

Targeted Care Packages Guidelines

To provide individualised and flexible supports that better meet the needs of children in out-of-home care

Please note: these guidelines are a living document and will be tested and refined during implementation.

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1. Purpose of the guidelines

These guidelines provide information for departmental staff and service providers involved in the development, assessment, approval and implementation of Targeted Care Packages (TCPs). The guidelines will be reviewed at regular intervals.

The guidelines outline the intention and key concepts behind TCPs. However, they do not provide detailed descriptions of all concepts and processes.

Victoria has a long and unique history of government and not for profit service providers working collaboratively to provide services to our most vulnerable children, including those children who require out-of-home care. In continuing this tradition, TCPs are delivered in collaboration between government and service providers.

The guidelines are intended to support a collaborative and child-focused approach to the implementation of TCPs in each departmental operational division. They are also intended to encourage creative and innovative thinking about the ways in which we can most effectively enable children and young people to reduce the need for residential care through the application of individualised care arrangements.

The guidelines are a “living document” and will be revised periodically as we learn more about the most effective approaches to rolling out the TCPs and this new way of working. The revision of the guidelines will be informed by feedback on the process adopted in each departmental division.

2. Policy context

Targeted Care Packages are not a new model of care but they have standalone targets attached to them. They are an opportunity to re-shape the out-of-home care system in a way that ensures more children and young people receive the type of care they need – creating a more innovative, flexible, client-centred care system.

The success of this approach will rest on the ability of departmental staff, placement providers, other service providers, carers and children, young people and their families to work together to develop innovative, creative, placement solutions that respond more effectively to identified need, at the same time as improving the safety and wellbeing of children in care.

Targeted Care Packages have now been operating for over a year. The department is undertaking an evaluation of processes and outcomes for children and young people in packages. Findings from this evaluation will inform future updates of these guidelines.

3. Guiding principles

The following principles underpin the implementation of TCPs:

- Child's best interests – the aim of TCPs is first to achieve better outcomes for children and young people in out-of-home care. All decisions will be focused on the child's best interests, and will involve the application of the Best Interests Principles of the *Children, Youth and Families Act 2005*.
- Care team approach – a “care team” approach to delivering TCPs will be adopted. This will involve participation, where appropriate, of departmental staff, placement providers, children or young people and families, other service providers in decision-making. This approach will also require all individuals

involved in supporting the child or young person to understand the impact of trauma on the lives of children and young people who reside in out-of-home care, and to apply a therapeutic approach when interacting with the child or young person who is being supported by the TCP.

- Creativity – our thinking needs to be creative, flexible and optimistic in order to come up with new solutions. It is a new way of working.
- Collaboration – everyone involved in working with, caring for and supporting the child will need to work together collaboratively and in partnership – treating each other with respect and listening to alternative views.
- Culturally competent – the services and supports a child or young person receives under a TCP must be culturally appropriate. For Aboriginal children in care, this will mean working with Aboriginal organisations to ensure the appropriate links to Aboriginal culture are made. It also means applying the Aboriginal Child Placement Principle, as outlined in the *Child, Youth and Families Act 2005*. Whereby for Aboriginal children and young people who are identified as appropriate for a TCP it is likely that Aboriginal Community Service Organisations will be the preferred service providers for that child or young person. These service providers are likely to be best placed to find appropriate Aboriginal placements and to ensure the maintenance of the child's identity and connection to culture through contact with the child's community.
- Collective impact – the way we approach TCPs should bring together cross-sector organisations to focus on a common agenda that results in long lasting change for children in care.
- Co-design – children, young people, carers and other stakeholders will play an active role in shaping this initiative – as well as the design and implementation of each individual package.
- Connection – positive relationships are essential to the success of TCPs. Where a pre-existing positive connection exists, every opportunity to enhance that relationship should be explored through a TCP.

4. Governance

Statewide governance

A central governance group has been established to confirm that the process within each operational Division is consistent with the above principles. The central governance group is made up of senior representatives from relevant peak bodies, including the Centre for Excellence in Child and Family Welfare; CREATE; the Victorian Aboriginal Children and Young People's Alliance; Foster Care Association of Victoria, Kinship Carers Victoria, each operational Division; and central departmental staff.

This central governance group will also be responsible for monitoring and reporting on the packages (including outcomes for children), guiding the evaluation of the packages, sharing experiences in the implementation of the packages and leading the development of additional documentation around the packages.

Operational Divisional governance

At the operational Divisional level, there will be additional arrangements to facilitate information sharing and communication regarding the packages with and between service providers. This will ensure a consistent and transparent approach to the implementation of packages across the State.

Divisions may choose to conduct local placement panel meetings where interested service providers are invited to discuss the needs of children for whom a TCP is sought. These sessions will be in addition to interested service providers being provided with a de-identified referral form. It is intended that the placement panel will provide additional contextual information about the child, to assist in formulating a proposal for the child or young person.

5. Frequently asked questions

What is a TCP?

A Targeted Care Package:

- Is an allocation of funding and target that is tailored specifically to meet the individual needs of a particular child or young person
- Is attached to a specific child or young person
- Is based on an assessment of that child or young person's needs
- Provides funds that are utilised for one or more clearly articulated supports to meet the child's needs
- Is available for as long as the child needs (subject to annual review) and up to a year after child protection involvement
- Is transparently acquitted and
- Provides an alternative to a residential care placement and provides better outcomes.

Who is eligible for a TCP?

While good quality residential care is an essential part of any effective out-of-home care system, we must ensure that it is used only when it is the most appropriate placement option. Residential care cannot be seen as a default 'placement of last resort', but must rather be used only when it is the best placement option for a child or young person. TCPs are a key strategy that can be utilised to achieve this aim.

There are two groups of children and young people eligible for Targeted Care Packages, those:

1. At risk of entering residential care
2. Currently in residential care

Where a child or young person is in either of these two groups, funding is available for a package for that child or young person. In either of these cases, funding is only available where:

- the existing models of care, or levels of support available, are insufficient to support a successful transition out of residential care and the new care arrangement is judged to provide improved outcomes; or
- the existing models of care, or levels of support available, are insufficient to prevent the child or young person being placed in residential care and the new care arrangement is judged to provide improved outcomes.

Only children and young people subject to a child protection order are eligible for a TCP.

The priority cohorts for TCPs are Aboriginal children, primary school age children, and children and young people with a disability. However, this does not mean that only these children are eligible for a TCP. Any child or young person in residential care or at risk of entering residential care is potentially eligible to receive a TCP.

Who identifies a child as potentially suitable for a TCP?

Any professional involved in the life of a child in residential care or at risk of entering residential care can identify the child or young person as potentially suitable for a TCP. The suitability of a TCP should be considered as a part of any case or care planning process concerning a child in residential care or at risk of entering residential care.

Each division has staff who are responsible for receiving the referral of a child or young person to be considered for a TCP, who will work with that child's care team to develop and implement the TCP.

The availability of TCPs means that one of the key questions that should be considering during the planning and assessment processes for each child or young person in out-of-home care on a regular basis is whether a TCP could be used as an alternative to residential care.

What type of alternative placements can a TCP support?

The alternative placements available to a child or young person through a TCP include, but are not limited to:

- placements with parents
- kith/kin placements
- placements with a registered carer
- independent or semi-independent living
- other care arrangements

A rostered paid staff member as the sole carer cannot be considered under this model

What are the characteristics of a TCP?

TCPs will make sure that children are safe, healthy and living in stable arrangements where they are given the opportunity to participate in and enjoy the things that every child or young person needs for healthy development.

In some circumstances, this could also mean, for example, that supports are provided to a carer to make a placement feasible and sustainable.

The care children and young people receive in any care arrangement supported by a TCP must be targeted to their specific needs. In the case of Aboriginal children or young people, this will mean the identification of culturally specific supports, and the application of the Aboriginal Child Placement Principle, as outlined in the *Children, Youth and Families Act 2005*. Children and young people with a disability will need a full assessment of their care requirements including any special needs to support them to move out of residential care or prevent them from entering residential care.

Further, given the history of abuse and neglect that children in out-of-home care have been exposed to, the care a child receives must respond to the impact of abuse, neglect and separation from family. Professionals supporting the placements should have a sound understanding of trauma, damaged attachment and the developmental needs of children and young people in order to address the impact on each child.

Within a contracting framework, where a key worker is utilised (see description below), they will be the worker who is primarily responsible for ensuring that the care and supports the child (and where relevant, the child's carer) receives are trauma informed and therapeutic in nature.

Given the range of potential placements children in receipt of a TCP may reside in, providers will need to demonstrate a capacity to work effectively with carers and parents. Providers will also need to ensure that their agency and the identified carer meet the relevant program requirements and standards. As part of funding and service agreements with the department, program requirements clearly document essential day-to-day prerequisites for providing a quality service for children and young people. The program requirements should be used in conjunction with these TCP guidelines and other significant program and related documents.

Any service provider supporting children via a TCP will need to demonstrate how they will implement the individualised supports the child requires and how they will transparently acquit expenditure of the package. It is the service provider's role – through the key worker and others – to facilitate these supports and coordinate the services provided to that child or young person.

What is the role of the key worker?

Service providers supporting children via a TCP will usually be required to provide a key worker for each child or young person. The key worker has a pivotal role in the achievement of better outcomes, consistent with the case plan directions and any cultural support plan for the children and young people receiving a TCP whom they are supporting.

The key worker will provide the primary support to the child and their carer(s). Wherever possible they will also provide the case management. The aim is to reduce the number of people children and carers need to work with. This does not mean that the child or carer will only receive support from the key worker. Indeed, it is likely that some form of specialist or other support will be provided for each placement too.

It is expected that the key worker will directly engage and work with the child, their family, carers and others to facilitate changes that support achievement of the child's case plan and the outcomes sought for the child or young person. Key workers are not just case coordinators.

Key workers must also possess an ability to work outside traditional program boundaries, and be supported by their agency to do this. They will also need to be culturally sensitive and make sure that all Aboriginal children whom they support are provided with appropriate cultural supports in line with their cultural support plan.

The form of placement the child is living in, and the child's case plan direction and life stage, does not define the scope of the key worker's role. Key workers are not foster care workers, or kinship care workers, or case managers, leaving care workers or family reunification workers. They are workers with the aptitude and attitudes needed to work effectively with children, families and carers in different settings.

It is expected that each child's key worker will follow and support them throughout the remainder of their care experience. If the child has to change placement within the same agency, it is expected that the key worker will follow them – not refer them to a program specific worker. Similarly, if the child moves home from a foster care placement with the TCP still attached, and the family requires support to maintain the placement, the key worker will provide that support.

Throughout their role in the child's care, the key worker will be responsible for reporting and monitoring the impact of the child's package. It is through this monitoring that the child's care can be improved and then adapted to changes in the child's assessed need.

What can or cannot be purchased via a TCP?

Victorian public servants are accountable for ensuring that resources are utilised in an effective and efficient manner. Within this context, there is one overarching principle to guide decision makers and planners in determining what can or cannot be purchased through a TCP:

Is the item or service that is being purchased needed in order to prevent the child or young person entering a residential care arrangement, or assisting them to move out of residential care?

In the great majority of cases, if the answer to this question is yes, then the item or service can be purchased via a TCP.

However, it must be noted that in cases in which the child or young person has a disability, specific effort should be undertaken to source funding from the National Disability Insurance Scheme, where that child or young person meets the eligibility requirements. In this context, TCPs should not pay for any support funded through disability services.

This principle is intended to encourage departmental staff, service providers and others to be creative in their approach to constructing a TCP. The TCP is attached to a child – it is the means through which a child or young person can be transitioned from an inappropriate care placement to an alternative

placement with stronger life outcomes; or alternatively, to remain with their family or current caregiver situation and prevent them needing to enter residential care.

While this is the case, a number of other principles need to be taken into account, including whether the item or service:

- is consistent with implementation of the child's case plan direction
- is in the child's best interests and supports the achievement of better personal, social or economic outcomes
- is lawful
- offers good value for money – in terms of immediate and/or longer term costs to the community – and is affordable and cost effective
- is available through alternative means.

Funding should not replace or duplicate supports that are already available through other funding sources, including other local, State and Commonwealth government programs. However, this does not mean TCPs cannot be used to purchase health, therapeutic, education or other services that are potentially available through other public programs. In some cases, purchasing such services from private providers will be essential to ensure appropriate quality, quantity and timely delivery of services.

As the use of TCPs develops there will inevitably be additional principles identified to guide their application and the guidelines will be amended accordingly.

Examples of what can be purchased

Applying the principles above, the following examples demonstrate how funding available under a TCP might be applied to support a child to remain either with their family or current caregiver or to transition from residential care to an alternative placement.

The risk in providing any examples is that it implies that the items identified are the only things that can be purchased. They are not. All stakeholders are encouraged to think creatively about a child and their needs, and what will enable them to remain with their current caregiver or move to a placement that will better meet their needs.

Example 1

A sibling group of three currently resides in residential care. A family member is identified who is capable and willing to provide care for the children however, their housing is insufficient to enable their transition. In this case, part of the TCP could be used to rent a larger home for the family to make transition possible. The identified carer may also require a larger vehicle in order to transport this number of children. In this case, part of the TCP could be used to offset the costs of a vehicle lease.

Example 2

A young person in residential care has a case plan that includes a move to the care of his father – with whom he has had only limited contact since the age of three. The transition requires intensive in-home support to ensure the father is able to respond appropriately to the child's behaviour and needs. The TCP is used to meet the costs of this out-of-hours support, as well as pay for a number of activities designed to build the bond between the father and his child.

Example 3

Because of a child's challenging behaviours around bedtime, a carer needs strong support and education in how to establish an effective bedtime routine. In this case, part of the TCP could be used to meet the additional costs involved of the child's key worker – or another member of the child's support team – working intensively with the carer and the child during the evening and on weekends for a period.

Example 4

A young person in residential care has disengaged from school and as a result, there is a need for their carer to be at home full time. In this case, the carer works three days a week and is unable to give up their job for obvious reasons. In this instance, a mix of daytime support and supervision from a suitably qualified worker and an intensive education program to support re-engagement in an alternative school – including the costs of a teacher's aide and computer equipment, could be funded via the child's TCP.

Example 5

A young person with high needs is currently base is placed with a foster carer. Due to the continued difficult behaviours of the young person and the lack of supports for the carer, the placement is at risk of breaking down resulting in the young person needing to move into residential care. A TCP could be used to assist the carer to better support the young person and thereby enable the young person to remain with their carer who they have a relationship rather than moving into residential care.

Example 6

An Aboriginal young person has a range of complex physical, dental and mental health needs, some related to their history of abuse and neglect, affecting their quality of life and capacity to engage effectively with other young people and potential carers. In this instance an extensive package of supports including intensive physical therapy; dental treatment; counselling; return to country; an Aboriginal mentor; and in-home training and support for their carer could be funded through their TCP.

Many other possible examples exist, and in some cases, children will require multiple types of supports that could be purchased via a TCP.

Will every child need a TCP?

There is already a range of services in the system that focus on preventing residential care placements and transitioning children out of existing residential care placements. TCPs are complementary to these existing services without being duplicative. Existing service options should be considered first before referring to TCP.

TCPs are targeted at those children and young people for whom all attempts to find a non-residential care based service response have been exhausted.

Only when it has been determined additional supports are essential to will it be necessary to consider a TCP.

Which children or young people are classified as being at risk of entering residential care?

The placement prevention aspect of TCPs is broad. Child Protection in conjunction with Placement Coordination need to identify that a child or young person is at risk of entering residential care. Consistent with the principles of these packages, a TCP would only be available if no other placement prevention services exist are sufficient to meet the needs of the child and young person and as a result that child or young person is at risk of entering residential care.

Broadly, there are three groups of potential entrants into residential care:

1. Children or young people whose existing out-of-home care placement is at risk of breaking down into residential care.
2. Children or young people at home whose reunification is at risk of breaking down into a residential care placement.
3. Children or young people who are entering care for the first time, and in particular residential care. These cases are likely to be limited as allocating a package requires sufficient knowledge of the needs of a child or young person as well as the identification of an appropriate care option.

For the first 12 months of these guidelines, children and young people at risk of placement breakdown will be prioritised for preventative TCPs. For some placement breakdowns, there will be a relationship with a carer or worker that could be maintained through a TCP. Likewise, in some home placements, these can be supported to ensure the child or young person remains in a safe environment at home.

What outcomes will be monitored?

The effectiveness of TCPs will be assessed through a focus on the outcomes achieved for each child or young person.

The department has developed an out-of-home care outcomes framework that assesses the contribution that services make towards achieving the central objective of helping vulnerable children and young people to live full lives and achieve their potential.

The framework is built around three domains:

- Personal: People and families are healthy and well.
- Social/community: People and families are safe and connected to others in positive and culturally supportive communities.
- Economic: People and families have the skills and support to participate in the economy and their community to their fullest ability.

These three domains are then broken down into seven outcome areas:

- Housing: children and young people have suitable and stable housing.
- Meaningful use of time: children and young people are meaningfully engaged.
- Learning and development: children and young people are learning and developing.
- Cultural and social wellbeing: children and young people are culturally and socially connected.
- Aboriginal rights and identity: Aboriginal children and young people are proud of their identity and exercise their rights as Aboriginal people
- Physical and mental health: children and young people are physically and mentally well.
- Safety: children and young people are safe.
- Behaviours/risks: children and young people practice positive behaviours.

Service providers that are selected to provide TCPs will be required to demonstrate how they will build off the other services they provide; existing partnerships and relationships with other services; their local community connections including connections with Aboriginal communities; and any other existing resources to achieve these outcomes.

Who can deliver a TCP?

In order to receive funding for services under activity 31209 Targeted Care Packages, a provider must be a registered out-of-home care service provider and have accreditation under the Department of Health and Human Services Standards.

For information on registration process, *Children Youth and Families Act 2005* please follow the link

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/Community-service-organisations/registration-requirements-for-community-services>

For further information on Human Services Standards and accreditation process, please follow the link:

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

Providers leading the delivery of TCPs will need to be able to work creatively and flexibly and build a culture of innovation within their organisation; and demonstrate a capacity to engage with other service

providers. They will need to demonstrate a willingness to support their staff to embrace the concept of working as a key worker, and start to work in new and different ways – moving beyond traditional roles defined by specific programs.

Depending on the type of placement or service to be provided via a TCP, providers must ensure that they comply with the relevant Program requirements.

The Program requirements, which could apply, to delivery of the TCPs include:

- Program requirements for lead tenant services in Victoria

<http://www.dhs.vic.gov.au/about-the-department/plans.-programs-and-projects/programs/children.-youth-and-family-services/program-requirements-for-lead-tenant-services-in-victoria>

- Program requirements for Home-based Care in Victoria

<http://www.dhs.vic.gov.au/about-the-department/plans.-programs-and-projects/programs/children.-youth-and-family-services/program-requirements-for-home-based-care-in-victoria>

- Program requirements for Family and Early Parenting Services in Victoria

<http://www.dhs.vic.gov.au/about-the-department/plans.-programs-and-projects/programs/children.-youth-and-family-services/program-requirements-for-family-and-early-parenting-services>

- Policy and Processes for case contracting

<http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/protection-order/case-contracting>

Who decides which organisation delivers a TCP and how will the decision be made?

A case-by-case process will be adopted for each TCP, to ensure the child's best interests remain the decisive factor. Ultimately, it is the department's decision as to which service provider is best placed to provide a TCP. This decision will be made in the context of the best interests for the child or young person, with the provider demonstrating capacity to support the child and their carer effectively, in a manner that is consistent with the outcomes sought, and the characteristics of TCPs as outlined earlier. The proposed services will also represent value for money.

There are two main methods for deciding which organisation delivers a TCP:

1. Where there is an existing relationship with a carer, a residential care worker or other significant person within an organisation a package can be allocated directly to an organisation.
2. For those children and young people without an identified option, an invited submission process will be undertaken to provide a care arrangement that better meets that child or young person's needs.

A key determinant for some children and young people will be the ability of an organisation to identify a suitable carer. In some instances, a potential carer may be readily identifiable – for example, a potential kinship carer - and the process of TCP selection will focus on identifying the organisation best able to support that placement. If the TCP requires the child to have a carer, the proposal cannot be accepted until an appropriate carer has been identified and successfully completed the required registration process.

In the case of Aboriginal children and young people, Aboriginal Community Controlled Organisations must be involved in the discussion of what the best placement option is for the child or young person. This discussion must be in line with the Aboriginal Child Placement Principle and, as previously discussed, are likely to be the preferred provider for Aboriginal children and young people.

It is important to note that when a child or young person is allocated a TCP their current service provider will not necessarily be the one that provides the TCP. Some existing providers may not wish to deliver TCPs, or may not have the capacity to offer this service response. They also may be unable to attract a suitable carer.

The potential pool of TCP providers is not limited those service providers that currently operate within a division or area. In some instances, none of the existing providers currently operating in a division or area may be able to support a particular child via a TCP. In those instances, providers from other areas may be recruited to support a child.

The key issue guiding the selection process is ensuring any new placement achieves better outcomes for the child concerned and is in their best interests.

How will Aboriginal children and young people be supported on a TCP?

For Aboriginal children and young people supported via a TCP, ensuring their connection to culture and community is a fundamental consideration in the selection of a service provider. Wherever possible and in the child's best interests, Aboriginal organisations are the preferred provider of TCPs for Aboriginal children and will be contacted in the first instance about Aboriginal children and young people who are identified as being suitable for packages .

The department and the sector are looking to build capacity of Aboriginal organisations to develop packages. This is critical to ensure that, where possible, Aboriginal organisations lead the delivery of the TCP ensuring Aboriginal children and young people maintain their connection to culture.

Consistent with other packages, the allocation of Aboriginal packages are subject to demonstration of their ability to deliver each characteristic of a TCP, and value for money considerations, as outlined above. TCPs enable Aboriginal organisations to determine the best placement option for an Aboriginal child or young person whilst providing the supports that the child or young person needs.

However, in some instances Aboriginal children may be supported by non-Aboriginal service providers. In these cases, the service provider will need to demonstrate how they will ensure appropriate connections to community and culture for these children.

TCPs need to be consistent with the Aboriginal Child Placement Principle, which must be followed when placing an Aboriginal child in out-of-home care. In particular, when an Aboriginal child starts or changes placement, the Aboriginal Child Specialist Advice and Support Service (ACSASS) needs to be consulted. A key role of the ACSASS worker in TCPs is to participate in decision-making and assist in identifying members of the child's kinship or community network who may be suitable to provide a placement in accordance with the Aboriginal Child Placement Principle.

TCPs must reference the cultural support plan for Aboriginal children and young people. This is important to ensure the Aboriginal child is connected to their Aboriginal community and culture.

Who delivers a TCP for Aboriginal children and young people?

As noted previously, the first preference is that an Aboriginal organisation develops and manages a TCP for an Aboriginal child or young person.

Where an Aboriginal organisation does not have the capacity to deliver a package, or does not wish to lead the delivery of a package, a non-Aboriginal organisation may deliver the package instead. In this instance, the preference is for the non-Aboriginal organisation to partner with an Aboriginal organisation to ensure a continual focus on the child or young person's connection to their culture.

Like many of the other components of the packages, the responsibility for delivering the package should be reviewed on a regular basis. As part of these reviews, the opportunity for a voluntary transition of packages from non-Aboriginal organisations to Aboriginal organisations should be explored.

Transitioning from non-Aboriginal to Aboriginal organisations helps to ensure connection to culture and is consistent with priority five of the *Koorie Kids: Growing Strong in their Culture* submission and the *Beyond Good Intentions* statement both of which are endorsed by the Victorian Aboriginal Children's Forum, including the Victorian Minister for Families and Children.

To facilitate a transition of responsibility of the package, the key worker should transition from the non-Aboriginal to the Aboriginal organisation. If this is not possible, time-limited funding can be provided to recruit a key worker and transition the case over from the existing worker.

Any transfer from one organisation to another needs to consider the outcomes of the child or young person and need to be arranged in consultation with the department. As such, all transitions should minimise the impact on the day-to-day life of the child or young person.

How will children or young people with a disability be supported on a TCP?

Many of the children and young people in out-of-home care residential care have a disability. It is important that they are provided with sufficient support for their disability related needs when in out-of-home care. Where a child or young person can access an Individual Support Package or the National Disability Insurance Scheme those funding sources should always be used for disability related support needs.

TCP packages can only support the non-disability related needs for a child or young person with a disability when they are a statutory client of the department.

If a child or young person comes into care and there has been no formal identification of a disability, child protection can refer the child or young person to Disability services. Disability services will undertake the assessment to determine if the child or young person is with the target group for supports under the *Disability Act 2006*

Will the service provider providing the TCP also directly provide all of the support services the child receives?

It is not expected that the TCP service provider will necessarily directly deliver every element of the TCP. In some instances, these supports will be purchased from other organisations or individuals. For example, a child requiring some form of one-on-one counselling support may receive this from a private counsellor, or an external party may provide educational supports.

In some cases, service providers may choose to collaborate with another organisation to provide therapeutic care expertise – a model, which is currently used in the provision of therapeutic foster and residential care by some organisations. Each service provider is free to choose the approach they take to this issue – noting that ensuring “value for money” will be one of the factors that guide decision making around which organisation is selected to deliver the TCP.

What about the view of a child or young person?

The potential allocation of a TCP is something that should be discussed with children and young people as part of ongoing case and care planning, in order to ensure their views and wishes contribute to the decision making process. The young person may have a role in identifying suitable or alternative placement options or supports.

Young people should be actively engaged to make them aware of the opportunity presented by TCPs and should be consulted before the package process has commenced.

However, sensitivity is required in this process of communicating with children, young people and their parents. Practitioners will need to be mindful of the potential for a child to be disappointed and may feel rejected, if a proposed placement does not proceed.

Who approves the financial value and flexible components of a TCP?

A departmental executive officer (each Division will delegate this responsibility to an appropriate level) ultimately approves elements of a TCP.

Their approval will be informed, however, by the input and opinions of the child’s care team and their case planner – based on their understanding of the child’s needs and any existing assessments.

The governance and guiding principles section will inform this process.

How will TCPs be reviewed?

TCPs need to be reviewed in the last quarter of each financial year in order to assess progress against outcomes; that the child's case plan direction is being supported; that the current supports continue to meet the child's needs and goals; and that the supports are in fact still required. The TCP needs to be consistent with child protection case planning and any changes because of the review need to be reflected in the case plan and its direction.

Carers need to be aware that as a child's level of need changes over time, the level of support they receive may increase or decrease. Clearly, supports that are essential for maintaining the placement will continue. Carers need to have input into the review and changes to support levels.

While some changes to supports will occur from time to time, the level of care allowance agreed at the commencement of the package may increase/decrease commensurate with the child or young person's needs. The aspiration is that over time, with the application of supports, the child or young person's package expenses will decrease due to the supports offered by the package.

What is the duration of support?

The length of time that packages can be utilised will vary from child to child, subject to the review process. The basic principle is that they will remain in place until the child no longer requires them or until the child leaves care.

Where a child leaves care and the child protection involvement ceases but the child or young person continues to require support there is capacity to assist in the transition through a revised TCP for a period of up to 12 months. A review will be required to assess the child or young person's needs post case closure and the TCP adjusted accordingly. This level of support may decrease over time and is limited; however, it may be accessed for a period of up to 12 months.

What is the department's role?

Departmental staff will play a vital role in the TCP process.

As noted previously, the department will play a role in the identification of a child who may be suitable for a TCP; the development of the TCP; the selection of a suitable provider; the approval of the total value and elements of the TCP and the annual review and acquittal process.

In some instances, departmental staff may identify a suitable carer for a child (for example a kith/kin carer). In others, they will make the decision that a child is able to return to parental care – with the support provided via a TCP.

Departmental staff also hold valuable information about the children and their families – and it is essential that this is fully shared in order to assist any agency involved in the development and delivery of a TCP.

In all instances, departmental staff and service providers will be expected to work collaboratively with each other to ensure the successful development and rollout of TCPs across the state. TCPs provide a significant opportunity to improve the lives of vulnerable children – but this will only occur if the opportunity is approached constructively and positively.

What level of care allowance is available?

Like other elements of the TCP, the required care allowance level should be assessed and agreed on a case-by-case basis in line with the child's needs. Where possible this element of the TCP should align with one of the existing care allowance levels. In some circumstances where decision makers conclude that the existing care allowance levels are not appropriate to either allow the child to remain with their family or current caregiver or to enable the child's transition from residential care, an allowance amount that is outside the existing levels can be approved as part of the TCP.

Care allowances are to be administered through the existing central care allowances process. At the point in time at which a TCP is approved by a Division, the requisite budget for the care allowance is to be transferred to central office.

What level of funding will be provided for the key worker role?

Similar to the care allowance, the allocation of funding for the fulfilment of the key worker function will be determined on a case-by-case basis in line with the child's needs. Wherever possible this element of the TCP should align with a relevant existing unit price. In those circumstances where decision makers conclude that additional key worker support will be required, a price that is outside the existing levels can be approved as part of the TCP.

When will funding be provided for a package?

Funding will be provided for a TCP once the child begins the transition from their current placement to their new care arrangement. Funding will not be provided prior to the identification and approval of the new care arrangement.

Funding for the packages will be provided to agencies through the Service Agreement Management System (SAMS) using the activity '31209 Targeted Care Packages'. TCP funds are stand-alone. In the interests of transparency, financial responsibility and performance accountability, existing targets, block funds or service capacity in related program areas cannot be used to subsidise, top-up or build a TCP. As such, TCPs do not count for any related program or placement performance.

What is the process for funding acquittal and unspent funds?

An acquittal process will be established to provide a transparent account of how the elements of the TCP have been expended. Acquittal should occur at a minimum on an annual basis at the end of each financial year.

In some instances, unspent funds may accrue for a range of reasons, including the child or young person's needs being met through alternative means. Unspent funds must be identified and returned to the department to provide support for other children.

How will TCPs be evaluated?

TCPs are about achieving enduring, positive change in the lives of vulnerable children and young people. For the program to be successful it must also deliver a better experience for the children and young people and be economically sustainable in the long term.

On this basis, the benefits of the TCP program can be classified as follows:

- **Experience:** benefits related to improving the experience of children, young people, families and carers.
- **Effectiveness:** benefits related to providing more effective services which achieve better outcomes for children and young people.
- **Efficiency:** benefits related to a more efficient and sustainable.

Reflecting the benefits described above, the objectives of the evaluation of the TCP program are as follows:

Benefit	Associated Objective
Experience	<ul style="list-style-type: none"> • Determine if the TCP program provides a better experience of out-of-home care for children, young people, their families and carers than is likely under traditional out-of-home care programs, and provide recommendations to improve that experience where relevant.
Effectiveness	<ul style="list-style-type: none"> • Determine if the TCP program is improving outcomes for children and young people, and provide recommendations to improve the achievement of outcomes where relevant. • Determine if the TCP program is sufficiently flexible to meet the unique and changing needs of children and young people in or at risk of entering out-of-home care, and

	provide recommendations to increase the program's capacity to deliver flexible and individualised responses where relevant.
Efficiency	<ul style="list-style-type: none"> • Determine the economic impact of the program on service providers, the system and the government, including any variation in cost between implementation and on-going operation, and any specific economic impacts, such as employment arrangements that may be created by on-going operation of TCPs, and provide recommendations for improvement where relevant. • Determine if the TCP program is economically viable at full scale, including consideration of variation in cost between providers in different locations (such as rural and metropolitan) and of varying sizes, and provide any recommendations for improvements. • Determine the workforce capacity both within the community services sector and within government required to deliver the Targeted Care Packages.