

Question 1.

Who is maintaining the data on suspensions for children in OOHC and how can it be improved.

Allambi Care staff are responsible for recording the suspension data for children in OOHC. Allambi are also required to notify the Department of Communities and Justice.

If the young person is enrolled in North Academy they record attendance records and these are retained for 7 years. These would evidence if a young person was placed on a suspension and also show part day plans (in line with the Education Act).

The NSW Education Act (1990) (Education Act) sets out the compulsory schooling requirements for attendance of students at school in NSW. This means that all schools (Government, Independent and Catholic systems) are accountable for recording and retaining attendance data, including the suspensions of students. Schools are required to keep this data for 7 years.

Improvement in this area could be aimed at specific reporting requirements on suspensions. We have also found that the three systems do not share data or have systems in place to collate data on a statewide level.

Question 2.

If there is any information that can be sent through regarding the education program requirements in Victoria Therapeutic OOHC.

Please find attached the Statewide Two and Three Bed Therapeutic Residential Care Program Guidelines which detail the requirements and responsibilities of the Vocation and Education Specialist (detailed on page 20 and 21 of the document).

Question 3.

Provide the number of young people in OOHC with Allambi that are on NDIS plans, and those that aren't, and the number of children attending North Academy supported by an NDIS plan.

Allambi Care currently has 253 children or young people in OOHC in NSW. Of these, 40 have an NDIS plan, and an additional 56 have disabilities that aren't supported through NDIS plans.

As at 11.06.2024 North Academy has 23 students in total.

Of these 23 students;

- 43% of students at North Academy have a disability such as ASD, Intellectual Disability and Hearing Impairment.
- 95% of students have a disability listed above and/or another diagnosis such as; ADHD, ODD, RAD, PTSD, FASD, Mild-Mod receptive language disorder, Gender Dysphoria, Anxiety, Depression.
- 34% of students identify as Aboriginal and/or Torres Strait Islander.
- 47% of students are in Out of Home Care or engaged in a Family Preservation program.
- 2 students have up to 8 different diagnosis each.

*Allambi do not have access to an accurate number of CYP enrolled in North Academy who are supported by NDIS plans as there is no requirement for families to share this information with the school.

North Academy has implemented questions around NDIS plans as part of the enrolment planning process for each student. We have still found that this is problematic as parents are not required to share this information, and the data we have is not accurate in this space.

We would welcome change where its compulsory for parents to report NDIS plans to schools.

Question 4.

What are the staffing ratios at North Academy?

During the 2023 school year North Academy was staffed with 2 teaching staff, 1 head teacher, 1 well-being coordinator, 1 administrative position and 1 principal to support 21 young people.

Further information can be found about North Academy at the following website;

[Flexible education that will change the way you think about learning. | North Academy](#)

I also attached the information about the Victoria Therapeutic Residential program. Below are the requirements for the education position within the program, which has shown significant positive outcomes for the young people involved. In Newcastle, there are teachers involved in the program as part of Allambi's initiative, although this is not a mandatory requirement, nor is it a standard practice in New South Wales residential programs.

Social and Education Supports

Educational Specialist	<ul style="list-style-type: none"> • Provide individual specialist education support to children and young people, including implementing tailored education programs in collaboration with education and vocational providers where possible. • Building the skills and capacity of the staffing group to respond to the educational and vocational needs of the child or young person. • Improved navigation of the education and vocational systems and pathways. • In line with the Education Partnering agreement (https://www2.education.vic.gov.au/pal/supporting-students-out-home-care/policy) the specialist will work with the Lookout teams at the Department of Education and training to support the child or young person. 	The Education Specialist prioritises intensive work with children and young people who need to be re-engaged with school or who require support to remain successfully at a school. Work with the young person or school is defined as direct service and will take place each week. All in the program regardless of their engagement will have an education plan.
Vocational Specialist	<ul style="list-style-type: none"> • Navigation of the vocational support system to create improved learning and employment opportunities. • Research vocational pathways, assess course suitability, and build vocational networks with Registered Training Organisations. • Provide direct support for to assist them to participate in vocational and employment opportunities where appropriate. 	Service delivery is focused at the service system level, however the vocational worker will be known to all and can support them to appointments when appropriate.

If you require anything further please reach out.

Statewide Two and Three bed Therapeutic Residential Care

Program Guidelines

OFFICIAL

To receive this document in another format, email [Care Services](mailto:careservices@dffh.vic.gov.au)
<careservices@dffh.vic.gov.au>.

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

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

ISBN 978-1-76096-654-6

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Purpose

The purpose of this document is to outline the program requirements for two and three bed therapeutic residential care and describe how the model must be delivered.

These guidelines will assist staff from the Department of Families, Fairness and Housing (the department), Community Service Organisations (CSOs) and Aboriginal Community Controlled Organisations (ACCOs) with implementation and service delivery.

These guidelines provide information on the eligibility criteria, roles and responsibilities, implementation of the model, financial reporting, and performance monitoring.

These guidelines may be reviewed in recognition of any developments in policy, scope, processes, and administration.

These guidelines are in addition to, and do not replace existing legislative, policy, program and procedures, including (and not limited to):

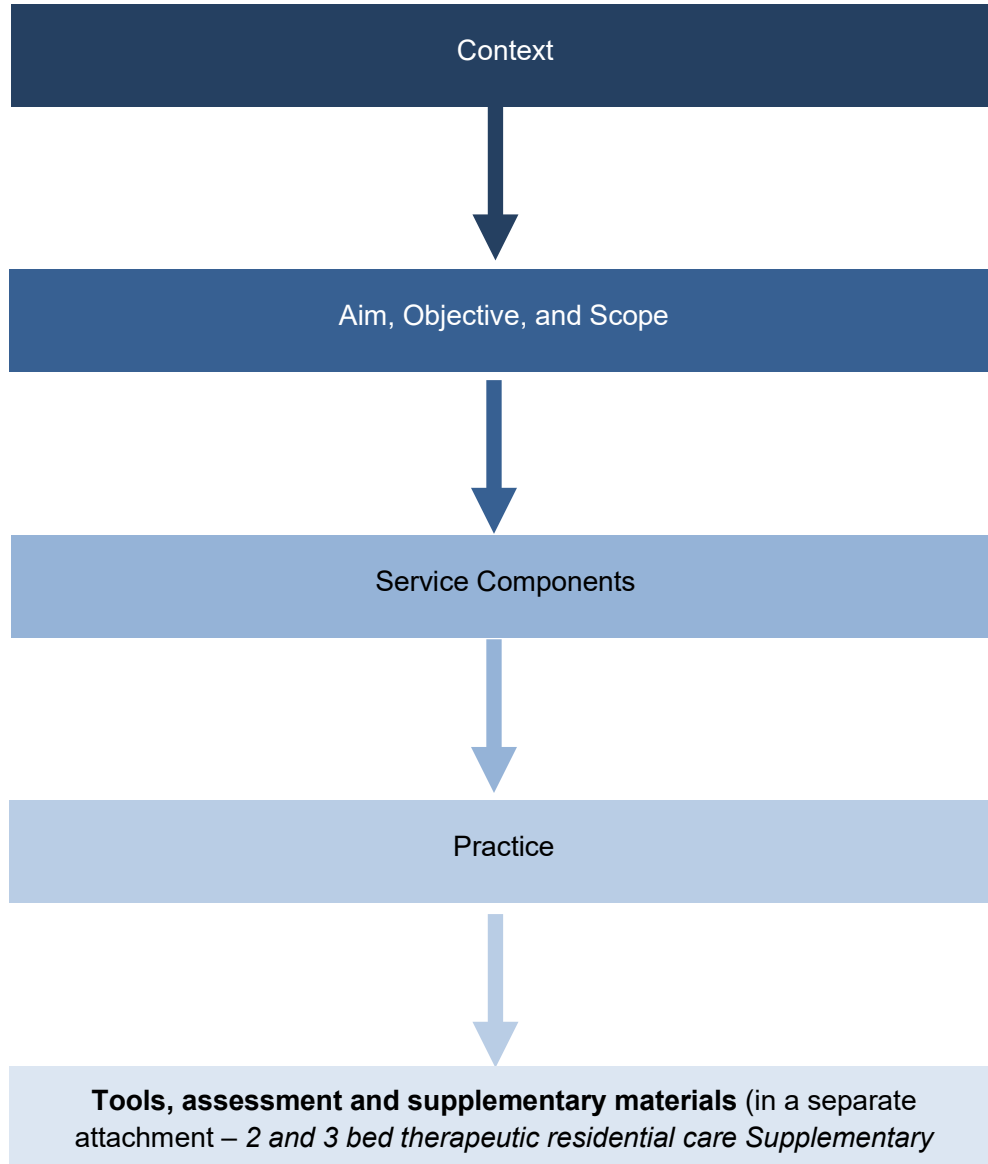
- [Children, Youth and Families Act \(2005\)](https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/121) <https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/121>.
- *Program requirements for residential care services in Victoria* available at [Program requirements out-of-home care services](https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services) <https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services>.
- [Service Agreement Requirements](https://fac.dhhs.vic.gov.au/service-agreement-requirements) <https://fac.dhhs.vic.gov.au/service-agreement-requirements>.
- [Human Services Standards](https://providers.dffh.vic.gov.au/human-services-standards) <https://providers.dffh.vic.gov.au/human-services-standards>.
- [Registration requirements for community services](https://providers.dffh.vic.gov.au/registration-requirements-community-services) <https://providers.dffh.vic.gov.au/registration-requirements-community-services>.
- [Aboriginal and Torres Strait Islander cultural safety framework](https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework) <https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework>.

The [Child Protection Manual](https://www.cpmanual.vic.gov.au/) is also a primary point of reference for information regarding statutory child protection policy, procedures and supporting advice <https://www.cpmanual.vic.gov.au/>. This includes roles and responsibilities applicable to placing a child in care, supporting Aboriginal children and, case management, Looking After Children and care teams.

Organisations involved in the delivery of this model will also be committed to the vision and objectives of [Wungurilwil Gagapduir Aboriginal Children and Families Agreement](https://www.dhhs.vic.gov.au/publications/wungurilwil-gagapduir-aboriginal-children-and-families-agreement), an overarching strategic response to improving the lives of vulnerable Aboriginal children through self-determination <https://www.dhhs.vic.gov.au/publications/wungurilwil-gagapduir-aboriginal-children-and-families-agreement>.

How to navigate this document

This document is broadly divided into five key sections:



Context

Brief description of the legislative and policy context or service system

Legislation

Legislation that is particularly relevant to the operation of the model includes:

- *Children, Youth and Families Act 2005*
- *Privacy and Data Protection Act 2014*

Policy Context

Roadmap for Reform

The Roadmap for Reform (the Roadmap) is the Victorian Government's blueprint for reform of the child and family system towards earlier intervention and prevention, reducing child vulnerability, neglect, and abuse, and supporting children to reach their full potential. It prioritises Aboriginal self-determination; integrating services and community networks; and shifting culture and practice to drive better outcomes.

The Roadmap aims to deliver a system focused on:

- strengthening communities to better prevent neglect and abuse
- delivering early support to children and families at risk
- keeping more families together through crisis
- securing a better future for children who cannot live at home.

The Roadmap will create services that are co-ordinated and work together to meet the needs of vulnerable families and children, forming an important step in the government's long-term response to the Royal Commission into Family Violence. The Roadmap seeks to move from a system with siloed service models to a connected children and families whole-of-system model, that works together with children, their families, carers and communities.

The new whole-of-system model and redesign for the child and family system will reorient the child and family system towards earlier intervention and prevention to reduce and prevent risks to children, build family capability, and improve child and family outcomes. To progress this vision, the department is leading the co-design of a new system model based on three pathways of support.

The model sits within the *Continuing care Pathway*, with the aim of improving the quality and safety of care and improve outcomes and children's experience of care.

Aboriginal self-determination

The Victorian Government is committed to self-determination and self-management for Aboriginal people. This includes investing in the development, delivery and evaluation of place-based services co-designed by and for Aboriginal children and families.

Aboriginal self-determination work is being supported by the following reforms, initiatives and reports:

- **Roadmap Aboriginal Self-Determination Principle** - This Roadmap includes guiding principle 5: ensuring Aboriginal self-determination around decision making and care for Aboriginal children and families. For further information visit [Roadmap for Reform: Strong Families, Safe Children](https://www.dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children) <<https://www.dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children>>

- **Wungurilwil Gaggapduir** - the Aboriginal Children and Families Agreement and Action Plan - *Wungurilwil Gaggapduir: Aboriginal Children and Families Agreement* (the Agreement) is an Agreement between the Aboriginal community, Victorian Government and community service organisations which outlines a strategic direction to reduce the number of Aboriginal children in care by building their connection to culture, Country and community. *Wungurilwil Gaggapduir* is guided by the Government's vision to increase Aboriginal self-determination for Aboriginal people and to ensure that all Aboriginal children are safe, resilient and can thrive in culturally rich and strong Aboriginal families and communities. It follows the department's release of *Korin Korin Balit-Djak* in 2017, which serves as a 10-year plan to revolutionise Victoria's health and human services' work with Aboriginal communities. Further information is available at [Wungurilwil Gaggapduir Aboriginal Children and Families Agreement](https://www.dhhs.vic.gov.au/publications/wungurilwil-gaggapduir-aboriginal-children-and-families-agreement) <<https://www.dhhs.vic.gov.au/publications/wungurilwil-gaggapduir-aboriginal-children-and-families-agreement>>.
- **Korin Korin Balit-Djak Aboriginal Health, Wellbeing and Safety Strategic Plan** – the *Korin Korin Balit-Djak ten-year strategy (2017-2027)* confirms the Victorian Government's commitment to ensure Aboriginal children and families are thriving and empowered by reforming Victoria's health and human services interface with Aboriginal communities and progressing Aboriginal self-determination in child and family services. The Plan represents a commitment to support and embed Aboriginal leadership and self-determination in health, wellbeing and safety. See [Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017-2027](https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak) <<https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>>.
- **Beyond Good Intentions Statement** - A commitment to honest dialogue between government agencies, Aboriginal Community Controlled Organisations (ACCOs) and all child and family welfare agencies to create a fair, just and restorative child and family welfare service system for Aboriginal and Torres Strait Islander children. For more information on the Statement go to the Centre for Excellence in Child and Family Welfare website at [Beyond Good Intentions](https://www.cfecfw.asn.au/beyond-good-intentions) <<https://www.cfecfw.asn.au/beyond-good-intentions>>.
- **Aboriginal Children's Forum (ACF)** - As part of Victoria's commitment to Aboriginal self-determination, under the Victorian Aboriginal Affairs Framework (VAAF), the purpose of the ACF is to give practical effect to the implementation and monitoring of *Wungurilwil Gaggapduir: Aboriginal Children and Families Agreement* to promote the safety, health and resilience of vulnerable Aboriginal children, so they thrive and live in culturally rich and strong Aboriginal families and communities. See [Aboriginal Children's Forum](https://www.vic.gov.au/aboriginal-childrens-forum) for further information <<https://www.vic.gov.au/aboriginal-childrens-forum>>.

Service System

Care Services

Care Services refers to services offered by a registered community service organisation (CSO), pursuant to Section's 44 to 72 of the *Children, Youth and Families Act 2005*. Care Services provide placement and support services to children, who have been assessed to be at risk by Child Protection, or where their parents are unable to care for them for a period of time.

There are five main types of Care Services in Victoria:

- Kinship care: a child is placed by Child Protection in the care of an assessed and approved relative or someone in the child's social network, allowing them to remain within their family or local network.
- Foster care: a child is looked after by a foster carer who has been trained and approved.

- Residential care: a child is placed into a home staffed by employed carers.
- Lead Tenant: provides a safe semi-independent living environment where approved adult volunteer lead tenants provide day-to-day guidance and role modelling support to children.
- Permanent care: a child is placed into the permanent care of an identified carer by Child Protection.

Whilst Secure Care Services is part of the continuum of care services, placement into Secure Care Services can only occur where there is substantial and immediate risk of harm to a child aged 10 to 17 years, and subject to the approval of the area executive director in the relevant Operations Division.

Key requirements

These program guidelines will set the requirements for two and three bed therapeutic residential care service delivery.

The existing [Program requirements for residential care services in Victoria](https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services) <<https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services>> should be read alongside these program guidelines for the two and three bed therapeutic residential care model as an addition to the *Program requirements for residential care services in Victoria*.

The department has several expectations regarding how providers will implement this model including that:

- Healing matters model is embedded in the houses.
- Looking After Children documents are completed.
- Early and strong engagement occurs with Better Futures Providers for children transitioning from care.
- Culturally safe and appropriate practices will be used to support Aboriginal children in care.
- The views, wishes and opinions of children will be obtained and considered in decision-making and development of plans relating to their safety and wellbeing.
- The Care team are actively working towards implementing the case plan and permanency objective.
- The model will deliver a strengthened service response that provides inclusive planning to support individual needs within the model.

In addition, each provider can develop a service that reflects their organisation's philosophical base, incorporating local need and the culture within which it works.

The [Child Protection Manual](https://www.cpmanual.vic.gov.au/) is also a primary point of reference for information regarding statutory Child Protection policy, procedures, roles and responsibilities as is applicable to Looking After Children (LAC) care teams, and supporting advice <<https://www.cpmanual.vic.gov.au/>>.

Human Services Standards

The Human Services Standards (Standards) represent a single set of service quality standards for department funded service providers and department-managed services.

The Standards consist of the four service delivery standards as well as the governance and management standards of a service provider's chosen department-endorsed independent review body.

Further information is available at [Human Services Standards](https://providers.dffh.vic.gov.au/human-services-standards) <<https://providers.dffh.vic.gov.au/human-services-standards>>.

Registration requirements

Where the department is to enter into a Service Agreement with a service provider for the delivery of community-based child and family services and or out of home care (care services), the service provider must be registered under the *Children, Youth and Families Act 2005* prior to commencement of services.

Further information is available at [Registration requirements for community services](https://providers.dffh.vic.gov.au/registration-requirements-community-services) <<https://providers.dffh.vic.gov.au/registration-requirements-community-services> >.

Service Agreement Requirements

The Service Agreement Requirements is a contractual document and outlines the departmental responsibilities and the policies and obligations that all funded organisations must comply with.

To meet the terms of the Service Agreement, funded organisations must ensure they comply with:

- the Service Agreement
- the standard policies and obligations in the Service Agreement Requirements
- the specific policies and obligations in each relevant activity description.

Further information is available at [Service Agreement Requirements](https://fac.dhhs.vic.gov.au/service-agreement-requirements) <<https://fac.dhhs.vic.gov.au/service-agreement-requirements>>.

Overarching practice frameworks

The following practice frameworks will govern the delivery of the two and three bed therapeutic residential care homes

Best interests case practice model: Aims to reflect the case practice directions arising from the Children, Youth and Families Act 2005 and the Child Wellbeing and Safety Act 2005. Designed to inform and support professional practice in family services, Child Protection and placement and support services, the model aims to achieve successful outcomes for children and their families. See [Best interests case practice model](https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model) for further information <<https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model>>.

Looking After Children Framework: Looking After Children (LAC) is an outcomes-focused approach for collaboratively providing good care for children in care. In Victoria, LAC provides the practice framework for considering how each child's needs will be met, while that child is in care. For further information see [Looking After Children](https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/looking-after-children) <<https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/looking-after-children>>.

Multi-Agency Risk Assessment and Management Framework (MARAM): The aim of MARAM is to increase the safety and wellbeing of Victorians by ensuring relevant services can effectively identify, assess and manage family violence risk including information sharing and working collaboratively. See [MARAM practice guides and resources](https://www.vic.gov.au/maram-practice-guides-and-resources) <<https://www.vic.gov.au/maram-practice-guides-and-resources>>.

Aboriginal and Torres Strait Islander Cultural Safety Framework: Developed to help mainstream Victorian health, human and community services and the department to create culturally safe environments, services and workplaces. The framework provides a continuous improvement model to strengthen the cultural safety of individuals and organisations. For further information see [Aboriginal and Torres Strait Islander cultural safety](https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework) <<https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework> >.

Aboriginal child placement principle: Enhance and preserve Aboriginal children's sense of identity by ensuring that Aboriginal children are maintained within their own or extended family, community and Aboriginal culture. See [Aboriginal child placement principle](https://providers.dffh.vic.gov.au/aboriginal-children-care) <<https://providers.dffh.vic.gov.au/aboriginal-children-care>>.

Client voice framework: The framework aims to assist individuals at every level of a community service to critically assess their current practice in relation to seeking, hearing and responding to client voice. Further detail is available at [Client voice framework for community services](https://www.dhhs.vic.gov.au/publications/client-voice-framework-community-services) <<https://www.dhhs.vic.gov.au/publications/client-voice-framework-community-services>>.

Framework to reduce criminalisation of in residential care: A commitment across government departments, Victoria Police and residential care providers to reduce the unnecessary and inappropriate contact of in care with the criminal justice system. See [Framework to reduce criminalisation of in residential care](https://providers.dffh.vic.gov.au/framework-reduce-criminalisation-young-people-residential-care) <<https://providers.dffh.vic.gov.au/framework-reduce-criminalisation-young-people-residential-care>>.

SAFER children framework, at <https://www.cpmanual.vic.gov.au/our-approach/safer-children-framework/safer-children-framework-guide>, is the risk assessment approach for Victorian child protection practitioners. The SAFER children framework brings together components, some new and some existing, of child protection practice in Victoria. The framework confirms child protection's ongoing commitment to a guided professional judgement approach to risk assessment and practice. The SAFER children framework is specific to the role of child protection in Victoria, with a legislative mandate under the Children, Youth and Families Act 2005 (CYFA).

Service Aim, Objectives, and Scope

Aim

To provide a therapeutic residential care model in two- and three-bedroom homes with the aim of assisting children to recover from the impacts of trauma, neglect, mental health, behavioural challenges as well as improve placement stability

Objectives

The primary objectives of the new model, in partnership with Child Protection and Aboriginal Children in Aboriginal Care (ACAC) program, are:

- to achieve a child’s permanency objective
- assist the child to recover from trauma
- to provide safety and the highest quality care to the child
- to strengthen cultural identity and connection for all Aboriginal children.

To achieve these objectives, the model aims to support to stabilise their behaviour and build their future through a focus across the following five domains:

Domain	Aims	Goals
Safety	We support to practice better self-care and learn how to keep themselves safe (with support).	Children and young people have improved engagement with positive and safe behaviours. Reduction in harmful behaviours such as substance use, sexual exploitation, and offending. Reduction in absences from home (absconding and missing). Ensuring cultural safety.
Managing Emotions	We help learn to tolerate discomfort, understand and manage their emotions and build resilience.	Improved access and engagement with trauma informed and mental health support. Improved mental health, emotional regulation and impulse control skills (e.g. improved coping and stress management skills).
Life Skills	We focus on the skills need for adult life and work these into the everyday. We meet where they are at and concentrate on the small wins towards bigger goals.	Improved social skills and interactions in the community (e.g. sport, art). Improved skills to develop, sustain and navigate relationships with partners, family, peers and professionals in a way that supports their safety and other positive outcomes. Strong linkages and positive engagement with Emergency Services such as health services, Victoria Police and mainstream service providers.
Education and Employment	We help find their passion and purpose and link them to the education and employment opportunities needed to pursue it.	Children and young people are supported to identify their employment goals and understand the steps needed. are engaged with education and employment pathways (preferably a day program) to reach their personal goals.

Identity and Connection	Whether it's family, culture or community, we look to strengthen the long-term connections will have post-care and help them make sense of their life story.	<p>Children and young people are supported to begin to address placement stability.</p> <p>Children and young people have an improved relationship and connection with family and/or significant others and community</p> <p>Children and young people have an improved sense of self-esteem, identity and optimism about their future.</p> <p>Children and young people remain connected with their cultural and linguistic backgrounds.</p> <p>Aboriginal have connections to their community and a positive cultural identity.</p> <p>Children and young people feel safe to express their identity; this includes freedom from discrimination and harassment, and freedom to express gender and sexual identity and to practice one's culture or religion.</p>
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Scope

The client group for this model is children and young people:

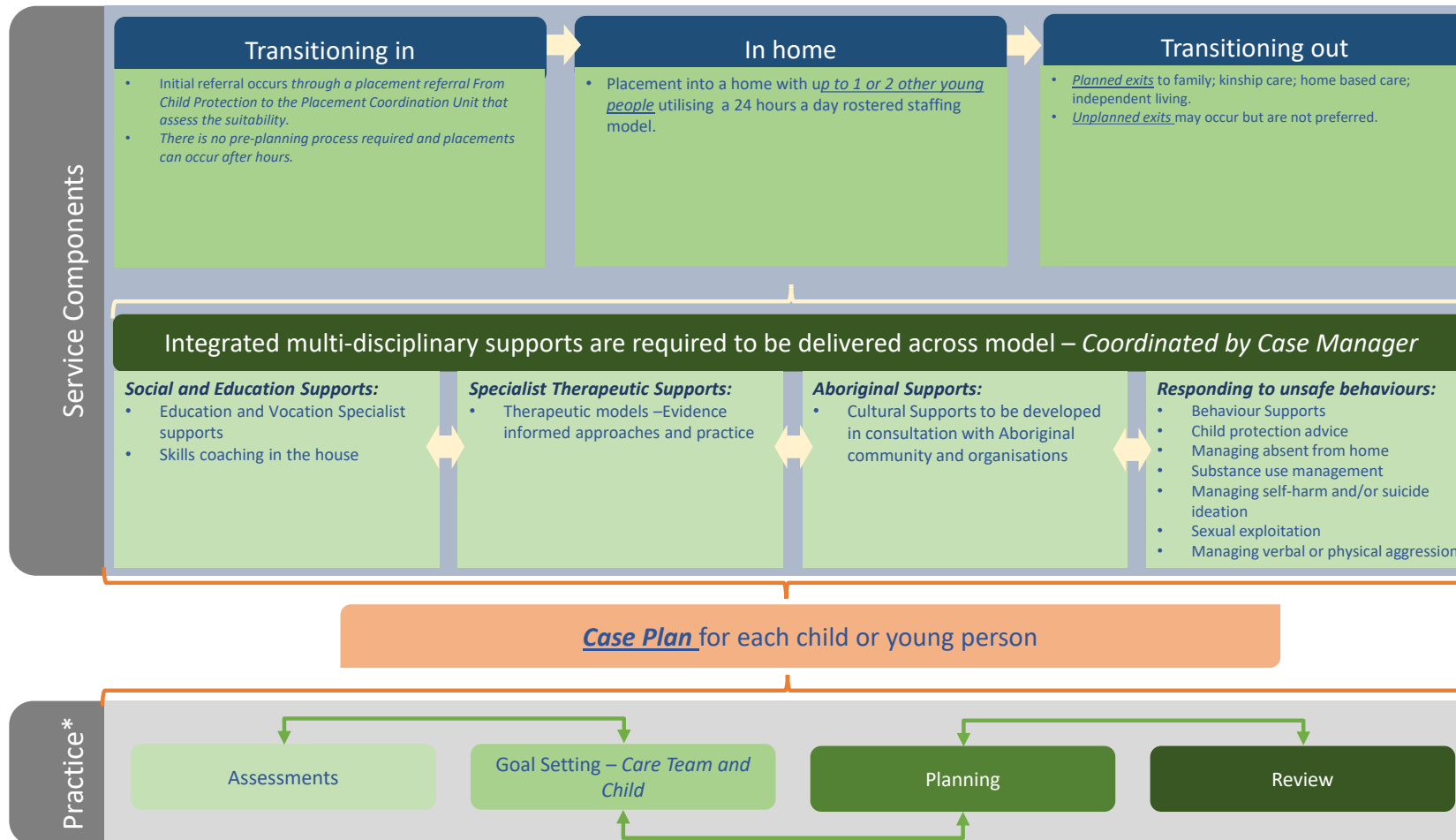
- over the age of 12 years which, and
- are unable to be placed in kinship or foster care due to a range of challenging behaviours and complex needs, and/or
- children who require a period in residential care with the aim of providing stability (includes sibling groups).

These new therapeutic residential care homes are specifically designed for children, and sibling groups subject to current protective involvement and with complex trauma needs arising from the impacts of abuse, neglect and separation from family, community and culture.

Lead Provider

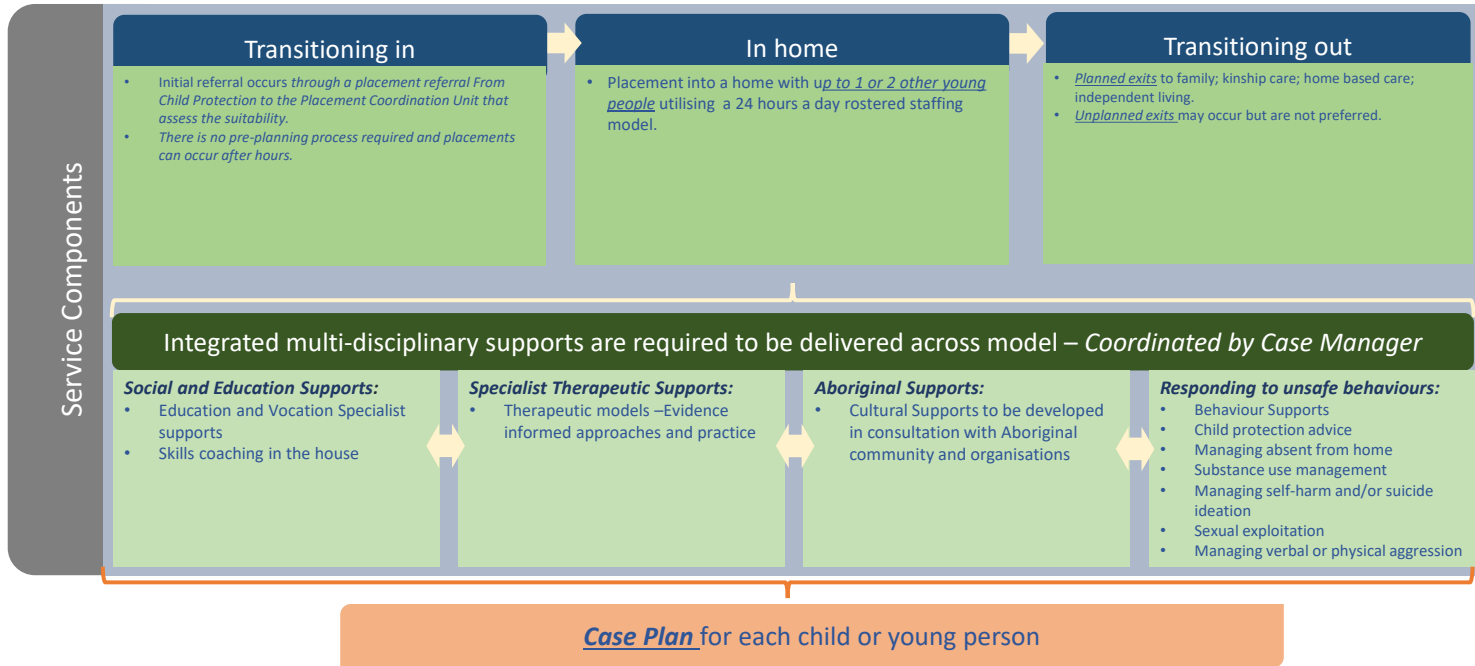
Lead provider/s refers to the service provider/s the department has procured to deliver the two and three bed therapeutic residential care model across the state.

Overall Model - at a Glance



**noting the path of a child through care is not linear

Service Components



Transitioning in

The transitioning in process does not require a panel and/ or planned entry as required under the Therapeutic Residential Care (TRC) program requirements.

The new model will provide greater capacity, flexibility, and targeted supports to cater for a range of needs of children and young people who access residential care, including same day or next day placement following referral.

Following a referral for placement from Child Protection or authorised Aboriginal agency, Placement Coordination will work with Child Protection or the authorised Aboriginal agency in determining eligible referrals for the model. Eligible referrals should be determined based on the best interests of the child and whether the model is appropriate to support their needs.

Placement Coordination will discuss referrals in more detail at a placement referral conference via phone, virtually or in person within at least 24 business hours. The conference must include representation by Placement Coordination, the Lead Service Provider and Child Protection or the authorised Aboriginal agency where required.

The conference should confirm the suitability of the referral, availability of the placement, matching considerations, and strategies to promote a coordinated and collaborative admission process to ensure that the young person is successfully transitioned into the model.

For Aboriginal children and young people, Child Protection will consult with the Aboriginal Child Specialist Advice and Support Service (ACSASS) when the child is not subject to authorisation or contracted to an ACCO and according to current protocols regarding placement of an Aboriginal child or young person in care.

The department may raise a service delivery issue and enter discussions with the lead service provider about their ability to deliver the service if there are, in six months, three cumulative referral declines as not a fit with staff or other children and young people in the model.

Lead Service providers should have the capability and intention of the placement of children occurring on the same day as the referral, subject to matching and placement availability.

Guiding principles for referral to the model

The guiding principles for identifying eligible referrals are:

- Children and young people requiring a placement will have a range of characteristics and primary support needs. The individual needs of the young person will be considered against the model offerings and the case plan and cultural plan.
- Referral into the model will assist in achieving the permanency objective.
- Referrals will consider client compatibility with the objectives and expected outcomes of the model.
- The child or young person would benefit from reduced client numbers and greater staffing capacity providing a concentrated focus on outcomes-focused work
- The intersection between the needs of the young person and the evidence-based approach of the service provider will be considered when initiating referrals.
- Decision making will consider placement matching to support the stability each child or in the placement.
- The child or young person believes this is an appropriate living arrangement for their current circumstances.

In home

The two and three-bed therapeutic residential care model provides staff 24 hours a day, seven days a week.

Children and young people are supported to stabilise their behaviour and build skills within the residential house and then transfer these skills into their day to day life.

Guiding Principles

The primary focus of the in-home support is to:

- Provide a nurturing and home like environment.
- Prepare for their next step.

Nurturing and home like environment

A nurturing and home like environment is critical to the effectiveness of the two and three bed therapeutic residential care houses. Many in the models have experienced a number of placement changes and instability throughout their time in Care Services. Creating a sense of identity and connection within the home is therefore crucial to supporting to stabilise and engage in the program.

The model operates from the premise that every young person who comes into the service has a right to participate and have a voice in all aspects of their lives and throughout their everyday involvement with the service and are encouraged to provide feedback about the house in terms of the day-to-day running of the household. This is undertaken both formally and informally with staff across a number of settings including, house meetings and care team meetings.

The House Coordinator and house staff within each house develop and set the standard within the home and are critical to:

- Fostering a nurturing and supportive relationship with the young person.
- Setting age-appropriate boundaries.
- Providing positive reinforcement.
- Building on a young person's strengths and aspirations.
- Developing the young person's life skills.
- Fostering healthy eating and active living within the house (HEALing Matters) and using meal times as a way to bring staff and children and young people together.
- Engaging the children and young people in decisions about the house and house management.

The nurturing and home like environment is created through:

- Providing care within the home 'like a family would'.
- Consistent language, communication and responses.
- Going beyond the role of a worker to include being a carer, mentor, therapist and coach.
- Working therapeutic interventions into the everyday.
- Seeing beyond the young person's behaviour and celebrating small wins.
- Recognising the capabilities that the child or young person has and responding from a strengths based approach.
- Effective and regular communication and teamwork.

Children and young people are supported to transition and settle into the residential house and build rapport with the House Coordinator, house staff and wider multidisciplinary team.

Children and young people are also supported to understand how the house functions and to settle into their individualised routine. Clear expectations about how the house functions provides a sense of predictability for and helps them feel safe and secure. It also supports to learn how to adhere to appropriate expectations for family life.

It is expected that house staff will discuss with the children and in the house the expectations behaviour in the house. Where possible and practical develop a set of expectations that staff as well as children and agree to.

Through a process of engagement, are then supported to set goals for their time in the program and to begin the tasks required to stabilise their behaviour, build their future and achieve their goals through a multidisciplinary therapeutic focus on:

- Safety
- Managing emotions
- Life skills
- Education and employment
- Identity and connection.

All work is aimed at achieving measurable changes in these areas of the young person's life to help prepare them to transition to a longer term and less intensive placement option with:

- Family
- Kinship care
- Home based care, or
- Independent living arrangements

Requirements for Residential Care

The Program requirements for residential care services in Victoria underpin the care provided within the residential house. For information regarding the program requirements please refer to the [Program requirements for residential care services in Victoria](https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services) available<<https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services>>.

Transitioning Out

When family and kinship options for a longer-term placement have been exhausted and/or are not appropriate, Child Protection will continue to work with families keeping them informed and involved, where appropriate, in any alternative plans for the young person’s longer-term care such as home based care and independent living.

Where the exit pathway is home based care or independent living, the Case Manager will also work with care team to support the transition of the young person into the placement.

Where appropriate flexible packages including Targeted Care Packages can be considered as an option to transition a young person from residential care. Standard TCP eligibility will need to be met and processes followed.

Key questions to consider:

- Who are the young person’s key relationships with?
- What are the wishes of the child or young person?
- What are the wishes of the young person’s family?
- What is the current case plan direction?
- What are the young person’s accommodation options after they turn 18 and leave care?
- How can we best ensure the stability and sustainability of the identified placement?

Transition planning for the young person begins with Child Protection and Placement Coordination identifying possible longer term and less intensive placement options prior to referral. If a viable option is not able to be identified prior to referral, then Child Protection and Placement Coordination work alongside the young person, the young person’s family and care team to identify and build sustainable long term placement options whilst the young person is in the residential placement.

Until a longer-term option is assessed as viable, and has been endorsed by the Child Protection Planner, then dual planning i.e. more than one exit pathway option is to be explored concurrently.

Planned Exits

Planned exits from the program will include longer term and less intensive placement options with:

Options	DetailTr
Family Options	Could include: <ul style="list-style-type: none"> • Returning Home • Kin or kith
Community Options (independent living)	Could include: <ul style="list-style-type: none"> • Social housing • Private rental • Share houses
Care Services Placement	Could include: <ul style="list-style-type: none"> • Home based Care placement

	<ul style="list-style-type: none"> • Lead tenant placement • Flexible package • Targeted Care Package
Continued Specialist support	If the child or young person requires ongoing specialist support the case manager must ensure the child or young person is properly linked into mainstream services.

One of the goals of the service is to support the longevity of the young person’s placement post residential care. This is addressed via:

- Supporting the young person’s relationship with their family
- A strong emphasis on linking to community
- Developing the young person’s independent living skills
- Developing the child or young person’s emotional and coping skills.

Key questions to consider:

- What is needed to ensure the long-term safety and wellbeing of the young person?
- Does the young person have links to community supports to ensure a smooth transition?
- Are the supports aware of what to do if the risk escalates?
- Has the young person’s life story book been provided to them (if appropriate)?

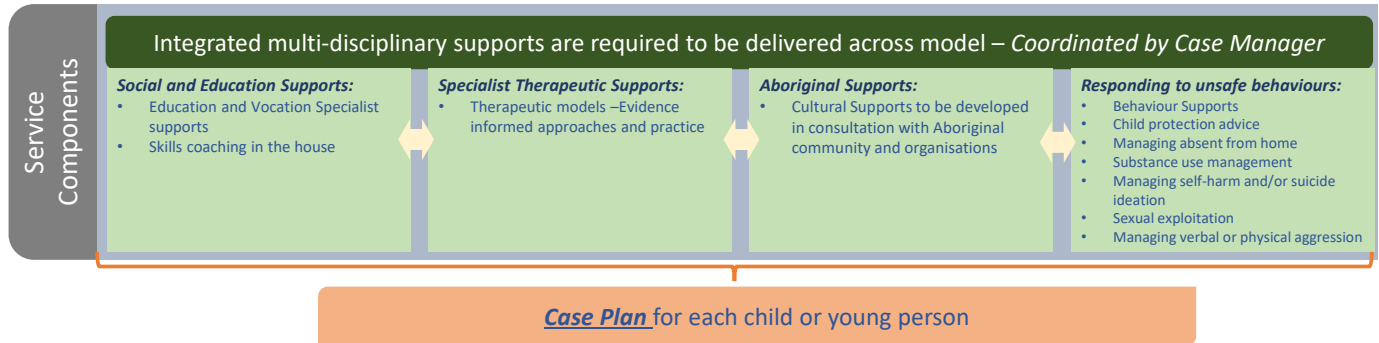
Despite the best efforts of the program there will be children and young people who have unplanned exits from the service. These exits will occur for a number of reasons however the purpose of these guidelines is to provide clarity in relation to the role of the staff and service in these situations.

Preventing unplanned exits

Potential unplanned exits will be notified to the relevant Child Protection worker as soon as difficulties begin to arise. Every reasonable effort will be made to support the placement and all parties, including the young person, Child Protection, Placement Coordination and lead agency, ensuring each party is able to contribute to these discussions.

In circumstance that may require a young person to exit the program, where possible a three working days’ notice period is required to ensure planning can occur and the child or young person can be prepared for the change in placement. A discussion will occur with the young person’s care team. Additionally, it is suggested that where possible two or three post placement options are considered and assessed. This joint planning will support the care team to be clear in their messaging to the young person and potentially allow the young person to feel that they have more control over their planning.

Integrated Multi-disciplinary supports across the model



The multidisciplinary collaboration combines expertise from different sectors to provide integrated and comprehensive services for children and young people as well as their families.

The specialist multidisciplinary team works therapeutically and holistically with the young person to improve outcomes in the areas of safety, managing emotions, education and employment, identity and connection and life skills for the future.

The specialist supports continue at the same level until the function is transitioned to another service or is no longer needed. Support is stepped back as other services step up and as the young person transitions out of the program.

For Aboriginal children and families, the model will support cultural healing and recognise and understand the unique needs, preference, and history of Aboriginal children and families by adjusting the model based on the individual needs of each family and community.

Social and Education Supports

<p>Educational Specialist</p>	<ul style="list-style-type: none"> Provide individual specialist education support to children and young people, including implementing tailored education programs in collaboration with education and vocational providers where possible. Building the skills and capacity of the staffing group to respond to the educational and vocational needs of the child or young person. Improved navigation of the education and vocational systems and pathways. In line with the Education Partnering agreement (https://www2.education.vic.gov.au/pal/supporting-students-out-home-care/policy) the specialist will work with the Lookout teams at the Department of Education and training to support the child or young person. 	<p>The Education Specialist prioritises intensive work with children and young people who need to be re-engaged with school or who require support to remain successfully at a school. Work with the young person or school is defined as direct service and will take place each week. All in the program regardless of their engagement will have an education plan.</p>
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<p>Vocational Specialist</p>	<ul style="list-style-type: none"> • Navigation of the vocational support system to create improved learning and employment opportunities. • Research vocational pathways, assess course suitability, and build vocational networks with Registered Training Organisations. • Provide direct support for to assist them to participate in vocational and employment opportunities where appropriate. 	<p>Service delivery is focused at the service system level, however the vocational worker will be known to all and can support them to appointments when appropriate.</p>
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Specialist Therapeutic Models

A lead service provider may elect to utilise their own or purchase in therapeutic models and approaches to care. However, these models must be underpinned by an evidence base as well as ongoing capture of evidence regarding the efficacy of the model.

Integrated therapeutic frameworks are an important component of model and are required to be employed throughout the service.

Service Providers must implement an evidence informed model of therapeutic practice and monitor the efficacy of the model.

In addition, the department mandates the HEALing Matters model must be implemented and embedded in the homes.

Importantly the therapeutic specialist and the clinical practice has oversight through:

- An internally established clinical governance committee where the specialist is internally employed; or
- through the therapeutic specialist existing clinical governance where they are contracted in or their engagement is through a consortia arrangement.

Healthy Eating Active Living (HEALing Matters)

HEALing Matters is a Victorian Government funded online training package and knowledge exchange platform for care services (out of home care) residential workers and carers. Developed by health and psychology researchers at the Health and Social Care Unit, Monash University, the primary aim of HEALing Matters is to improve the eating and physical activity habits, wellbeing and life skills of living in residential care.

HEALing Matters uses a trauma informed philosophy to guide carers' understanding of the link between healthy lifestyle behaviours of and improved physical, cognitive, social (interpersonal) and emotional outcomes. In doing so, HEALing Matters moves beyond a solely behavioural approach to health and wellbeing and recognises that food and physical activity can be powerful ways of demonstrating trust, predictability and the provision of support and care that is attuned to the needs of the children and young people. It is through this approach that HEALing Matters is seen as foundational in helping develop the necessary life skills required before leaving care.

The HEALing Matters program provides residential workers and carers with a valuable professional development opportunity designed to help them not only improve the eating and physical activity habits of the they care for but also with other important factors that form part of the day-to-day roles and responsibilities of residential workers and carers. These include how to respond to pain-based behaviour, develop and maintain strong relationships, create a consistent and productive house environment through shaping routines, and how to avoid burnout by taking care of

oneself in what can be a very stressful work environment. In addition, HEALing Matters includes a wide range of easy-to-use and practical resources, including recipes, where to find local sporting opportunities, how to encourage incidental exercise, and much more.

The program is delivered by Skills Coaches and House Coordinators who are trained in the program and who have access to ongoing consultation and support from Monash University.

The online training and knowledge exchange platform involves the completion of six core modules:

- **Attunement:** This domain covers strategies to support Skills Coaches and House Coordinators to build a reciprocal relationship where they really get to know the young person, and in turn, the young person gets to know and build trust with staff. Being able to offer personalised care and knowing what is right for a particular young person, will help create a space to explore healthy lifestyle behaviours, non-judgementally.
- **Shaping Routines:** This domain covers strategies to support Skills Coaches and House Coordinators to set consistent routines and expectations for children and young people.
- **Food For Thought:** How we 'do food' and the routines and rituals that this involves interlinks with our values, and how we care for others and ourselves. This domain covers strategies that will help Skills Coaches and House Coordinators use food to create a homely, family atmosphere inside the home, and help learn about their relationships with food.
- **Physical Activity for Thought:** Participation in both structured and unstructured physical and/or recreation activities provides an everyday opportunity to help feel connected, to form new relationships and gain a sense of belonging. This domain covers strategies to help Skills Coaches and House Coordinators look for opportunities to help build physical activity into their everyday routines
- **Health Literacy:** This domain covers strategies to help Skills Coaches and House Coordinators identify the health care needs of in care, as well as behaviour change techniques to help them encourage healthy lifestyle behaviours.
- **Take a Moment for Yourself:** This domain covers strategies to support Skills Coaches and House Coordinators to reflect on the impact a young person's behaviour has on their own thoughts and feelings, and identify opportunities to maintain their own physical, mental, and emotional health.

Eight new modules have also been added to the HEALing Matters Training:

1. Understanding Eating Behaviours
2. Sexual Health and Respectful Relationships
3. Oral Health
4. Physical Activity and Disability
5. Healthy eating and Disability
6. Gender and Sexuality Diversity
7. Living Smoke Free
8. Mental Health

The department expects that within 12 months all staff have completed training modules.

Aboriginal Supports

To be determined by Aboriginal Community Controlled Organisations in collaboration with the lead service provider. In addition to these program guidelines.

Responding to unsafe behaviours

Safety planning is considered an important element of the program. Effective safety planning involves the identification and documentation of triggers leading to unsafe behaviour by the Care Team.

The development of safety plans, including both a Behaviour Support Plan and a Safety and Stability Support Plan, is the responsibility of the Lead Provider, should be informed by the care team, and approved by the Case planner.

The care team is required to regularly review and update the plans as new information is available. The recommended changes are required to be endorsed by the care team. In exceptional circumstances the lead provider may update the document if needed urgently prior to consulting the care team.

Further information about behaviour support planning including a guide and template as well Overnight Safety Plans is available at [Program requirements for out of home care services](https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services) <https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services>.

Behaviour Support Plan

A Behaviour Support Plan is developed within 4 weeks of the young person entering the placement, in response to behaviours displayed by the child or young person and with consideration of their behaviour history. These plans provide a holistic picture of the young person's triggers, phases of arousal, and strategies for responses and de-escalation. It is a tool that supports the development and self-regulation of behaviours, with a focus on **preventing a crisis** rather than responding during the point of a crisis.

The Behaviour Support Plan is an evolving document that is amended and updated as new information or behaviours are considered. At a minimum, the plan should be reviewed every 3 months by the care team to ensure the information is still accurate, and the actions are relevant and most appropriate for the young person.

Any significant incident or one that requires use of the Safety and Stability Support Plan (see below) should also trigger a review, and possible modification, of the Behaviour Support Plan.

Further information about behaviour support planning including a guide and template is available at [Program requirements for out of home care services](https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services) <https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services>. In addition, a Behaviour Support Plan template can be found in the supplementary guidance material attached to these guidelines.

Safety and Stability Support Plan

Each young person is required to have a Safety and Stability Support Plan (an example template can be found in the Supplementary Guidance Materials Attachment) within three days of entry into the placement. A copy of the young person's existing plan written by their Child Protection Case Manager or Contracted Case Manager will be provided at placement or within two weeks of the placement.

A crisis is when a child or young person has put him/herself or others at significant risk and when the strategies in the young person's Behaviour Support Plan have not been effective. Based on the young person's past behaviour, it is possible to predict the type of behaviour that may escalate into a 'crisis' and have a plan in place to assist staff and carers at that time.

Generally, the plan will outline the current situation, high risk behaviours, triggers, therapeutic and trauma informed actions to take to reduce risk of harm, including how to know when the crisis phase is over. High risk behaviours may include:

- Absent from the home or failing to return to placement
- Substance use
- Self-harm or suicidal ideation
- Sexual exploitation
- Verbal or physical aggression.

Absent from home

Absent refers to when a child or young person is unexpectedly absent from placement, or absent without authorisation and there are concerns for their safety. When a child or young person doesn't return to placement at the designated time, it is called failing to return to placement.

Responses to a child young person who has been absent will be dependent on a variety of factors such as the child or young person's age, development, risk factors associated with their behaviour when away from placement, and frequency with which they are absent. Understanding and assessing every absence is important.

Staff are to follow the planned response as outlined in the Safety and Stability Support Plan, which will advise of the required actions. This will include when police may need to be contacted to lodge a Missing Person's Report. During times when there is a significant or heightened risk to the young person, staff may be required to contact the placement provider's After Hours Service (AHS) for advice and support. At times, the placement provider AHS may also liaise with the After Hours Child Protection (AHCPEs). The AHCPEs will determine if a Safe Custody Warrant is to be sought in order to assist in returning the young person to their placement or another specified location.

For further information please refer to [Missing children and](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/critical-incidents/missing-children-and-young-people-advice) advice on the Child Protection Manual: <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/critical-incidents/missing-children-and-young-people-advice>.

Reducing the Criminalisation of children and in residential care

All providers must refer to the *Framework for the criminalisation of in residential care* and must build the guiding principles and decision-making guide into practice and policies.

Substance use

Every effort should be made to work towards a position of *no illicit drugs are permitted, under any circumstances, within a placement*. Although it is acknowledged that this may sometimes occur without the knowledge of the staff or the young person may return to the placement substance affected.

All reasonable efforts must be made to discourage and prevent from using alcohol and illicit drugs. All children and young people with any substance use issue must be supported by the therapeutic clinician and Child Protection. In addition, if a young person is showing signs of distress, stress or trauma that may lead to substance use, they are to be supported by the therapeutic clinician.

Where required Child Protection should refer the young person to Alcohol and Other Drug Services in consultation with the therapeutic clinician and the broader care team.

Responses given by staff to substance use should start with the least intrusive strategy and escalate to more complex responses if necessary. All responses should be based on a harm minimisation approach, where appropriate, and duty of care responsibilities to the young person and the safety of staff and others present, as a primary concern. What is considered reasonable will depend on all the circumstances.

Staff are to follow the planned response as outlined in the Safety and Stability Support Plan, which will advise of the required actions. This will include when an ambulance, police and the placement provider's After Hours Service may need to be contacted for advice and support.

Self-harm or suicidal ideation

Children and young people with trauma histories will sometimes engage in self-harming behaviour and experience suicidal ideation. Where known, this information should be recorded as part of the Safety and Stability Support Plan, with triggers for such behaviour and appropriate responses clearly outlined.

Staff must maintain vigilant supervision of children and young people. This includes ensuring ongoing awareness in relation to the mental health and wellbeing. If a young person:

- Verbalises a desire or intent to self-harm or suicide (wishing to harm or suicide)
- Is observed self-harming
- Displays the physical indicators of self-harm (including substance affectedness)
- Discloses an attempt to self-harm, or
- Presents as having suicidal ideation (planning or threatening to suicide)

Staff are to immediately help the young person and follow the planned responses as outlined in the Safety and Stability Support Plan to guide further required actions. Case Managers, the Team Leader or placement provider After Hours Service should be made immediately aware of any serious concerns about the mental health of a young person and any major changes in their mental health status. They in turn may seek further support and guidance from AHCPES when out of business hours, Psychiatric Triage or Emergency Services. Child Protection must be notified of displaying behaviour consistent with a mental health crisis and then referred for specialist assessment and care.

For further information please refer to [Suicide and self-harming advice](#) on the Child Protection Manual:

<<https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/children-specific-circumstances/suicide-and-self-harming-advice>>.

Sexual exploitation

Children and young people in Care Services are at an increased risk of, or vulnerability to, sexual exploitation. Child sexual exploitation involves children being forced or manipulated into sexual activity in exchange for something – money, gifts or accommodation or less tangible goods such as affection or status. The sexual activity and exchange may be seen as consensual but is based on an imbalance of power which severely limits victim's options.

Sexual exploitation evidence tier ratings are assessed by Child Protection in partnership with Victoria Police and articulate the severity of risk and strategies to protect the young person.

- **Tier 1:** There is confirmed information of exploitative activity, including dates, times and locations. For example - the identity of person of interest(s) is known or currently being established; or the child discloses sex acts

with an adult (sexual exploitation) or a critical incident of sexual assault (such as rape). In this example the identity of the offender is not required.

- **Tier 2:** The child's behaviour or actions suggest they are being sexually exploited, however further investigation is required to confirm this or identify the person(s) of interest with assistance of Victoria Police Sexual Offences and Child Abuse Investigation Teams (SOCIT).

When identifying young people at risk of sexual exploitation, the Case Manager, lead provider and key professionals need to establish appropriate strategies to protect the young person and gather and share information. Where known, this information should be recorded as part of the Safety and Stability Support Plan, with appropriate responses clearly outlined.

For further information please refer to [Sexual exploitation – advice](#) on the Child Protection Manual:

<<https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/children-specific-circumstances/sexual-exploitation>>.

Cyber Safety

Children and young people in care services present with vulnerabilities due to their previous trauma history. It can affect the way that they trust others, in person and online, along with their level of understanding of the potential dangers in all social media applications. It is important for carers to have a level of understanding of social media and cyber safety basics, to be able to educate in their care.

Device use (iPads, tablets, game consoles, computers, and phones) and the internet are now a part of everyday life. The main message is not to ban the internet or devices but to be aware of the dangers and educate. That way the whole household can remain cyber safe, through continued communication and education.

If required, the lead provider and other key professionals may need to write up individualised house rules around internet/device use to protect the young person. Where known, this information may be recorded as part of the Safety and Stability Support Plan and/or the Behaviour Support Plan, with appropriate responses clearly outlined.

For further information please refer to the Australian [eSafety Commissioner](#) website: <<https://www.esafety.gov.au/>>.

Verbal or physical aggression

The program does not accept or condone deliberate violence, in any form, by a young person toward a staff member, or person in the neighbourhood or community.

The most effective way to respond to behaviours of concern is to be able to **prevent** it in the first place. This includes:

- Getting to know individually and increasing positive interactions.
- Providing an environment that helps them talk about concerns, feelings and triggers.
- Seeking to understand why behaviours occur and developing strategies to address them.
- Regular routines and a sense of normalcy, including mealtimes, bedtimes, exercise, creativity and learning.
- Teaching and modelling communication skills, self-care skills and skills in dealing with uncomfortable feelings.
- Referring to other sources of support if needed e.g. GP.
- Good information sharing between staff.
- A consistent approach toward the young person, underpinned by good team work and shared decision making.
- A clear understanding of each young person's behaviour management plans.
- Ensuring a home-like, welcoming environment, free of objects that can be used as weapons, and has safe places to retreat to.

Early **de-escalation** is important to prevent violent or aggressive behaviours. Responses include:

- Active listening.
- Acknowledging how the young person is feeling.
- Trying to understand what the problem is and what the behaviour is trying to communicate.
- Diversion or distraction e.g. doing an activity together, asking the young person to do a task for you.
- Identifying early warning signs and triggers.
- Staying calm, using respectful language, open body language.
- Understanding the model of escalation and cycle of adolescent violence.

If there are signs the situation is **escalating**, staff are to follow the suggested response management strategies in the Safety and Stability Support Plan aimed at keeping everybody safe. This will include when to contact the Case Manager and when additional services such as the placement provider AHS or police may need to be contacted. If anybody is at risk of immediate harm, contact the police and request immediate assistance.

Remember, it is not possible to reason with a young person who is in fight or flight because their thinking brain goes offline. When the young person is calm a process of review and repair should occur and if necessary, safety planning to prevent a re-occurrence.

Completing a debrief with other children and effected in the house is important and the aim should be working to repair relationships after an incident has occurred.

Incident Reporting

All incidents must be reported in line with the department's Client Incident Management System (CIMS) and relevant service provider policy:

- Client incident reporting is required under the CIMS framework). Client incident reporting is managed by the service provider. See [Client incident management system](https://providers.dffh.vic.gov.au/cims) for further information <<https://providers.dffh.vic.gov.au/cims>>.
- Reporting of staff incidents, property damage and client related incidents that fall outside the scope of CIMS is also required via the service providers' internal processes and procedures.
- Staff employed by health services may also have additional agency incident reporting obligations. For more information please see your supervisor.

Practice

This section of the guidelines provides an overview of practice in relation to assessment, goal setting, planning and review. It segments and describes the tasks required at each stage sequentially, however each stage overlaps and recurs and may take place simultaneously.

Relational approach to practice and Best Interest Case Practice Model

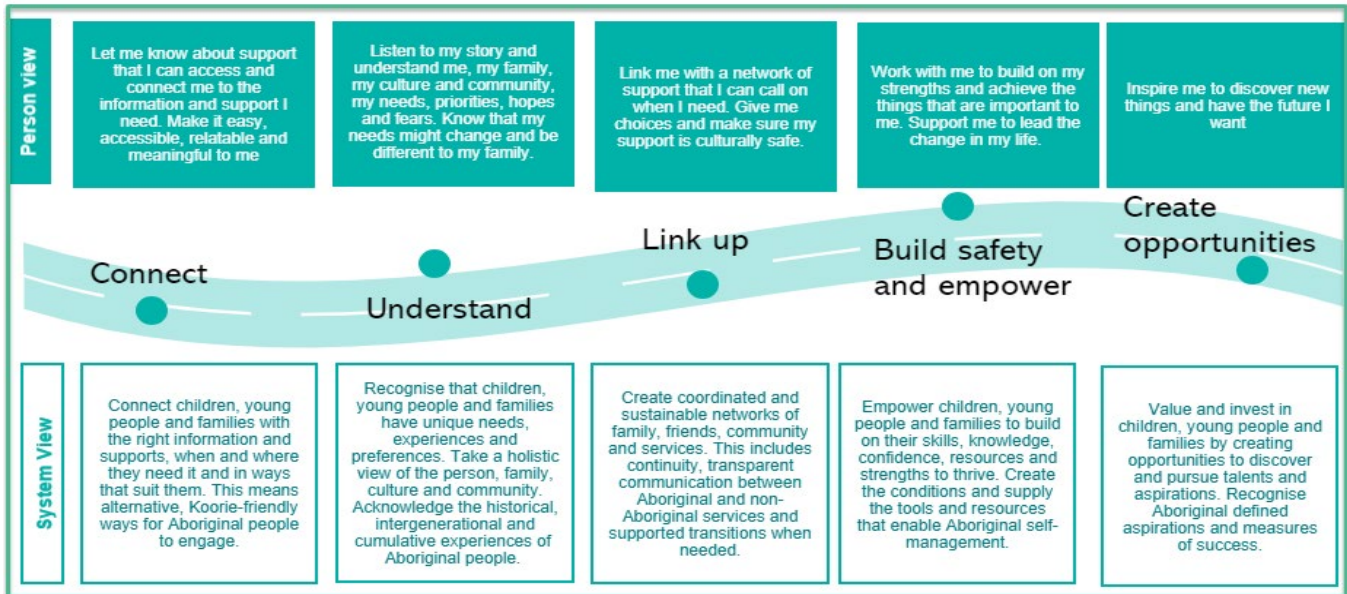
The relational approach was developed in consultation with children and families and the sector through Roadmap for Reform. The relational approach prioritises collaboration between children and their carers and families and skilled practitioners to achieve change. It recognises children and their families and carers are the experts in their experience and practitioners and services bring knowledge skills, strategies and resources to affect change.

The relational approach includes five key elements:

- **Connect** - Children, and their carers and families with the right information and supports, when and where they need it and in ways that suit them.
 - **Understand** - Recognise that children, and their carers and families have unique needs, experiences and preferences. Take a holistic view of the person, family, culture and community. Acknowledge the historical, intergenerational and cumulative experiences of Aboriginal people.
 - **Link up** – Create coordinated and sustainable networks of family, friends, community and services. This includes continuity, transparent communication between Aboriginal and non-Aboriginal services and supported transitions when needed.
- **Build safety and empower** – A strengths-based planning and response supports children and their carers and families to build on their skills, knowledge, confidence, resources and strengths to thrive. Provide the right mix, sequence and intensity of supports and interventions to achieve outcomes.
- **Create opportunities** – Value and invest in children, and families by creating opportunities to discover and pursue talents and aspirations. Recognise Aboriginal defined aspirations and measures of success.

Children and young people, and their carers, families and practitioners told the department that this is what and how they want service to work. The relational approach supports a less clinical and more relational way of working, ensuring they receive the right support, at the right time. Although *Figure 1* is shown as linear, the relational approach in practice is not, it is cyclical and iterative.

Figure 1 – Relational Approach to Support



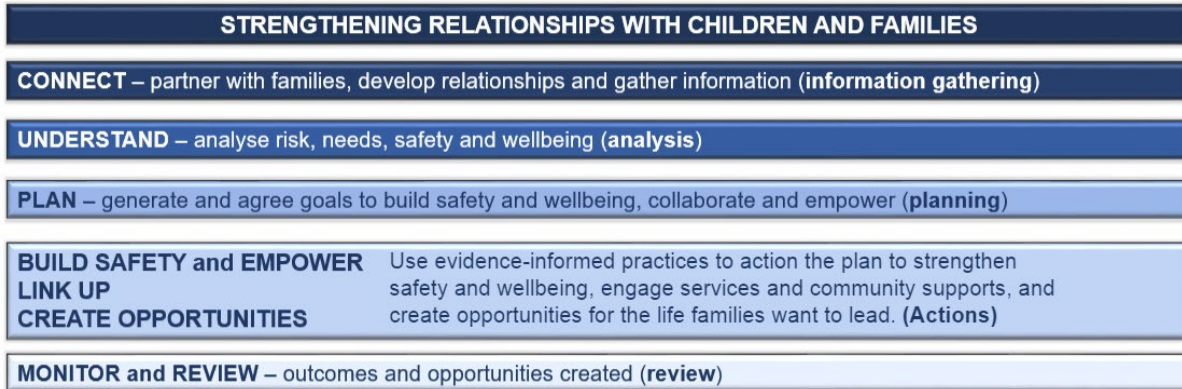
Service providers are expected to align to the Best Interests Case Practice Model (BICPM) as the unifying practice framework for the child and family system in their delivery of the two and three bed therapeutic residential care model. BICPM is currently being refreshed to reflect contemporary evidence-informed best practice, including the relational practice approach, and legislation, policy and service configuration.

The refreshed BICPM will incorporate six important approaches to practice, framed as practice commitments including:

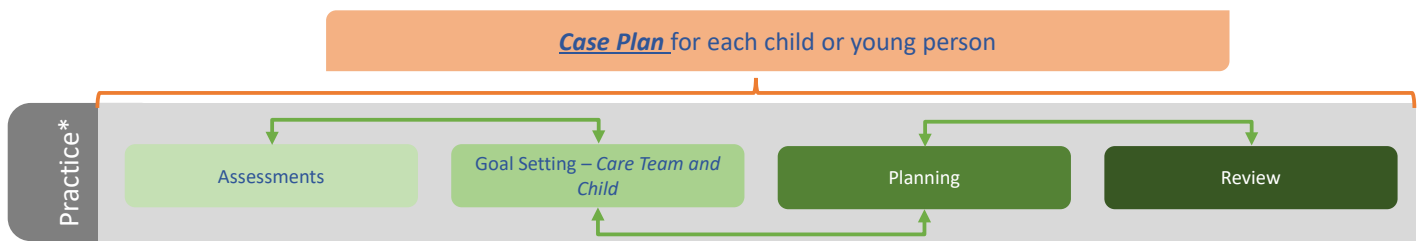
- Child centred and family focused
 - Self-determination: culturally safe and responsive with Aboriginal children and families
 - Responsive and inclusive practice with children and families from diverse communities
 - Trauma and violence informed
 - Relational
- Risk astute and strength based.

The diagram below shows how the relational approach elements align with key components of the BICPM.

Figure 2 – Relational practice approach and BICPM



Sub-components of Practice



**noting the path of a child through care is not linear

The Care Team works therapeutically and holistically with the young person to improve their outcomes in the areas of safety, mental health, life skills, education and employment, identity, and connection.

<p>SAFETY</p> <p>The young person is able to keep themselves safe (with support).</p>
<p>MANAGING EMOTIONS</p> <p>The young person is developing the ability to manage difficult emotions.</p>
<p>LIFE SKILLS</p> <p>The young person is developing life skills for the future.</p>
<p>EDUCATION & EMPLOYMENT</p> <p>The young person is consistently participating in a day program.</p>

IDENTITY

The young person has a coherent life story (including cultural).

CONNECTION

The young person has a positive connection to family, friends and community.

Assessment

A comprehensive multidisciplinary assessment consistent with the seven developmental domains in the Looking After Children (LAC) Framework is completed for each young person who enters the program. The assessment process is coordinated by the lead provider and requires input from all members of the care team in various parts of the assessment.

In addition to the LAC, the therapeutic specialist and education specialist, are required complete a range of additional evidence-based assessment to assist with planning ensuring there is also consultation with the Care Team. The recommended assessments are outlines below, note alternate assessments can be utilised but must have a demonstrated evidence base. Note all assessments must be provided to the Child Protection case manager and uploaded to the child record.

Outlined in the table below are the more detailed individual assessments undertaken by the team member. Each individual assessment informs the multidisciplinary Assessment, which is considered the primary assessment.

The following table outlines the assessments required for children and in the two and three bed therapeutic residential care homes model, including timeframe and responsibility.

Document	Timeframe	By who
Physical health		
Medical assessment	Within 1 months of placement and then annually, or as required	Lead Provider
Dental assessment	Within 1 months of placement and then annually, or as required	Lead Provider
Optical assessment	Within 1 months of placement and then annually, or as required	Lead Provider
Hearing assessment	Within 1 months of placement and then annually, or as required	Lead Provider
Other specialist assessments as required	As required	Case Manager Coordinates
Mental health		

Health of The Nation Outcomes Scale – Children and Adolescents (HoNOSCA) Or Equivalent	Within 6 weeks and every 91 days thereafter	Therapeutic Specialist
Children’s Global Assessment Scale (CGAS) Or Equivalent	Completed every six months	Therapeutic Specialist
The Strengths & Difficulties Questionnaire (SDQ) Or Equivalent	Completed every six months	Therapeutic Specialist
Clinical Risk Assessment Or Equivalent	Weekly	Therapeutic Specialist
Education and employment		
Education Assessment	Within 6 weeks, then every 4 months	Education Specialist
Educational / Vocational / Employment needs assessment	As required	Vocation Specialist
Family and significant others		
Contact schedule	Within 6 weeks as part of the referral process, reviewed 3 monthly as part of CTMs.	Case Manager
Genogram	Within 6 weeks, reviewed 3 monthly	Case Manager
Identity and community engagement		
Ecomap	Within 6 weeks, reviewed 3 monthly	Lead Provider and Care Team
Life skills		
Living skills assessment	Within 4 weeks, reviewed monthly	House Coordinator

Goal Setting

Child or Young Person Directed Goals

The Lead provider, supported by the care team works alongside the child or young person to develop Specific, Measurable, Achievable, Realistic and Timely (SMART) goals they wish to achieve throughout their time in the program. An example of a young person goal setting tool is located in the Supplementary Guidance Materials attachment. Each step is defined so it is clear when the young person has achieved each step, and each step can be positively reinforced.

For example:

- Step 1: Get learners book (starting out)
- Step 2: Learn road rules (on my way)
- Step 3: Apply for learners permit (making progress)
- Step 4: Sit theory test (almost there)
- Step 5: Get learners permit (made it)

The child or young person may wish to choose one goal or a couple of goals to work towards at any one time.

The goals are designed to be underpinned by the following domains:

- Safety
- Managing emotions
- Life skills
- Education and employment
- Identity and connection

The lead provider coordinates the work, even if another care team member has tasks associated with the child or young person's goals. The lead provider as well as the child or young person review progress towards goals when they meet, including what is working well, what got in the way, next steps and by when.

The child or young person's goals are also incorporated into the Case Plan with actions the care team is taking to support the child or young person to achieve those goals, and are reviewed in fortnightly care team meetings.

Care Team Directed Goals

It is recommended that the lead provider, with support from the care team, completes a spidergram scaling tool (or alternative tool – example document is contained in supplementary materials attachment) in collaboration with the care team every three months in care team meetings. The spidergram tool is designed to guide the focus of goals set by the care team based on the degree to which the care team agree the young person is progressing towards the following:

- Safety: The child or young person is able to keep themselves safe (with support).
- Managing emotions: The child or young person is developing the ability to manage difficult emotions.
- Life skills: The child or young person is developing life skills for the future.
- Education and employment: The child or young person is consistently participating in a day program.
- Identity: The child or young person has a coherent life story (including cultural).
- Connection: The child or young person has a positive connection to family, friends and community.

The lead provider works alongside the young person to complete the spidergram scaling tool once a month prior to the same care team meeting. This provides an opportunity to gauge the young person's view of their overall progress across the five domains and to have a follow up discussion with the young person if there is a discrepancy in scores.

The aim of this process is to inform the goals set by the care team in the centralised Case Plan. For example, if the care team 'strongly disagree' with the statement 'the child or young person is able to keep themselves safe with support', then safety goals with actions to achieve those safety goals are established and incorporated into the Case Plan.

An example of a spidergram tool is in the supplementary materials attachment.

Key questions to consider:

- What are the young person's goals and aspirations for their time in model and beyond?
- How is the care team working to help achieve these goals?
- What are the strengths and capabilities of the young person and their family and how are they being reinforced when setting goals?
- Has goal planning occurred as a care team, based on shared assessments and analysis?

Planning

Based on the outputs from the assessments, content is inputted into or in support of the Case Plan. The planning process is coordinated by the lead provider and requires input from all members of the care team. All elements of planning take into consideration:

- The goals and aspirations of the young person
- The wishes of the family
- Assessments undertaken, and
- The case planning direction of DFFH and the current court order.

Looking After Children Framework (LAC)

Lead providers are required to complete the mandated LAC documents as outlined in the table below. LAC is the current framework for supporting outcomes-focused, collaborative care for children and living in care services.

Case Plan

The Case Plan as well as containing the court order requirements is a working document that provides a narrative to the young person's time in the model and in care more broadly. Focusing on their progression towards goals set. The child or young person sets their goals within the first 6 weeks of placement and these goals provide the focus for the young person's time in model.

In this model the Case Plan aims to:

- Centralise the wishes and aspirations of the young person
- Bring together a single support plan for the young person based on their goals
- Incorporate and integrate the role of all professionals involved
- Incorporate actions required following assessments completed during the assessment phase
- Achieve the requirements set out in the associated court order

Aboriginal Community Controlled Organisation (ACCO)

The relevant ACCO is consulted and involved in planning for all Aboriginal and families throughout the service, including at the point of referral. The specific involvement of the relevant ACCO is individualised for each young person during the residential care placement phase and differs depending on the wishes of the young person and their family as well as the type of placement the young person transitions into during the outreach phase.

Better Futures

All in the program are referred to Better Futures when they turn 15 years and 9 months as per DFFH guidelines. The direct involvement of Better Futures will be determined based on the needs of the young person. Whilst in the residential placement it is expected that this support will largely be secondary consultation to the care team. During transition and in the outreach placement component of the program, Better Futures may become more actively involved in the direct support of the young person.

Targeted Care Packages (TCP)

In some cases it may be appropriate for the care team to consider a TCP for the young person and their family. Eligibility for a TCP is determined by the DFFH packages team and any support required for the young person is negotiable based on need and the TCP guidelines. As with any new care team, the transition to a TCP will allow time for a transference of information and building of a relationship.

Planning Documents required

Document	Timeframe	By who
Case Plan	Within 21 days of substantiation	The Case Plan is completed by Child Protection with input from Case Managers and the care team. The final document is endorsed by Child Protection. All assessment and additional plans must be attached to the case plan.
Safety Support Stability Plan (Crisis Management Plan)	Within 3 days of entry to placement, reviewed weekly	Lead provider in partnership with the young person, Therapeutic Specialist Clinician, Child Protection, House Coordinator
Behaviour Support Plan	Within 4 weeks, reviewed every 3 months	Lead provider in partnership with the young person, Therapeutic Specialist, Child Protection, House Coordinator
Cultural Support Plan	Within 16 weeks of the child entering care, reviewed annually; or as indicated by the ACCO CEO; or following a significant change in the case that changes the cultural needs of the child.	Case Manager and Care Team in partnership with the young person, their family, and care team members including Child Protection Worker, the ACCO, Lakidjeka Aboriginal Child Specialist Advice and Support Service (ACSASS) Worker and endorsed by the Aboriginal Community Controlled Organisation (ACCO) CEO and DFFH Case Planner.
Essential Information Record	Within two weeks of commencing the placement. Update whenever new information obtained and check that it is still up to date at least 6 monthly.	Lead provider
Care and Placement Plan (under 15 years old) or 15+ Care and Transition Plan (15 years or older)	Completed within the first two weeks of placement.	Lead Provider
Review of Care and Placement Plan (under 15 years old) or 15+ Care and Transition Plan	Reviewed at least every 6 months	Lead provider
Assessment and Progress Record	Should be commenced as soon as the possible after the placement is established, then annually thereafter.	Lead provider

Clinical Review Form	Reviewed every three months	Therapeutic Specialist
Treatment and Recovery Plan	Reviewed every 6 months	Therapeutic Specialist

Review

The Case Plan and supporting LAC documents are the central documents for the model.

The Case Plan and LAC document are designed to create the agenda for all planning opportunities, to ensure the young person's goals and aspirations are central to all planning.

Reviews should be undertaken in both a formal and informal manner to ensure treatment is adaptive and timely. Discussions and visits with the young person and family also form a primary means of review.

The following recommended meetings provide a formal opportunity for review:

Clinical Review Meetings

Clinical Review Meetings are held both on a fortnightly basis and every 3 months by the therapeutic specialist contracted in the model.

Fortnightly

Fortnightly Clinical Review Meetings are chaired by the therapeutic specialist and require the participation of the:

- Child Protection Case Manager
- House Coordinator
- cultural support worker where the child is Aboriginal
- Other professionals the Senior Mental Health Clinician feels are appropriate e.g. AOD Practitioner

The purpose of the meeting is to review the mental state, risk, and progress of the young person, in addition to developing a treatment and action plan. The treatment and action plan are recorded on the Clinical Risk Assessment Screen.

Care Team Meetings

The purpose of the Care Team Meeting is to review and update the assessments and the Case Plan and to ensure all members of the care team are collaboratively and consistently supporting the young person to achieve their goals and aspirations.

The care team is the group of people who jointly provide care to the young person. Importantly the care team includes the young person and where appropriate can also include the family, and carers of the young person. The young person should be encouraged to attend their care team meetings. In the event the young person does not attend their care team meeting, their views are sought prior and presented within the meeting. This includes voicing questions and concerns, aspirations, and achievements, as well as ensuring that all members of the care team are accountable to actions.

The care team meets together on a fortnightly basis. Care Team Meetings are chaired by the lead provider and require the participation of all members.

Reporting and Monitoring

To support the ongoing evaluation of the model, it is critical that all information is input into CRIS and CRISSP according to current business processes. Data will be extracted from CRIS and CRISSP to measure success against the objectives of the program as summarised below.

- Improve the experience of children and in care.
- Improve placement planning to provide stable placements for children in care, delivering a better care experience and outcomes for children in care.
- Increase access to therapeutic supports for children with the most complex needs.
- Reduce the reliance on more expensive and unsuitable placement options.

Mandatory performance metrics include:

Key performance measure 1: Daily average number of placements

Aim/objective	To monitor the daily average number of children and in two and three bed therapeutic residential care.
Target	The performance measure target is provided in the Service Agreement.
Type of count	Non-cumulative
Counting rule	Number of placement days in the reporting period, divided by number of days in the reporting period. The placement days includes the first day (i.e. the day the child enters placement) and excludes the last day (i.e. the day the child departs from placement). For example: 1 child, placed for 29 day = 29 placement days 3 children, placed for 31 days = 93 placement days 10 children, placed for 28 days = 280 placement days No. of placement days used in June quarter = 402 (29 + 93 + 280) Total days June quarter = 91
Data source(s) collection	Service Delivery Tracking (SDT)
Definition of terms	Daily average number is the equivalent number of clients per day during the reporting period (e.g. June quarter = 91days). Placement refers to the accommodation provided in two and three bed therapeutic residential care.

Performance measure 2: Percentage of total exits from placement that are planned

Aim/objective	This performance measure provides information required to plan placement transition for a young person prior to their exit from the two and three bed residential care placement.
Target	100 per cent
Type of count	Non-cumulative
Counting rule	Number of exits where the exit was planned
Data source(s) collection	Care services (out of home care)
Definition of terms	Exit refers to when the placement ends and the client leaves the placement. Placement refers to the accommodation provided in two and three bed

	therapeutic residential care. Planned (exits) means the case planning process which ensures that exits from placements are planned.
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Service outcomes – performance measures

Key performance outcome measures relate to the objectives of the model and are in addition to the standard performance metrics outlined above.

Quantitative data will be extracted from CRIS and CRISSP and qualitative information will be obtained through formal and informal processes such as interviews and feedback.

Key performance measures that will be monitored include:

- Number of referrals into the model.
- Number of sibling groups referred to the model.
- Daily average occupancy in the placement component.
- Number of completed therapeutic plans and or behavioural support plans.
- Number of children placed in an unfunded placement from the model.
- Confirmation in CRIS/SP that key case task and actions have occurred.
- The department will also gather and examine the following variables as part of evaluating the success of the model:
 - Placement on exit from the model, including return home.
 - Any further reports to Child Protection and timeframe when these occurred following exit from the model.
 - Number of sibling groups in contingency or non-standard arrangements (comparative data).
- Improved educational and vocational outcomes including status (employed, actively seeking, school full time, school part time, none) and attendance (attending regularly, not attending regularly, not engaged or enrolled).

Funding model

Table 5: Unit Prices

	2021-22	2022-23
Two bed Unit Price	\$747,411	\$747,411
Per House	\$1,494,822	\$1,494,822

	2021-22	2022-23
Three bed Unit Price	\$518,364	\$518,364
Per House	\$1,036,729	\$1,036,729

Staffing Profile

The staffing profile is per house. It assumes at a minimum that there are two staff rostered on for each shift and includes an overnight stand-up staff member with another staff member on site permitted to sleep over and be activated as required as well as access to a roving staff member.

Model	House Resources	Therapeutic/Education/Vocational Resources
New 2 bed model with access to specialist supports <i>(2 bedroom house)</i>	<ul style="list-style-type: none"> • 0.17 Manager • 1 team leader • 3 senior house workers • 3 house workers • 1 relief worker 	<ul style="list-style-type: none"> • 0.3 full time equivalent therapeutic specialist • 0.3 full time equivalent vocation and education specialist
New 3 bed Residential care with access to specialist supports <i>(3 bedroom house)</i>	<ul style="list-style-type: none"> • 0.17 Manager • 1 team leader • 3 senior house workers • 3 house workers • 1 relief worker 	<ul style="list-style-type: none"> • 0.4 full time equivalent therapeutic specialist • 0.4 full time equivalent vocation and education specialist

Roles and responsibilities

Department of Families, Fairness and Housing

Children, Families, Communities and Disability Division

The Children and Families Branch of Children, Families, Communities and Disability Division is responsible for leading the development of program, policy and funding frameworks to support the implementation of the two and three bed residential care models.

Operations Division

Operational divisions will have responsibility for implementing the model including procurement and managing operational issues as they arise.

Child Protection

Child Protection has the lead responsibility for case planning and the overall safety and wellbeing for children and in statutory care. Child Protection is required to endorse all placement decisions.

Child Protection will work with lead provider and other key department staff in early assessment and placement planning, implementing the case plan, and to ensure the ongoing safety and wellbeing of the child or young person. It is critical that Child Protection communicate any changes to the case plan and or other key decisions and court order conditions.

Placement Support Planning

Placement Support Planning encompasses Placement Coordination Unit/s, flexible packages team and the kinship engagement teams. Where divisional structure differences exist, these responsibilities will still apply to the respective teams.

The **Placement Coordination Unit** (PCU) will work closely with the service provider. PCU will make the placement into the model in consultation with Child Protection.

The **Flexible Packages team** should be engaged early as part of placement planning processes. A targeted care package may be considered for the child or young person on exit from the Hub.

Referrals may be made to the **kinship engagement team** for kinship finding to assist in identifying possible kinship placement options and or expand the social network of the child or young person. Referrals for kinship finding should occur as soon as possible, following existing policy and processes.

Agency Performance System Support

Agency Performance System Support (APSS) is responsible for managing the contract with the funded agency. APSS will ensure the agency meets the performance targets, and that obligations, and client safety and wellbeing needs are met.

APSS are the key contact point between the department and the funded agency and are responsible for transacting funding to the provider.

