Introduction to Out-of-Home Care Manual
Welcome

Welcome to the Victorian Aboriginal Child Care Association (VACCA) out-of-home care program. We provide a range of out-of-home care programs and services to the Aboriginal Community and community service organisations to protect and ensure children and families receive culturally appropriate support and care. Fundamental to our work is the commitment to provide programs and deliver services in an Aboriginal way, reflecting the priorities and needs of our Community. Our vision is for our children, young people, families and Community to thrive – by being culturally strong, empowered and safe. We strive to achieve this vision by providing programs that:

- keep our children safe
- empower and strengthen our families and Community
- draw on culture to promote healing and build resilience
- utilise and embed our kinship systems of care and Aboriginal childrearing practices
- provide an Aboriginal trauma-informed approach.

As a member of the out-of-home care team you play a vital role in achieving this vision. You will be guided and supported in this important role by the out-of-home care program and procedure manuals, mentoring and supervision and training and professional development opportunities.
# Contents

**Introduction to Out-of-Home Care Manual**

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>ii</td>
</tr>
<tr>
<td><strong>Table of Contents</strong></td>
<td>iii</td>
</tr>
<tr>
<td><strong>1. Preface</strong></td>
<td>1</td>
</tr>
<tr>
<td>1.1 Acknowledgements</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Purpose of the manual</td>
<td>1</td>
</tr>
<tr>
<td>1.3 How to use the manual</td>
<td>1</td>
</tr>
<tr>
<td>1.4 Language used</td>
<td>2</td>
</tr>
<tr>
<td>1.5 Key terms and definitions</td>
<td>3</td>
</tr>
<tr>
<td><strong>2. Introduction</strong></td>
<td>5</td>
</tr>
<tr>
<td>2.1 History</td>
<td>5</td>
</tr>
<tr>
<td>2.2 Aboriginal children in out-of-home care</td>
<td>6</td>
</tr>
<tr>
<td>2.3 Out-of-home care in Victoria</td>
<td>7</td>
</tr>
<tr>
<td><strong>3. Overview of out-of-home care in Victoria</strong></td>
<td>9</td>
</tr>
<tr>
<td>3.1 Out-of-home care reforms</td>
<td>9</td>
</tr>
<tr>
<td>3.2 Types of out-of-home care placements</td>
<td>10</td>
</tr>
<tr>
<td>3.3 Out-of-home care outcomes</td>
<td>11</td>
</tr>
<tr>
<td>3.4 Status of care arrangements</td>
<td>12</td>
</tr>
</tbody>
</table>
## 4. VACCA out-of-home care services

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Aims</td>
<td>13</td>
</tr>
<tr>
<td>4.2</td>
<td>Guiding principles</td>
<td>13</td>
</tr>
<tr>
<td>4.3</td>
<td>Out-of-home care programs</td>
<td>17</td>
</tr>
</tbody>
</table>

## 5. Key frameworks

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Best Interests Case Practice Model</td>
<td>21</td>
</tr>
<tr>
<td>5.2</td>
<td>Looking After Children Framework</td>
<td>22</td>
</tr>
</tbody>
</table>

## 6. Case practice approaches

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Trauma informed practice and care</td>
<td>25</td>
</tr>
<tr>
<td>6.2</td>
<td>Developmentally informed practice and care</td>
<td>26</td>
</tr>
<tr>
<td>6.3</td>
<td>Culturally informed practice and care</td>
<td>28</td>
</tr>
<tr>
<td>6.4</td>
<td>Aboriginal family led decision-making</td>
<td>28</td>
</tr>
<tr>
<td>6.5</td>
<td>Care team approach</td>
<td>29</td>
</tr>
<tr>
<td>6.6</td>
<td>Strength based approach</td>
<td>30</td>
</tr>
</tbody>
</table>

## 7. Key roles and responsibilities

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Child Protection</td>
<td>31</td>
</tr>
<tr>
<td>7.2</td>
<td>VACCA caseworker</td>
<td>32</td>
</tr>
<tr>
<td>7.3</td>
<td>Contracted case management responsibilities</td>
<td>33</td>
</tr>
<tr>
<td>7.4</td>
<td>Carer</td>
<td>34</td>
</tr>
<tr>
<td>7.5</td>
<td>Lakidjeta Aboriginal Child Specialist Advice and Support Program</td>
<td>34</td>
</tr>
<tr>
<td>7.6</td>
<td>Therapeutic specialist</td>
<td>35</td>
</tr>
</tbody>
</table>
8. **Key case practice requirements** 37

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>Case planning</td>
<td>37</td>
</tr>
<tr>
<td>8.2</td>
<td>Care and placement planning</td>
<td>42</td>
</tr>
<tr>
<td>8.3</td>
<td>Care team coordination</td>
<td>45</td>
</tr>
<tr>
<td>8.4</td>
<td>Rights of the child</td>
<td>46</td>
</tr>
<tr>
<td>8.5</td>
<td>Access</td>
<td>48</td>
</tr>
<tr>
<td>8.6</td>
<td>Managing unsafe behaviours</td>
<td>53</td>
</tr>
<tr>
<td>8.7</td>
<td>Meeting children’s educational needs</td>
<td>53</td>
</tr>
</tbody>
</table>

9. **Child safety and wellbeing** 55

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1</td>
<td>Critical incidents</td>
<td>55</td>
</tr>
<tr>
<td>9.2</td>
<td>Quality of care concerns</td>
<td>58</td>
</tr>
</tbody>
</table>

10. **Recruitment, assessment and support of carers** 61

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1</td>
<td>Recruitment and assessment</td>
<td>61</td>
</tr>
<tr>
<td>10.2</td>
<td>Carer support</td>
<td>64</td>
</tr>
</tbody>
</table>

11. **Key out-of-home care charters, regulations, agreements, policies and guidelines** 67

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1</td>
<td>Charters</td>
<td>67</td>
</tr>
<tr>
<td>11.2</td>
<td>Regulations and standards</td>
<td>67</td>
</tr>
<tr>
<td>11.3</td>
<td>Key protocols and partnership agreements</td>
<td>69</td>
</tr>
<tr>
<td>11.4</td>
<td>Key DHS policies and guidelines</td>
<td>69</td>
</tr>
<tr>
<td>11.5</td>
<td>Key VACCA policies and guidelines</td>
<td>69</td>
</tr>
</tbody>
</table>
### 12. Resources

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1</td>
<td>DHS Child Protection practice manual</td>
<td>71</td>
</tr>
<tr>
<td>12.2</td>
<td>DHS specialist practice resources</td>
<td>72</td>
</tr>
<tr>
<td>12.3</td>
<td>VACCA practice resources</td>
<td>72</td>
</tr>
<tr>
<td>12.4</td>
<td>Forms</td>
<td>72</td>
</tr>
</tbody>
</table>
1. Preface

1.1 Acknowledgements
The Victorian Aboriginal Child Care Agency (VACCA) would like to thank all staff who have contributed to the development of this manual and generously shared their expert knowledge and time.

1.2 Purpose of the manual
This manual is an introductory guide for out-of-home care staff to learn about:
- the out-of-home care system in Victoria
- the out-of-home care programs we deliver across the organisation
- the key frameworks and casework approaches in out-of-home care
- the different types of carers and how we recruit and support them
- our roles and responsibilities collectively as an out-of-home care program as well as individually.

Staff will also need to refer to their program and procedure manuals as these provide information relevant to their program and day-to-day work.

1.3 How to use the manual
This manual is designed to be read online. Hyperlinks have been created within the text to access information, forms and resources while reading. You can also click on the table of contents headings to take you directly to sections in the manual.
1.4 Language used

It is important staff are aware of how language is used within VACCA and this document. We understand that language is powerful and have sought to be respectful in the way we use language. Key terms we use within this manual are:

Child – this refers to children and young people up to 18 years, unless otherwise specified.

Aboriginal people – this refers to both Aboriginal and Torres Strait Islander people.

Community – this refers to and acknowledges all Aboriginal people living in Victoria.

We use the ‘phrases Aboriginal and Communities’ (plural) to ‘acknowledge the diversity of Aboriginal people and communities their different histories, political dynamics, social situations and cultural characteristics. Some Aboriginal people will prefer to use other terms to convey their tribe or clan group: for example, some Aboriginal people from Victoria may prefer ‘to be called Koorie’.

When we refer to Elders and Traditional Owners we have written these words with a capital letter to show the deep respect we have for these positions and their significance in the Community. We have also written Country in capital to show the importance and sacredness of land and Country.

More information about language and terms can be found in the key terms and definition section of this manual.
### 1.5 Key terms and definitions

The following is a list of key terms and definitions that are relevant to the work of out-of-home care programs:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>The term Aboriginal is used within this document to include Aboriginal and Torres Strait Islander people.</td>
</tr>
<tr>
<td>Aboriginal Community</td>
<td>Also referred to as the Community is used in two ways in this document. We use the or our Community to refer to the Aboriginal Community of Victoria that is made up of different clan groups from across Australia. We use their Community to refer to the Aboriginal Community to which the child belongs. A child will belong to their Traditional Country and Community and may also belong to another Community. For example, where a child grows up and lives outside of their Community they may identify both with their Country and the Community in which they live.</td>
</tr>
</tbody>
</table>
| Care team                   | The term care team is used in two ways depending on the context and program being delivered. In out-of-home care a care team refers to the group of people and family who share the responsibilities for doing the things that parents generally do, including:  
  - the placement agency caseworker (VACCA caseworkers)  
  - the carers (home-based carers or residential care workers)  
  - the Child Protection practitioner  
  - the child's parents  
  - other professionals involved in the care and support of the child.  
  In other programs a care team refers to a group of people that work together to support and coordinate services for a parent or other person requiring help. |
<p>| Care and placement plan     | Refers to the plan for the care of the child while they are in out-of-home care which is the responsibility of the caseworker to develop and implement                                                         |
| Case plan                   | Refers to the statutory case plan as defined in s.166 of the Children, Youth and Families Act 2005. This plan is sometimes also referred to as the DHS or Best Interests case plan.                                      |
| Caseworker                  | Refers to the worker who undertakes casework and works directly with the child, family or carer. The caseworker may also have case management responsibilities.                                                   |
| Case manager                | The person who holds the primary responsibility for co-ordinating support or care. Where Child Protection is involved the case manager is responsible for making sure that the case plan is implemented. Depending on the circumstances, the case manager may be the Child Protection practitioner, or the VACCA caseworker. Where a case is contracted to VACCA or VACCA is the lead agency involved with a child or family, the caseworker will be the case manager. |
| Child or children           | A child in this document refers to children and young people aged up to 18 years.                                                                                                                        |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Community refers to the Aboriginal Community and is used in two ways in this document. We use the or our Community to refer to the Aboriginal Community of Victoria that is made up of different clan groups from across Australia. We use their Community to refer to the Aboriginal Community to which the child belongs. A child will belong to their Traditional Country and Community and may also belong to another Community. For example, where a child grows up and lives outside of their Community they may identify both with their Country and the Community in which they live.</td>
</tr>
<tr>
<td>CRISSP</td>
<td>Refers to the Client Relationship Information System for Service Providers. This is the electronic record keeping and case management system that VACCA uses for casework, for cases not case contracted. Child Protection workers cannot access CRISSP.</td>
</tr>
<tr>
<td>CRIS</td>
<td>Refers to the Client Relationship Information System. This is the department electronic record keeping and case management reporting system VACCA uses for cases that are case contracted.</td>
</tr>
<tr>
<td>Department or DHS</td>
<td>Refers to the Department of Human Services.</td>
</tr>
<tr>
<td>Extended care</td>
<td>Refers to home-based care provided by a registered carer in their own home. This is also referred to as foster care.</td>
</tr>
<tr>
<td>Elders</td>
<td>An Aboriginal Elder is someone who has gained recognition within their Community as a custodian of knowledge and Lore, and who has permission to disclose cultural knowledge and beliefs. Recognised Elders are highly respected people within Aboriginal Communities.</td>
</tr>
<tr>
<td>Foster care</td>
<td>Refers to home-based care provided by a registered carer in their own home. At VACCA foster care is provided by the Extended Care program.</td>
</tr>
<tr>
<td>Home-based care</td>
<td>Refers to both kinship care and foster care, where carers provide care in their homes.</td>
</tr>
<tr>
<td>Staff</td>
<td>Refers to employees of VACCA at all levels of the organisation from caseworkers to the Chief Executive Officer.</td>
</tr>
<tr>
<td>Traditional Owners</td>
<td>Refers to an Aboriginal person or group of Aboriginal people directly descended from the original Aboriginal inhabitants of a culturally defined area of land or Country. Traditional Owners have a cultural association with this Country that derives from the traditions, observances, customs, beliefs or history of the original Aboriginal inhabitants of the area.</td>
</tr>
<tr>
<td>Young person</td>
<td>Refers to young people aged between 12 and 17 years of age.</td>
</tr>
</tbody>
</table>

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2. Introduction

VACCA out-of-home care programs play an important role in growing Aboriginal children up in a culturally strong and safe way when they are unable to live at home. We provide high quality and culturally appropriate services to our children, families and their carers to promote culture, safety, stability and healthy development. We are guided by the Community and out-of-home care legislation and policies in this role.

Underpinning all of our programs is the importance of family and Community in raising children. We believe the best place for children is with their family, and actively support families to work towards reunification, in a way that is timely and safe.

Where reunification is not achievable we provide continued opportunities to ensure family and cultural connectedness is maintained and out-of-home care placements are culturally safe and stable.

2.1 History

VACCA originally began as an Aboriginal out-of-home care child placement agency in 1977. At this time the numbers of children being removed from their homes by Child Protection services was increasing. There was little if any consultation by these services with the Aboriginal Community in making placement decisions such as where the child should live and in ensuring children maintained ongoing positive contact with their families. Children removed were mostly placed with non-Aboriginal foster carers or in institutions. For many children these interventions were devastating as placements broke down and they were left homeless, alone and vulnerable.

With the support of the Victorian Aboriginal Legal Service the Aboriginal Community, led by the late Elder Aunty Mollie Dyer established the first Aboriginal child placement agency in Australia. Since this time VACCA has grown, we provide more than a 100 child and family programs to the Community. Despite this growth out-of-home care services continue to remain the highest priority. More information about these can be found in the client services manual.
2.2 Aboriginal children in out-of-home care

One of the biggest challenges in our work continues to be the over representation of Aboriginal children in out-of-home care and the healing of families. The reasons for this are complex and are primarily a result of past government policies and practices resulting in:

- the disempowerment of Aboriginal people
- the forcible removal of children from their families and Community and Stolen Generations
- the forcible removal and ongoing dispossession of people from their traditional lands
- the loss of language, ceremony and cultural practices.

These actions resulted in the destruction of many Aboriginal Communities and high levels of trauma, loss and grief. The loss and grief and the disempowerment and marginalisation of Aboriginal people has been inherited from one generation to the next resulting in families struggling to cope, care for themselves and parent\(^1\). This has resulted in the continued removal of children from their families. In all States and Territories there continues to be a higher percentage of Aboriginal children in out-of-home care than non-Aboriginal children.

\(^1\)Bringing them home: A guide to the findings and recommendations of the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families
2.3 Out-of-home care in Victoria

In Victoria Aboriginal children are nearly 16 times more likely to be placed in out-of-home care than non-Aboriginal children\(^2\). In the last 11 years the numbers of children in out-of-home care has significantly increased. In 2001, 454 Aboriginal children were in out-of-home care, this increased to 1,028 in 2012\(^3\). Child Protection data indicates that Aboriginal children are spending longer periods of time in out-of-home care. For example, during the 12 months up until the 30 June 2012, 257 Aboriginal children exited care, of these children,

- 99 children (38.5 per cent) had spent between 1 month to less than 6 months in care
- 29 children (11.3 per cent) had spent between 6 months to less than 12 months in care
- 49 children (19.1 per cent) had spent between 1 year to less than 2 years in care
- 48 children (18.7% per cent) had spent 2 years to less than 5 years in care
- 32 children (12.4% per cent) had spent 5 years or more in care

Over half of the 250 children to exit care in this time had spent more than a year in care before exiting.

On the 30 June 2012 there were 1,028 Aboriginal children and young people in out-of-home care. Just less than half of the children in care have been placed away from their families and their Community. The Department of Human Services (department) reported that 43.7% of Aboriginal children and young people were unable to be placed with relatives or a non-related Aboriginal carer.

For children under 12 years 97.1 per cent are in foster care or kinship care placements.

These statistics reinforce the challenges of all VACCA programs in supporting vulnerable families. They also highlight the challenges for out-of-home care staff to continue to provide safe and culturally appropriate support and care to children in our care and the importance of healing for children and families through culture and a trauma informed approach.

\(^2\)AIHW, Child Protection Report 2011-2012
\(^3\)DHS, Child Protection Data as at 30 June 2012
3. Overview of out-of-home care in Victoria

3.1 Out-of-home care reforms

Victoria’s out-of-home care system has been the focus of a number of major reviews and reports over the past decade, some of these include the:

- Directions for out-of-home care 2009
- Victorian ombudsman’s own motion investigation into Child Protection out-of-home care 2010
- Victoria’s Vulnerable Children Our Shared Responsibility May 2012
- Victoria’s Vulnerable Children Our Shared Responsibility Strategy 2012-2022

Collectively, these reviews and recommendations have driven the following reform directions for out-of-home care:

- a child-focused system and processes
- earlier intervention and placement prevention
- comprehensive assessment
- hearing the voice of the child
- more timely decision-making
- better placement choice, quality, stability and support
- more effective and culturally appropriate responses for Aboriginal children
- use of therapeutic care models
- improved health, education and wellbeing outcomes
- greater support for leaving care and permanent care.

The department in the Vulnerable Children Strategy has committed to a 5-year out-of-home care plan with a complementary out-of-home care plan for Aboriginal children.

VACCA is committed to improvements for Aboriginal children in the out-of-home care sector in our care and in the care of mainstream organisations. We will work towards ensuring all Aboriginal children in out-of-home are provided with high quality and culturally appropriate care and vulnerable families are appropriately supported to make the necessary changes to get their children home.
### 3.2 Types of out-of-home care placements

Out-of-home care is required for children who are unable to live at home with their families for a period of time. This may be due to Child Protection assessing a child is not safe to remain at home, or families contacting VACCA for respite support for the care of their children. Out-of-home care placements will vary in length of time, depending upon the circumstances of the family and child. It is the view of VACCA that all children in out-of-home care should be placed where possible in a kinship placement with their Aboriginal family and Community. Where this is not possible, placement with another non-Aboriginal family member or Aboriginal family in a home environment is preferred.

The decision-making regarding placements and the placements of children in out-of-home care is in accordance with the *Aboriginal Child Placement Principle*.

Throughout this manual and the out-of-home care program and procedure manuals, the people who look after children in out-of-home care and take on the parent’s role in providing the day to day care of the child are referred to as carers. Kinship carers, foster carers and carers living in the Aboriginal child placement house who provide care in their homes are collectively referred to as home-based carers. Home-based carers are seen as volunteers as they are not paid a wage to care for children and only receive voluntary reimbursements for costs associated with caring for the children.

It is important to understand the difference between the types of out-of-home carers.

In recognition of the differing needs of families and children and their trauma VACCA provides a number of different types of out-of-home care arrangements. These are described below.

**VACCA prioritises the recruitment Aboriginal carers, where we are unable to do this we provide training and support to ensure non-Aboriginal carers provide culturally appropriate and safe care.**

#### Respite care

The placement and care of the child with a kinship or foster carer in an emergency or for a short period of time. Respite care can be one off, or regular planned care. Respite carers are not paid to care for the child but receive reimbursements for costs associated with caring for the child.

#### Kinship care

The placement and care of the child by their extended family, friends or Community members in their family home. These placements may occur via a voluntary or statutory placement. Kinship care can be provided for short and long periods of time.

Child Protection assesses kinship carers prior to placements being made. The Kinship Care program can also assess family and Community members to provide respite care for children in kinship care.

#### Foster care

The placement and care of the child by a registered carer in their own home. Foster carers provide care to children who require either a statutory or voluntary placement. Foster care can be provided for short and long periods of time.

Foster carers are not paid to care for the child but receive reimbursements for costs associated with caring for the child.
Permanent care

The placement and care of the child by a permanent carer in their family home. A permanent care order gives responsibility for the custody and guardianship of a child to the permanent care parents. A permanent care order continues until the child is 18, although it is expected that once the child becomes part of the family, the emotional bond and commitment it is hoped continues for life. Children can still have regular access with family whilst on a permanent care order.

Adolescent community placement house

The placement and care of young people or sibling groups by a registered carer in a house provided by VACCA. There are also additional respite carers who come into the house to provide respite care to the primary carers.

Residential care

The statutory placement of the child in a residential care home (with a small number of other children), staffed by paid residential care workers on a rostered basis.

Therapeutic residential care

For a small number of children unable to live in a home-based setting, they are placed in residential care. This offers children a therapeutic environment in which to heal, develop and reach their potential.

Children in care may experience interim placement changes during their time in care where they transitions from one out-of-home care arrangement to another. This is usually for a more suitable, family like placement according to their individual needs and circumstances.

3.3 Out-of-home care outcomes

Following a child’s placement in out-of-home care, they will ultimately experience one of the following care outcomes:

• long-term placement – where a child remains on a statutory order in out-of-home care
• return home – where a child returns home following a respite period in care or short-term voluntary placement
• reunification – where the child is supported to transition home in a planned, safe and sustainable way, and where parents are assisted to resume the care of their child, following a statutory placement
• permanent care – where the Children’s Court orders the custody and guardianship to a carer of the child until he or she turns 18 years. Permanent carers can be kinship or registered foster carers
• leaving care – where the young person is supported to transition to a supported independent living environment and offered post care support.
3.4 Status of care arrangements

VACCA provides both statutory and voluntary out-of-home care placements as described below:

Statutory care arrangements

This occurs where Child Protection assesses a child is unable to live at home because of safety reasons. In these cases, Child Protection makes an application to the Children's Court seeking an order to place the child in out-of-home care. The length of time and the type of order applied for will vary according to the circumstances of the case. Where the department has custody or guardianship of the child, a child may be placed in out-of-home care, under s. 173 of the Children, Youth and Families Act 2005. Staff can read the client services manual for further guidance regarding court orders.

Voluntary care arrangements

Voluntary out-of-home care occurs in the following situations:

- where parents and families contact VACCA asking them to care for their children on a temporary basis. This request might be for respite, for example illness impacting on the parent’s ability to care for their child, and where there is no other care option available
- where a parent (of a child reported to Child Protection) agrees to the placement of the child in out-of-home care, to alleviate immediate risks and give them time to make the necessary changes
- where a private kinship arrangement is made between the child's family or friends and Community for the care of the child. Private kinship placements may also occur following involvement with Child Protection. VACCA may not have role in these arrangements other than to provide support to the family through the kinship program.

Voluntary care arrangements are made in line with part 3.5 of the Child Youth and Families Act 2005 specifying that:

- child care agreements can be either short-term or long-term
- the parent retains custody and guardianship of the child
- the parent must consent to the agreement
- the child’s wishes must be taken into account
- service providers must notify the department in writing of these arrangements
- where indicated, service providers must consult or seek approval of the department to extend these arrangements.

A small number of children in VACCA care are placed voluntarily on a short-term or long-term childcare agreement. VACCA is required to notify the department about these care arrangements, under s. 135 of the Children, Youth and Families Act 2005.

The Child Protection practice advice on voluntary placements provides additional information for staff. You are encouraged to refer to this document for further details.
4. VACCA out-of-home care services

4.1 Aims

VACCA out-of-home care programs provide children with culturally appropriate, therapeutic care that is safe, stable, secure and nurturing while they are unable to live with their families. Further to this, VACCA out-of-home care programs aim to provide quality care that meets the needs of the child that:

- ensures the days to day needs of the child are met
- ensures the child’s developmental milestones are achieved
- actively involves the child’s family and Community in decision-making
- maintains and strengthens the child’s connection to culture
- supports the child to develop a strong Aboriginal identity
- works collaboratively with Child Protection and other services in the best interests of child and the family, using a cultural lens
- supports the implementation of the case plan for the child while they are in care
- supports reunification of the child with their family where possible
- prepares young people for leaving care
- supports non-Aboriginal carers to understand the importance of culture in raising Aboriginal children
- maintains and develops the child’s cultural and spiritual identity by providing a care environment that fosters this.

4.2 Guiding principles

The following guiding principles underpin all of our interactions with children, families and carers:

- the child is safe and protected from all forms of harm
- the best interests of the child are paramount
- the cultural rights of the child are protected and nurtured
- the voice of the child is evident in planning and decision-making
- families are respected and valued
- the Aboriginal Child Placement Principle is central to all decision-making
- the child receives care that is culturally appropriate and therapeutic, and promotes healing.
Out-of-home care case practice is informed by:

- the best interests of the child – protecting and promoting the safety, stability and wellbeing of our children
- the importance of cultural practice and compliance with Aboriginal protocols and ceremony in effecting positive change and healing
- a commitment to ensure the cultural rights of our Community are valued and upheld
- healing and empowerment – empowering our Community with a strengths-based approach
- excellence – our Community is entitled to high quality and professional services.

**Aboriginal Child Placement Principle**

In every State and Territory the Aboriginal Child Placement Principle is part of Child Protection legislation. In Victoria the Aboriginal Child Placement Principle is set out in s.13 of the *Children, Youth and Families Act 2005*.

The Aboriginal Child Placement Principle is explained here:

The removal of an Aboriginal child from their Community and family environment should only be considered as a last resort.

Where it is in the best interests of an Aboriginal child to be placed in out-of-home care an Aboriginal agency must first be consulted and then at each point of the placement decision-making process. VACCA provides this role throughout Victoria (with the exception of Mildura) through its Lakidjeka Aboriginal Child Specialist Advice Support Service program.

In placing an Aboriginal child in care, regard must be given to the following, in order of priority:

1. the child must be placed with their Aboriginal extended family or relatives and where this is not possible other extended family or relatives
2. if after consultation with VACCA, placement with extended family or relatives is not feasible or possible, the child may be placed with:
   - an Aboriginal family from the local Community and within close geographical proximity to the child’s natural family
   - an Aboriginal family from another Aboriginal Community
   - as a last resort, a non-Aboriginal family living in close proximity to the child’s natural family
   - any non-Aboriginal placement must ensure the maintenance of the child’s culture and identity through contact with the child’s Community.

Further information is available in the department’s *Aboriginal Child Placement Principle guide 2002*.

In making decisions and planning for Aboriginal children, Child Protection must also have regard to s.14 of the *Children, Youth and Families Act 2005*. This identifies the further principles for placement of an Aboriginal child which include having consideration to:

- whether the child identifies and their express wishes
- placements where the child has parents from different Aboriginal Communities
- children who have one Aboriginal parent and one-non-Aboriginal parent
- placement of the child with a non-Aboriginal person.

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*VACCA Strategic plan 2012-2015, Victorian Child Agency*
Best Interests principles

The Best Interests principles are set out in s.10 of the Children, Youth and Families Act 2005. To achieve the best interests of Aboriginal children staff must promote the Best Interest principles through the lens of culture. This requires an understanding that for Aboriginal children:

- safety is only achieved when their personal and cultural safety needs are met
- stability is only achieved when they have both the continuity of placement arrangements and the maintenance of relationships with other Aboriginal people, land and culture
- development is only achieved when their health and growth, emotional and behavioural development, education and learning, family and social care relationships, identity and social presentation and self-care skills are met. Critical to development is the child’s understanding and learning of culture and the key transition periods of their life where they are guided and taught by a more senior Aboriginal person of the same gender.

This is explained in more detail against each of the principles.

Family and Community connection

In planning for a child in out-of-home care, the Best Interests Principles s.10 of the Children, Youth and Families Act 2005 requires that consideration is given to:

(b) the need to strengthen, preserve and promote positive relationships between the child and their parent/s, family members and other people significant to the child

(k) access arrangements between the child and their parent/s, siblings, family members, and other persons significant to the child.

Stability

In planning for the stability of a child’s placement in out-of-home care, the Best Interests principles s.10 of the Children, Youth and Families Act 2005 requires that consideration is given to:

(f) the desirability of continuity and stability in the child’s care

(o) the desirability of allowing the education, training or employment of the child to continue without interruption or disturbance

(q) the desirability of siblings being placed together when they are placed in out-of-home care.

It is important out-of-home care staff understand that for Aboriginal children stability can only be achieved where there are strong connections with family, Community and culture and continuity of these relationships. Strong connections with family and Community provide children with a sense of safety and security in the knowledge of who they are and where they are from – in a sense of belonging to their family and Community – and in a spiritual connectedness to Country.

Children who experience instability in care, either due to multiple placements, the breakdown of family relationships and disconnection from culture, frequent changes in their school and social relationships (including disruptions in key relationships) or repeated unsuccessful attempts at reunification, are likely to experience negative outcomes that contribute to cumulative harm for the child.
Cultural identity

In planning for an Aboriginal child in out-of-home care, the Best Interests principles s.10 of the Children, Youth and Families Act 2005 requires that consideration is given to:

(c) the need to protect and promote the child’s Aboriginal culture and spiritual identity, and development wherever possible and maintain and build their connections to their Aboriginal family and Community.

Culture has a protective and healing role for children. Failure to create a culturally safe environment and opportunities for the learning and understanding of culture is a risk factor for children in care.

Reunification

In planning for a child in out-of-home care, the Best Interests principles, s.10 of the Child Youth and Families Act 2005 requires that consideration is given to:

(a) the need to give the widest possible protection and assistance to the parent of the child as the fundamental group unit of society and to ensure that intervention into that relationship is limited to that necessary to secure the safety and wellbeing of the child

(i) the desirability, when a child is removed from the care of his or her parent, to plan the reunification of the child with his or her parent

(p) the possible harmful effect of delay in making the decision or taking the action.

Where the case plan is for reunification, VACCA out-of-home care programs will work with the child’s family, other internal programs and external support services to build the parent’s capacity and confidence to understand the child's development needs and provide care, so that:

• the child can safely return to the care of their parents
• the child can remain with their parents long-term.

Permanency

In planning whether a child in out-of-home care will return home or be permanently placed in alternative care, the Best Interests principles s.10 of the Children, Youth and Families Act 2005 requires that consideration is given to:

(a) the capacity of each parent or other adult relative or potential caregiver to provide for the child's needs and any action taken by the parent to give effect to the goals set out in the case plan relating to the child.

According to s. 323 of the Children, Youth and Families Act 2005 the Court must not make a permanent care order to place an Aboriginal child with a non-Aboriginal carer unless it is satisfied that:

• no suitable placement can be found with an Aboriginal carer
• the child has been consulted about the decision, where appropriate
• the Aboriginal Child Placement Principle has been followed
• an Aboriginal agency has recommended the making of the order
• a cultural plan has been prepared for the child.

If an Aboriginal child is placed in permanent care (particularly with non-Aboriginal carers) connection to family, culture and Community is critical to ensure their lifelong wellbeing.

Leaving care

In planning for a child to leave care, the Best Interests principles s.10 of the Children, Youth and Families Act 2005 requires that consideration is given to:

(n) the desirability of the child being supported to gain access to appropriate educational services, health services and accommodation and to participate in appropriate social opportunities.
4.3 Out-of-home care programs

VACCA’s out-of-home care programs are funded to provide placement and support for children up to the age of 18 years or until their protection order expires. The department will continue to provide caregiver reimbursements to home-based and permanent carers of young people after they turn 18, if they are enrolled in full time or part time secondary education, or are engaged in the Aboriginal Leaving Care program.

VACCA is funded by the department to provide the following out-of-home care programs:

- Aboriginal Kinship Care Program
- Aboriginal Residential Care Program
- Extended Care Program
- Aboriginal Permanent Care Program
- Koorie Cultural Placement and Support Program
- Aboriginal Adolescent Community Placement House
- Aboriginal Leaving Care Program
- Cultural Support Plan Program
- Aboriginal Childrens Healing Team

See the out-of-home care diagram for how these programs work together.
VACCAs programs for Aboriginal children in out-of-home care

**Out-of-home Care Programs**

- Aboriginal Kinship Care Program
- Extended Care Program
- Aboriginal Adolescent Community Placement House
- Aboriginal Residential Care Program

These are out-of-home care programs that provide 24 hour/7 day placement of children and casework support for carers and children in care.

**Client Services Programs**

- Aboriginal Childrens Healing Team
- Aboriginal Family Led Decision Making Program
- Lakidjeka Aboriginal Child Specialist Advice and Support Service (ACSASS)

These are client services programs that provide casework support for carers and children in care.

- Cultural Support Plan Program
- Koorie Cultural Placement and Support Program
- Aboriginal Leaving Care Program
- Aboriginal Permanent Care Program

These are out-of-home care programs that provide casework support for carers and children in care.
Location and contact information

VACCA out-of-home care programs are delivered to Aboriginal children and their families living across Victoria (except Mildura). The exception to this is the Permanent Care Program which is state-wide. These programs are delivered from five VACCA offices and three 24-hour facilities. Location and contact information is provided.

Please note: staff are not to disclose the address and telephone numbers of the 24 hour facilities to persons outside of VACCA.

**North West VACCA**
273 High Street
Preston VIC 3072
Ph: (03) 9480 7300
Fax: (03) 9484 5403

**East Brunswick VACCA**
139 Nicholson St
East Brunswick VIC 3057
PO Box 494 Northcote Plaza
Northcote VIC 3070
Ph: (03) 8388 1855
Fax: (03) 8388 1898

**Eastern VACCA**
10 Maroondah Hwy
Ringwood VIC 3134
PO BOX 635
Ringwood VIC 3134
Ph: (03) 9871 9000
Fax: (03) 9879 4224

**Southern VACCA**
Level 2 Plaza Business Centre
26 McCrae St
Dandenong VIC 3175
PO Box 7052
Dandenong VIC 3175
Ph: (03) 9701 4200
Fax: (03) 9706 6808

**Gippsland VACCA**
25-27 Rintoull Street
Morwell VIC 3840
PO Box 39
Morwell VIC 3840
Ph: (03) 5135 6055
Fax: (03) 5135 6772

**Reservoir therapeutic residential service**
9 Jackson Street
Reservoir VIC 3073
Ph: (03) 9462 3994

**Coburg residential service**
8 Armstead Avenue
Coburg VIC 3058
Ph: (03) 9350 1166

**Aboriginal adolescent community house**
81 Marchant Avenue
Reservoir VIC 3073
Ph: 0425 729 265
5. Key frameworks

5.1 Best Interests Case Practice Model

The Best Interest Case Practice Model is a framework for promoting children’s best interests across the program areas of family services, Child Protection and placement services.

The Best Interests case practice summary guide 2012 informs and supports professional practice in Child Protection, community based child and family services and out-of-home care services through a process of information gathering, analysis and planning, action and review.

Both tools provide a common basis for professionals to work in ways that reflect the Best Interest principles of the Children, Youth and Families Act 2005.

Planning for the best interests of the child is an ongoing process and involves:

• assessment – which informs
• planning – which guides
• action or casework – which benefits the child.

To achieve the best interests the process of effective decision-making requires all relevant people to work together – Child Protection, the VACCA caseworker, other involved VACCA staff, the child, their family, and if required, representatives of the Community. The child’s best interests need to be considered holistically and in a culturally competent way at every point of contact with the service system. It is the role of staff in all programs to ensure their cultural lens is always turned on.

The VACCA client services manual provides further information about the Best Interests case practice model and Best Interests case practice advice – a series of publications to support staff in meeting the needs of vulnerable and at-risk children and their families.
5.2 Looking After Children Framework

The Looking After Children framework (more commonly referred to as LAC) enables staff to do what a good parent would do to achieve the best outcomes for children in care. It provides the practice framework for considering how each child’s needs will be met while in out-of-home care. It is used for managing out-of-home care in accordance with the Best Interests Case Practice Model cycle of information gathering, assessment, planning, implementation and review.

The LAC framework considers the child’s needs and outcomes in seven life areas. The care team will cover the things that parents usually also pay attention to and plans are made to address the child’s needs in the following seven domains:

1. Health
2. Emotional and behavioral development
3. Education
4. Family and social relationships
5. Identity
6. Social presentation
7. Self-care skills

The framework also consists of timeframes for the completion of these processes and records. VACCA is required to use this framework for statutory placements across its out-of-home care programs. Though not a requirement, this framework provides a useful tool for assisting in the planning and review of voluntary placements.

The Looking After Children key processes are:

- gathering and maintaining the essential information that is needed for good care
- assessing the child’s needs and developmental progress in care
- planning what the care team will do to provide good care
- reviewing what the care team needs to do to respond to the child’s changing needs and circumstances.

Looking After Children includes a set of records and practice tools that prompt good practice. The four key tools that support care teams are the:

- essential information record
- care and placement plan
- assessment and progress record
- review of the care and placement plan.

These tools are available and recorded on CRIS and CRISP (for contracted cases).
The following provides information about the Looking After Children cycle.

**Looking After Children Timelines**

- **Start of Placement**
  - Commence

- **Within 14 days**
  - Complete

- **Within first 3-6 months**
  - Immediately following first APR
  - Immediately following Review

- **Six-monthly cycle for children under 5 years and young people 15 years and over**
  1. Complete Assessment and Progress Record
  2. Review Care and Placement Plan Update Essential Information Record
  3. Complete a new Care and Placement Plan

- **Annual cycle for all children 5-15 years**
  1. Review Care and Placement Plan Update Essential Information Record Complete a new Care and Placement Plan
  2. Complete Assessment and Progress Record
  3. Review Care and Placement Plan Update Essential Information Record Complete a new Care and Placement Plan

Further information and specific flow charts are available in program and procedure manuals as they differ across programs in regards to specific tasks and timeframes within the Looking After Children cycle.
6. Case practice approaches

6.1 Trauma informed practice and care

The client services manual provides information on trauma informed practice in the case practice section for all client services programs that staff will need to read.

For children in care, trauma-informed practice and care is especially important. This is particularly the case for critical points during their time in care – transitioning into and exiting care, during family contact or when changing schools or placement.

Supporting children in care requires an understanding of the child’s connectedness to their Aboriginal family and Community. Wherever possible, caseworkers should involve a member of the child’s family and/or Community in the transition process or any event likely to be stressful for the child.

Each child’s response to being in care will vary and support provided will need to be adapted to the child’s unique needs and circumstances. Children in care will hold a range of feelings associated with their experience such as shame, guilt, grief, fear and anger. These feelings may play out in the child’s behaviour, mood or attitude, for example being withdrawn or resistant to direction.

Although the effects of childhood trauma can be severe and long lasting, promoting healing through therapeutic interventions can lessen the impact.

Trauma-informed practice for children in care requires carers and staff to:
- understand trauma and its impacts on the child, family and Community
- be aware of their own cultural beliefs and attitudes
- create an emotionally and culturally safe space for the child
- employ culturally sensitive and responsive interventions
- support the child to regain a sense of control over their daily lives and actively involve them in the healing journey
- provide consistency and predictability in the child’s daily routine and keep the child informed about all aspects of their care plan
- share decision-making with and planning with the child and their family
- integrate and coordinate care to meet the child’s needs in a holistic way
- support safe, positive and authentic relationships as a means of promoting healing and recovery
- empower children and families to take control of their healing and recovery through a strengths based approach.
6.2 Developmentally informed practice and care

Understanding the developmental needs of children in care is vital to ensuring their healthy development. A strong focus on the child’s development is important in identifying and assessing cumulative harm and in helping the child overcome the effects of trauma and in supporting carers and families to meet the child’s future developmental needs.

A child’s development incorporates their:
- health and growth
- family and social relationships
- education and learning
- identity
- emotional and behavioural development
- self-care skills
- social presentation.

It is important for caseworkers to be aware of the child’s age and stage of development, and understand the impact that trauma plays. For Aboriginal children culture, family, and Community play a critical role in the child’s development and maintain their wellbeing.

Caseworkers are required to make assessments about the child’s physical and social-emotional developmental needs and ensure these are represented in the planning process. This may be as an advocate for the child or as the case manager.

Caseworkers need to be guided in assessing and planning for a child’s developmental needs through supervision.

Specialist resources to inform practice and care

VACCA provides training in child development, and the department has developed the following specialist practice resources to assist those working with vulnerable children.

Best Interests Case Practice Model - summary guide – this guide provides a foundation for working with children, including the unborn child and families.

Best Interests principles: a conceptual overview – this paper explores some of the theoretical underpinnings and practice ramifications of the Best Interests principles and the benefits envisioned for children and their families.

Child development and trauma – the child development and trauma guide has been developed to assist practitioners to understand typical developmental pathways of children and recognising indicators of trauma at different ages and stages.

Infants and their families - specialist practice resource – part of the Best Interest Case Practice Model Specialist Practice Resource, this resource consists of two parts: an overview of key issues and a practice tool.
Infants at risk of abuse and neglect: A review of literature – this paper draws on current research and theory on the impact of abuse and neglect on infant development, the importance and dynamics of infant parent attachment relationships, specific risk factors pertaining to infancy, indicators of trauma, and key elements in successful intervention.

Child and family snapshot - practitioner field tool and genograms – the child and family snapshot tools can be used creatively with parents and children to gather an understanding of their worries and their strengths.

Children and their families specialist practice resource – the Best Interests Case Practice Model provides you with a foundation for working with children and their families. Specialist practice resources provide additional guidance on: information gathering, analysis and planning; action; and reviewing outcomes in cases where specific problems exist or with particular developmental stages.

Children with problem sexual behaviours and their families – the Best Interests Case Practice Model provides a foundation for working with children and their families. Specialist practice resources provide additional guidance on: information gathering, analysis and planning; action; and reviewing outcomes in cases where specific problems exist or with particular developmental stages.

Cumulative harm - specialist practice resource – this specialist practice resource consists of two parts: an overview of cumulative harm and a practice tool to guide you when working with children and young people and their families.

Adolescents and their families – specialist practice resources provide additional guidance on: information gathering, analysis and planning; action; and reviewing outcomes in cases where specific problems exist or with particular developmental stages.

Adolescents with sexually abusive behaviors and their families – specialist practice resources provide additional guidance on: information gathering, analysis and planning; action; and reviewing outcomes in cases where specific problems exist or with particular developmental stages.

Best Interests Series - practice framework – The Best Interests principles in s. 10 of the Children, Youth and Families Act 2005 provide a unifying set of principles across the family and placement services sector, Child Protection and the Children’s Court that guides all decision-making and service delivery.

Families with multiple and complex needs – this resource consists of two parts: Part One is an overview of issues and considerations relevant to families with multiple and complex needs, and Part Two contains practice tools to guide you when working with these families.
6.3 Culturally informed practice and care

Culturally informed care practice involves a number of key elements of which include:

- seeing families within the context of their past and present history and experiences
- understanding the compounding effects of disadvantage and trauma inherited and experienced by the Community
- an ongoing commitment to the maintenance, development and promotion of culture as a protective factor and in healing
- encouraging and placing value on Aboriginal child rearing practices
- creating a culturally safe work place where Aboriginal staff and the wider Community is comfortable attending, shown respect, and knows their opinion is valued and important
- the self-determination and empowerment of families and Elders in decision-making
- a commitment to facilitating and organising cultural and ceremonial activities for our children, families and Community.

6.4 Aboriginal family led decision-making

Aboriginal family led decision-making is a formal decision-making process that brings family members together and:

- empowers them to make good decisions and plans in relation to the safety and care of their children
- is inclusive and respectful of the culture
- leads to better outcomes for children and their families.

Best practice is to have regular family meetings using the Aboriginal family led decision-making approach but these do not always need to be formal meetings.

This approach is based on the way in which decisions are made with the kinship system where the role and responsibility for raising children is shared and guided by the wisdom and experience of Elders.

The principles of the family led decision-making are that:

- the family is recognised as having a pivotal role in the care and protection of the child and is supported and empowered to lead decision-making in partnership with Child Protection
- a child’s connection to their family is critical and where possible should be maintained
- a family-led decision-making is a collective decision-making process
- culture is respected and integrated into the program
- the program provides a safe environment to engage in discussions of culture and supports family traditions
- children have the widest possible family group around them
- the family group are entitled to information about what has happened to the child and family because of their decision-making role. This is a transparent process with all information necessary for planning for the child’s safety, stability and development being shared with the family group.
These meetings can be used to:

- explore whether there are family members who could care for the child while the parent’s work towards reunification
- identify an ongoing role for family members in the child’s life and in supporting the parents, while the child is in care and following reunification
- identify positive and negative family dynamics
- bring family members together to resolve what is best for the child.

By using this approach in planning and decision-making from the beginning of the placement, families are engaged, encouraged and empowered to have an ongoing role in the care of the child. It gives families the message that VACCA values culture and understands the role and importance of family in all planning for the child’s present and future needs.

6.5 Care team approach

When a child is placed in out-of-home care, there are a core group of people who share responsibility for doing the things that a parent would generally do. In out-of-home care, this group of people is referred to as the care team.

The care team brings together all the key people in a child’s life:
- the VACCA caseworker
- the Child Protection practitioner
- the carer (kinship or home-based, and residential care team leader)
- the child’s parents and other adult family members
- other professionals involved in the care and support of the child.

Membership of the care team will depend upon who is involved with the child but the core care team will always involve the carer, VACCA caseworker, the child’s family and Child Protection.

The care team approach ensures regular communication occurs between care team members and that tasks identified in the child’s plan are implemented to support the achievement of goals. It also ensures support is provided to the child’s family and carer, in addition to the child.

The role of the care team is to:
- support the child in placement
- support the carers
- work with the child’s family
- ensure the child’s safety, stability and developmental needs are met
- ensure that the child is living in a safe place that promotes their overall health, wellbeing and cultural safety.

The Looking After Children processes and tools assist the care team to effectively work together to respond to the child’s safety, stability and developmental needs while the child is in care.

The Child Protection practitioner usually leads the care team. However the VACCA caseworker may take the lead role if the case is contracted to us. The caseworkers role and responsibilities within the care team will vary depending on the level of case contracting responsibilities.
6.6 Strength based approach

Dealing with Child Protection and with agencies such as VACCA can be disempowering for families. It is our role to empower and involve parents and families, where appropriate and help them to identify their strengths, and remain connected and part of the child’s life.

To ensure this occurs out-of-home care staff will create a culturally safe and supportive environment where family are and feel respected and comfortable to attend meetings and other activities including access. They will also support families to address the difficulties they are experiencing. This will be through direct casework or via supported referrals to programs and services.

In supporting families to build on their strengths and make positive changes they can work towards their case plan goals and towards their children returning home.

In situations where it is not possible for the parents to achieve reunification and the child’s Child Protection case plan is for permanent care, long-term care or leaving care, supporting the parents and the family to address issues and maintain positive contact and strong relationships is critical.

Children are always to be supported to maintain positive relationships with their family where possible.

More information about how to work respectfully and build positive relationships with Aboriginal people can be found in the client services manual.
7. Key roles and responsibilities

7.1 Child Protection

Child Protection receives, investigates and assesses reports of child abuse and neglect. They provide case management services to children where protective concerns have been substantiated and children are subject to protective intervention and/or on a protection order. These children might be living at home or in an out-of-home care placement.

For children in out-of-home care the goal of Child Protection is to establish safe, stable, long-term care arrangements for children as soon as possible – preferably with their own family. If this is not possible other forms of care such as foster care, kinship care, permanent care or residential care are considered.

Child Protection is responsible for decision-making in relation to the child's case plan. The first priority of any case plan is to offer the widest possible assistance to the child and their family to address the protective concerns while the child remains at home, and if a child is to be placed in care, to enable the safe, timely and sustainable return of the child to their parent's care.

Where reunification efforts have failed or where reunification has been assessed as not viable, Child Protection will plan for the long-term, stable placement of the child in alternative care.

While a child is in out-of-home care on a statutory order, Child Protection will take the lead role in case management and coordination of the care team, unless the case is contracted to VACCA.
7.2 VACCA caseworker

The caseworker plays a key role in supporting Aboriginal children in out-of-home care to grow up culturally strong and to know and be proud of their Aboriginal identity.

In general, the role of the caseworker for children in out-of-home care involves:

- developing a care and placement plan as part of the overall case plan
- managing the child’s care needs using the Looking After Children processes
- undertaking regular assessments of the child’s progress in care.

Children and families can expect the caseworker to:

- regularly visit children in care and see them on their own (without their carer) to ensure they feel safe, that their needs are being met and their views are heard
- acknowledge and have an understanding of the impact of past policies on Aboriginal people and how this history has shaped their lives today
- ensure Aboriginal culture is embedded throughout all aspects of their practice and to undertake all program activities in a culturally safe manner
- be familiar with VACCA and key sector frameworks, policies and guidelines and how these inform and guide casework
- provide culturally appropriate, high quality professional casework services using a developmentally, trauma-informed approach
- apply a cultural lens to the best interests of children
- identify children's needs and the resources required to meet these needs, using the Looking After Children framework, as well as to complete documentation and to provide the child and family with a copy of the LAC documents
- ensure all children in out-of-home care have a plan that supports their cultural identity
- ensure the cultural rights of children are upheld
- provide cultural information and support to carers to ensure culturally competent care
- be clear with families what the Child Protection concerns are and what is required for change before the children can return home
- assist families to understand that the source of their problems does not solely belong within the family but is part of a history of dislocation and loss
- support Aboriginal child rearing practices
- and/or other family members
- accurately update and maintain client files and records
- respect the child and their family’s right to privacy
- ensure the child’s connection to family and Community are maintained by:
  - actively engaging and empowering the child’s extended family and Community to participate in the child’s care and case plan
  - maximise the child’s opportunities to attend and take part in cultural events and to learn about their culture.
- drive the development and review of cultural plans.

Where Child Protection contracts case management to VACCA, the caseworker will be required to undertake case management responsibilities.
7.3 Contracted case management responsibilities

Child Protection or VACCA can undertake the role of case manager of children who are in a statutory out-of-home care placement. The decision to contract case management responsibilities to VACCA rests with the relevant departmental manager. Where VACCA accepts the management of the case, this is referred to as a contracted case.

Child Protection may contract VACCA to perform some or all of the case management tasks and functions of the statutory case plan with the exception of case plan decision-making and endorsement as Child Protection retains this responsibility regardless of whether the case is contracted or not.

The primary responsibility for a case manager is to coordinate people and services involved in the care and support of children in care to ensure their best interests. Where the case is contracted to VACCA, the caseworker assumes responsibility as case manager in addition to the usual casework practice. The responsibilities of the VACCA case manager will vary depending on the stage and the level of Child Protection involvement, the case plan and the placement type.

For voluntary placements, VACCA will undertake all case management responsibilities in regards to the day to day responsibilities of planning, coordinating and monitoring of the child’s placement and care.

In addition to the casework responsibilities, the role of the VACCA case manager may include:

- leading the development and a review of the case plan
- leading and coordinating the care team
- coordinating the implementation of the case plan tasks
- monitoring progress of the case plan to ensure that tasks are being completed to meet goals
- managing access
- advocacy
- undertaking direct assessments and interventions
- preparing reports for Child Protection, such as draft case plans and supplementary reports for the Children’s Court.
- completing and submitting the quarterly reports—March, June, September and December to the department.

Aboriginal children and families can expect the VACCA case manager to:

- assess risks, strengths and needs and develop a goal-oriented plan that works to achieve the best outcomes for the child and their family
- facilitate the child and family’s access to services to ensure they are receiving the assistance that they require in a timely way
- implement and regularly monitor the case plan to ensure it continues to meet the needs of the child and their family.

The VACCA client services manual provides information about case contracting responsibilities. Caseworkers are expected to be familiar with the Guide for Aboriginal organisations about case management and the DHS case contracting advice, no 1315 2012 if they have contracted cases.
7.4 Carer

The role of carers, whether kinship, foster care, adolescent community placement or residential care workers, is to provide the same care as any responsible and caring parent would provide for their child.

To do this role well carers will need to be appropriately supported by out-of-home care staff.

The role of our carers includes:

- providing the day to day care and engaging with children placed in care
- providing a stable, safe, nurturing and supportive environment which addresses all aspects of healthy development for children, including their physical, social, emotional, cognitive, cultural and spiritual needs
- promoting and maintaining the connectedness of children with their family and social networks
- engaging parents and families in a manner, which is accepting and respectful of their role, cultural identity and spiritual beliefs
- working with other members of the care team to ensure the safety, development and stability of children
- informing the VACCA caseworker about the child’s progress and any concerns about the placement
- maintaining the child’s confidentiality and privacy and not disclosing personal information in an inappropriate manner.

7.5 Lakidjeka Aboriginal Child Specialist Advice and Support Program

The Lakidjeka ACSASS program operates state-wide (except for Mildura). There is a formal protocol between the department and VACCA in relation to this program. Refer to the Protocol between the Department of Human Services Child Protection Service and the Victorian Child Care Agency Protocol (2002) for more information regarding the protocol.

The role of Lakidjeka ACSASS is to provide an Aboriginal perspective on risk and cultural advice at key decision-making points such as the child being placed in care, placement decisions, access arrangements and returning home. Lakidjeka ACSASS supports all out-of-home care programs in this role. More information about how caseworkers work with Lakidjeka ACSASS on a day to day basis can be found in the program and procedure manuals.
7.6 Therapeutic specialist

A therapeutic specialist from the Aboriginal Children’s Healing Team is assigned to each of the out-of-home care programs at VACCA. This role is vital to supporting caseworkers and carers as well as building capacity and understanding of trauma-informed practice across out-of-home care. The role of the specialist is flexible in the way in which they work with each program and this is negotiated with the program manager. This allows the program to respond to the specific requirements of the program and needs of children, families and carers.

The role of the therapeutic specialist is to:

- develop trauma-informed assessments and therapeutically-informed intervention plans for children in care with the VACCA caseworker
- provide insight and advice to caseworkers and carers regarding trauma, attachment and child development frameworks and specific strategies to sequentially address the developmental needs of children
- provide coaching and mentoring
- support and provide training opportunities
- enhance and support reflective practice.
8. Key case practice requirements

8.1 Case planning

All children placed in out-of-home care must have a case plan. Where a child already has a case plan on entering placement, the plan should be updated by the care team to reflect the critical information about the care of the child and overall planning direction.

In some circumstances (for example where a child is taken into safe custody), a child's case plan will be developed for the first time following the making of an interim accommodation order or protection order.
The stages in a typical planning process for children in out-of-home care will include:

- establishing the overall planning direction for the child
- setting a goal or goals – what is to be achieved
- setting objectives – measurable time defined results
- agreeing on strategies or actions
- allocating responsibilities and timeframes – who will do what and when
- identifying how the results of strategies or actions will be assessed and when
- defining times and methods for review
- agreeing how the process will be completed and closed
- documenting the details – the case plan itself
- monitoring the plan and having contingencies if the plan is not working.

For children in out-of-home care, the overall planning direction will either be family reunification, stable long term out-of-home care or permanent care. Child Protection aims to achieve this by the collaboration and engagement of the child, family and service providers. Undertaking timely assessments and comprehensive and coordinated assistance and support for the child.

The following table provides information about statutory plans that are required for children in out-of-home care and when these plans are required, how they relate to other plans and who is responsible for developing and implementing the plan.
<table>
<thead>
<tr>
<th>Plan type and links to other plans</th>
<th>When plan is required</th>
<th>Description</th>
<th>Who is responsible</th>
<th>Timelines</th>
</tr>
</thead>
</table>
| **Case plan**                    | A case plan must be completed for each child who is on a:  
• supervision order  
• supervised custody order  
• custody to Secretary order  
• guardianship to Secretary order  
• long-term guardianship to Secretary order  
• therapeutic treatment (placement) order.  
• s.166 – 168, Children, Youth and Families Act 2005. | The case plan identifies the overall case plan goal (ie reunification, permanent care or leaving care) as well as all significant decisions and relate to the present and future care and wellbeing of the child, including the placement of, and access to, the child. It outlines the key actions, responsibilities and timelines required for achieving the identified goals. Case plans for Aboriginal children must also include ways to protect and promote their Aboriginality and, wherever possible, build connections to their Aboriginal family and Community. | The Child Protection practitioner is responsible for preparing the case plan. The VACCA contracted case manager is responsible for preparing the draft case plan. The Child Protection practitioner or VACCA contracted case manager leads the coordination, implementation and monitoring of the plan, with input from the care team and Lakidjeka ACSASS. Child Protection is responsible for endorsing all case planning decisions and formally reviewing the case plan, even if the case is contracted to VACCA. | The case plan must be prepared within six weeks of the protection order being made. A copy must be given to the child and parents within 14 days of its preparation. The case plan must be reviewed periodically. A formal case plan review is required before the protection order expires. |
<table>
<thead>
<tr>
<th>Plan type and links to other plans</th>
<th>When plan is required</th>
<th>Description</th>
<th>Who is responsible</th>
<th>Timelines</th>
</tr>
</thead>
</table>
| Stability plan                    | A stability plan is required for a child on a protection order when:  
- the child has been in care for 12 months, if the child is under two years  
- the child has been in care for 18 months, if the child is aged between two and seven years  
- the child has been in care for two years, if the child is seven years of age or older.  

A stability plan for an Aboriginal child must accord with the Aboriginal Child Placement Principle.  
The stability plan provides for the stable, long-term placement and care needs for a child in out-of-home care, including:  
- the most appropriate carer arrangements and court order that best supports the child’s needs  
- matters relevant to the child’s placement and care and any special needs or requirements  
- family contact arrangements with parents and siblings  
- steps to be taken by the carer to meet the child’s health, education, emotional and behavioural development, family and social relationships and identity.  
The Child Protection practitioner is responsible for preparing the stability plan, with input from the care team.  
A stability plan is not required if the Secretary considers that the completion of a stability plan is not in the child’s best interests.  
In these instances a report needs to be prepared for the Court and the child and parents need to be informed within six weeks of making the decision.  
A copy of the plan must be given to the parents of the child and to the child (if aged 12 years or above) within six weeks of its preparation. |
### Plan type and links to other plans

**Cultural support plan**

This is also referred to as the DPS cultural support plan. This plan is part of the child's overall case plan.

<table>
<thead>
<tr>
<th>Description</th>
<th>Timelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>A cultural support plan must be completed for each Aboriginal child placed in out-of-home care on a:</td>
<td></td>
</tr>
<tr>
<td>• guardianship to the Secretary order</td>
<td></td>
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<tr>
<td>• long-term guardianship to the Secretary order</td>
<td></td>
</tr>
<tr>
<td>The VACCA cultural support worker may also be directly engaged by Child Protection to lead the development of the cultural support plan. On completion of the cultural support plan, the Child Protection practitioner or contracted case manager must monitor the child's compliance with the plan.</td>
<td></td>
</tr>
</tbody>
</table>

s. 176, Children, Youth and Families Act 2005.

It is the position of VACCA that a cultural support plan also be developed for any Aboriginal child in out-of-home care on a custody to the Secretary order.

- The Child Protection practitioner is responsible for preparing the cultural support plan, with input from the care team.
- The VACCA cultural support worker may also be directly engaged by Child Protection to lead the development of the cultural support plan.

On completion of the cultural support plan, the Child Protection practitioner or contracted case manager must monitor the child's compliance with the plan.

The VACCA caseworker needs to support the development of the plan and advocate for ongoing monitoring and review of the plan.

The cultural support plan needs to be reviewed and updated regularly, as the child's needs change, according to their age and stage of development.
### 8.2 Care and placement planning

The Looking after Children Framework provides the basis for all planning for the care of children in out-of-home care. There is a set of practice tools that caseworkers are responsible for completing that prompt good practice and guide care planning for all children in statutory out-of-home care. These plans and documents support the implementation of the department case plan.

The following table provides information about the care plans that are required for children in statutory placements, how they relate to other plans and who is responsible for developing and implementing the plan.

<table>
<thead>
<tr>
<th>Plan and links</th>
<th>Description</th>
<th>Responsibilities</th>
<th>Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and placement plan</td>
<td>This plan describes how the child’s needs will be met while they are unable to live with their parents. It covers the seven Looking After Children life areas: 1. health 2. emotional and behavioural development 3. education 4. family and social relationships 5. identity (including cultural identity) 6. social presentation 7. self-care skills. For each life area the plan documents: • the child’s needs • how they will be responded to • by whom • by when • the role of the parents • planned outcomes (including exit and transition planning). The review considers: • actual outcomes of the planned actions • whether previously identified needs have been met or not • what new information has emerged since the last plan/review.</td>
<td>The VACCA caseworker is responsible for leading the development of the care and placement plan, with input from the care team. The first care and placement plan focuses on immediate needs is to be completed within the first two weeks of a child coming into care, and should incorporate an initial review of the cultural support plan. Care and placement plans need to be discussed age appropriately with the child and their input encouraged. Care and placement plans need to consider the child’s strengths and aspirations as well as any problems and difficulties. Plans are to be monitored through supervision. All members of the care team and the young person are to be given a copy of the plan. Reviews are to occur at least every six months.</td>
<td>CRISSP – LAC forms</td>
</tr>
<tr>
<td>My culture, my future, my cultural support journey</td>
<td>This plan has been developed by VACCA for children in our foster care and residential care programs. It includes information about the child and their family, their history and culture. It plans how the child will stay connected to family and culture while in care. It is the VACCA position that all Aboriginal children in out-of-home care have a culture plan to ensure they remain connected with their family and Community while in care.</td>
<td>The caseworker is responsible for developing the plan with input and support from the Cultural Placement and Support program.</td>
<td>VACCA My cultural support journey</td>
</tr>
<tr>
<td>Plan and links</td>
<td>Description</td>
<td>Responsibilities</td>
<td>Forms</td>
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</tr>
<tr>
<td><strong>Therapeutic intervention plan</strong>&lt;br&gt;This plan is part of the child's overall care and placement plan and crisis management plan.</td>
<td>A therapeutic intervention plan describes the actions required to manage the child's behaviours and promote healing. The plan outlines what actions are required, in what situations and by whom. This plan provides the care team with clear therapeutic approaches to the care of the child.</td>
<td>Children in out-of-home care may have individual therapists. In some cases it will be their responsibility to develop a therapeutic intervention plan in consultation with the Aboriginal Childrens Healing Team. The therapeutic specialist from the Aboriginal Children's Healing Team is required to develop the therapeutic plan with the caseworker with input from the care team. The plan is to be updated on a needs basis and as part of the care and placement plan review processes.</td>
<td>Therapeutic intervention plan</td>
</tr>
<tr>
<td><strong>Crisis management or safety plan</strong>&lt;br&gt;This plan is linked to the therapeutic intervention plan.</td>
<td>A crisis management plan is to be developed as part of the therapeutic plan for children in care who exhibit risk taking or challenging behaviours, or are identified as vulnerable to harm or exploitation, as a result of their experience of trauma. The aim of the plan is to manage unsafe behaviours to minimise the level of risk to the child and others and address the underlying causes of the behaviour. This may also relate to risks to the child from others.</td>
<td>A caseworker is responsible for developing the crisis management plan with support from the therapeutic specialist and input from the care team.</td>
<td>Refer to your program and procedure manual for the planning tool.</td>
</tr>
<tr>
<td><strong>Access plan</strong>&lt;br&gt;This plan is part of the child's overall case plan as well as their care and placement plan. Access will be dependent on the conditions of the court order (including the Children's court or Family violence protection orders)</td>
<td>This plan sets out the schedule and conditions of contact between the child and their family members. The contact schedule and conditions for children in statutory placements are determined by the court and guided by the case plan goals. The plan covers contact between the child and their parents, siblings (if they are in another placement) and may include extended family. The plan includes frequency and duration of contact, location, as well as supervision and transportation requirements (as applicable). The plan identifies safety issues that may be present during family contact, such as substance misuse or absconding, and the actions required to minimise the risk of harm to the child, staff and others.</td>
<td>The Child Protection practitioner or VACCA caseworker if the case is contracted is responsible for the development of the access plan, with input from the care team. Members of the care team share responsibility for implementing the contact plan. Refer to specific program manuals for roles and responsibilities as they apply to each out-of-home care program.</td>
<td>Refer to your program and procedure manual for the planning tool.</td>
</tr>
<tr>
<td>Plan and links</td>
<td>Description</td>
<td>Responsibilities</td>
<td>Forms</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td><strong>Individual education plan</strong>&lt;br&gt;This is also referred to as the Individual learning plan.&lt;br&gt;This plan is part of the child’s overall care and placement plan.</td>
<td>This plan is a set of strategies to address the particular educational needs of children in care. It considers:&lt;br&gt;- social, academic and life skills development&lt;br&gt;- school attendance, engagement and retention&lt;br&gt;- student behaviour and progress&lt;br&gt;- transitional needs&lt;br&gt;- alternative activities when a child cannot attend school for a period.&lt;br&gt;The plan details key tasks, individual roles and responsibilities and timelines. It also provides a record of important decisions and actions.&lt;br&gt;The plan might also be used to assess pre-school children’s school readiness, identify any developmental delays that could impact on their successful transition to school and help to prepare them for the transition to school.</td>
<td>Schools are responsible for developing an individual education plan for all students in out-of-home care.&lt;br&gt;The Student Support Group, led by the school and which includes the VACCA caseworker and/or the VACCA education support worker, is responsible for developing the plan.&lt;br&gt;The school is responsible for overseeing, implementing and monitoring the plan.&lt;br&gt;The plan is to be reviewed every six months.</td>
<td><strong>Individual Education Plan</strong></td>
</tr>
<tr>
<td><strong>Life book</strong>&lt;br&gt;The life book supports the child’s cultural support plan.</td>
<td>A life book is a record of a child’s history, significant life events and personal development in words, pictures, photos and documents.&lt;br&gt;A life book documents the child’s cultural journey and growth, assisting them to develop their cultural identity and connect with the past.&lt;br&gt;It is created with the child by their carer and caseworker.</td>
<td>The carer is responsible for gathering photos, art work, awards, special events, family photos, records of fun activities and holidays to develop the life book.&lt;br&gt;The VACCA caseworker is responsible for supporting the carer and child to develop and use the life book.&lt;br&gt;The VACCA caseworker is also required to have direct input into the development of the Life Book by keeping a record of significant events and updating the child’s life story throughout their time in care.</td>
<td><strong>Life book</strong>&lt;br&gt;(hard copy resource)</td>
</tr>
<tr>
<td><strong>15+ care and transition plan</strong>&lt;br&gt;This plan is part of the young person’s overall care and placement plan and the most recent assessment and action record.</td>
<td>The 15+ care and transition plan documents what the young person’s out-of-home care team have agreed to do in providing good day-to-day care for the young person as they grow and mature through their adolescence.&lt;br&gt;It also documents how they are supporting the young person to prepare for the future and make a successful transition to adulthood.</td>
<td>The VACCA out-of-home care caseworker and care team are responsible for the development of the 15+ care and transition Plan. The case manager should make a referral to the Aboriginal Leaving Care Program for them to provide support to develop the 15+ care and transition plan.</td>
<td><strong>15+ care and transition plan</strong></td>
</tr>
</tbody>
</table>
8.3 Care team coordination

At the point of placement, a care team needs to be established to facilitate collaboration between professionals to provide the widest possible assistance to a child and family in accordance with the Best Interests principles of the Child, Youth and Families Act 2005.

The composition of a care team will vary depending on the specific issues and needs of the child and family, however it will always include the Child Protection practitioner, VACCA caseworker, the child’s carer and parents (as appropriate). It prompts all parties involved to consider the things a good parent would consider when caring for their own child.

Roles and responsibilities of all members of the care team are clarified.

Members of the child’s care team need to meet as regularly as required by the circumstances of the child and family. This may be as frequently as fortnightly in intensive situations and where urgent action is required within short timelines. At a minimum the care team should be assembled every three months to exchange information, review progress and coordinate actions towards the goals and intended outcomes for the child as identified in the case plan.

The care team should participate in the statutory case plan meeting following the making of a protection order. The following table answers common questions from caseworkers about care teams.

<table>
<thead>
<tr>
<th>Who is responsible for coordinating the care team?</th>
<th>The care team is usually coordinated by the Child Protection practitioner or VACCA caseworker if the case is contracted, unless otherwise negotiated. The caseworker is also responsible for voluntary placements where Child Protection is not involved.</th>
</tr>
</thead>
</table>

| What does coordinating the care team involve? | Coordinating the care team is part of case management responsibilities which involves:  
• leading the development, implementation and review of the case plan  
• scheduling and chairing the care team meetings  
• taking minutes and distributing minutes to care team members (unless otherwise negotiated with the care team). |
| --- | --- |

<table>
<thead>
<tr>
<th>What if the child’s parents don’t want to be part of the care team?</th>
<th>The parents do not have to be part of the care team. However parents need to be encouraged and made to feel welcome and comfortable to participate given the importance of families contributing to decision-making about their children.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How often should the care team meet?</th>
<th>The frequency of meetings will be determined by the needs of the child and their family and may change throughout involvement. At a minimum, care team meetings should occur at least once every three months.</th>
</tr>
</thead>
</table>

| What if there is a disagreement between care team members? | Disagreements between members of the care team may arise at times. It is important that people have the opportunity to discuss their points of view in a respectful manner. The focus must always be on what is in the child’s best interests and in line with the case plan. Any unresolved issues need to be managed up to the program manager. |
## 8.4 Rights of the child

Where children are placed in VACCA out-of-home care staff have a responsibility to ensure children are aware of their rights and their rights are maintained and protected. This is a critical case task that is part of all case planning, care and placement planning and supports provided to the carers and the placement.

Staff will provide children in out-of-home care with a copy of the *Charter for children in out-of-home care* and talk with them about what these rights mean, as age and developmentally appropriate. This charter lists the rights children can expect in care, from their carer and out-of-home care service provider. Staff will ensure children understand that they have the right:

- to be safe and feel safe
- to stay healthy and well and go to the doctor, dentist or other professional for help when they need to
- to be allowed to be a child and be treated with respect
- to feel proud and strong of their Aboriginal culture
- to have a say and be heard
- to be provided with information
- to tell someone they are unhappy
- to know information about them will only be shared in order to help people to look after them
- to have a worker who is there for them
- to keep in contact with their family, friends and people and places that matter to them
- careful thought has been given to where they live so they will have a home that feels like a home
- to have fun and do activities that they enjoy
- to be able to take part in family traditions and learn about and be involved in cultural and religious groups that are important to them
- to be provided with the best possible education and training
- to be able to develop the life skills to grow up to be the best person they can be
- help in preparing them to leave care and support after they leave care.

The *client services manual* provides information and guidance in how to maintain and promote the rights of the child while they are in our care.
Rights and cultural responsibilities

Part of the caseworker’s role is the responsibility to ensure the cultural rights of children are maintained and nurtured. The client services manual describes the cultural rights of children and how they are to be protected by staff in their care and contact with them.

It is important caseworkers are aware that with cultural rights, there are also cultural responsibilities. Learning about cultural responsibilities is an important part of the child’s development and identity. This information and knowledge, is usually given by a more senior Aboriginal person or Elders. Caseworkers will need to identify appropriate people to be able to speak with children about the responsibilities of all Aboriginal people to their family and Community.

Some of the cultural responsibilities Aboriginal children will need to learn are:

- a deep respect for Community Elders and their significance in the Community
- an understanding of Aboriginal symbols such as the Aboriginal flag
- the importance of attending cultural and Community events
- cultural forms of expression
- respect and value for Country
- kinship responsibilities, values and practices such as the responsibility of caring for family and looking after young people
- the importance of Community and social relationships and to help others in need.

There are many more responsibilities children will learn if opportunities are created for them to connect with their Elders.

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1Hess and Proch, 1993
2Maluccio, Fein & Olmstead, 1986
8.5 Access

It is important for children to have regular access (also referred to as family contact) with their families. Particularly where the plan is for them to be reunified with their parents and for the child’s sense of wellbeing.

There is a strong link between parents’ visits and the child’s self-concept and feelings of wellbeing. Visiting reassures children that their parents want to see them and have not abandoned them. It also helps children experience and work through feelings stirred by the separation, allowing developmental gains5.

Even if the child is highly unlikely to return to live with parents, they continue to belong to them. This is particularly true when there is uncertainty about where they will grow up and the feeling that they belong to nobody. Regardless of the outcome, their sense of roots and heritage is theirs to keep6. Family contact can help reassure the child and provide a greater sense of stability beyond the placement and contribute to placement stability.

Where children are not in the same placement, access provides an opportunity for siblings to spend time together, providing a sense of stability and belonging. For many children, their siblings are their most consistent and long-term relationship.

For an Aboriginal child, learning about culture is part of their development. They rely on others, most importantly their parents, family and Community, to teach them about culture. Without these connections the child may develop a negative self-image, and be reluctant to identify. Children who are strong in culture and connected to their Community are more likely to develop confidence, resilience and a positive identity.

For children in out-of-home care relationships with their parents, siblings and other family and friends creates opportunities for them to learn about their culture, be part of family traditions and celebrations and strong ties for the child. This helps the child to develop a strong and positive identity and lifelong relationships.

Access can help parents see they an important ongoing role in their children’s lives. Parents who feel they have no ongoing role may allow contact with their children to lapse.

Contact with parents or extended family can be difficult for children in care due to trauma related to their experience of abuse or neglect, and to their experience of separation from their family. Children can have mixed feelings about seeing their family and then returning to care. The caseworker needs to support children, families and the carer to deal with this experience.

Careful planning needs to occur if access is to be successful. This includes consideration of court requirements, safety concerns, the child’s needs and wishes as well as the family and carers’ circumstances.

Access arrangements need to be flexible and reviewed on a regular basis. Where issues arise, prompt action is needed to manage the impact on the child.
### What is access?
Access is defined under s. 3 of the *Child Youth and Families Act 2005* as the child’s contact with a person who does not have the day-to-day care of the child and can occur through:
- a visit by or to that person, including attendance for a period of time at a place other than the child’s usual place of residence
- communication with that person by letter, telephone or other means.
Access is between the child and their parents, siblings, aunties, uncles, cousins, grandparents and other significant adults. Access does not include the child’s contact with their friends. Access can include overnight stays.

### What is the purpose of access?
The purpose of access is to:
- enable the child to maintain, or re-establish, a strong connection and positive relationship with their parents and siblings while they are in care (as long as it is in the child’s best interests)
- support the child to stay within their family circle
- help strengthen and build the parent’s capacity to take care of their own child so that the child is able to return home safely
- support and plan for reunification
- ensure the child continues to be connected with Community and culture.

### Who develops the access plan?
The Child Protection practitioner or VACCA caseworker if the case is contracted will lead the development of the access plan informed by the care team and conditions on court orders.

Roles and responsibilities of care team members, for example supervision and transportation, are determined within the care team.

### Who decides the conditions of access?
When the child is a statutory placement, the access conditions will be set out in the court order. The goals identified in the child’s case plan will also guide the access arrangements.

When the child is in a voluntary placement, access arrangements will be worked out between VACCA, the family, the child (where appropriate) and the carer.

### When does access need to be supervised?
Access needs to be supervised when it is a condition of the court order. This decision is based on Child Protection’s assessment that the level of risk to the child would be unacceptable should they be left unsupervised, even for a brief period, as a result of their parent’s actions or inactions.

Such risk may include the parent fleeing with the child, where the parent’s capacity to appropriately care for the child is impaired.

Access may also be supervised where a child has expressed a wish to have a third party present.

### Who supervises the access?
If access needs to be supervised, the care team will decide who will undertake this role. Any person nominated to supervise access must be endorsed by Child Protection.

Access may be supervised by the VACCA caseworker, VACCA access worker, Child Protection, the carer, a family member or an independent person, who has been assessed as suitable.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is an access plan required for a child in a kinship placement?</td>
<td>Yes. Children in kinship care need to have access with their parents, siblings, extended family and other significant people in their lives. An access plan is required to detail the frequency and duration of contact, where contact will take place as well as who will be responsible for transporting the child and supervising access, if required. Children in kinship care may be on a court order, in which case the access arrangements will be set by the court. It is also important that the parent's attendance, interactions with the child and presentation at access is documented, to be considered as part of the case plan review.</td>
</tr>
<tr>
<td>Is an access plan required for a child in a voluntary placement?</td>
<td>Yes. Children in a voluntary placement need to have access with their parents, siblings, extended family and other significant people in their lives while they are in care, unless this is for a short period of time. An access plan is required to detail the frequency and duration of contact, where contact will take place as well as whom will be responsible for transporting the child.</td>
</tr>
</tbody>
</table>
| What do I need to consider when planning access?                        | If you have case management responsibilities, you need to be aware of your responsibilities as outlined in the Child Protection practice advice on access. When planning for access you will need to consider:  
  • the types of access arrangements  
  • who can have contact with the child and who is not permitted to have any contact  
  • level and form of supervision required (if any)  
  • expectations of person facilitating the access  
  • termination of access  
  • logistical and practical arrangements – eg time, duration, location, transport arrangements, equipment, financial matters  
  • additional needs of the child or family member attending access – eg disability, use of an interpreter  
  • safety planning where risk issues are identified – eg drug or alcohol, violence and aggression issues  
  • contingency arrangements  
  • any other considerations to ensure contact is safe, positive and meaningful for the child. |
| What do I need to do to set up an access visit?                         | This depends on the roles and responsibilities you have been assigned in the on the access plan. You need to be familiar with the access plan and your specific role.  
  If you are responsible for transporting the child or supervising the access, you need to know:  
  • who the child will be having contact with  
  • how often contact is to occur and for how long  
  • where contact is to take place (or not to take place) – eg carer’s home, at the birth parents’ home, other location  
  • when transporting the child, whether a child seat is required  
  • how the parents or family members intend to get to access and whether you have a direct role in transporting them or arranging public transport fares. |
| **How do I prepare a parent for access?** | You can help a parent prepare for access by:
• discussing their plans for the visit
• talking through some of the questions a child might ask them
• talking about their feelings about access and how they might react to various situations and manage the child’s behaviour
• giving the parents some age-appropriate ideas about what to do during the contact to strengthen their relationship and get the most out of the experience.
Access provides the opportunity for parents to strengthen their capacity to take care of their own child. You can support parents to increase their confidence in this role by being encouraging and giving positive feedback. Contact needs to be a rewarding and relaxed experience for both the child and parent. |
| **What do I need to do after access?** | This depends on the roles and responsibilities you have been assigned in the access plan. You need to be familiar with the access plan and your specific role. If you have not had a direct role in facilitating the access, you need to obtain feedback from:
• the access facilitator (ie person transporting the children/parents and/or supervising the contact)
• the carer – their observations of the child’s presentation following contact
• the parents – their comments and questions
• the child (where age appropriate) – their experience, wishes and feedback.
You will need to record feedback about access and share information with the care team.
If you have supervised the contact, you need to:
• document your observations of the child and family during the contact
• provide information and feedback to the caseworker/care team
• advise the carer on returning the child home if there were any issues that may impact on the child’s behaviour. |
| **What if a carer allows the parents to visit outside of the agreed access plan?** | Depending on the nature of their relationship with the family, a carer, particularly a kinship carer, may agree to a more flexible access schedule. Where this is in the child’s best interests and as long as it continues to comply with relevant conditions (eg supervision arrangements) this can occur. Carers need to inform caseworkers of all contact that is occurring to ensure that this is in line with the case plan.
Where this occurs, the access plan may need to be reviewed and updated to reflect and record the changed access schedule to ensure the care team are aware of all contact that is occurring as this may impact on the current case plan.
If it is not seen as in the child’s best interests then this needs to be discussed with the carer. Where the child is placed in situations where they are at risk of harm the department must be notified. |
| **Can a child have access at cultural events?** | Yes. Supporting and promoting the child’s Aboriginal identity means participating in cultural activities and Community events. Access at cultural events is a great way to encourage parents to jointly participate in cultural activities, provided it is safe to do so. |
**What do I do if the carer tells me that access upsets the child and they are hard to settle afterwards?**

Children are likely to experience a range of emotions after spending time with their parents and then returning to placement. Children might be upset, angry, confused or ashamed following contact and may express their feelings through their behaviour. Kinship carers and children in kinship care can experience additional challenges and issues following access. Past and present trauma can exist for kinship carers who are often caring for their vulnerable and traumatised children.

This does not mean that access should not happen, but it does mean that the child will need support from their carer to express and process their feelings. You will need to provide support and guidance to the carer to help them to meet their responsibility in supporting the child through contact. The therapeutic specialist will also be able to provide the carer with strategies to manage the child’s feelings and behaviours that may result after contact.

**What do I do if a parent doesn’t show up for access?**

It is very difficult for children when their parent does not show up for access. The caseworker will need to contact the parent to find out why they have not attended access and discuss these issues and impact on the child. The caseworker will need to document the circumstances, including the impact on the child.

The caseworker will also need to provide advice and guidance to the carer about how best to support the child where a parent does not show up for contact.

The caseworker, with the support of the care team, may need to review the access plan if a parent regularly fails to turn up for access, in order to minimise the impact on the child. This may include a condition that the parent confirm their attendance on the day of access prior to attendance or that the parent arrive at the access location prior to the child being collected from their placement to minimise the impact on the child.

**What do I do if I have concerns about a parents’ behaviour during access?**

The person supervising or observing the access will need to assess the level of risk and the likely impact on the child, in consultation with your team leader. Prompt action may be needed to reduce the likelihood of the situation escalating. This may require the parent being advised to cease the concerning behaviour and let them know the consequences if the behaviour continues.

Where it is assessed that the child is at immediate and significant risk of harm the access can be suspended or terminated. See answer to next question.

**Am I allowed to stop an access from occurring or continuing?**

Yes, although terminating access is to be considered as a last resort. Wherever possible you should try to work with those involved to reduce presenting risk factors, and seek guidance from your team leader where necessary.

Access may be terminated or withheld only where it is assessed that the child would be at significant risk of harm should the contact proceed or continue, or where the child has expressed that they do not want to attend access.

Where access has been suspended or terminated, you must notify the Child Protection as soon as possible, and with the care team, review existing access arrangements to determine any necessary changes required for future access arrangements, including a possible variation to the court order.
8.6 Managing unsafe behaviours

Unsafe behaviours are behaviours that are severe or dangerous in nature and which can cause serious harm to the child, others or property.

It is important staff take the time to learn about the children, including how they interact with others and signs that they are not coping. Examples may include the child becoming non responsive and withdrawing from social interactions, an escalation in their levels of anger and aggression, sleeping and eating disturbances, difficulties with school work or disengagement from school.

As you get to know the child, you will become more attuned to changes in a child’s mood and affect, and triggers that might escalate their unsafe behaviours. Having a thorough understanding of the child requires good communication amongst the care team and a collaborative approach to working together.

The VACCA unsafe behaviours policy is under development and will support staff in responding effectively when a child exhibits unsafe behaviours including:

- absconding
- self harm and suicide ideation
- problem sexual behaviour
- substance and alcohol abuse
- violence, aggression, bullying and threatening behaviour.

8.7 Meeting children’s educational needs

For children in out-of-home care caseworkers will need to be familiar with the Out-of-home care education commitment (partnering agreement) that outlines the role of schools and case managers from Child Protection, and community service organisations such as VACCA. The objective of the agreement is to improve the outcomes for children.

The partnering agreement:

- outlines strategies to support the educational issues and social needs of children in out-of-home care during the years they attend school, including flexible learning options
- promotes common practice across Victoria and provide a framework to monitor educational engagement and achievement more closely
- provides guidance about key areas in which support for children in out-of-home care is required, including school enrolment, transition planning, attendance and engagement, achievement, case planning and school retention
- outlines a process of implementation of the partnering agreement monitor outcomes.

The partnering agreement provides caseworkers with information about our role in student support groups. The student support group aims to ensure that those with the knowledge and responsibility for the child work together to support engagement, attendance and achievement, and establish shared educational and social goals through development of an individual education plan. The school support group will meet and review the plan on a regular basis according to the needs of the child and this will be at least twice a year.

Caseworkers will need to refer to their program and procedure manuals for more information about their role and the role of education support worker’s in the development, implementation and monitoring of individual education plans for children in out-of-home care.
9. Child safety and wellbeing

9.1 Critical incidents

VACCA is committed to protecting the safety and wellbeing of Aboriginal children and families. This requires staff to respond to and report critical client incidents according to the VACCA critical client incident policy.

This policy outlines the roles and responsibilities of staff in reporting and responding to critical incidents that involve or impact on clients during our work with them. It has been developed in line with the department’s critical client incident management instructions.

These processes outline the management and reporting requirements regarding incidents or alleged incidents:

- that involve or impact upon their clients
- which occur at the service or during service delivery.

Out-of-home care programs must report all critical client incidents involving children in their care, regardless of where and when the incident occurred.
All staff must also be familiar with the critical client incident policy and procedures which outline agency responsibilities when reporting critical client incidents to the department. As reporting requirements may vary across programs, in terms of specific roles, it is important that staff read the specific program and procedure manuals relating their area of work for additional procedures relevant to managing critical incidents.

**Critical incident category**

There are two categories of reportable critical incidents. Consideration is to be given to the actual or apparent impact for the child and to the likelihood of recurrence.

A category one incident is an incident that has resulted in a serious outcome such as a client death or severe trauma as outlined in the department's critical client incident summary guide and categorisation table. If a child is admitted to hospital as an inpatient as a result of a physical or sexual assault, accident, sudden illness, injury, significant self harm (including harm to self and others) or possible overdose, the event would be reportable as a category one incident.

All category one incidents must be reported to the appropriate manager or on-call manager immediately.

A category two incident involve events that threaten the health, safety and/or wellbeing of clients or staff. Examples might include:

- a child whose whereabouts are unknown and there is concern for their or others’ safety and welfare
- damage or disruption to property that impacts on other children in care
- a neighbourhood incident as the result of a child’s actions and/or illegal activities
- assault of, or by, a child in care that results in presentation at a hospital emergency department.

**Critical incident type**

Critical client incidents are classified by type as defined in the department’s critical client incident summary guide and categorisation table.

It is not feasible to list every possible incident that may occur, and it is expected that staff will use their professional judgement and consult with their managers and team leaders.

It is important that all critical client incidents are recorded on the client’s electronic and hardcopy file. This information is used in making decisions about individual cases. It is also an opportunity for care arrangements to be reviewed with regards to ensuring a safe environment for the child and carer.

Further guidance and advice can be obtained by contacting the divisional local engagement officer, or accessing the funded agency channel.
Allegations of physical or sexual assault

The Responding to allegations of physical and sexual assault departmental instruction 2005 outlines the requirements for managing and reporting allegations of physical and sexual assault that involves or impacts upon clients. These instructions must be followed in conjunction with critical client incident reporting process. All allegations of physical and sexual assault will be reported to the police. Staff will consult with their team leader or manager prior to making this report.

The instructions apply to all children in out-of-home care, where the alleged assault is of a:

- child in care by a home-based carer (or member of their household), a residential care worker or staff member
- child in care by another child in care
- child in care by a visitor, family member, other non-staff member or member of the community
- foster carer, kinship carer, residential care worker, staff member, visitor, other non-staff member, or member of the community by a child in care.

All allegations of physical or sexual assault by a carer, member of the carer’s household or staff member are to be classified as a category one critical incident and action taken immediately to ensure children’s safety while an investigation occurs.

Where the alleged victim and the alleged perpetrator reside, attend, or work in the same setting, special requirements will apply as outlined in the departmental instruction.
9.2 Quality of care concerns

Quality of care concerns relate to allegations of mistreatment of a child in care by their carer. Quality of care concerns are serious and can range from poor quality of care through to allegations of physical and sexual abuse of a child in care. Quality of care concerns in out-of-home care are critical incidents. Any quality of care concern must be reported to the department as a critical incident.

Departmental guidelines for responding to quality of care concerns in out-of-home care have been developed to ensure that quality of care concerns relating to carers are responded to in a consistent and timely manner.

Caseworkers need to be familiar with the Guidelines for responding to quality of care concern and provide copies of the following documents to carers to ensure they fully understand their responsibilities.

- Concerns in out-of-home care - Info for out-of-home carers.

Quality of care concerns relating to children in care can be raised by any person, including the children themselves, the department, community service organisations, police or via a query from the Commission for Children and Young People.

Quality of care concerns apply to:

- children currently in out-of-home care
- adults who have left care who report quality of care concerns from their past experience living in care as a child
- home-based carers, kinship carers or respite carers who reside interstate but provide care for a child involved with the Victorian Child Protection system (particularly relevant for agencies delivering services in areas that border other state boundaries)
- residential care workers in paid employment with VACCA.

Staff are expected to use their professional judgment, and consult their team leader or manager, to determine when an issue needs to be responded to and reported through the quality of care concerns processes. The response to allegation of abuse and neglect may or may not involve the police. A key consideration will be the potential for the issue to adversely impact on the child’s safety, stability and/or development, in the context of their age, stage of life and their culture and gender.

It is important that when making any decisions about placement changes for an Aboriginal child, significant weight is placed on maintaining the child’s connection to their culture and Community, particularly where the outcome involves a placement outside the Aboriginal Community.

Managers have a responsibility to address non-critical incidents relating to carers or staff.

We acknowledge that it can be a highly stressful time for carers and staff when a concern is raised about the quality of care being provided. The safety and best interests of children in care will always be paramount in all quality of care decisions. However, it is important that carers and staff are treated fairly, honestly and with respect.

The rights of carers to information, timely processes and natural justice must be respected. In addition, the carer’s need for support and information throughout the process is to be recognised and, as far as possible, accommodated.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is a ‘quality of care concern’?</strong></td>
<td>A quality of care concern is defined in the department guidelines as ‘any concern about a child’s safety, stability or development within their out-of-home care placement.’</td>
</tr>
<tr>
<td><strong>Does it just relate to allegations of abuse or neglect?</strong></td>
<td>No. A quality of care concern might relate to poor quality of care or be something that is of concern but which could escalate quickly without appropriate intervention, so you need to be proactive when an issue emerges. As soon as you become aware of any issue, you need to discuss this with your manager and work out what is the best way of responding to the issue. Abuse or neglect in care can relate to any action or inaction by a carer that places the child at significant risk of physical, emotional or sexual harm and/or that endangers their health or development. In this case, you must discuss your concerns with your team leader or manager as a matter of urgency. Any allegations of abuse in care must be reported to Child Protection. While Lakidjeka ACSASS will be notified by the department of any quality of care concerns, it is a courtesy of the caseworker to advise Lakidjeka ACSASS. If you first become aware of the concern after hours, you must contact the on-call manager.</td>
</tr>
<tr>
<td><strong>If I suspect a child has been abused or neglected in care, should I raise it directly with the carer?</strong></td>
<td>No. You need to discuss it directly with your manager as a matter of urgency. The Lakidjeka ACSASS and Child Protection will manage any issues of suspected abuse. If it becomes a criminal matter, then the police will be informed.</td>
</tr>
<tr>
<td><strong>What if it was just a one-off incident?</strong></td>
<td>It doesn’t matter. You must disclose to your manager any allegation of abuse and neglect in care, regardless of whether it is the result of a single incident or the cumulative effect of many episodes over a period of time.</td>
</tr>
<tr>
<td><strong>What if the carer is sorry and says it will not happen again?</strong></td>
<td>It doesn’t matter. Regardless of the carer’s response to the alleged abuse, you must disclose information to your manager.</td>
</tr>
<tr>
<td><strong>Will the child be removed from their placement if the allegation is found proven?</strong></td>
<td>It is possible but not always necessary. The child’s safety, wellbeing and development will be always the paramount consideration in any decision about where the child is placed.</td>
</tr>
<tr>
<td><strong>Does the incident need to be recorded on the child’s file?</strong></td>
<td>Yes. The incident must be recorded on the critical client incident report form and put on the child’s file.</td>
</tr>
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</table>
10. Recruitment, assessment and support of carers

10.1 Recruitment and assessment

VACCA is committed to the recruitment of Aboriginal carers for our children as a first priority. Under the *Working with Children Act 2005*, VACCA has a legal obligation to protect children by ensuring that people who care for them have their suitability checked by an authorised body.

Before approving, employing or engaging foster carers and residential care workers, VACCA is legally required to assess their capacity to provide appropriate care.

As a minimum, foster carers and residential care workers approval process must include:

- evidence of identity and qualifications
- carer register disqualified carer check
- *working with children check*
- *police record check*
- assessment of carer competencies (including cultural competency), skills and personal attributes, using the approved tools
- direct contact with three referees
- pre-existing injury and/or health check
- home environment inspection (for home-based carers)
- registration on the carer register.

The placement of a child in out-of-home care cannot occur until the completed police record check and any referee checks have been assessed and clearance given.

Extended Care Program

Undertake assessments of potential foster carers. Completed assessments are presented to the carer accreditation panel for approval. Carers are reviewed annually.

Aboriginal Adolescent Community Placement House

Undertake assessments of potential carers including respite carers for the house. Completed assessments are presented to the carer accreditation panel for approval. Carers are reviewed annually.
Aboriginal Kinship Care Program

Kinship carers are identified and assessed by Child Protection prior to contact with VACCA. Kinship staff undertake the initial assessment (Part A) of potential respite carers, long term assessments (Part B) with Child Protection and the annual review of carers (Part C). They also undertake permanent care assessments of kinship carers (Part D). Kinship carers are not required to be on the carer register or have a working with children check.

Permanent Care Program

Undertake cultural assessments of potential non-Aboriginal permanent carers, where the child’s case plan is for them to transition into permanent care. Completed assessments are presented to the carer accreditation panel for approval.

The kinship care program also undertakes assessments of kinship carers, referred to them by Child Protection and who are already in the program, and wish to become the child’s permanent carers.

Residential Care Services

Undertake assessments of potential residential care workers in line with the VACCA recruitment and selection policy.

Carergiver assessment panel

The carergiver assessment panel is made up of Aboriginal people who have knowledge of Child Protection and the foster carer system and an understanding of the issues for Aboriginal children. Other panel members include:

- a representative from the department
- a current home-based carer
- the executive manager, or delegate, of the Community Care Program
- a representative from the Aboriginal Childrens Healing Team.

The panel, along with the assessor, make decisions about:

- the age and sex of children the carers would be most suited to care for; and
- the type of care the carer is approved for, including:
  - respite
  - short term
  - long term
  - permanent care.

The panel has ultimate responsibility for approving and registering carers, and re-registering carers following their annual review. Ideally, the panel meets every 4-6 weeks.

Approval of foster carers is granted for a period of 12 months. Foster carers must be reviewed annually, and the decision to allow the carer to continue must be endorsed by the panel.
Department carer register

The Children, Youth and Families Act 2005 requires that the department keep a register of foster carers to provide increased protection to children residing in out-of-home. This register includes:

- foster carers
- residential care workers (all rostered workers including permanent, part-time, casual and temporary agency staff).

VACCA is responsible for notifying the department of all carers approved, engaged or employed to provide care, as well as all carers who cease to be approved, engaged or employed as an out-of-home carer.

Designated staff across VACCA out-of-home care programs have been assigned the responsibility to liaise with the department to keep the carer register up to date. Please speak to your team leader or manager about who is responsible for this task in your program.

Checks on disqualified carers

The Children, Youth and Families Act 2005 also requires that the department keep a register of all carers that have been disqualified or are under investigation.

In recruiting and assessing new foster carers and residential care workers it is mandatory for out-of-home care providers to complete a disqualified carer check before a carer can be fully approved.

Designated people across VACCA out-of-home care programs have been assigned responsibility to undertake these checks. Please speak to your team leader or manager about who is responsible for this task in your program.

Carer recruitment strategy

VACCA has a carer recruitment strategy that includes an ongoing campaign to identify and recruit foster carers. The strategy outlines our objectives and the actions required to help build and retain adequate numbers of carers for children in our care.

Recruitment of carers occurs through Community networks, information nights and advertising through Communities, Centre for Excellence, newspapers, radio broadcasts and various Community cultural events such as Aboriginal markets and festivals.

It is important all staff across VACCA are aware of the strategy and their individual responsibilities in undertaking actions identified within the strategy. These may include tasks such as:

- encouraging interested family and members of the Community to complete an application to become a carer
- promoting VACCA’s out-of-home care programs through participation in Community events and networks
- support potential carers through regular, one-to-one information sessions.
10.2 Carer support

Providing a high quality care environment

Staff supporting VACCA home-based carers play a key role in ensuring the highest quality of care is provided. Our care environments will:
- ensure better outcomes for children
- ensure culture is valued and respected
- provide opportunities for training and professional development
- provide appropriate, responsive support to carers and children in these placements.

It is staff’s responsibility to ensure the child’s safety, stability and developmental needs are met, to monitor and support the placement and ensure the carer is appropriately supported and empowered. While the frequency of contact and level of support needs of carers will vary by carer and circumstance there are common tasks that will need to be undertaken in the support of home-based carers.

Staff will undertake the following responsibilities to support carers and placements:
- build open, supportive, transparent and culturally sensitive relationships with the child and carer
- actively seek the views of children regarding their care and ensure there are regular one on one meetings with them
- give carers clear information about their role and responsibilities in caring for children to ensure they fully understand what is expected of them
- maintain regular contact
- respond to issues respectfully and in a timely manner
- ensure decisions and actions outlined in the case plan and care and placement plan are implemented
- provide support to the child and the carer to assist the ongoing development of healthy relationships within the household
- assist the development of positive relationships between the carer and child’s parents, where appropriate
- help facilitate positive access between the child and their family
- assist the carer and the child’s family to establish and maintain regular contact with the child’s school or pre-employment program - at least once per school term
- assist the carer and child’s family to establish links with support services as required and to develop self-managing networks
- assess and identify carer learning needs and link to appropriate training and support.
- provide support and debriefing after any critical incident or stressful episode, as identified by any party.
Training and professional development

VACCA is committed to training and supporting carers to ensure that children are provided with a nurturing and healing home environment and that their cultural identity is maintained and strengthened while in care.

To ensure our carers are able to provide high quality care they are required to undertake mandatory training (except for kinship carers) and are supported to attend other training opportunities as they arise.

Foster carers, including carers at the Adolescent Community Placement House and residential care workers are required to undertake mandatory training and professional development for their caring role. Non-Aboriginal staff and carers are also required to undertake cross cultural training.

Kinship carers are not required to undertake mandatory training. However the Kinship Care Program through the formal kinship care gatherings provides informal training via guest speakers and staff presentations. The Kinship Care Program also provides information to carers about training opportunities and workshops as they arise. There is a state-wide program available to kinship carers that they are encouraged to attend.

For more information about the specific training modules and courses carers undertake please refer to the appropriate relevant manuals.

Aboriginal Childrens Healing Team

Out-of-home care programs across VACCA have the support of the Aboriginal Childrens Healing Team. This team provides a reflective space for carers and caseworkers assisting them to respond therapeutically to the child’s trauma and their associated behaviours and feelings. Further information is available in the therapeutic specialist section of this manual.

Support for foster carers and kinship carers

It is important out-of-home care staff understand there are key differences between foster carers and kinship carers and that they will have different support needs. Key differences include the following:

• Child Protection locate and contact kinship carers (generally in an emergency) to provide out-of-home care for a child or children in their family or kinship network
• foster carers contact foster care services, after making the decision to become involved in caring
• foster carers are assessed by community service organisations and the department, Child Protection services, assesses kinship carers. The assessment tools used with these carers are different
• foster carers are required to go through accreditation prior to fostering and participate mandatory training, kinship carer are not required to do this
• kinship carers have established relationships with the child and their parent(s) or extended family members prior to the child entering into care
• kinship carers provide care because of their feelings of responsibility and attachment to a child and not out of a decision to become involved in caring
• kinship carer’s personal details and contact information are often known to the child, their parent(s) and/or extended family.

More information about how to support carers and their specific support needs is provided in relevant program and procedure manual.
The carer handbook

The caseworker needs to ensure all carers are provided with a copy of the carer handbook and understand their responsibilities as a carer. The carer handbook provides information to carers about what they need to do in their day to day role to provide care across the 7 domains of

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

Supervision and support for residential care workers

The support and supervision of residential care is different from the other types of carers because they are paid staff of VACCA. See the Residential Care Program manual for a detailed description of the training and support of these staff.

On-call service

VACCA provides an after-hours on-call service for all carers. This support may include:

- managing critical incidents, such as a medical emergency or a child not returning to the placement
- supporting carers in managing a child’s unsafe behaviours.

The on-call service also manages requests for new placements to ensure that children who require a placement after-hours are assessed and matched to a carer.

Out-of-home care staff need to refer to the practice advice set out in each of the specific program and procedure manuals for the relevant contact information and to learn more about how the on-call service applies to their program and area of work.

Debriefing

Carers will require debriefing from time to time to:

- discuss or report issues related to an incident involving the child
- discuss or report issues related to an incident involving them and the child’s family
- receive advice and support to manage children exhibiting challenging or unsafe behaviours, or following a critical incident.

The aim of debriefing is to:

- accelerate recovery
- encourage those affected to process the incident.

Debriefing needs to occur within 3-5 days of an incident occurring. A staff member skilled in debriefing must provide this service. Where this cannot be achieved through the program internally, the carer is to be referred to an external professional.

As employees of VACCA, residential care workers can also access counselling through the Employee Assistance Program. This program engages a team of qualified psychologists and social workers to provide counselling after a critical incident or any workplace or personal issue.

Team leaders are required to inform residential care workers of this program as a staff wellbeing resource and should assist them to access this service, as requested.
The VACCA client services manual provides an overview of legislation, charters and government documents relevant to all client services programs, including out-of-home care programs. Staff need to be familiar with the key legislative and policy frameworks as outlined in the VACCA client services manual.

In addition, there are a number of key frameworks, Government regulations and VACCA policies specific to out-of-home care programs, as outlined below.

11.1 Charters

**Charter for children in out-of-home care**

This Charter was developed by the former Office of the Child Safety Commissioner. It outlines what children and young people can expect from carers and professionals that work with them when they are in care.

The department has also developed a [Victorian charter for children in out-of-home care brochure](#).  

**Victorian charter supporting people in care relationships**

This Charter acknowledges the role of carers in our society. It describes the rights and responsibilities of people in care relationships, and how we can support them.

11.2 Regulations and standards

**National standards for out-of-home care 2011**

The national standards seek to drive improvements in the quality of care so that children in out-of-home care have the same opportunities as other children to reach their potential in life wherever they live.

The National Standards focus on those children whose care arrangements have been ordered by the Children’s Court and who are in statutory placements.

The National Standards are designed to improve the outcomes in health, education, care planning, connection to family, culture and Community, transition from care, training and support for carers, belonging and identity, and safety, stability and security.
Program requirements for home-based care in Victoria 2012

The document set a common benchmark for case practice and care for placement providers of home-based care across Victoria, to ensure a consistent approach to high-quality service delivery.

The requirements are statements of what placement providers of kinship care and foster care need to do in order to meet service expectations. The program and procedure manuals for the programs explain how these requirements are to be implemented.

Program requirements for residential care services in Victoria 2012

This document sets out the program requirements for delivering residential care services in Victoria, outlining the essential pre-requisites for providing a quality service for the children and young people in residential care throughout the state.

The requirements are statements of what placement providers of residential care services need to do in order to meet service expectations. Program and procedure manuals will explain how these requirements are to be implemented.

Program requirements for the delivery of therapeutic residential care in Victoria

This document sets out the program requirements for delivering therapeutic residential care services in Victoria, outlining the essential pre-requisites for providing a quality service for the children and young people in therapeutic residential care throughout the state.

Fire safety standards

Protecting clients from fire risk is an important part of providing out-of-home care. VACCA is required to make certain that persons under its care are appropriately protected from the risk of fire. This includes the development, implementation and review of fire emergency management and evacuation procedures, training of staff and maintenance of fire safety systems.

Department of Human services standards

The Department of Human Services Standards (the Standards) represent a single set of service quality standards for department funded service providers and department-managed services. The Standards comprise the department’s four service delivery standards and the governance and management standards of a department endorsed independent review body. The standards are summarised as:

- empowerment: people's rights are promoted and upheld
- access and engagement: people's right to access transparent, equitable and integrated services is promoted and upheld
- wellbeing: people's right to wellbeing and safety is promoted and upheld
- participation: people's right to choice, decision-making and to actively participate.
11.3 Key protocols and partnership agreements

- [Out-of-home care education commitment 2010](#)

11.4 Key Department policies and guidelines

- [Aboriginal Child Placement Principle guide 2002](#)
- [Aboriginal and Torres Strait Islander cultural support plan guide 2005](#)
- [Family led decision-making](#)
- [Guidance on family reunification](#)
- [Guidance on promoting children’s stability](#)
- [Guidelines for overnight stays for children in out-of-home care](#)
- [Guidelines for consent for participation of children and young people in out-of-home care in school excursions, camps and other non-school activities](#)
- [Guidelines for responding to quality of care concerns in out-of-home care](#)
- [Guidelines for responding to quality of care concerns in out-of-home care](#)
- [Labour hire service procedures: Engaging labour hire agency residential care staff in out-of-home care services](#)
- [Obtaining Medicare cards for children in out-of-home care](#)
- [Critical client incident management instruction 2011](#)
- [Concerns in out-of-home care - Info for out-of-home carers](#)
- [Quality of care concerns in out-of-home care - A guide for carers](#)
- [Concerns in out-of-home care - Info for out-of-home Child Protection and CSO’s](#)
- [Guidelines for responding to quality of care concerns in out-of-home care](#)

11.5 Key VACCA policies and guidelines

All staff need to be familiar with and know how to locate [VACCA policies](#) as they relate to their area of work. All VACCA policies fall under the following key headings within the VACCA organisational – folder. Please click on the hyperlinks to familiarise yourself with the policies within each of these headings:

- [Governance](#)
- [Corporate services (includes finance)](#)
- [Occupational health and safety](#)
- [Human resources](#)
- [Information management](#)
- [Client services](#)
- [Quality](#)
12. Resources

12.1 Department Child Protection practice manual

Overview of placement of children and young people

- Goals and principles for placement
- Aboriginal Child Placement Principle
- Definition and purpose of out-of-home care
- Flowchart of placement in out-of-home care
- Placement types
- Voluntary placements
- Cross border foster care and kinship care placements
- Information sharing in out-of-home care
- Case contracting processes
- Contact by former wards of State/Forgotten Australians seeking information about their time in care

Care and placement planning

- Case planning for children in out-of-home care
- Summary of placement actions and timelines
- Preparing and supporting the child for placement away from home
- Promoting positive emotional and behavioural development
- Supporting a child who must change placements
- Access
- Kinship care and assessment
- Support of kinship carers
- Planning for leaving care
- Permanent care
- Permanent care for Aboriginal children
- Quality of care concerns in out-of-home care
- Impact of separation by age and stage of development
High risk clients - placement issues

- Suicide and self harming behaviours planning and management
- High risk youth - practice requirements
- Clients involved in fire risk behaviours
- Claims regarding property damage by a child placed in home-based care
- Missing person reports
- High risk infants – practice requirements

Health issues

- Administration of medication
- Dental health services for children in out-of-home care
- Authority of CSOs to give medical consent for children in out-of-home care

Delegation and consent

- Participation in excursions, activities and overnight stays with friends
- Interstate and overseas travel

12.2 Department specialist practice resources

- specialist practice resources

12.3 VACCA practice resources

- Client services manual
- Aboriginal Kinship Care Program and procedure manual
- Aboriginal Residential Care Program and procedure manual
- Extended Care Program and procedure manual
- Aboriginal Permanent Care Program and procedure manual
- Koorie Cultural Placement and Support Program and procedure manual
- Aboriginal Adolescent Community Placement House procedure manual
- Aboriginal Leaving Care Program and procedure manual
- Cultural Support Plan program procedure manual
- Aboriginal Childrens Healing Team procedure manual
- Carer handbook
- Aboriginal residential care service handbook

12.4 Forms

- Placement referral record (generated on CRISSP/CRIS)
- LAC essential information record (generated on CRISSP/CRIS)
- LAC care and placement plan (generated on CRISSP/CRIS)
- LAC assessment and progress record (generated on CRISSP/CRIS)
- Critical incident reporting form
- Life Book (hard resource)
- VACCA My cultural support journey
- Individual education plan