexual offence.

The grooming offence will ensure that the befriending and relationship building behaviour identified as an integral part of grooming, will be covered by the offence if undertaken with the intention of facilitating the engagement or involvement of a child in a sexual offence.

In September 2014 amendments were also made to the Children, Youth and Families Act to increase the penalties for the offences of loitering and lurking near out-of-home care services and harbouring children in out-of-home care.

Cyber-safety initiatives

The Daniel Morcombe Child Safety Curriculum resource was made available to Victorian schools by the Queensland Government to support schools and teachers in the promotion of safety for all students. The curriculum includes lessons about personal safety and awareness, cyber safety and telephone safety. The lesson content aims to develop student knowledge and skills to recognise, react and report when they are unsafe. Activities are available for students across years prep to year 9. Information for parents about the resource is also available on the Department of Education and Training website. Further work is planned to align this resource with the Victorian curriculum.

The Department of Education and Training recommends that schools take a holistic approach to cyber safety education. Cyber safety practices and issues should be included within the school's curriculum planning and taught explicitly. As part of a classroom program, teachers should look for opportunities to introduce or reinforce cyber safety practices. The focus should be on the behaviour and potential dangers associated with the technology as well as how to use the technology safely and responsibly. The cyber safety component of the Department of Education and Training's Bully Stoppers online toolkit provides cyber safety advice and guidance to help schools, parents and students use digital technology in a safe, smart and responsible way.

Initiatives to support outcome 6.2

The following information relates to Outcome 6.2 of the National Framework for Protecting Australia's Children 2009-2020 which is 'Enhance prevention strategies for child sexual abuse'

Further investments in out-of-home care

The Victorian Government recently announced further investment to strengthen the out-of-home care system to ensure better care for Victoria's vulnerable children and young people. An additional \$16 million has been allocated to provide more staff during the day and a staff member who remains awake at night. This increased overnight supervision will come into effect in April 2015. In addition, the Government is investing \$1.5 million to attract, recruit and retain more foster carers, including through a public campaign and support program. This initiative aims to provide home-based care placements for all

primary school aged children in out-of-home care. As noted at 1(d) the government is introducing spot audits of residential care facilities, supported through a \$1.5 investment.

Actions arising from the Betrayal of Trust report

The Victorian Government has committed to implementing all recommendations made by the *Betrayal of Trust* report. The following provides a summary of action taken to date:

- The legislative requirement that all ministers of religion hold a current Working with Children Check commenced operation on 26 October 2014
- The *Crimes Amendment (Grooming) Act 2014* introduced a grooming offence in Victoria that commenced on 9 April 2014. The offence prohibits any communications with a child or the child's parents or carers intended to facilitate engaging the child in a sexual offence
- The *Crimes Amendment (Protection of Children) Act 2014* introduced a new offence for failure to disclose child sexual abuse that commenced on 27 October 2014
- The *Crimes Amendment (Protection of Children) Act* also created the new offence for failure to protect a child from sexual abuse. This is scheduled to commence on 1 July 2015
- The department has undertaken stakeholder consultations on the introduction of minimum child safe standards for organisations working with children
- An exposure draft of a Bill removing time limitations for civil claims involving criminal child abuse was released in October 2014.

Sex offender register

The Victorian Government has also recently strengthened Victoria's Sex Offenders Register scheme, including increasing registered sex offenders' accountability to police by amending the definition of what constitutes having contact with children. Broadly, the Sex Offenders Register scheme requires certain sex offenders to keep police informed of their whereabouts and other personal details for a period of time. The aim is: to reduce the likelihood of these offenders re-offending in the community; facilitate the investigation and prosecution of any future offences; and prevent registered sex offenders from working in child-related employment.

Permanent care

When a child is removed from their family due to unacceptable risk of harm, and the family is unlikely to provide sufficient safety for the child to return in the longer term, placement stability and permanency is a critical factor to meeting the child's needs and promoting their wellbeing.

The *Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014* received Royal Assent on 9 September 2014. The amendments address key recommendations outlined in the Report of the Protecting Victoria's Vulnerable Children's Inquiry regarding the simplification of Children's Court orders and identifying and removing barriers to achieving permanent placements for children.

The major changes include:

- a new suite of Children's Court orders that are clearer and linked with case plans to better protect children from harm
- giving carers more authority to make decisions on specified issues about children in their care
- introducing timelines to achieve reunification of children – parents will have an initial 12 months to resolve issues so they can resume care of their child – at the end of this period either an additional 12 months will be provided where reunification is likely to be achieved in the 12 months, or permanent alternative care will be sought
- changing some of the features of permanent care orders (which make a carer the child's legal parent and where a child remains in their care until they are an adult).

Taskforce CIDERHOUSE

In November 2013 a pilot program, initiated by the Victoria Police Sexual Crimes Squad, was established to address the sexual exploitation of young people in out-of-home care in the Dandenong area. The aim of Taskforce CIDERHOUSE was to engage the children being exploited and disrupt the activity, with a view to prosecuting the perpetrators involved.

Investigators focused on developing a rapport with these children in order to gain their trust and ascertain the extent of offending through disclosures. In addition to the traditional investigative avenues of enquiry, Taskforce CIDERHOUSE has utilised intervention orders, harbouring notices and various disruptive tactics. It has resulted in a number of arrests, matters being brought to court and convictions.

The children involved are now reporting matters to police where previously they were reluctant to report and remain engaged in the criminal justice system.

A template for Victoria Police members will be developed outlining best practice in working with children suspected of being sexually exploited. The initiative has confirmed the need for:

- investigators to be trained in child exploitation and to have insight into victim and offender behaviour
- cross-agency approaches and information sharing
- proactive victim management.

Treatment services for children and young people with problem sexual behaviour or sexually abusive behaviour

The Children, Youth and Families Act includes a provision for the department to receive reports for children, aged between 10 and under 15 years, with sexually abusive behaviour requiring therapeutic treatment. The aim of statutory therapeutic treatment orders is to enable early intervention for young people who exhibit sexually abusive behaviours to help prevent ongoing and more serious behaviour.

To support the legislation, a statewide system has been established comprising 12 specialist services that provide treatment to any child or young person with problem sexual behaviour or sexually abusive behaviour. The services work closely with child protection practitioners and care givers (including residential care workers) to support treatment.

The evidence-based program is informed by:

- children's developmental stages
- attachment theory and the effects of trauma
- cognitive behavioural therapy.

The program adopts approaches including individual work, family work, eco-systemic interventions and group work.

Since its inception, increased resources have been provided to the program to respond to growing demand for the service.

Practitioners who deliver the program are supported by a comprehensive training program, components of which are delivered by the Australian and New Zealand Association for the Treatment of Sexual Abuse.

Initiatives to support outcome 6.4

The following information relates to Outcome 6.4 of the National Framework for Protecting Australia's Children 2009-2020 which is 'Ensure survivors of sexual abuse have access to effective treatment and appropriate support'

The Victorian Government recognises the importance of providing victim/survivors of abuse in institutional settings with ongoing therapeutic services and practical supports. These services are delivered in accordance with the Victorian Centres Against Sexual Assault Forum Standards of Practice (March 2014). For further detail, refer to the information provided at 5(a).

Appendix 1: Summary of policies and guidelines cited in response to questions

Assessment Record - Part of Step by Step Aboriginal Assessment Tool (publication date not provided)

Assessment record - Step by step Victoria: A competency-based resource for assessing potential foster carers (2006)

Best interests case practice model

Charter for Children in Out-of-home Care

Client Incident Report Form

Code of Conduct for Victorian Public Sector Employees

Common Guiding Principles for responding to civil claims involving allegations of child sexual abuse, Department of Human Services and Department of Education and Early Childhood Development

Critical Client Incident Management Instruction Technical update 2014

Critical Client Incident Management Summary Guide and Categorisation Table

DHS Service Area, Program and Incident Type List

Department of Human Services and Victoria Police: Preventing sexual exploitation of children and young people in out-of-home care – addendum to: Protecting children protocol between DHS-Child Protection and Victoria Police June 2012 (2014)

Early Childhood Agreement for Children in Out-of-Home Care: A Partnering Agreement between the Department of Human Services; Department of Education and Early Childhood Development; Municipal Association of Victoria; Early Learning Association Australia

Guidelines for responding to quality of care concerns in out-of-home care (technical update 2014)

Information Sharing between Community Correctional Services and Child Protection – Fact Sheet

Information sharing in child protection practice: Advice No 1090 (April 2014)

Information sharing in out-of-home care: Advice No. 1403 (November 2012)

Information Sharing Protocol between the Commonwealth and Child Protection Agencies 2009

Interstate Child Protection Warrants Protocol 2002

Kinship Carer's Handbook, Kinship Carers Victoria 2014

Labour Hire Service Procedures: Engaging Labour Hire Agency Residential Care Staff in Out-of-Home Care Services (August 2012)

Leader's Guide - Shared stories, shared lives Victoria: a course for foster parents and potential foster parents (2006)

Manual for assessors -Step by Step Aboriginal Assessment Tool (2007)

Manual for assessors- Step by step Victoria: A competency-based resource for assessing potential foster carers (2006)

MOU Department of Human Services – Child Protection and the Royal Children's Hospital 2014.

Out-of-home Care Education Commitment: A Partnering Agreement between the Department of Human Services, Department of Education and Early Childhood Development, Catholic Education Commission of Victoria, Independent Schools Victoria 2011.

Program requirements for home-based care in Victoria Interim revised edition (April 2014);

Program requirements for lead tenant services in Victoria (September 2014)

Program requirements for residential care services in Victoria Interim revised edition April 2014

Program requirements for the delivery of therapeutic residential care in Victoria (December 2012)

Protecting children: Protocol between Department of Human Services—Child Protection and Victoria Police (2012)

Protecting the safety and wellbeing of children and young people – a joint protocol of the Department of Human Services Child protection, Department of Education and Early Childhood Development, Licensed Children's Services and Victorian Schools (2010).

Protocol for the Transfer of Care and Protection Orders and Proceedings and Interstate Assistance (April 2009 amended 19.08.2011)

Responding to allegations of physical or sexual assault (technical update 2014)

Sexual exploitation of children and young people: Advice No. 1597 (March 2014)

Trainer's guide - Our Carers for Our Kids: A guide for training Aboriginal People applying to become foster carers in Victoria (2010)

Victorian Centres Against Sexual Assault Forum Standards of Practice (March 2014)

Care and Transition Planning for Leaving Care in Victoria

A framework and guide

If you would like to receive this publication in another format,
please email leavingcare@dhs.vic.gov.au

This document is also available on the Internet
at www.dhs.vic.gov.au/leavingcare

© Copyright State of Victoria 2012.

This publication is copyright. No part may be reproduced by any process
except in accordance with the provisions of the *Copyright Act 1968*.

ISBN 978-0-7311-6535-3.

Authorised and published by the Victorian Government, 50 Lonsdale Street, Melbourne.

Printed by Eastern Press - 37-39 Glenvale Crescent, Mulgrave VIC 3170
0170712_DHS7993_07/12

Care and transition planning for leaving care

Victorian Practice Framework

If you would like to receive this publication in another format,
please email leavingcare@dhs.vic.gov.au

This document is also available on the Internet
at www.dhs.vic.gov.au/leavingcare

© Copyright State of Victoria 2012.

This publication is copyright. No part may be reproduced by any process
except in accordance with the provisions of the *Copyright Act 1968*.

ISBN 978-0-7311-6535-3.

Authorised and published by the Victorian Government, 50 Lonsdale Street, Melbourne.

Printed by Finsbury Green

0170712_DHS7992_07/12

Contents

1. Introduction	2
Legislative and policy context	3
Case Planning	4
Care Teams	4
Looking After Children	4
2. Integrated planning	4
3. Three phases of transition planning and support	6
4. Guiding principles for transition planning	7
5. The preparation phase	8
The care and transition plan	9
Preparation phase process	9
6. The transition phase	10
The final transition plan	11
Transition phase process	11
7. The post-care support phase	12
Post-care support phase process	13
8.1 Practice resources and checklists that accompany the Framework	14
8.2 Department of Human Services policy and practice advice	14
8. Resources and links	14
8.3 Victorian resources for young people leaving care	15
8.4 National resources for young people leaving care	16

1. Introduction

Young people from 15 years of age who are transitioning from living in out-of-home care to independence¹ are a particularly vulnerable group in our community. They often have to develop independent living skills and manage on their own much earlier than other young people. It is therefore critical that they receive significant planning and support to help them develop the skills to become independent over time.

Young people who leave out-of-home care in Victoria do so from the context of their period of time in care, where they have been provided care and support designed to address their particular histories and needs. The transition planning process aims to prepare them for their future and the capacity to live a good life.

The *Transition planning for leaving care framework* (the Framework) aims to provide all practitioners involved in the delivery of case management, out-of-home care and post-care support with:

- best practice approaches and processes to prepare and support young people transitioning from out-of-home care
- a strong, developmentally-based framework that supports children and young people to develop the skills and resources to grow into mature young adults able to participate fully in community life
- a flexible, accessible service planning response that provides a bridge for young people from care to post-care services, and to independence.

The Victorian Practice Framework is one of a set of resources to support transition planning which also include:

- *Guide to developing 15+ Care and Transition Plans*²
- *Looking After Children 15+ Care and Transition Plan*³.

The Framework supports the Commonwealth, state and territory governments' priority to improve the experience for young people transitioning to independence as identified in the *National Framework for Protecting Australia's Children 2009–2020*⁴. The Framework should be used in conjunction with *Transitioning from out-of-home care to independence: A nationally consistent approach to planning*⁵ and the other Victorian transition planning resources listed above.

These resources focus on working with young people, as well as working for them.

² Available at <http://www.dhs.vic.gov.au/for-serviceproviders/children,-youth-and-families/child-andyouth-placement-and-support/lac-in-practice/lacrecords>

³ Available at <http://www.dhs.vic.gov.au/for-serviceproviders/children,-youth-and-families/child-andyouth-placement-and-support/lac-in-practice/lacrecords>

⁴ National Framework for Protecting Australia's Children 2009–2020, Attorney-General's Department, Commonwealth of Australia, Canberra, 2009. Available at <http://www.fahcsia.gov.au/ourresponsibilities/families-and-children/publicationsarticles/protecting-children-is-everyones-business>

⁵ Transitioning from out-of-home care to Independence: A Nationally Consistent Approach to Planning, Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group, Commonwealth of Australia, Canberra, 2011. Available at <http://www.fahcsia.gov.au/ourresponsibilities/families-and-children/publicationsarticles/transitioning-from-out-of-home-care-to-independence-a-nationally-consistent-approach-to-planning-2011>

¹ Independence is defined as 'the development of practical, emotional and interpersonal living skills that enable us to cope physically and emotionally and form effective social relationships' (Dixon J and Stein M 2005, *Leaving care: through care and aftercare in Scotland*, Jessica Kingsley, London). This is often referred to as interdependence.

Legislative and policy context

In Victoria, the *Children Youth and Families Act 2005* (section 16) establishes a requirement for young people under the age of 21 who were subject to custody or guardianship orders on their sixteenth birthday to be provided with services to support them to make the transition to independent living.

These services include:

- the provision of information about available resources and services
- financial assistance
- assistance in obtaining accommodation or setting up a residence
- assistance with education and training
- assistance with finding employment
- assistance in obtaining legal advice
- assistance in gaining access to health and community services
- counselling and support.

The **Framework** provides **guidance** to help **care providers and case managers** comply with the legislative requirements through thorough high-quality transition planning, review and recording processes for young people from 15 years of age. Other important policies and frameworks that support the legislative requirements include:

- **best interest case practice model⁶** – which informs and supports professional practice in family services, child protection and placement and support services to achieve positive outcomes for children and families
- **planning for leaving care (Advice Number 1418⁷)** – this advice provides Child Protection practitioners and community service organisations with the practice standards, procedures and processes required to prepare and support young people transitioning from care
- **Looking After Children practice framework** – provides the Victorian practice framework for considering how each child or young person's needs will be met while they are in out-of-home care. It is used in out-of-home care in accordance with the Best interests case practice model cycle of information gathering, assessment, planning, implementation and review⁸.

⁶ The Best Interests Case Practice Model documents are available at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reportspublications>

⁷ Planning for leaving care, Advice 1418, Updated September 2009, Department of Human Services. Available at <http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/care-and-placement-planning/1418planning-for-leaving-care>

⁸ Further information about LAC is available at <http://www.dhs.vic.gov.au/for-service-providers/children,youth-and-families/child-and-youth-placement-and-support/lac-in-practice>

2. Integrated planning

Transition planning for leaving out-of-home care is not an isolated activity and must be strongly connected to other planning processes for young people.

It is particularly important that the statutory requirements of case planning undertaken by Child Protection, and the care planning responsibilities managed by care teams in community service organisations is congruent; particularly in the goals and actions required to assist the young person to move on from the custody or guardianship of the state in a safe and sustainable manner.

Case Planning

In Victoria, planning for young people on custody or guardianship orders is founded upon the Best Interest Case Practice Model. This model guides Child Protection case planning, a statutory role specified in the Children, Youth and Families Act (section 166). Case plans contain all decisions made in the best interests of the child or young person particularly with regard to their safety, stability and development.

Care Teams

Every young person in out-of-home care or receiving placement support from a kinship service provided by a community service organisation (CSO) is expected to have a specifically constituted out-of-home care team.

A care team is defined as the group of people who jointly provide the care for a young person while that young person is in out-of-home care. The out-of-home care team is specifically focussed on how the young person's needs can best be met and should always include:

- the young person's CSO based key worker or case manager - who is generally expected to lead the care team
- the young person's child protection practitioner OR the CSO based contracted case manager

- the young person's primary carer(s) (foster carers, key residential workers, kinship carers, or lead tenants)
- the young person's parents or significant other (if appropriate)
- any other adult who plays a significant role in caring for the young person such as an Aboriginal community member, youth justice worker, Take Two practitioner.

Out-of-home care teams are expected to use the **Looking After Children** care management processes for providing good care.

Looking After Children

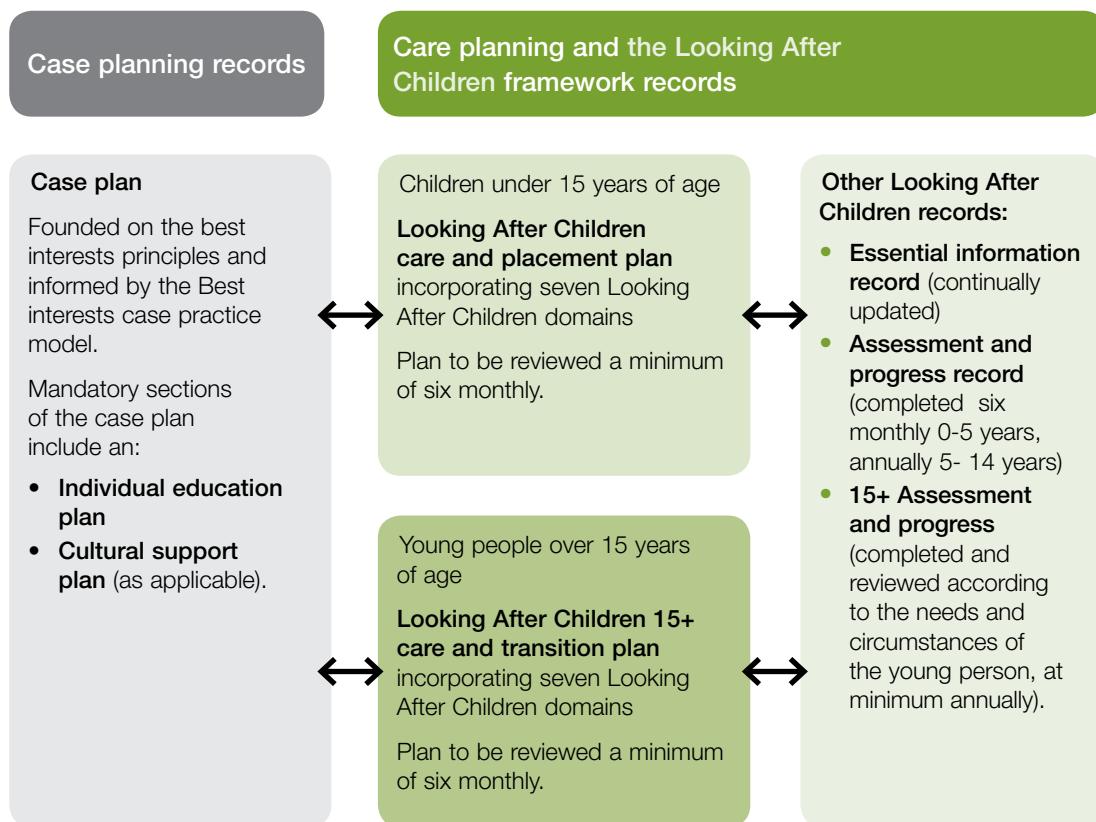
For those children and young people in out-of-home care, Looking After Children provides the practice framework for good care management. Each young person should have up-to-date Looking After Children essential information records, assessment and progress records, and either a care and placement plan (0-14 years) or a 15+ care and transition plan.

It is vital that, as young people move through adolescence, their assessment and progress record is updated and acted upon.

When young people in out-of-home care reach 15 years of age, the Looking After Children 15+ assessment and progress record and the 15+ care and transition plan must be completed as 'living documents', designed to reflect the young person's developmental needs and the actions undertaken to respond to them as they grow and mature through to 18 years of age.

Care teams should consider updating the assessment and progress records more frequently (six monthly instead of annually) for those aged 16 years and older to track progress during the critical preparation and transition period and to better inform the 15+ care and transition plan. The 15+ care and transition plan must be undertaken at least six monthly to ensure planning and actions are still consistent with the case plan and the young person agrees and is engaged with the plan.

The diagram below demonstrates the interconnection between case planning, the Looking After Children framework and transition planning.



3. Three phases of transition planning and support

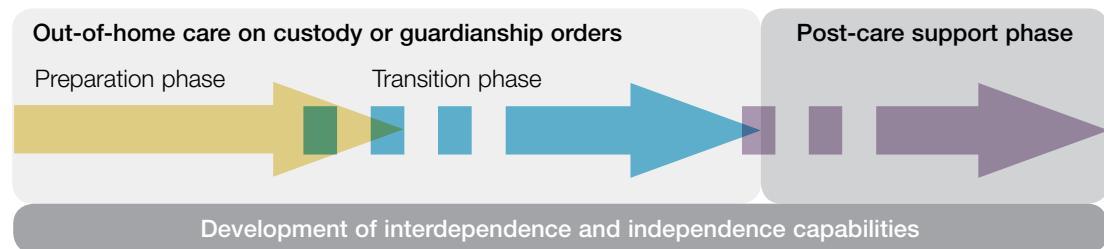
Preparation for leaving care and transitioning to independence starts the moment a child or young person enters care and must be a part of the planning process throughout their time in care. *“Effective models of support must take account of the need to provide a continuum of care for children so that they can make a graduated transition from care to increasing independence as they mature and grow”⁹.*

As a young person reaches mid to late adolescence more concerted transition planning efforts need to take place.

A young person’s *“development of practical, emotional and interpersonal living skills and independence”¹⁰* happens along a continuum of three overlapping phases, each with a specific focus of support to guide care teams in their planning.

The three phases of transitioning from care¹¹ are:

1. Preparation - for leaving care through provision of a high quality, stable system of care and coordinated planning and practice tailored to meet the individual needs of the young person while in care. This includes a developmental approach to the promotion of life skills. Preparation for the transition to adulthood should occur throughout the whole time a child is in out-of-home care while more specifically focussed preparation for leaving care is required from the age of 15 years.
2. Transition - occurs during the final 12 months of the young person’s custody or guardianship order to formalise plans and support arrangements after the cessation of their orders for the final time. The safety and capacity for young people to live sustainably post-care must be paramount in this planning phase.
3. Post-care support - the culmination of a young person’s transition planning, with the necessary appropriate accommodation, employment or study in place and income to live sustainably. The young person, most importantly, needs to be aware of the post-care supports available, how to access them and be supported to do so if required.



According to Mendes (2011),¹² best practice leaving-care planning aims to promote effective transitions for young people that lead to positive community engagement in areas such as housing, education, employment, health, social and family relationships, and networks.

It is an ongoing and dynamic process based on the level of maturity and skill development of the individual young person. It is supported by flexible plans, monitoring of progress and regular review to update the plan in response to changing needs and circumstances.

9 Maunder D, Liddell M, Lidell M and Green S 1999, *Young people leaving care and protection*, National Youth Affairs Research Scheme, Hobart.

10 Dixon J and Stein M 2005, *Leaving care: through care and aftercare in Scotland*, Jessica Kingsley, London.

11 Adapted from *Transitioning from out-of-home care to Independence: A Nationally Consistent Approach to Planning*, Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group, Commonwealth of Australia, Canberra, 2011. Available at <http://www.fahsia.gov.au/our-responsibilities/families-and-children/publications-articles/transitioning-from-out-of-home-care-to-independence-a-nationally-consistent-approach-to-planning-2011>

12 Mendes P, Johnson G and Moslehuddin B 2011, *Young People leaving state out-of-home care: a research-based study of Australian policy and practice*, Australian Scholarly Publishing, Melbourne.

4. Guiding principles for transition planning

There are three overarching guiding principles that should inform all practitioners working with young people transitioning from care. These principles apply across all three phases of preparation, transition planning and post-care support.

Principle: Transition planning practice should be inclusive of young people, their family and significant others

This can be achieved by ensuring:

- the young person is central to all planning and is an informed and influential participant
- the young person is supported to engage in their transition planning, and their wishes influence decisions
- where possible the young person's family and significant others are supported to establish or maintain safe and effective connections and are involved in the transition process.

Principle: Care teams are central to developing, monitoring and reviewing transition planning processes

This can be achieved by ensuring:

- transition planning occurs from 15 to 18 years of age, with regular reviews to bring plans up to date and align them with the young person's circumstances and wishes
- the care team is inclusive of the young person, family and carers and core membership includes those significant to the day-to-day care and support of the young person
- the young person has a say in core membership of the care team and additional members are invited or informed as required for coordination purposes
- care teams are trauma-informed and culturally sensitive
- the care team actively works to connect with and include the young person through periods of disengagement

- the care team identifies a key worker to work with the young person on transition planning and develops strategies to engage the young person in the process
- the care team aligns transition planning to the young person's case plan and 15+ care and transition plan with detailed goals, actions, responsibilities and timeframes.

Principle: Transition planning processes should be well coordinated and tailored to the individual needs and circumstances of the young person

This can be achieved by ensuring:

- roles and responsibilities are clear and coordinated, supporting access to appropriate and integrated service responses at each transition stage
- all the Looking After Children life domains are considered and included in planning
- comprehensive assessment and flexible planning is based on the young person's unique needs, concerns and wishes
- professional development, quality supervision and support are provided to workers and care staff
- planning is regularly reviewed and responsive to changing circumstances, is flexible, provides a safety net and includes contingencies
- the young person's progress against the goals identified for their personal growth and wellbeing is regularly reviewed.

5. The preparation phase

Preparation for leaving care takes place throughout the young person's time in care, and it remains the focus right up until the young person's custody or guardianship order ceases for the final time. It is a continuous planning and assessment process that must formally commence by the time the young person reaches 15 years of age, intensifying in the period leading up to exit from care.

The purpose of the preparation phase is to provide a high quality, stable therapeutic system of care that develops and promotes social and personal skills, education, vocational training and preparation for long term

sustainable employment. The young person should be encouraged to connect and be proud of their culture and where appropriate connect with their family of origin. Community involvement that provides opportunities to widen their experiences and meet suitable mentors is also to be encouraged.

The preparation phase of transition planning is undertaken by the out-of-home care team. It involves both the young person and the services necessary to ensure their future transition is safe and sustainable. Strategies and supports to engage the young person in the process in a meaningful way are developed by the care team.

Best practice tasks of the preparation phase:

- provide **clear and purposeful guidance** and modelling of independent living skills for the young person
- build on the **Looking After Children approach** using up to date essential information records, assessment and progress records and care and placement plans (0–18 years)
- **ongoing reviews** of care and placement plans incorporating follow up actions identified in assessment and progress records (0–18 years)
- If the young person has a suspected disability or cognitive delay, **discuss** with Disability Client Services whether a **Target Group Assessment** is required to determine eligibility.
- focus on stability of care, permanency planning and **therapeutic care** practices
- **develop emotional and interpersonal skills**
- ensure therapeutic support is provided where indicated
- explore, develop and **consolidate** family and significant others' **relationships**
- attend to **cultural needs and connections**
- ensure **health and educational assessments** are undertaken with follow up actions
- ensure **life story records** work is undertaken and ongoing
- provide **carer education and support** as indicated
- remember to **reward achievements**, however small.

Additional specific focus at 15 years:

- commence the 15+ assessment and progress record and **develop a 15+ care and transition plan**
- **engage the young person** in discussion about their hopes and ambitions for the future
- develop **community engagement** and connection skills
- develop **core life skills** such as budgeting, cooking and self-care including social and sexual health
- attend to **education and vocational training**
- **be aware** in early transition planning of identified **special needs** – risks, vulnerabilities or disengagement.

Additional specific focus from 16 to 18 years:

- continue all the actions above
- focus on providing the young person with all necessary help to **maintain school** attendance or **tutoring**, or refer them to the **Springboard program** for additional assistance
- **early planning** to secure **safe, affordable accommodation** when the order expires
- if young person is pregnant or a parent, refer them to the **Cradle to Kinder** program
- **ensure safe storage for identity documentation** and electoral enrolment is explained and available.

The care and transition plan

From the age of 15, the care team must work with the young person, other relevant professionals (and their family where appropriate) to develop a care and transition plan. This plan is based on the seven domains in the Looking After Children framework, and it is designed to identify the strategies and actions required to build the young person's independent living skills including:

- social skills to help the young person negotiate with peers and other adults in the community
- budgeting and managing money

- managing family and other relationships
- living with people and resolving conflict
- cooking, housekeeping and self-care
- understanding the rights and responsibilities of an adult.

This planning should also be recorded by child protection in the leaving care planning section of the Client Relationship Information System (CRIS).

There should be regular reviews of the care and transition plan (at a minimum six monthly) to assess progress against each goal. Changes to the plan will reflect goals achieved and ensure the young person continues to develop in a supported manner.

Preparation phase process

All ages:

- support young person to develop personal and social skills across all areas of their life, for example: self-reflection and problem solving, how to identify and manage risks, establishing and maintaining positive relationships
- plans are implemented by care team while young person is in care, at age and developmentally appropriate times
- specific focus on development of life long living skills in preparation for transition to adulthood.

From 15 years:

- support young person to picture what they might want for their future
- support young person to consider what they need to achieve their goals
- identify special needs – early referrals and planning
- clarify care team process with young person – this will 'stay with' the young person throughout planning and transition process
- explain who is responsible for what.

15+ care and transition plan:

- developed in collaboration with the young person, their family, carer and care team
- incorporates Looking After Children domains
- involvement of all relevant services including post-care services when applicable.



Use the *Guide to Developing 15+ Care and Transition Plans incorporating the Looking After Children domains*.

6. The transition phase

The transition phase takes place in the last six to 12 months of the young person's custody or guardianship order, when all plans are confirmed and agreed to by the young person. The purpose of the transition phase is to arrange and confirm the young person's supports, living arrangements, and any other aspects that transcend their time in and after care. This may be related to but not confined to their health, parenting, personal wellbeing and legal matters. It should be undertaken by

Best practice tasks of the transition phase are to:

- ensure the **young person is engaged** in the transition planning in a meaningful way. If the young person is not engaging in the process the care team needs to develop strategies to ensure the young person has influence over the planning process
- develop the **final care and transition plan** which needs frequent review and **confirm** all arrangements are in place including **well-defined accommodation** arrangements and **contingencies**
- continue reviews of progress and action plan recommendations
- consolidate **core life skills**
- continue early planning to secure safe, affordable accommodation
- **consolidate** engagement in **education, training and/or employment**
- assist the young person to bring **health arrangements** (including counselling and therapeutic supports) up to date
- assess **personal skills development** and take action as required, for example; how to apply for support, how to safely disclose care-leaver status where necessary
- **check post care and/or adult services** are in place for example disability services or adult mental health services,
- ensure the young person has the **required identity documents (100 points)** and other important documents
- attend to **financial support** – facilitate access to **Centrelink if required**
- **consolidate relationships** with family members, significant others, friendship networks, partner and mentors
- consolidate **community engagement and connections**
- assist to access **personal items, furniture and utilities**. Refer the young person to (and follow-up for acceptance) the region's Post-Care Information and Referral Services, **Leaving Care Helpline (1300 532 846)** and **Transition to Independent Living Allowance (TILA)** <<http://www.tila.org.au/contact.html>>
- if young person is **pregnant or a parent with a child up to 4 years of age**, refer them (and follow-up for acceptance) into the **Cradle to Kinder** program
- invite region's post-care support services to care team meetings as part of the transition planning process.
- include the young person in a meeting with Post-Care Support, Information and Referral Service (PCSIRS) to:
 - help the young person get to know the location and workers of the PCSIRS
 - let the PCSIRS know about the young person's needs and arrangements
 - discuss and agree on tasks and outstanding issues.
- **support** is provided to **caseworkers and carers** to help them support the young person through the transition

their case manager in close collaboration with the young person and the care team.

It is vital that everyone involved in this phase is collaborating positively with one clear goal, to ensure the young person's transition and post-care way of life provides them with capacity for safe and sustainable choices, and that they know where to get assistance when needed.

The final transition plan

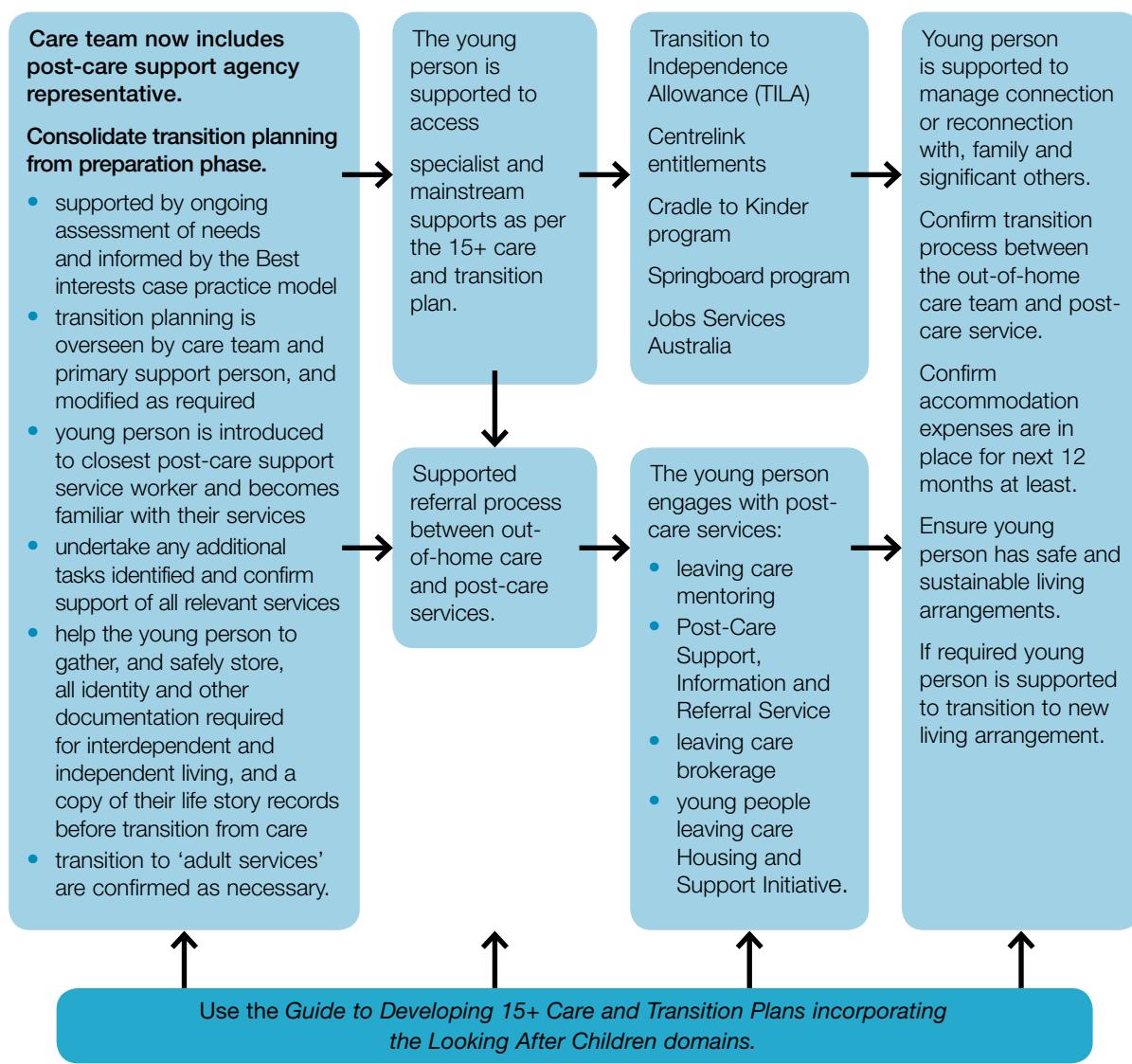
At least six months before the expiry of the young person's custody or guardianship order for the final time, they should agree to a final transition plan which confirms:

- safe and sustainable accommodation
- education or employment arrangements
- sustainable and adequate income
- access to health services such as medical, dental and other specialist services e.g. mental health

Transition phase process

- meetings involving their case manager, care provider and region's post-care support service to determine tasks and confirmed arrangements
- post-care financial support
- opportunities for links with other young people through post-care support and advocacy (such as Create Foundation).

This final transition plan should be recorded in the 15+ care and transition plan template. This planning should also be recorded by Child Protection in the leaving care planning section of the Client Relationship Information System (CRIS).



7. The post-care support phase

The post-care phase occurs after a young person's custody or guardianship order expires for the final time. The purpose of the post-care phase is to ensure the young person is supported following their transition from out-of-home care through continuing access to support, resources and involvement by care and post-care agencies.

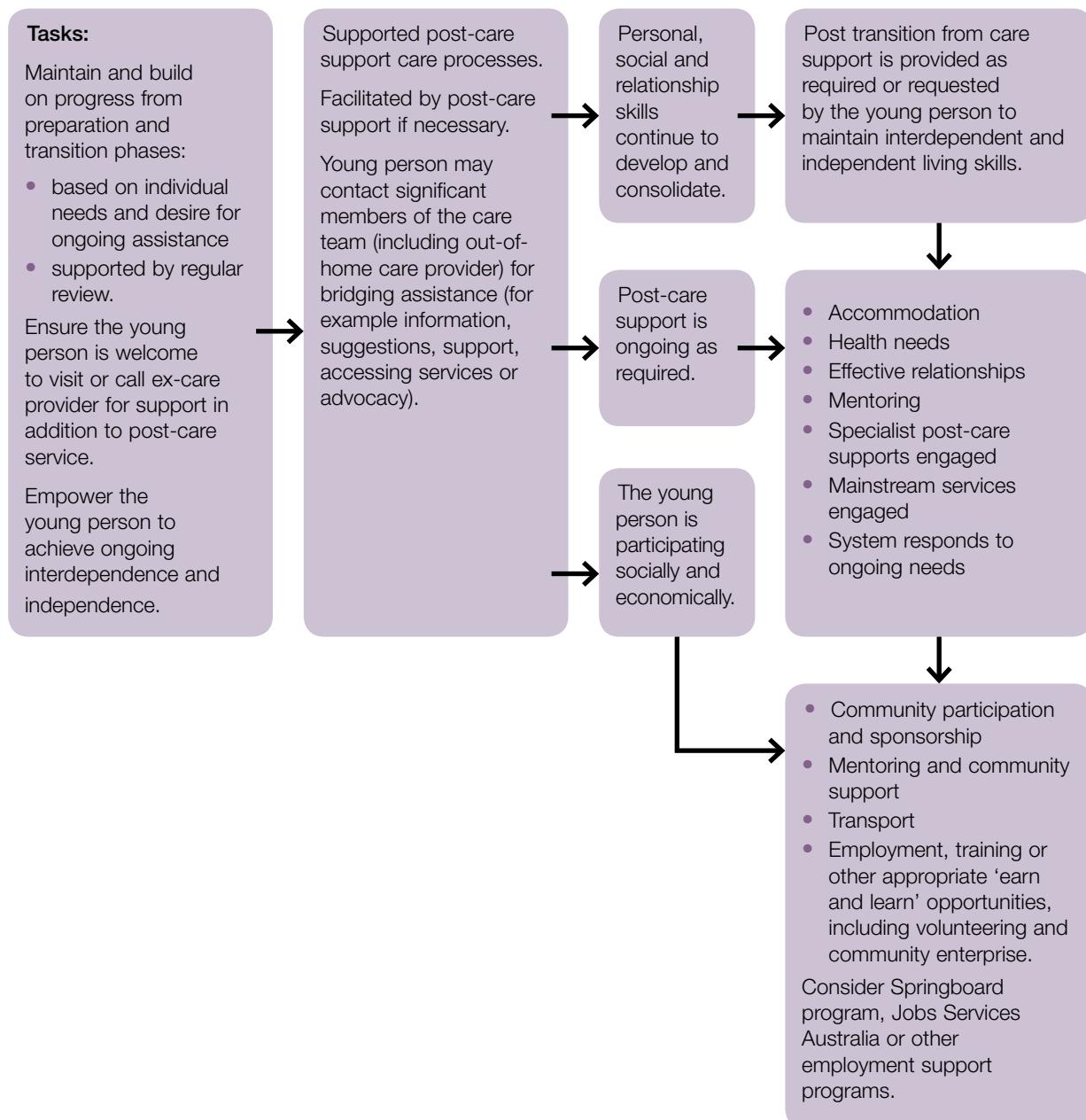
The post-care support phase must be anticipated in the transition phase with post-care support services and significant others in the young person's life invited to participate in final transition planning activities. The young person should be clear about post-care supports available to them with particular emphasis on their individual circumstances.

Best practice tasks of the post-care phase are:

- **check that the young person agrees** with the referral to the post-care support, information and referral service and involve them in meetings. If they agree to the referral, arrange a comprehensive handover to the Post-Care Support, Information and Referral Service of completed arrangements and outstanding issues (should be minimal)
- ensure the young person's **out-of-home care provider is part of the post-care support planning processes**
- ensure the **post-care support service is part of the care team** meeting prior to transition where possible

- **ensure the young person knows how to seek supports** if required with regard to:
 - accommodation – knows where to access support to access or retain suitable accommodation
 - relationships important to the young person
 - services important to develop or maintain independence, which may include:
 - > Springboard program <<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/youth-specific/springboard/intensive-education-and-employment>>
 - > education, vocation and employment services
 - > Cradle to Kinder program
 - > specialist and mainstream services including health services, financial counselling, parenting classes, recreational or personal development opportunities
 - > targeted, intensive, specialised support and/or counselling specific to pre-care or in-care experience, for example mental health services or disability services.
 - > **Leaving Care Helpline 1300 532 846**
 - > **Leaving Care website** – www.dhs.vic.gov.au/leavingcare

Post-care support phase process



8. Resources and links

8.1 Practice resources and checklists that accompany the Framework

- **Looking After Children** - <http://www.dhs.vic.gov.au/for-service-providers/children,youth-and-families/child-and-youthplacement-and-support/lac-in-practice/ lac-records>
 - *Guide to developing care and transition planning: incorporating developmental stages in the Looking After Children domains*
 - *Essential Information Record (Looking After Children)*
 - *15 + Assessment and Progress Record (Looking After Children)*
 - *15+ Care and Transition Plan (Looking After Children)*
- **Looking After Children Framework for disability service providers** - Implementation of Looking After Children in disability services is a key requirement of the **Disability Services and Children, Youth and Families work plan** to align policy and operating frameworks for children and young people with a disability in out-of-home care. <<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/looking-after-children-framework-for-disability-service-providers>>
- **Things that Matter checklists** – found on DHS ‘leaving care’ website - <<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/leaving-care>>
 - *Things that matter: a checklist for carers*
 - *Things that matter when planning for a young person transitioning from state care: a checklist for case planners and case managers*

8.2 Department of Human Services policy and practice advice

- *Adolescents and their families - best Interest case practice model* - <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0007/589714/adolescents-their-families-specialist-practice-resource-2012.pdf>
- *Planning for leaving care, Child Protection practice advice no. 1418* - <<http://www.dhs.vic.gov.au/cpmanual/out-of-homecare/care-and-placement-planning/1418planning-for-leaving-care>>

dhs.vic.gov.au/cpmanual/out-of-homecare/care-and-placement-planning/1418planning-for-leaving-care

- *Best interests case practice advice, Child Protection practice advice no. 1481* - <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0019/640306/best-interests-casepractice-summary-guide.pdf>
- *High-risk adolescents: practice requirements, Child Protection practice advice no. 1014* - <<http://www.dhs.vic.gov.au/cpmanual/practice-context/childrenin-specific-circumstances/1014-high-riskadolescents-hra-practice-requirements>>
- *Supporting a child who must change placements, Child Protection practice advice no. 1457* - <<http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/plannedplacement-change/1457-supporting-a-child-who-must-change-placements>>
- *Individual education plans, Child Protection practice advice no. 1419* - <<http://www.dhs.vic.gov.au/cpmanual/out-of-homecare/care-and-placement-planning/1419individual-education-plans>>
- *The Children, Youth and Families – Disability Services Operating Framework* recognises that children with a disability who are placed in out of home care are particularly vulnerable and describes new processes to be put in place to ensure integrated and seamless service responses. The framework describes the requirements around collaborative planning for young people with a disability living in out-of-home care who are transitioning to adulthood. (http://www.dhs.vic.gov.au/__data/assets/pdf_file/0004/717097/Disability-and-CP-Operating-Framework-April-2012.pdf)
- *Transitioning from out-of-home care: support for Aboriginal young people – guidance for regions, Department of Human Services, February 2012* – <http://www.dhs.vic.gov.au/__data/assets/word_doc/0007/725578/Aboriginal-leaving-caremodel-2012.doc>

- Protocol between Child Protection and the Victorian Aboriginal Child Care Agency (VACCA) 2002 - **Aboriginal Child Specialist Access Support Service must have input throughout planning** <<http://www.dhs.vic.gov.au/cpmanual/practice-context/aboriginal-and-torresstrait-islander-children-and-families/1059responding-to-aboriginal-children/3>>
- *Out-of-home care education commitment -a partnering agreement between the Department of Human Services, Department of Education and Early Childhood Development, Catholic Education Commission of Victoria and Independent Schools Victoria - <http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/A4_partnering.pdf>*
- Protocol Between Child Protection and Juvenile Justice - <http://www.dhs.vic.gov.au/_data/assets/pdf_file/0007/526912/protocol_cp_jj_oct2005.pdf> (2005) (currently under review)

8.3 Victorian resources for young people leaving care

CREATE Foundation website resources

www.create.org.au

- *Create Your Future* - <<http://www.createyourfuture.org.au/>>
- *What's the plan?* - <<http://www.createyourfuture.org.au/leaving-care/whatsyour-plan/what-is-whats-the-plan/>>

Things that Matter checklist

- *Things that matter to young people leaving care* - <<http://www.dhs.vic.gov.au/forindividuals/children,-families-and-youngpeople/care-leavers/young-care-leavers>>

Services for young people whose transitioning from care up to 21 years of age

- **Leaving Care Help Line (phone 1300 532 846)** – is managed by Melbourne City Mission's Frontyard program and connects young people to their nearest post-care support program or assists with immediate issues including crisis accommodation
- **Leaving Care Mentoring Program** - aims to provide young people transitioning from

care with the opportunities to interact with adults in community settings and to promote personal relationships that mitigate against social isolation by the friendship continuing after the young person has left care – <www.dhs.vic.gov.au/leavingcare>

- **Transitioning from Out-of-home care: Support for Aboriginal young people**

- This program will be provided by selected Aboriginal Community Controlled Organisations (ACCO) in each DHS region to provide support services for eligible Aboriginal young people who are either transitioning from care, including kinship care, or who are living independently in the community and require support. More information may be found at http://www.dhs.vic.gov.au/_data/assets/word_doc/0007/725578/Aboriginal-leaving-care-model-2012.doc

Young People Leaving Care Housing and Support Initiative

– is DHS housing program that provides support for young people transitioning from out-of-home care who are at risk of homelessness, with nomination rights to a limited number of transitional housing places. The target group is young people on custody or guardianship orders in out-of-home care at risk of homelessness at cessation of their orders. Service support provides limited access to alternative housing and support, ability to live in supported accommodation, limited community connections, assessed as able to live independently within two years.

- **Springboard: Intensive education and employment support for young people leaving care** - is available in all DHS regions and provides intensive one-on-one support to young people who are disengaged from education, training or employment. – <<http://www.dhs.vic.gov.au/about-thedepartment/plans,-programs-and-projects/programs/youth-specific/springboardintensive-education-and-employment>>

- **Zero tuition fees for accredited training**

(Department of Education and Early Childhood Development) – initiative will provide free tuition for accredited training courses from Certificate 1 to Diploma level for young Victorians who are currently subject to custody or guardianship orders and living in out-of-home care, and those

who have left care up to 22 years of age. Young people will need to meet the Victorian Training Guarantee eligibility criteria in addition to current or previous custody or guardianship orders.

Non tuition fees that are charged by training providers will still need to be paid – see financial assistance section below.
[<www.dhs.vic.gov.au/leavingcare>](http://www.dhs.vic.gov.au/leavingcare)

- **Post-Care Support Information and Referral Services are available in each DHS region** - [<http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/careleavers/young-care-leavers>](http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/careleavers/young-care-leavers) or by ringing the Leaving Care Help Line

Financial assistance

- Child Protection Client Expenses funding -while the young person aged 16–18 years is on a custody or guardianship order, regardless of where they are living, Child Protection Client Expenses will cover basic requirements for example adequate clothing, footwear, toiletries or dental treatment
- **Transition Brokerage** - while on custody or guardianship orders, from 16 years of age young people are eligible for brokerage funding that may purchase services or materials that would benefit their individual personal or vocational development for example education resources, life-skills education, recreation and hobbies (creating community connections)
- Accessed via case managers
- **Post-Care Brokerage** - Post Care Brokerage may be used for any purpose that will assist the young person to achieve and/or maintain their independence. Brokerage may contribute to accommodation costs, health and dental care that cannot be covered by Medicare, education, training and employment (for non ex-residential care young adults), access to health and community services, life-skills education and connections to community – [<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/leavingcare-guidelines-for-brokerage-fundsjuly-2010>](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/leavingcare-guidelines-for-brokerage-fundsjuly-2010)

- **Springboard Brokerage** - Brokerage funding is managed by the Springboard service provider to enable flexible, creative responses to meet young people's individual education, training or employment support needs and to overcome barriers to their participation (ensuring this does not duplicate existing brokerage and funding sources) – [<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/young-specific/springboard-intensive-education-and-employment>](http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/young-specific/springboard-intensive-education-and-employment)

8.4 National resources for young people leaving care

- **Transition to Independence Allowance (TILA)** - Commonwealth-funded grant of \$1,500 available to all young people aged between 15 and 25 years who are preparing to, or have exited, care not more than 24 months previously. TILA can only be accessed once as a lump sum and it is recommended that workers assist young people leaving care to access TILA as soon as is possible post-care. Access to TILA is not a prerequisite in accessing Victoria's Leaving Care brokerage for eligible young people (refer financial assistance section above). [<http://www.tila.org.au>](http://www.tila.org.au)
- **CREATE Foundation Create Your Future scheme** - awards grants of \$300 to \$3,000 to successful applicants by club CREATE members aged 15 to 25 years with a statutory experience. Categories are: accommodation/living, education/training, driving lessons subsidy, health and wellbeing, laptops for education/training, travel/conferences, other (items such as clothing, uniforms for employment, computer equipment/software). - [<http://www.create.org.au>](http://www.create.org.au)
- **Kids Helpline** is a free, confidential, telephone and online counselling service specifically for young people aged between 5 and 25. - 1800 55 1800 - [<http://www.kidshelp.com.au/teens>](http://www.kidshelp.com.au/teens)

Guide to developing 15+ Care and Transition Plans

Developmentally appropriate planning across the
Looking After Children domains

If you would like to receive this publication in another format,
please email leavingcare@dhs.vic.gov.au

This document is also available on the Internet
www.dhs.vic.gov.au/leavingcare

© Copyright State of Victoria 2012.

This publication is copyright. No part may be reproduced by any process
except in accordance with the provisions of the *Copyright Act 1968*.

ISBN 978-0-7311-6535-3.

Authorised and published by the Victorian Government, 50 Lonsdale Street, Melbourne.

Printed by Eastern Press - 37-39 Glenvale Crescent, Mulgrave VIC 3170
0170712_DHS7993_07/12

Contents

Introduction	2
Using this guide	2
The 15+ Care and Transition Plan	2
Good care and transition planning	3
Guide to completing the 15+ Care and Transition Plan	4
1. Health	5
2. Emotional and behavioural development	7
3. Education	9
4. Family and social relationships	11
5. Identity	13
6. Social presentation	15
7. Self-care skills	17

Introduction

Using this guide

The *Guide to developing 15+ Care and Transition Plans* (the Guide) is designed to assist case managers, care teams and carers to identify and plan for the age appropriate needs of young people aged between 15 and 18 years of age who are living in out-of-home care. In so doing the Guide stresses that the planning, preparation and care to ensure the emotional and social health of these children and young people needs to commence from the time they enter care.

The Guide is part of a set of resources to support care and transition planning including:

- Transition planning for leaving care: Victorian Practice Framework¹
- The Looking After Children 15+ Care and Transition Plan².

Care and transition planning is needed to provide good ongoing care for a young person while they are in out-of-home care and also to help them to prepare for the future and make a successful transition to adulthood. It should focus on helping the young person to build on existing strengths, inner capacities and confidence, ultimately leading to sustainable independent living when they leave out-of-home care.

This Guide highlights the important areas of a young person's development by using the seven domains in the Looking After Children Framework to identify the areas that must be considered and acted upon if a young person is to be supported to grow and mature while in out-of-home care. The domains are:

- Health
- Emotional and behavioural development
- Education
- Family and social relationships
- Identity
- Social presentation
- Self-care skills.

The 15+ Care and Transition Plan

In Victoria, Looking After Children provides the practice framework for considering how each child or young person's needs will be met while they are in out-of-home care. It is used for managing out-of-home care in accordance with the Best Interests Case Practice Model cycle of information gathering, assessment, planning, implementation and review.

The 15+ Care and Transition Plan³ forms part of the Looking After Children Records. It is an essential component of the overall statutory Case Plan which provides the overarching directions for the Care and Transition Plan including whether a young person will remain in out-of-home care, be reunified with their family and other significant decisions.

The 15+ Care and Transition Plan has been developed to ensure planning about the day to day care of the young person clearly identifies strategies to develop independent living skills and to prepare them for their transition from out-of-home care. It is expected to be completed collaboratively by the out-of-home care team with the young person. The community service organisation (CSO) providing the placement is responsible for leading the out-of-home care team and for ensuring that this plan is completed. For kinship care, the CSO is responsible for completing the plan unless there is no CSO involved, in which case Child Protection is responsible.

¹ www.dhs.vic.gov.au/leavingcare

² <http://www.dhs.vic.gov.au/funded-agency-channel>

³ For children under 15 years of age, the Care and Placement Plan is used.

The 15+ Care and Transition Plan builds on the Looking After Children 15+ Assessment and Progress Record, which should inform the planning process. For each life area, the 15+ Care and Transition Plan documents:

- the young person's needs
- how they will be responded to
- by whom
- by when.

The 15+ Care and Transition Plan also fulfils the requirements for a disability support plan under the Disability Act 2006 for a young person in the disability service target group who is in out-of-home care. This plan also complements and is linked to:

- Cultural Support Plans⁴ – for Aboriginal children and young people in out of home care
- Individual Education Plans⁵ – developed by schools via Student Support Groups which include the case manager and carer/s.

Good care and transition planning

Every young person in an out-of-home care placement should be well supported in their out-of-home care placement and actively assisted to make a successful and sustainable transition from care. Young people should be encouraged to be involved in the discussions and planning for their future, even if they appear disengaged or disinterested – it may simply be that they are **afraid**.

For example research identifies that young people's greatest concern revolves around where they will live post care. It is vital they be involved in the decision making processes in this matter, but not in a manner that will confuse or alarm them.

While the Guide provides prompts for the care and transition planning process, it is not a substitute for meaningful connectedness with young people. Case managers and all the other members of the out-of-home care team including carers must collaborate with their young person to identify the skills they need to learn, or develop in their transition toward adulthood.

Care teams should:

- identify someone with whom the young person has a rapport
- keep discussions simple
- ask the young person what they want from life
- provide them with opportunities to explore and experience what our community has to offer
- always check in with the young person and assure them that they will be helped and supported whatever they decide to do
- ensure information is recorded and handed over, as the participants in the care team may change over time.

Aboriginal young people, in addition to the strategies set out in this Guide, should be engaged in the development of their Cultural Support Plan, and consultation with the Aboriginal Community Controlled Organisation (ACCO) that provides leaving care support services for Aboriginal young people⁶ must occur.

If the young person is identified as having a disability, consult with Disability Services about how to ensure their disability related needs can be addressed. If the young person is in the Disability Services target group, Disability Services must be involved in leaving care planning from 16 years of age.

⁴ Information about Cultural Support Plans is available at <<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/program-requirements-for-the-cultural-support-plan-program>>

⁵ Information about Individual Education Plans is available at <<http://www.education.vic.gov.au/healthwellbeing/wellbeing/oohc/edplans.htm>>

⁶ http://www.dhs.vic.gov.au/__data/assets/word_doc/0007/725578/Aboriginal-leaving-care-model-2012.doc

Guide to completing the 15+ Care and Transition Plan

The tables below outline a series of prompts that should be used when completing the 15+ Care and Transition Plan. They are organised around the seven Looking After Children life areas of health, emotional and behavioural development, education, family and social relationships, identity, social presentation and self-care skills and should be based on the Looking After Children 15+ Assessment and Progress Record.

Each table contains the primary goal of the area, the essential tasks to be considered as part of good care and preparation and the approximate age or stage at which the young person would be encouraged to undertake the tasks. The tasks and ages/stages are a guide only and young peoples' capacity must be taken into account alongside their developmental as well as their chronological age.

Important tasks appear at the end of each domain as a prompt for the final six months of a young person's custody or guardianship order.

Case managers, care teams and carers may use the tables as checklists to ensure planning is comprehensive and effective.

GOAL	TASK	AGE/STAGE
The young person understands how to maintain optimal health	<p>If the young person has a suspected disability or cognitive delay, discuss with Disability Client Services whether a Target Group Assessment is required to determine eligibility.</p> <p>Ensure the young person has a consistent General Practitioner or links to a community health centre where:</p> <ul style="list-style-type: none"> • general health checks and treatment are undertaken • immunisations are completed and up-to-date • mental health assessment considered along with appropriate referrals • medication is regularly reviewed • plan for any long-term health conditions • pay attention and support for a healthy lifestyle, including facilitating, diet, exercise practices and healthy weight • eyesight test and treatment as required • dental check and treatment as required • hearing test and treatment as required. <p>Seek specialist assessments (neuropsychological or cognitive) where indicated to understand the function of the young person's presentation to enable a targeted response.</p> <p>Arrange Medicare Card and Health Care Card for eligible children/young people <http://www.humanservices.gov.au/spw/corporate/publications-and-resources/resources/co029/co029-1207en.pdf></p> <p>The care team process identifies the best person to engage with the young person and ensures:</p> <ul style="list-style-type: none"> • the young person is helped to understand about puberty, body changes, self care, including provision of sexual health information • assist young person with making health appointments and accompanying them to these appointments • if young woman is pregnant or caring for a baby – refer to Cradle to Kinder program • assist young person to understand the impact of tobacco, alcohol, drugs, safe sex practices, sexual health and positive mental health 	10–18 years
	<p>Confirm services with Disability Client Services (if in Disability Services target group) for leaving care preparation</p> <p>Young person is encouraged, gradually to make and keep appointments. If not able, appointments are made in consultation with the young person and they are assisted to attend them. Young person is also:</p> <ul style="list-style-type: none"> • assisted to apply for their own Medicare Card and Health Care Card • linked with their General Practitioner (GP) or community health centre • assisted to monitor their own health needs, according to their abilities and circumstances. 	16–18 years
At least six months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the health life domain.	<p>Final arrangements should include:</p> <ul style="list-style-type: none"> • confirm services with Disability Client Services (if in Disability Services target group) for leaving care preparation • identification of ongoing health services, adult mental health support services • appropriate drug and alcohol services connections where relevant • links to ongoing therapeutic support that the young person can financially sustain • access to transition or post-care brokerage funds to maintain necessary health plans. <p>If the young person is unwilling to engage in transition planning, workers should ensure that they are provided with relevant post-care support information.</p>	Final 6 months of a young person's custody or guardianship order

2. Emotional and behavioural development

GOAL	TASK	AGE/STAGE
The young person heals from the impact of trauma and develops resilience and skills to be able to self-regulate their emotions	<p>Coordinate a trauma-informed care team process, which ensures all parties understand the impact of trauma and a referral to therapeutic counselling is arranged where indicated.</p> <p>Seek secondary consultations for the care team and the young person if necessary.</p> <p>Referral to specialist support service (if applicable), for example, mental health, counselling or Centres Against Sexual Assault.</p> <p>Young person is exposed to appropriate role models, for example they:</p> <ul style="list-style-type: none"> • observe adults resolve issues appropriately • observe adults treat each other with mutual respect • observe adults using manners and telling the truth. <p>Develop opportunities for the young person to experience a wide range of activities, people and circumstances in an enjoyable, non-threatening manner so they may learn to relate positively in social situations – transition brokerage may be utilised.</p> <p>Develop strategies to help the young person identify and manage their emotions and behaviour.</p> <p>Specialist safety planning includes 'keep safe' plans with back-up plans and emergency plans as indicated.</p> <p>Proactively plan responses to day-to-day living situations including challenging, trauma-related behaviours.</p> <p>Ensure collaboration with Youth Justice if the young person has involvement with police and/or Youth Justice.</p>	10–18 years
	<p>Young person is supported to make appropriate choices, for example:</p> <ul style="list-style-type: none"> • not succumbing to peer pressure • abstinence or harm minimisation (dependent the young person's situation) • developing self -control/restraint – delaying gratification • consideration of others and their feelings and responsibilities • relationship/friendships are developed and sustained • recognition of risk taking and its consequences. <p>Explore appropriate volunteer involvement to promote connectedness to the community, such as Landcare, CFA or SES for young people in country regions.</p>	15–18 years
At least six months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the emotional and behavioural development life domain	<p>Final arrangements should include:</p> <ul style="list-style-type: none"> • early preparation and planning for post-care accommodation as this is the most anxiety provoking aspect of transition for young people (main reference though in self care skills) • clarity about post-placement support – who will provide it, what the support will be and for how long. <p>If the young person is unwilling to engage in transition planning, workers should ensure that they are provided with relevant post-care support information.</p>	Final 6 months of a young person's custody or guardianship order

3. Education

GOAL	TASK	AGE/STAGE
The young person has support to access and maintain education, training or employment to assist them in their future endeavours	<p>Encourage ongoing learning in placement through homework, reading (school-related material and reading for pleasure such as comics, magazines, books), writing letters, using a computer (appropriate access to internet, word processing, email), managing money (see also the section on self-care), checking change received, budgeting, telling the time on the clock, maths (add, subtract, multiply, divide).</p> <p>Support the young person to develop personal goals and steps to achieve them.</p> <p>Young people in formal education:</p> <ul style="list-style-type: none"> identify young person's strengths and interests ensure they have all relevant books and stationery arrange tutoring if required consult with Partnering Agreement Contact officer (DHS regional position) about supporting the school enrolment liaise with the school about an Individual Education Plan and Student Support Group Meetings access an educational needs assessment through the school develop an agreed safety plan or behaviour response plan, with the opportunity to restore relationships as required encourage young person to speak up about any issues they have at school with an identified key person either at the school or of the care team for students preparing to commence VCE, consult the Victorian Tertiary Admissions Centre guide listing all post-secondary school courses available and timelines for applying TAFE apprenticeships, traineeship programs, work experience link young person with a careers advisor. <p>Young people not in formal education:</p> <ul style="list-style-type: none"> explore the underlying causes for not being in formal education, in consultation with the Partnering Agreement Contact officer (DHS regional position) access an educational needs assessment through the health and education assessments initiative. Access accredited training if appropriate. explore alternative options through consultation with the Partnering Agreement Contact officer (DHS regional position) engage young person in discussions about what they want to do (for example pre-apprenticeships, traineeships or employment) access Children in Residential Care (CIRC) support if eligible. <p>Refer to the Springboard program (residential care and lead tenant young people only) for young people requiring support to re-engage with education, training or employment.</p> <p>Access zero training tuition fees initiative if applicable.</p> <p>Determine if transition brokerage is available for additional education or learning needs, such as tutoring or access to pre-apprenticeship programs.</p> <p>Young person is supported to make appropriate choices, for example regarding:</p> <ul style="list-style-type: none"> income management Centrelink requirements education, vocational training and/or employment. 	10–18 years
At least six months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the education life domain	<p>Final arrangements should include:</p> <ul style="list-style-type: none"> ongoing education, vocation, training opportunities and employment support services confirm services with Disability Client Services for leaving care preparation as required including available training and Disability Employment Service - <http://www.vic.gov.au/employment-workplace/employment-policy/disabilities-employment.html> consideration of post care brokerage funds if young person is continuing in study or training. <p>If the young person is unwilling to engage in transition planning, workers should ensure that they are provided with relevant post-care support information.</p>	Final 6 months of a young person's custody or guardianship order

4. Family and social relationships

GOAL	TASK	AGE/STAGE
The young person develops and maintains positive and safe connections with their family, extended family (where possible), partner and wider social networks	<p>Promote placement activities where the young person is involved, for example meal preparation and eating together, going to the movies, picnics.</p> <p>Link with school social events to promote contact with same-aged peers.</p> <p>Link with school holiday camps.</p> <p>Promote opportunities for the young person to pursue their interests and hobbies including sporting clubs.</p> <p>Develop a clear family contact strategy with immediate and extended family members and where necessary support the young person in their contacts.</p> <p>Support the young person to organise small, simple outings with someone with whom they are comfortable.</p> <p>Develop a clear social contact strategy, for example contact with school friends and friends of the family.</p>	10–18 years
	If the young person is pregnant, or partner to a pregnancy, plan for future care of the child and living arrangements, refer to the Cradle to Kinder program in the region.	14–18 years
At least six months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the family and social relationships life domain	<p>Final arrangements should include:</p> <ul style="list-style-type: none"> • accommodation planning if young person is remaining with their carer – plan contingencies • ongoing connection with family, friends, cultural and community activities and family contact post care • post-placement support – is in place and the young person has met the support workers • consider transition or post care brokerage funds to assist the young person in their family and social support networks. <p>If the young person is unwilling to engage in transition planning, workers should ensure that they are provided with relevant post-care support information.</p>	Final 6 months of a young person's custody or guardianship order

5. Identity

GOAL	TASK	AGE/STAGE
The young person develops a positive sense of self and where they fit within their family, culture and community	<p>Check their Looking After Children Essential Information Record is up to date and ensure the young person has the necessary personal documents with safe storage arranged for:</p> <ul style="list-style-type: none"> • photo ID • birth certificate • Medicare card • Health Care Card <p>Create Life Story Records with photos and narratives of the young person's life.</p> <p>Support the young person to pro-socially stand up for what they believe in and feel strongly about.</p> <p>Help them to explore community, social, recreational and cultural connections, remembering they may need significant support.</p> <p>Share information as appropriate with the young person about their past and parents or extended family members they may not know but have asked questions about.</p> <p>Explore family and significant others' relationships and connections that can be sustained into the future safely.</p> <p>Ensure the young person can engage with the religious affiliation they have.</p>	10–18 years
	<p>Find out where the young person sees themselves in the future, as appropriate for their age, for example what they want to be when they grow up.</p> <p>Support the young person to develop personal goals and steps to achieve them.</p> <p>Ensure they have:</p> <ul style="list-style-type: none"> • Tax File Number (15+ years) • learner's permit/ and driving opportunities (120 hours (16 years and 9 months) • registered for the electoral roll (17+ years) • an address for post. 	15–18 years
At least six months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the identity life domain	<p>Final arrangements should include:</p> <ul style="list-style-type: none"> • ongoing connection with family, friends, cultural and community activities and family contact post care • post-placement support for Aboriginal young people to maintain connection with culture • consider transition or post care brokerage funds to assist the young person in activities related to their identity • provision of Freedom of Information (FOI) pack • Same-sex attracted young people provided assistance and advice regarding supports – e.g. http://www.fpv.org.au/portals/young-people/same-sex-attracted-support-group/ <p>If the young person is unwilling to engage in transition planning, workers should ensure that they are provided with relevant post-care support information.</p>	Final 6 months of a young person's custody or guardianship order

6. Social presentation

GOAL	TASK	AGE/STAGE
The young person successfully interacts and functions within their community	<p>Encourage the young person to develop their language and communication skills.</p> <p>Help the young person with any physical social presentation needs such as clothing and self-care needs.</p> <p>Promote good care that assists young people to learn how to process information, including problem solving, goal setting and planning, and picking up on social cues.</p> <p>Promote positive interactions and connections with same-aged peers through school and social activities.</p> <p>Promote positive interactions and connections with adults through interaction with teachers, family, social networks and workers.</p> <p>Educate about appropriate interactions with peers and others as required.</p> <p>Assist the young person to restore relationships that may have been strained (to develop empathy, consideration for others and accountability for actions). For example, help the young person understand the impact of certain behaviours and responses, and support them to apologise and resolve the issue.</p> <p>Explore ways that the young person can help others and contribute to the community, for example volunteer work, peer mentoring, involvement with the CREATE Foundation.</p> <p>Facilitate a referral to post-care support services and involve the program in post-care planning.</p>	10–18 years
At least six months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the social presentation life domain	<p>Final arrangements should include:</p> <ul style="list-style-type: none"> opportunities where the young person is able to develop skills necessary for attending interviews for housing/accommodation, sharing accommodation ensuring young person understands how to dress and present for different purposes (confirm they have appropriate clothes for job and housing interviews). Support them to learn how to shop smart and cheaply for clothes, shoes and other items consider transition or post care brokerage funds to assist the young person in activities related to social presentation. <p>If the young person is unwilling to engage in transition planning, workers should ensure that they are provided with relevant post-care support information.</p>	Final 6 months of a young person's custody or guardianship order

7. Self-care skills

GOAL	TASK	AGE/STAGE
The young person develops the skills to live sustainably in the community	<p>Young person is assisted to:</p> <ul style="list-style-type: none"> progressively manage small to complex household tasks and personal care engage in age-appropriate personal care and social presentation such as visits to the hairdresser and purchase personal choice of soap, shampoo, after shave, acne cream manage money via pocket money based on participation in chores support in understanding how to budget, including paying debts, bills, necessities before luxuries, gambling knowledge allow young person to make some mistakes with their money (unless it impacts on safety) to encourage learning open a bank account and encourage savings become familiar with the Charter for children in out-of-home care become involved with the CREATE Foundation if they wish. <p>Assist the young person learn to solve problems and plan ahead:</p> <ul style="list-style-type: none"> thinking and planning ahead for safe social outings e.g. safe consumption of alcohol, localities, knowing how to identify risk laden situations, how to remove oneself support the young person to integrate their thoughts, feelings and actions—that is, to have insight into their own behaviour support the young person to learn about and pick up on different social cues, for example predicting how another person is feeling through their body language, tone of voice encourage discussion regarding ethical choices, consideration of others. <p>Ensure early planning for any disability or long-term health condition that may impact on the young person's capacity to live independently.</p>	10–18 years
	<p>Between 10–15 years young person should be assisted by:</p> <ul style="list-style-type: none"> transport to and from all appointments and family contact transport to and from approved locations, to be dropped out the front, not around the corner. <p>Make clear after hours arrangements to pick up the young person if they are absent.</p> <p>Ensure carer support is provided for night- time activities.</p>	10–15 years
	<p>Provide opportunities for the young person to organise and take themselves to:</p> <ul style="list-style-type: none"> school, training and/or employment appointments and locations via public transport (if appropriate) to and from all family contact friend's homes recreational and sporting events during the day. 	15–16 years
Balancing care with increasing responsibility	<p>Young person supported to book appointments and take themselves to the appointment (with a worker meeting them there, if required).</p> <ul style="list-style-type: none"> negotiate with the young person about getting themselves to locations independently in appropriate time and safely e.g school, training and/or employment assist them to manage social outings independently assist young person to obtain their driving Learner's Permit and facilitate driving lessons or access to the L2P program commence planning for accommodation 12 months prior to cessation of custody or guardianship order. <p>Have crisis plans in place in case housing proves unsustainable and/or provide the young person with information regarding emergency housing providers.</p>	16–18 years

7. Self-care skills

GOAL	TASK	AGE/STAGE
At least six months prior to the expiration of the custody or guardianship order a final transition plan must include arrangements for the self-care skills life domain	<p>Final arrangements should include:</p> <ul style="list-style-type: none"> consult with the Aboriginal Community Controlled Organisation (ACCO) that has the Leaving Care Support Service for Aboriginal Young People about culturally sensitive and appropriate considerations for leaving care consider transition or post care brokerage funds to develop and improve self-care skills eg. Cooking, driving lessons arrange for the Commonwealth Transition to Independent Living Allowance (TILA) – <http://www.tila.org.au/> TILA is not for crisis situations and is a one-off payment to the young person. Applications for TILA are best managed via a referring agency accommodation – assist the young person as much as possible to practice for interviews for accommodation and employment case manager or support worker and the housing provider should have determined the young person has a high chance of obtaining the accommodation before they are encouraged to attend the interview. the young person leaves care with relevant documentation, possessions and life records provision of a Freedom of Information (FOI) pack knowledge of relevant 'leaving care' website – <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/leaving-care> knowledge of Leaving Care Help Line (1300 532 846) and Kids Help Line: 1 800 551 800 (telephone calls are free) it is very important that the young person is helped to prepare for interviews, understands the tenancy requirements and has the capacity both emotionally and financially to meet their obligations. <p>If the young person is unwilling to engage in transition planning, workers should ensure that they are provided with relevant post-care support information.</p>	Final 6 months of a young person's custody or guardianship order

Looking After Children

15+ Care and Transition Plan

Young person's details

CRIS* number: [REDACTED]

CRISSP[†] number: [REDACTED]

Name: [REDACTED]

Gender: [REDACTED]

Date of birth: [REDACTED] / [REDACTED] / [REDACTED] [REDACTED]

Young person's contact details/mobile number:

[REDACTED]

Placement type:

kinship care
 residential care

foster care
 lead tenant

Service provider:

[REDACTED]

Date placement commenced:

[REDACTED] / [REDACTED] / [REDACTED] [REDACTED]

How long can this placement continue?

[REDACTED]

Is the young person Aboriginal or Torres Strait Islander? No Yes

Is the young person on a court order?

No Yes

Has case management been contracted to a CSO? No Yes

Contracted service provider name:

[REDACTED]

Is the placement subject to a Child Care Agreement? No Yes

Is the young person in the Disability Services target group? No Yes Not known

Does the young person have a Disability Services case manager? No Yes

Name: [REDACTED]

Contact: [REDACTED]

Date Care and Transition Plan completed:

[REDACTED] / [REDACTED] / [REDACTED] [REDACTED]

Care team members' details

(CSO^{**}-based) care manager's name:

[REDACTED]

Position:

[REDACTED]

Contact number:

[REDACTED]

Carer's name:

[REDACTED]

Role:

<input type="checkbox"/> kinship carer	<input type="checkbox"/> foster carer
<input type="checkbox"/> key residential worker	<input type="checkbox"/> lead tenant

Contact number:

[REDACTED]

Child Protection **or** contracted case manager's name or disability service case manager's name:

[REDACTED]

Position:

[REDACTED]

Contact number:

[REDACTED]

Mother's name:

[REDACTED]

Contact number:

[REDACTED]

Currently participating in care team?

No Yes

Father's name:

[REDACTED]

Contact number:

[REDACTED]

Currently participating in care team?

No Yes

Other care team members' names:

[REDACTED]

Role:

[REDACTED]

Contact number:

[REDACTED]

(continue overleaf if required)

* CRIS

[†] CRISSP

** CSO

Client Relationship Information System

Client Relationship Information System

for Service Providers

Community Service Organisation

Other care team members' names:

Role:

Purpose of the 15+ Care and Transition Plan

The 15+ Care and Transition Plan¹ **records** what this young person's out-of-home care team members have all agreed to do to provide good day-to-day care for the young person as they grow and mature through their adolescence.

It also documents how they are helping this young person prepare for the future and make a successful transition to adulthood.

How to use the 15+ Care and Transition Plan

You should use this document together with the *Guide to Developing 15+ Care and Transition Plans*² and *Transition planning for leaving care: Victorian Practice Framework*.³

You should use the young person's most recently completed 15+ Looking After Children (LAC) Assessment and Progress Record as the basis for care and transition planning – along with the information from their last review of their Care and Transition Plan (or Care and Placement Plan).

If they have only recently entered care, use relevant information provided in their Placement Referral Record.

Aboriginal and Torres Strait Islander young people

Tick here if this young person is of Aboriginal or Torres Strait Islander heritage.

Aboriginal or Torres Strait Islander young people on Guardianship orders must have a Cultural Plan developed, to ensure they remain connected, or re-connect, to their family, culture and community.

NB: Goals and tasks must be also reflected in the young person's CRIS record.

Tips for completing the 15+ Care and Transition Plan

- Use the *Guide to developing care and transition plans* to prompt your plans and actions based on the seven LAC domains.
- Make sure the young person understands and is engaged in developing this plan for their good care and future good life.
- Build on the young person's aspirations and strengths.
- Make sure that day-to-day care and transition planning is consistent with the direction of overall case planning (and implements the Cultural Plan for Aboriginal young people).
- Use dot points and plain English.
- Specify who will have primary responsibility for each planned action – if this involves a group of people, underline who will coordinate.
- Specify when the service will be provided or the action taken – 'as soon as possible' is not an appropriate description of timelines.
- Make sure their Essential Information Record is up-to-date and the carers also have an up-to-date copy.
- Determine the next review date for the young person's 15+ Assessment and Progress Record subject to their needs and circumstances but no later than 6 months.

1 <http://www.dhs.vic.gov.au/funded-agency-channel>

2 www.dhs.vic.gov.au/leavingcare/guidetocareandtransitionplanning

3 www.dhs.vic.gov.au/leavingcare/transitionplanningforleavingcare

 Health plan – see the Guide to Developing 15+ Care and Transition Plans

Notes



Emotional and behavioural development plan – see the Guide to Developing 15+ Care and Transition Plans

Young person's needs	Actions	Who?	By what date?

Notes



Education training and employment plan – see the Guide to Developing 15+ Care and Transition Plans

Young person's needs	Actions	Who?	By what date?

Notes

 **Family and social relationships** plan – see the [Guide to Developing 15+ Care and Transition Plans](#)

Young person's needs	Actions	Who?	By what date?

Notes

Y Identity plan – see the Guide to Developing 15+ Care and Transition Plans

Young person's needs	Actions	Who?	By what date?

Notes



Social presentation plan – see the Guide to Developing 15+ Care and Transition Plans

Young person's needs	Actions	Who?	By what date?

Notes



Self-care skills plan – see the Guide to Developing 15+ Care and Transition Plans

Young person's needs	Actions	Who?	By what date?

Notes

Policy, procedures and forms for the registration of disability service providers and community services

May 2015

Policy, procedures and forms for the registration of disability service providers and community services

May 2015

To receive this publication in an accessible format, please phone **03 9096 2745**, using the National Relay Service 13 36 77 if required, or email hsstandards@dhhs.vic.gov.au

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, **May 2015**

This work is licensed under a Creative Commons Attribution 3.0 licence (creativecommons.org/licenses/by/3.0/au). It is a condition of this licence that you credit the State of Victoria as author.

Available at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/human-services-standards>

Contents

Policy for the registration of disability service providers and community services.....	5
Definitions	5
Introduction	7
Who should register?.....	8
In-scope activities for disability service providers.....	9
Application for initial registration.....	10
Application for renewal of registration	11
Refusal or revocation of registration	12
Publication and maintenance of the registers	13
Procedures for the registration of disability service providers and community services	15
Purpose	15
Procedure 1: Registration of new applicants	15
Procedure 2: Renewal of registration	16
Procedure 3: Reviewing and appealing a decision to refuse or revoke registration	17
Procedure 4: Changes to details on the register/s	18
Further information	18
Approved forms for disability service providers and community services	19
Application for registration and/or renewal of registration as a disability service provider and/or community service	19
Change of information recorded on the <i>Register of disability service providers</i> and/or <i>Register of community services</i>	24
Removal of information recorded on the <i>Register of disability service providers</i> and/or <i>Register of community services</i>	26
Appendix 1 <i>Disability Act 2006, Sections 40-48: Registration of disability service providers</i>	28
Appendix 2 <i>Children, Youth and Families Act 2005, Sections 45-57: Registration of community services</i>	30

Policy for the registration of disability service providers and community services

Definitions

Approved forms

Means any of the following:

- *Application for registration and/or renewal of registration as a disability service provider and/or community service*
- *Change of information recorded on the Register of disability service providers and/or Register of community services*
- *Removal of information recorded on the Register of disability service providers and/or Register of community services*

Community service

Means a 'community service' as defined in the *Children, Youth and Families Act 2005 (Vic)*, meaning a service established to meet the needs of children requiring care, support, protection or accommodation and of families requiring support, namely out-of-home care services, community-based child and family services and prescribed services.

Department

Means the Department of Health & Human Services.

Disability service

Means a 'disability service' as defined in the *Disability Act 2006 (Vic)*, being a service that is provided specifically for the support of persons with a disability by a disability service provider. Services and amenities accessed by people with a disability which are generally accessible in the community and not specifically for persons with a disability (e.g. health, sporting or recreation services) do not constitute disability services.

Disability service provider or DSP

Means a 'disability service provider' as defined in the Disability Act, being:

- the Secretary of the Department of Health & Human Services; or
- a person or entity registered on the *Register of disability service providers*.

Entity

Means a natural person, legal entity, partnership or a natural person on behalf of an unincorporated body.

Independent review

Means any assessment, audit or review of a registered entity conducted by an independent review body, and includes assessment of the level of compliance with the Human Services Standards (Standards) (gazetted as Department of Health & Human Services Standards) and any other matters that the department reasonably requires to be investigated to the department's satisfaction.

Independent review body

Means a body endorsed by the department to assess service providers' compliance with the Standards.

In-scope activities / Activities in scope of independent review

Means the activities funded by the department which are in scope of independent review against the Standards, as specified in the *Human Services Standards policy* and the department's *Policy and funding plan* and updated from time to time.

In-scope activities / Activities in scope of registration

Means the activities funded by the department for which registration is required, as specified in the *Human Services Standards policy* and the department's *Policy and funding plan* and updated from time to time, and as set out in this policy.

Minister

Means the:

- Minister for Families & Children
- Minister for Youth Affairs
- Minister for Housing, Disability & Ageing.

Natural person

Means a person of at least 18 years of age, with mental capacity to understand a legal agreement and who is not bankrupt.

National Disability Insurance Scheme/Agency or NDIS/NDIA

Means Australia's National Disability Insurance Scheme/Agency (NDIS/A).

Service providers should refer to the *Policy, procedures and forms for the registration of disability service providers registered/registering with National Disability Insurance Agency* available from the department's website.

Register/s

Means:

- the *Register of disability service providers* referred to in section 46 of the Disability Act; and/or
- the *Register of community services* referred to in section 54 of the Children, Youth and Families Act.

Secretary

Means the Secretary of the Department of Health & Human Services.

In this policy, where a power of the 'Secretary' is referred to, this is also a reference to that power exercised by the Secretary's delegate/s.

Service Agreement

Means an agreement between the department and an entity which the department funds to deliver services to the community on behalf of the department, subject to certain service requirements, terms and conditions.

Standards

Means the Human Services Standards (gazetted as the Department of Health & Human Services Standards) and the governance and management standards of the organisation's chosen independent review body and:

- if the organisation is registered under the Children, Youth and Families Act, any performance standards made under that Act
- if the organisation is registered under the Disability Act, any performance standards made under that Act.

Standards and Regulation Unit

Means the Standards and Regulation Unit of the department, which manages quality, compliance and registration functions of the department, the contact details for which are included in this document.

The Act/s

Means the *Disability Act 2006* and/or *Children, Youth and Families Act 2005*.

The Disability Act came into effect on 1 July 2007. It provides a framework for a whole-of-government and whole-of-community approach to enable people with a disability to actively participate in community life. The Act is guided by the principles of human rights and citizenship, and sets out the requirements for the registration of disability service providers.

The Children, Youth and Families Act came into effect on 23 April 2007. It provides a framework to promote children's safety, wellbeing and development. The foundation of the Act, and the basis for all decision making and actions taken under the Act, is the best interests principle, which includes the need to protect a child from harm, protect their rights and promote their development. The Act sets out the requirements for the registration of community services.

Introduction

Purpose

This policy guides the interpretation and application of the powers, authorities and responsibilities created by, or referenced in, the Acts for the registration of disability service providers and community services.

Key legislative and policy requirements

The key legislative and policy requirements underpinning this policy include:

- Registration is required for entities that have a Service Agreement with the department to deliver in-scope activities for registration.
- Entities must deliver services to people who reside in Victoria to be eligible for registration.
- An application for registration must be made in the name of the legal entity or natural person. A natural person and unincorporated body may be registered as a DSP, but not as a community service.
- Entities that apply for registration will be required to demonstrate their capacity to deliver services in compliance with the Standards.
- Entities that apply for renewal of registration will be required to demonstrate their compliance with the Standards.
- Registration and renewal of registration will be for a period of three years, unless revoked earlier. In exceptional circumstances, the Secretary may exercise discretion to grant DSPs registration for a period greater than three years.

- The Secretary may impose any conditions or restrictions on the registration, or renewal of registration, of a DSP or community service, as deemed appropriate.
- Renewal of registration for community services will not take effect until the expiry of the existing registration period.
- Renewal of registration for disability service providers will be effective from the date the renewal is approved.
- An application for renewal of registration should be received by the department not less than 60 business days prior to the expiry of registration, to allow time for the application to be assessed. The application must include confirmation of current accreditation against the Standards.

Responsibilities of registered entities

Registered entities have a responsibility to:

- comply with the relevant Acts and the Standards
- comply with any conditions or restrictions on registration
- advise the Director Performance, Regulation and Reporting Branch, Regulation, Health Protection and Emergency Management Division (within 14 days) of any changes to the details on the register/s or information to be removed from the register/s.

Who should register?

Entities with direct funding from the department

Where the department identifies a service provider and is prepared to execute a Service Agreement for the delivery of in-scope activities, the entity must be registered as a DSP or community service prior to the commencement of services.

Exceptions to this requirement include:

- Where a service provider is registered as a DSP or Community Service and provides in-scope activities under a different business name (but the same legal entity), the service provider must notify the department of the business name which will also be included on the Register. Where in-scope activities are to be provided by a separate legal entity, this entity must apply for separate registration under the relevant Act/s.
- A community service which is paid on invoice by the department to deliver out-of-home care contingency placements. Although it does not have a Service Agreement, the entity will be required to register as a community service prior to the commencement of services.
- Entities funded for in-scope activities which do not provide direct client services, may, with the department's approval, be exempt from the requirement to register under the relevant Act/s.

Application to register as a DSP as required by the Secretary

In accordance with section 40(3) of the Disability Act, the Secretary may require an entity to apply for registration as a disability service provider before any funds are provided.

Sub-contracting arrangements

Where a registered DSP or Community Service wishes to sub-contract another entity to perform part of the services under its Service Agreement (if permitted under the Service Agreement), the department may require the proposed sub-contracted entity to be registered under the Act/s prior to the commencement of services.

The registered entity is required to inform the Standards and Regulation Unit of any proposed sub-contracting arrangement/s which arise during its period of registration, at the time the sub-contracting arrangement is being negotiated with the department.

Irrespective of their registration status, sub-contracted agencies must comply with the Standards and the requirements specified in the Service Agreement.

Deemed registered disability service providers

The *Disability Act 2006* allows the Secretary to 'deem' a person or body to be registered as a DSP if the person or body is a Community Service registered under the *Children, Youth and Families Act 2005* and provides a service specifically for the support of persons with a disability who are children (section 48). If the Secretary deems a person or a body a DSP under this provision, that person or body does not need to submit a separate application for registration as a DSP.

Entities which deliver disability and community services

Unless deemed to be a registered DSP, entities that deliver both disability and community services must apply for registration as a DSP and registration as a community service, using the *Approved form*.

Following approval by the Secretary's delegate, service providers will be included on the *Register of disability services providers* and/or the *Register of community services*.

In-scope activities for disability service providers

In scope activities requiring registration

At an activity level, the following activities are considered to be specifically for the support of persons with a disability. Entities funded to deliver any of these activities require registration as a DSP:

Self-Directed Support

- Futures for Young Adults (17201)
- Individual Support Packages (including facilitation) (17081) (only where funded through a Service Agreement)

Accommodation

- Facility-Based Respite (17019)
- Criminal Justice Services (17006)
- Supported Accommodation (17016)
- Residential Institutions (17017)

Client Services and Capacity

- Community Based Respite (17078)
- Recreation (17035)
- Flexible Support Packages (17034)
- Outreach Support (17008)
- Independent Living Training (17023)
- Behaviour Intervention Services (17026)
- Therapy (17042)
- Planning (17252)
- Access (17044)
- Case Management (17028)

At its discretion, the department may change the activities which require registration.

In-scope activities for community services

In-scope activities requiring registration (community services)

At an activity level, the following activities are considered to be specifically for the support of children requiring care, support, protection or accommodation and of families requiring support. Entities funded to deliver these activities require registration as a community service:

Family and community services

- Aboriginal family services (31165)
- Aboriginal child specialist advice (ACSASS) (31263)
- Aboriginal Community Controlled Organisation Services - family and community services (31260)
- cradle to kinder (ante postnatal support) (31264)
- early parenting centre services (31256)
- early parenting centres – parenting assessment and skill development services (31259)
- Health Services and Rehabilitation Programs (32303)
- integrated family services (31245)
- integrated family services – indigenous (31246)
- parenting assessment and skills development services (31255)
- placement prevention programs (31218)
- sexually abusive treatment services (31242)
- stronger families (31262)

Specialist support and placement services

- educational support – children in residential care (31219)
- intensive treatment services (31163)
- home based care - adolescent community placement (31205)
- home based care - kinship care (31202)
- home based care - general (31214)
- home based care - complex (31216)
- home based care - intensive (31418)
- home based care - therapeutic foster care (31413)
- lead tenant (31188)
- residential care (31415)
- residential care - case management (31416)
- targeted care packages (31209)

At its discretion, the department may change the activities which require registration.

Application for initial registration

Application for registration

An entity may become a registered DSP and/or community service by making an application to the department using the *Approved form*. In accordance with section 40(3) of the Disability Act, the Secretary may also require an entity to apply for registration.

For applicants seeking to register as a DSP, a single application for registration is required, even where the applicant provides multiple types of disability programs.

For applicants seeking to register as a community service, a single application for registration is required, even where the applicant provides both out-of-home care and community-based child and family services.

Entities that deliver both disability and community services should apply for registration as a DSP and community service by lodging the *Approved form*.

Demonstration of capacity to comply with the Standards

At the time of application for initial registration, entities will be required to undertake a self-assessment to demonstrate their capacity to comply with the Standards. The self-assessment must include all activities in scope of independent review.¹ At its discretion, the department may request from the entity additional evidence for the purpose of registration.

Where an entity does not demonstrate this capacity, the department will issue a notice advising that it may make a new submission in writing to the department within 14 days of the notice being given. Refer to '*Refusal of an application/ renewal for registration*'.

A self-assessment is not required where an entity has achieved accreditation against the Standards.

A newly registered entity will be required to undertake an independent review against the Standards within 12 months of its registration, and have achieved accreditation within 18 months of being registered, unless, with the department's approval, it is exempt from an independent review, or accreditation against the Standards has already been achieved.

Application for renewal of registration

When to renew

Entities that apply for renewal of registration will be required to demonstrate their compliance with the Standards.

An application for renewal should be received by the department not less than 60 business days prior to the expiry of registration, to allow time for the application to be assessed.

Entities that deliver both disability and community services should apply for renewal of registration as a DSP and community service by lodging the *Approved form*, not less than 60 business days prior to the expiry of their registration as a DSP or community service (whichever comes first). For applications received later than this, the department cannot guarantee that the application for renewal will be processed before expiry of the current registration, in which case the registration will expire, funding will discontinue and the entity will be required to cease the delivery of in-scope activities.

An application for renewal of registration cannot be made after the expiry of registration.

Demonstration of compliance with the Standards

To apply for renewal of registration, entities must complete the *Approved form* and demonstrate compliance with the Standards. Compliance may be evidenced by:

- successful accreditation against the Standards following an independent review (application must include the submission of the most recent review report)
- maintenance of accreditation following a mid-cycle review/surveillance audit (application must include the submission of the most recent review report)
- if approved by the department, a self-assessment against the Standards. The self-assessment must include all activities in scope of independent review².

¹ For a list of department funded activities in scope of independent review, refer to the *Human Services Standards Policy*, accessible via the Department of Health & Human Services Standards webpage.

² For a list of department funded activities in scope of independent review, refer to the *Human Services Standards Policy*, accessible via the Department of Health & Human Services Standards webpage.

Where a service provider receives total funding from the department of \$100,000 (indexed annually each financial year) or less per annum for activities in-scope of independent review, it may, with the approval of the department, undertake a self-assessment against the Standards once every 18 months, rather than an independent review. Refer to the *Human Services Standards Policy*.

Where a service provider receives total funding from the department of \$20,000 (indexed annually each financial year) or less per annum for activities in-scope of independent review, it may, with the approval of the department, undertake a self-assessment against the Standards once every three years at the time of its application for renewal of registration, rather than an independent review. Refer to the *Human Services Standards Policy*.

Prior to any decision to renew registration, the department may:

- consistent with the department's business processes, consider the entity's performance against service and legislative requirements
- request from the entity additional evidence.

Period of renewed registration

Renewal of registration will be effective from the date the renewal is approved and will be valid for a period of three years, unless revoked or extended.

In exceptional circumstances, the Secretary may exercise discretion to grant registration for a period greater than three years.

Non compliance with the Standards

Where an entity does not comply with the Standards at the time of application for renewal of registration, the department may:

- allow the entity time to comply with the Standards prior to the expiry of their registration
- refuse the application for renewal of registration
- commence the process of revoking registration.

Refusal of registration or revocation will result in removal of the entity from the register/s and the cessation of funding for activities in-scope of registration. The department may also terminate the entity's Service Agreement, resulting in the cessation of funding for all funded activities.

Following refusal or revocation of registration, an entity may re-apply for registration under the relevant Act/s if it achieves compliance with the Standards and holds a Service Agreement with the department.

Refusal or revocation of registration

Refusal of an application/ renewal for registration

An application for registration or renewal of registration will be refused if the entity:

- fails to demonstrate its capacity to deliver services in compliance with the Standards
- fails to demonstrate its compliance with the Standards
- fails to comply with any conditions of registration
- has ceased to provide the relevant services
- is not providing services to any persons who live in Victoria.

Revocation of registration

In accordance with section 43 of the Disability Act and section 51 of the Children, Youth and Families Act, the Secretary must revoke registration if it ceases to provide services.

The Secretary may revoke registration where considered appropriate to do so, including but not limited to the following circumstances:

- the Secretary has ceased funding the DSP or community service
- the Secretary has terminated a contract with the DSP or community service
- the DSP or community service has failed to comply with the requirements of the Act/s (including where there has been the appointment of an administrator as set out in the Act/s)
- in any other circumstances the Secretary considers relevant (for example, the provider has not adhered to conditions or limitations placed on registration or in order to commence a new registration period).

Refer to the relevant sections in the Act/s for further information.

Notice before refusal or revocation of registration

Where the department is considering refusing or revoking the registration of a DSP or community service, the department will:

- as appropriate, discuss with the entity options to achieve or maintain registration which may include the decision to attach conditions to registration (not applicable to initial registration)
- issue the entity with a notice, including reasons for the proposed decision
- issue the entity with a notice advising that it has the right to make a new submission in writing to the department within 14 days of the notice being given. This submission can be in any commonly accepted written form from an authorised person that may be kept as an official record (e.g. letter or email)
- consider any new submission made before making its decision
- inform the entity in writing of the decision and the reasons.

Appealing the decision to refuse/revoke registration

Within 28 days of the department's decision to refuse or revoke registration, an entity may appeal the decision, in writing, to the Secretary, Department of Health & Human Services. The department may affirm or overturn a decision to refuse or revoke registration. Should the department uphold the applicant's appeal and registration is granted as a result, the entity's details will be added to the register/s. Where registration is not granted, unless the entity elects to further appeal to Victorian Civil and Administrative Tribunal (VCAT), the entity's details will be removed from the register/s.

Where the decision to refuse or revoke registration is not overturned by the department, within 28 days of this decision or the day the entity receives a statement of reasons for the decision or is informed that a statement of reasons will not be given, an applicant may apply to the VCAT for review of a decision of the Secretary to refuse registration or revoke registration. VCAT may affirm or overturn a decision to refuse or revoke registration, or return the matter to the department for reconsideration.

Where VCAT upholds the applicant's appeal and registration is granted as a result, the entity's details will be added to the register/s. Where VCAT rejects the applicant's appeal, the decision to refuse registration or renewal of registration will be confirmed, and the entity's details will be removed from the register/s. Funding from the department will cease accordingly.

Future applications for registration

Following a decision to refuse or revoke registration, it is open to a DSP or community service to re-apply for registration. A subsequent application is only likely to be successful if the reasons for refusal or revocation have been addressed and evidence is submitted to satisfy the criteria for registration.

Publication and maintenance of the registers

Details of the registers available to the public

In accordance with the Secretary's obligations under the Acts, the registers will be available to the public through publication on the department's website.

Details available to the public in the registers include:

Name: The name of the legal entity or natural person
Any business name/s of the legal entity under which any in-scope activities are being provided (if applicable).
Any entity to which in-scope activities will be sub-contracted (if applicable).

Address: The address of the entity. The address must be a visiting address, except when the registered entity is a natural person, in which case a postal address (e.g. a PO Box) will be published.

Contact information:	Contact information for the entity including phone and email.
Category of registration:	As applicable to registered community services and disability service providers.

As applicable, the following information will be included on the revocation registers:

Name:	As above.
Address:	As above.
Revocation date:	The date registration was revoked.
Reason for revocation:	The reason for revocation, which may be for example, 'no longer funded', 'change of name', 'change of legal entity', 'no longer providing in scope services', 'commenced new period of registration', 'failed to meet Standards', 'failed to meet conditions of registration' etc.

The registers are, from the date of publishing, located on the department's website at:

Register of disability service providers:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/register-of-disability-service-providers-list>

Register of community services:

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/Community-service-organisations/community-service-organisation-register-children-and-families>

Changes to information on the registers

A registered entity must notify the department in writing within 14 days of any changes to the details kept on the relevant register. *Approved forms* are provided for changes of information and for removal of information and should be used for this purpose. However, notification may be given by an authorised person in any commonly accepted written form that can be kept as an official record (e.g. letter or email).

The department updates the registers regularly to ensure a current list of registered entities is available to the public.

Changes to category of registration

A registered entity must lodge an *Approved form* (*Application for registration as a disability service provider and/or community service*) where any changes to its funding/registration arrangements with the department requires a change to its category of registration.

For example, an out-of-home care provider which secures funding from the department to deliver community-based child and family services must lodge an *Approved form* for approval to change its category of registration to include community-based child and family services.

The registered entity is required to inform the Standards and Regulation Unit of any proposed changes to its category of registration within 14 days.

Procedures for the registration of disability service providers and community services

Purpose

The purpose of these procedures is to provide DSPs and community services with information on how to:

- apply for registration and renewal of registration
- respond to a notice of intent to refuse or revoke registration
- appeal a decision to refuse or revoke registration
- change their details on the *Register of disability service providers* and/or *Register of community services*
- remove their details from the *Register of disability service providers* and/or *Register of community services*.

Procedure 1: Registration of new applicants

Applying for registration

To apply for registration, an applicant will undertake the following steps:

1. Complete an application by way of the *Approved form*.
2. Send the completed application to the Director, Performance, Regulation and Reporting Branch, Regulation, Health Protection and Emergency Management Division.
3. Await written notice from the Standards and Regulation Unit as to the outcome of the application. The applicant may be asked to provide additional information to support the application and enable the assessment to be completed. The outcome of the application will be either a:
 - *Notice of registration* (specifying conditions where necessary) with *Certificate of registration* or
 - *Notice of intent to refuse registration*.
4. Where the applicant receives a *Notice of registration*:
 - this means that registration has been granted
 - the successful applicant can commence the delivery of services.

The successful applicant's details will be added to the *Register of disability service providers* and/or *Register of community services*.

5. Where the applicant receives a *Notice of intent to refuse registration*:
 - The applicant can within 14 days of the date of the notice provide additional information to the department to support the initial application. The department may, in its absolute discretion, provide an extension of this time.
 - Where this is not received, the department will make the decision based on the information it has, and most likely issue a *Notice of refusal of registration*.
 - Where further information is received, this will be considered before the decision is made.

Where a *Notice of refusal of registration* is issued, the details of the applicant will not be entered on the register/s.

The applicant may appeal to the department and (as required) a further appeal to VCAT. Refer to *Procedure 3 - Reviewing and appealing a decision to refuse or revoke registration*.

Procedure 2: Renewal of registration

Who should use this procedure

An application for renewal of registration will only be relevant for entities that are:

- already registered and
- intending to continue the delivery of in-scope activities.

Steps for renewing registration

To apply for renewal of registration, an applicant will undertake the following steps:

1. Entities that apply for renewal of registration will be required to demonstrate their compliance with the Standards.

Applicants must complete an application for renewal of registration by way of the *Approved form*.

An application for renewal should be received by the department not less than 60 business days prior to the expiry of registration. Entities that deliver both disability and community services should apply for renewal of registration as a DSP and community service by lodging the one approved form, not less than 60 business days prior to the expiry of their registration as a DSP or community service (whichever comes first).

2. Send the completed application to the Director, Performance, Regulation and Reporting Branch, Regulation, Health Protection and Emergency Management Division.
3. Await written response from the Standards and Regulation Unit as to the outcome of the application for renewal. This will be either a:
 - *Notice of renewal of registration* (specifying any conditions where necessary), or
 - *Notice of intent to refuse renewal of registration*.
4. Where the applicant receives a *Notice of registration*, the applicant may continue to provide services as per the terms of the renewal.
5. Where the applicant receives a *Notice of intent to refuse registration*:
 - The applicant can within 14 days of the notice, provide additional information to support the initial application. The department may, in its absolute discretion, provide an extension of this time.
 - Where this is not received, the department will make the decision based on the information it has, and most likely issue a *Notice of refusal of registration*.
 - Where further information is received, this will be considered before the decision is made.
 - The applicant may lodge an appeal with the department and (as required) a further appeal to VCAT. Refer to *Procedure 3 - Reviewing and appealing a decision to refuse or revoke registration*.

Procedure 3: Reviewing and appealing a decision to refuse or revoke registration

Steps for appealing a decision

Where an applicant receives a notice of intention to refuse or revoke registration, the following steps may be undertaken:

1. If the applicant receives a notice from the department which contains a notification of intent to refuse or revoke registration, the applicant may, within 14 days of receiving this notice, submit further information as evidence of eligibility for registration. The department may, in its absolute discretion, provide an extension of this time.

This submission can be in any commonly accepted written form from an authorised person that may be kept as an official record (e.g. letter or email). Submissions may be made to the Director, Performance, Regulation and Reporting Branch, Regulation, Health Protection and Emergency Management Division.

2. If a submission is made, the applicant should await written advice from the department as to the outcome of the submission. The applicant will receive a:

- *Notice of registration/renewal* or
- *Notice of refusal of registration/renewal* or
- *Notice of revocation of registration*.

If no submission is made within the 14 day period, the department will make a decision based on the information available to it, which will most likely be the original proposed decision.

3. If the applicant receives a notice to refuse registration or revoke registration, the applicant may, within 28 days of receiving this notice, appeal the decision in writing to the Secretary, Department of Health & Human Services.

Where the decision to refuse or revoke registration is not overturned by the department, within 28 days of this decision or the day the entity receives a statement of reasons for the decision or is informed that a statement of reasons will not be given, an applicant may apply to the Victorian Civil and Administrative Tribunal (VCAT) for review of a decision of the Secretary to refuse registration or revoke registration. The applicant should contact VCAT for further information on this process.

4. Should the department or VCAT uphold the applicant's appeal and registration is granted as a result, the entity's details will be added to or retained on the *Register of disability service providers* and/or the *Register of community services*.
5. Should the department or VCAT reject the applicant's appeal, the decision to refuse registration or renewal of registration will be confirmed, and the entity's details will be removed from the register/s. Funding from the department will cease accordingly.
6. Where registration has been revoked or not reviewed, regardless of whether an appeal is lodged, the entity may re-apply for registration. Such application is unlikely to succeed unless the original reasons for refusal/revocation have been addressed and evidence is submitted to satisfy the criteria for registration.

Procedure 4: Changes to details on the register/s

Steps for informing the department of changes to information on the register/s

Registered entities are required to advise the Director, Performance, Regulation and Reporting Branch, Regulation, Health Protection and Emergency Management Division, in writing within 14 days, of any changes to their details, as recorded on the register/s.

This can be done either by completion of the *Approved form* or by providing notice in any commonly accepted written form from an authorised person that can be kept as an official record (e.g. letter or email).

Steps for informing the department of removal of information from the register/s

Registered entities are required to advise the Director, Performance, Regulation and Reporting Branch, Regulation, Health Protection and Emergency Management Division, in writing within 14 days, of any request to remove their information as recorded on the register/s.

This can be done either by completion of the *Approved form* or by providing notice in any commonly accepted written form from an authorised person that can be kept as an official record (e.g. letter or email).

Further information

Should there be any questions regarding this documentation, please contact:

Standards and Regulation Unit

Performance, Regulation and Reporting Branch

Regulation, Health Protection and Emergency Management Division

Department of Health & Human Services

Level 24, 50 Lonsdale Street, Melbourne, Vic, 3000

Tel: 03 9096 2745

Email: hsstandards@dhhs.vic.gov.au

Approved forms for disability service providers and community services

Application for registration and/or renewal of registration as a disability service provider and/or community service

Information for applicants

This form and the policy and procedures for the registration as a disability service provider or community services may be accessed from the Department of Health & Human Services' website.

There are no fees for application for registration or renewal of registration as a disability service provider (DSP) or community service.

Only one application for registration or renewal of registration is required per legal entity or natural person.

Entities applying for initial registration are required to submit a completed *self-assessment report and quality improvement plan*, along with the file audit tools, to demonstrate capacity to meet the Human Services Standards.

Entities are required to apply for renewal of registration as a DSP and/or community service by lodging the one approved form not less than 60 business days prior to the expiry of their registration as a DSP or community service (whichever comes first). Evidence of current certification/accreditation to the Standards must be provided with the application.

This form has four parts. All questions must be answered unless otherwise advised by the department.

Applicants must provide sufficient evidence to meet the registration criteria to the department's satisfaction.

The signature of the person making the application must be recorded and witnessed where indicated on the form.

For further information, contact the Standards and Regulation Unit Helpdesk on 03 9096 2745 or email hsstandards@dhhs.vic.gov.au or visit the Department of Health & Human Services Standards webpage which is accessible via the Funded Agency Channel at www.dhs.vic.gov.au/funded-agency-channel under 'About Service Agreements'.

Address and deliver the completed form to the Director, Performance Regulation and Reporting Branch, Regulation, Health Protection and Emergency Management Division, Department of Health & Human Services, Level 24, 50 Lonsdale Street, Melbourne, VIC, 3000.

PART 1: Applicant details

1.1 The applicant

Insert the full name of the person making the application			
Insert the full name of the entity ³			
Insert ABN or ACN			
Insert the full registered or street address of the entity			
Insert the mailing address of the legal entity			
For natural persons, insert the residential street address			
For natural persons, insert the postal address ⁴			
Insert the contact details of the entity	Telephone number		
	Email address		
	Officer in Charge - Name		
	Officer in Charge - Position		

PART 2: Applicant status

2.1 Current category of registration

Indicate the current category of registration by ticking the appropriate box. All current categories must be selected.

Indicate the category of registration	Disability service provider (under the Disability Act 2006) Department of Health & Human Services	
	Disability service provider (under the Disability Act 2006) National Disability Insurance Agency ⁵	
	Out-of-home care (Category A under the Children, Youth and Families Act 2005)	
	Community-based child and family services (Category B under the Children, Youth and Families Act)	
	Not applicable	

³ For organisations, the name of the legal entity must be included. See 2.3 for Business / Trading Names.

⁴ The postal address of Natural Persons will be included on the registers and not their private address

⁵ Only where the Department of Health & Human Services has been notified by National Disability Insurance Agency that the organisation is already registered with National Disability Insurance Agency, or has been approved for registration with National Disability Insurance Agency pending registration under the Disability Act

2.2 Category of registration to be registered

Indicate the category to be registered by ticking the appropriate box. All relevant categories must be selected.

Category of registration	Disability service provider (under the Disability Act) Department of Health & Human Services	
	Disability service provider (under the Disability Act) National Disability Insurance Agency ⁶	
	Out-of-home care (Category A under the Children, Youth and Families Act)	
	Community-based child and family services (Category B under the Children, Youth and Families Act)	

2.3 Are/will any of the in-scope activities be delivered by the legal entity under a different business / trading name?

Yes (see below)

No

If yes, list the names and contact details of each business / trading name and the activities delivered (or to be delivered) by each business name by Division	
--	--

2.4 Are/will any of the in-scope activities be delivered by a sub-contracted agency, to which all or part of the legal entity's funding and targets have been transferred?

Yes (see below)

No

If yes, list the names and contact details of each sub-contracted agency and the activities to be delivered (or to be delivered) by each sub-contracted agency by Division	
--	--

⁶ Only where the Department of Health & Human Services has been notified by National Disability Insurance Agency that the organisation is already registered with National Disability Insurance Agency, or has been approved for registration with National Disability Insurance Agency pending registration under the Disability Act.

2.5 Which Department of Health & Human Services Division/s does your organisation propose to deliver in-scope funded activities?⁷

Indicate the Division/s for delivery of in-scope activities	Division	Out-of-home care Services	Family services	Disability services	Funded activity number/s (as per the department's Service Agreement)
	North				
	South				
	East				
	West				

PART 3: Compliance with the Standards

3.1 Has the entity and/or its business names and/or sub-contracted agencies undertaken a self-assessment or independent review against the Standards?

Yes (see below and provide suitable evidence e.g. certificate of accreditation/report)

No

Name of organisation/business name/sub-contracted agency	Date of self-assessment	Date of independent review	Name of independent review body (if applicable)	Date achieved compliance with Standards

⁷ For a list of department funded activities in scope of registration, refer to the *Policy, procedures and forms for the registration of disability service providers and community services* accessible via the Department of Health & Human Services Standards webpage.

PART 4: Declarations

4.1 Declaration of applicant

In making this application I:

- declare that this information is true and correct
- agree to provide required supporting information to demonstrate compliance with the Standards
- agree to the Secretary revoking the current period of registration in order to commence a new period of registration
- understand that the organisation must comply with the obligations under the Act/s and any conditions placed on the registration
- confirm I am authorised to apply for registration as a disability service provider or community service on behalf of the entity named
- understand that the name, address and contact details of disability service providers and community services will be made available for public inspection in the *Register of disability service providers* and/or *Register of community services* along with any revocation information as applicable.

Signature of person making application

Signature of witness

Name:

Name:

Date:

Date:

Application to be submitted to:

Director

Performance, Regulation and Reporting Branch

Regulation, Health Protection and Emergency Management Division

Department of Health & Human Services

Level 24, 50 Lonsdale Street

Melbourne VIC 3000

Change of information recorded on the *Register of disability service providers* and/or *Register of community services*

I,

<Full name of person providing advice>

advise of changes to the details held on the *Register of disability service providers* and/or *Register of community services* (delete as appropriate) for

<Full name of registered disability service provider and/or community service>

of

<Address of registered disability service provider and/or community service>

Changed registration details are:

Name of registered entity:

<Full name of registered disability service provider and/or community service>

Address:

<Address of registered disability service provider and/or community service>

Telephone: _____

Email: _____

Name of business name:

<Full name of business name>

Address:

<Address of business name >

Telephone: _____

Email: _____

Name of sub-contracted agency:

<Full name of sub-contracted agency>

Address:

<Address of sub-contracted agency >

Telephone: _____

Email: _____

Other change/s required: _____

Category of registration:

Indicate the category of registration	Disability service provider (under the Disability Act) Department of Health & Human Services	
	Disability service provider (under the Disability Act) National Disability Insurance Agency	
	Out-of Home Care (Category A under the Children, Youth and Families Act)	
	Community-based child and family services (Category B under the Children, Youth and Families Act)	

Signature of person making application: _____

Date of application: _____

Application to be submitted to:

Director

Performance, Regulation and Reporting Branch

Regulation, Health Protection and Emergency Management Division

Department of Health & Human Services

Level 24, 50 Lonsdale Street

Melbourne VIC 3000

Removal of information recorded on the *Register of disability service providers* and/or *Register of community services*

I,

<Full name of person providing advice>

Request removal from the *Register of disability service providers* and/or *Register of community services* (delete as appropriate) for

<Full name of registered disability service provider and/or community service>

of

<Address of registered disability service provider and/or community service>

Telephone: _____

Email: _____

Category of registration:

Indicate the category of registration	Disability service provider (under the Disability Act) Department of Health & Human Services	
	Disability service provider (under the Disability Act) National Disability Insurance Agency	
	Out-of Home Care (Category A under the Children, Youth and Families Act)	
	Community-based child and family services (Category B under the Children, Youth and Families Act)	

And / or

Name of sub-contracted agency:

<Full name of sub-contracted agency>

Address:

<Address of sub-contracted agency >

Telephone: _____

Email: _____

Category of registration:

Indicate the category of registration	Disability service provider (under the Disability Act) Department of Health & Human Services	
	Disability service provider (under the Disability Act) National Disability Insurance Agency	
	Out-of Home Care (Category A under the Children, Youth and Families Act)	
	Community-based child and family services (Category B under the Children, Youth and Families Act)	

Please provide your reason/s for requesting removal from the Register/s:

Signature of person making application: _____

Date of application: _____

Application to be submitted to:

Director

Performance, Regulation and Reporting Branch

Regulation, Health Protection and Emergency Management Division

Department of Health & Human Services

Level 24, 50 Lonsdale Street

Melbourne VIC 3000

Appendix 1

Disability Act 2006, Sections 40-48: Registration of disability service providers

40 **Application for registration as a disability service provider

- 1 A person may apply to the Secretary for registration of the person as a disability service provider.
- 2 A person may apply to the Secretary on behalf of an unincorporated body for registration of the unincorporated body as a disability service provider.
- 3 The Secretary may require a person or an unincorporated body who has applied for funding under this Act to apply for registration as a disability service provider before any funds are provided.
- 4 An application for registration as a disability service provider must be in the form approved by the Secretary.

41 Registration

- 1 The Secretary may register a person or an unincorporated body as a disability service provider if the Secretary is satisfied that:
 - a the person or unincorporated body can provide a service for persons with a disability; and
 - b the service can be provided in compliance with the requirements of this Act.
- 2 The Secretary may impose any conditions or restrictions that the Secretary considers appropriate on the registration of a disability service provider.
- 3 Without limiting the generality of sub-section (2), the Secretary may impose conditions with respect to staffing arrangements and the appointment, numbers and qualifications of persons to be employed or engaged by the disability service provider in the provision of disability services.
- 4 Unless revoked, the registration of a disability service provider has effect for a period of 3 years or a longer period as determined by the Secretary in each case.

42 Renewal of registration

- 1 A registered disability service provider may apply to the Secretary for renewal of registration as a disability service provider.
- 2 An application for renewal of registration as a disability service provider must be in the form approved by the Secretary.
- 3 Unless revoked, the renewal of registration of a disability service provider has effect for a period of 3 years or a longer period as determined by the Secretary in each case

43 Revocation of registration

- 1 The Secretary may revoke the registration of a disability service provider if the Secretary considers it appropriate to do so.
- 2 For the purposes of sub-section (1), the Secretary may have regard to the following -
 - a the Secretary has ceased providing funding to the disability service provider;
 - b the Secretary has terminated a contract with the disability service provider for the provision of disability services;
 - c the disability service provider has failed to comply with requirements under this Act;
 - d any other circumstances that the Secretary considers relevant.
- 3 The Secretary must revoke the registration of a disability service provider if the disability service provider has ceased to provide disability services.

44 Notice before refusal or revocation

- 1 The Secretary must not refuse an application under section 40 unless the Secretary has given a notice in writing to the person making the application in accordance with sub-section (3) and has considered any submission made by the person.
- 2 The Secretary must not refuse an application under section 42 or revoke the registration of a disability service provider under section 43(1) unless the Secretary has given a notice in writing to the disability service provider in accordance with sub-section (3) and has considered any submission made by the disability service provider.
- 3 The notice must specify -
 - a the proposed decision and the reasons for the proposed decision;
 - b that the person or the disability service provider may make a submission in writing within 14 days of the notice being given.

45 Application for Review

- 1 A person or a disability service provider may apply to VCAT for a review of a decision by the Secretary -
 - a to refuse an application under section 40; or
 - b to refuse an application under section 42; or
 - c to revoke the registration of a disability service provider under section 43(1).
- 2 An application for review must be made within 28 days after the later of -
 - a the day on which the decision is made; or
 - b if, under the Victorian Civil and Administrative Tribunal Act 1998, the person or the disability service provider requests a statement of reasons for the decision, the day on which the statement of reasons is given to the person or the disability service provider or the person or the disability service provider is informed under section 46(5) of that Act that a statement of reasons will not be given.

46 Register of disability service providers

- 1 The Secretary must keep a register of disability service providers.
- 2 The Secretary must make available for public inspection a list of disability service providers.
- 3 The Secretary must include the following information in the register of disability service providers in respect of each disability service provider -
 - a the name of the disability service provider;
 - b the address of the disability service provider;
 - c contact information for the disability service provider.
- 4 The Secretary is not required to include the details of any natural person in the register of disability service providers.

47 Disability service provider to notify changes

A disability service provider must notify the Secretary in writing within 14 days if there is a change to the information recorded in the register of disability service providers in respect of that disability service provider.

48 Certain persons or bodies deemed or may be deemed to be registered as disability service providers

- 1 A person or body receiving funds for the provision of a disability service under the Intellectually Disabled Persons' Services Act 1986 or the Disability Services Act 1991 immediately before the commencement of section 222 is deemed to be registered as a disability service provider under this Act.
- 2 Unless revoked in accordance with section 43, a registration by virtue of sub-section (1) continues in effect until the agreement under which the funds are provided ends or is terminated.
- 3 The Secretary may deem a person or body to be registered as a disability service provider under this Act if the person or body -
 - a is a community service within the meaning of section 3(1) of the Children, Youth and Families Act 2005; and
 - b provides a service specifically for the support of persons with a disability who are children

Appendix 2

Children, Youth and Families Act 2005, Sections 45-57: Registration of community services

45. Application for registration

(1) A body corporate may apply to the Secretary for registration of the body as a community service.
(2) An application must be in a form approved by the Secretary.

46. Registration

(1) The Secretary may register a body as a community service if the Secretary is satisfied that the body—
(a) is established to provide services to meet the needs of children requiring care, support, protection or accommodation and of families requiring support; and
(b) will be able to meet the performance standards applicable to community services of that kind.
(2) A body may be registered in one or more of the categories of registration set out in [section 47](#).

47. Categories of registration

The categories of registration are—

(a) out of home care service;
(b) community-based child and family service;
(c) a prescribed category of service.

48. Conditions on registration

The Secretary may impose any conditions or restrictions that the Secretary considers appropriate on the registration of a community service under this Division.

49. Period of registration

Subject to this Division, registration has effect for a period of 3 years.

50. Renewal of registration

(1) A registered community service may apply to the Secretary for renewal of registration as a community service.
(2) An application for renewal must be in a form approved by the Secretary.
(3) Unless revoked, the renewal of registration as a community service has effect for a period of 3 years or a longer period as determined by the Secretary in each case.

51. Revocation of registration

(1) The Secretary may revoke the registration of a body as a community service if the Secretary considers it appropriate to do so.
(2) For the purposes of subsection (1), the Secretary may have regard to the following—
(a) a report from an authorised assessor under Division 5; or
(b) an inquiry under Division 5; or
(c) a recommendation of an administrator under Division 6; or
(d) the Secretary has ceased providing funding to the body; or
(e) the Secretary has terminated a contract with the body for the provision of services under the Act; or
(f) any other circumstances that the Secretary considers relevant.

52. Notice to community service

The Secretary must give a registered community service at least 14 days notice and the opportunity to make submissions before—
(a) refusing an application by the community service for a renewal of registration; or
(b) revoking the registration of the community service.

53. Application for review

(1) A body may apply to VCAT for review of a decision by the Secretary—
(a) to refuse to register the body as a community service; or
(b) to refuse to renew the registration of the body as a community service; or
(c) to revoke the registration of the body as a community service.
(2) An application for review must be made within 28 days after the later of—
(a) the day on which the decision is made;

(b) if, under the [Victorian Civil and Administrative Tribunal Act 1998](#), the person requests a statement of reasons for the decision, the day on which the statement of reasons is given to the person or the person is informed under [section 46\(5\)](#) of that Act that a statement of reasons will not be given.

54. Register of community services

The Secretary must keep a register of community services.

55. What information is to be included in the register?

The Secretary must include the following information in the register of community services in respect of each body that is registered under this Division-

- (a) the name of the body;
- (b) the address of the body;
- (c) contact information for the body;
- (d) the category of registration of the body;
- (e) any other information that is prescribed.

56. Registered community service to notify changes

A registered community service must notify the Secretary in writing within 14 days if there is any change to the information recorded in the register of community services in respect of that registered community service.

57. Register to be made public

The Secretary must make a copy of the register of community services available for inspection on the Department's Internet site.