

Placement Coordination and Placement Planning Framework

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Background

The Placement Coordination and Placement Planning Framework (the framework) has been designed as a tool to:

- Assist placement coordination practitioners understand what informs their work and to integrate their knowledge and skills into the roles and responsibilities related to the core functions related to placement coordination and planning for children into out of home care; and
- Integrate the elements of placement coordination into a congruent set of placement principles, define the parameters and focus of their functions, and identify practice skills.

The development of the Framework has been a joint initiative between sub-Divisional Placement Support and Family Services, Central Placement Support and Family Services, and Child Protection. The development of the framework has also involved consultation with the out of home care sector.

The Framework is intended to be used in conjunction with the Placement Coordination & Placement Planning Manual (the Manual). The Framework outlines the role and function of the Placement Coordination Unit (PC) and the skills and knowledge required of PC practitioners. The Manual outlines how roles and functions are carried out and the processes involved to undertake this work as well as providing links to relevant policies, guidelines and other resources.

It is anticipated that the Framework and Manual will assist PC practitioners to have a more defined role in placement processes, planning and decision making, as well as systems and quality improvement for children in out of home care, by providing:

- a clear practice framework
- an understanding of the importance of their role in the placement planning process
- practical and theoretical knowledge, information and skills required to positively influence placement planning processes, decisions and outcomes for children in care.

The Framework has also been developed to assist Child Protection practitioners to understand the PC role, function and processes, as well as how the PC fits into the care and case planning processes for children in out of home care.

1. Introduction

The *Children, Youth and Families Act 2005* s10 best interests principles (3(h)) state if the child is to be removed from the care of his or her parent, that consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered. These placement options are known as kinship care.

Child protection makes a referral to the Placement Coordination Unit (PC) when it is determined that a child is at significant risk of abuse or neglect, is in need of protection and care, and requires an out-of-home care (OOHC) placement outside their family or social network.

The PC is responsible for coordinating all referrals from Child Protection for placements for children in the funded OOHC system and is the primary location in each Division where information in relation to the OOHC system and a child's placement can be accessed.

In Victoria there are 6000 children in an OOHC placement on any one night. These placements include all care arrangements within home based care and residential cares, see figure 2 page 31.

The PC plays a pivotal role in the placement of children by coordinating their entry into the OOHC system by facilitating and maintaining required processes, communication and planning between Child Protection and OOHC providers. The unit is fundamental in the management of the overall demands on the placement system, driving placement planning and tracking placement drift.

It is the skill, experience, knowledge and collaborative relationships which PC practitioners possess that guide and influence placement processes, decisions, experiences and outcomes for children in OOHC. PC practitioners are integral in coordinating the placement of children and through ongoing assessment, monitoring and planning, ensuring the child's placement stability and needs continue to be appropriately matched to the type and level of care required.

In addition, the PC have responsibility for requirements related to the OOHC system, such as flexible funding to support the child and the placement, data collection, and systems quality improvement. These roles and functions further support the placement of children in care and the quality of services provided.

The PC was initially formed in the late 1990's when the redevelopment of the Placement and Support system shifted the provision of placement and support services to the funded community sector. The purpose of the unit at this time was to coordinate the placement of children subject to Child Protection intervention, into the placement system managed by Community Service Organisations (CSO's). During this time, the role of PC had a strong focus on referral and placement of children into the OOHC system.

Over time, the role and function of the PC has evolved, requiring a more assertive and considered approach to placement planning, as research, evidence and experience have highlighted the importance placement decisions and planning have on the trajectory for children in care and post care. The PC function has been established in each Division within the Client Support Services Unit.

The PC works within the context of the *Children, Youth and Families Act*, Best Interest Principles. These principles, as well as the Department of Human Services values, drive the practice of the PC to address the stability, safety and developmental needs of children in the OOHC system. The PC is required to work in strong collaboration with stakeholders such as Child Protection and funded OOHC providers.

2. Practice context

2.1 Placement Coordination Unit

The PC consists of a group of practitioners who work as a team to undertake the functions required to facilitate placement and planning processes as well as core functions identified in section three. The PC sits within Divisional departmental structures of the Client Support Services Unit and is led by a unit manager who provides leadership, supervision and support to the team.

2.1.1 PC Manager - Role and Responsibility

The PC manager oversees all roles and functions of the PC unit and practitioners. The key responsibilities for this position are:

- Plan and manage delivery of OOHC services to meet program objectives within specific budget allocations and timelines, community expectations and client needs.
- Consult with key OOHC providers and Child Protection program to resolve complex operational issues and influence policies and strategic initiatives.
- Work cooperatively with peers in an operating environment and hold a strong partnership role with OOHC providers and Child Protection.
- Review strategies, policies, practices and professional standards and systems in light of emerging trends within the program and to minimise areas of risk to services delivery, the department and Government.
- Develop and maintain appropriate monitoring and reporting mechanisms to measure program demand, performance and service delivery.
- Effectively manage and provide leadership to a team of practitioners by supporting them to achieve their potential, modelling behaviours, and ensuring a safe work place and systems.
- Where necessary, develop and design innovative strategies, initiatives and systems to enhance the delivery of placement requirements for the OOHC system.
- Promote and educate OOHC providers and Child Protection in relation to the role and function of the PC.
- Participate in quality improvement and monitoring strategies to enhance the delivery of placement requirements in the OOHC system, such as quality of care and accreditation panels.

2.1.2 PC Practitioner - Role and Responsibility

The key responsibilities for the PC practitioner are to:

- Facilitate the process of placement referrals from Child Protection to OOHC providers and prioritise the needs of children entering the OOHC system and negotiate placement options accordingly.
- Develop, implement and maintain efficient placement management processes to promote placement stability.
- Act as a point of contact for enquiries by OOHC providers and Child Protection, providing advice and information in relation to placement planning.
- Provide advice to internal and external stakeholders on data requirements, information and analysis of emerging issues.
- Facilitate and oversee relevant funding requirements related to children in OOHC such as caregiver reimbursements.
- Coordinate and chair placement planning meetings, as well as participate in care team meetings as required.
- Identify, monitor and track issues within the OOHC system and appropriately escalate potential risks to senior management.
- Liaise and work in partnership with stakeholders to identify service issues and system improvements to outcomes for children in care.
- Participate in quality and development initiatives such as reference and working group meetings.

2.1.3 Placement of children after hours in metropolitan and rural sub-Divisions

2.1.3.1 Central After Hours Placement Service (CAHPS)

Central After Hours Placement Service (CAHPS) is responsible for the placement of children into the OOHC system in metropolitan sub-Divisions. CAHPS operates between 4pm to 2am on weekdays and between 8am to 2am on weekends¹. During these times, CAHPS will respond to placement requirements for children entering OOHC or who are already placed in OOHC.

CAHPS primary function is to:

- Provide after hours access to placements in the metropolitan and on occasions, rural sub-Divisions, for departmental clients aged 0–17 years.

¹ Between 2am and 9am on weekdays and 2am and 8am on weekends, the responsibility for placement coordination is transferred to the Child Protection Emergency After Hours Service.

- Provide consultancy to After Hours Child Protection Emergency Services (AHCPEs) workers making placement decisions.
- Provide statewide support and advice to OOHC providers or on call staff, in consultation with AHCPEs Team Leader, in matters where there are difficulties in managing client behaviour in placement.
- Attempt to negotiate and resolve situations where OOHC providers want to terminate or are requesting time out placements for clients.
- Support the functions of AHCPEs by responding to calls and undertaking case work tasks.

2.1.3.2 Rural After Hours Placement Arrangements

In rural sub-divisions, the sub-divisional Child Protection After Hours Service will directly liaise with OOHC providers in that sub-Division to negotiate placement arrangements for children entering OOHC during the after hours period.

When a cross divisional placement is required during the after hours period, CAHPS may facilitate the placement arrangements. For example, a child from a rural sub-division is located in a metro sub-division and requires an after hours placement.

3. Required skills of the PC practitioner

As the needs of children entering the OOHC system have become more complex the need for practitioners to understand and accommodate individual needs has become more challenging. The PC practitioner is required to understand a child's presentation, and have a demonstrated ability to collate and determine appropriate information required for effective placement planning. Communicating and advocating for the child's needs requires a certain skill-set and knowledge base on which Child Protection and OOHC providers rely.

The following skills have been identified as core role requirements of a PC practitioner:

3.1 Communication and Interpersonal Skills

Highly developed communication and interpersonal skills are essential in all aspects of the PC role. The majority of the practitioner's daily work involves consultation with stakeholders such as Child Protection and OOHC providers in relation to placement planning. Often this occurs at times of high demand, and communication must be sensitive of the pressures being experienced.

Engaging and maintaining relationships with stakeholders through regular, clear and thoughtful communication is essential in strengthening partnerships and placement planning processes.

Effective communication and interpersonal skills are demonstrated by the PC practitioner through their ability to engage and understand stakeholders, clarify and decipher conflicting views, appropriately verbalise their professional views and assessment of the child's needs with confidence and negotiate these into placement requirements.

Effective communication and interpersonal skills are critical in obtaining successful outcomes for children in care and is critical to fulfil core functions such as data input and analysis, funding, and quality and system development.

3.2 Partnering Skills

The ability to develop and maintain partnerships is fundamental for the PC to successfully and effectively negotiate the needs of children in the OOHC system. Partnerships are a key mechanism to a more coordinated and integrated service system via a commitment to work with stakeholders, share decision making, risk, benefits, and contributing to improving outcomes for children in care.

It is through partnerships that the PC are able to lead placement planning processes, bringing key stakeholders together, provide for diverse thinking and views, sharing of workload, and development of innovative and creative strategies to deal with the challenges faced within the OOHC system.

3.3 Assessment Skills

Robust and accurate assessment skills are vital in facilitating care arrangements. This requires the ability to assess the child's placement needs based on referral information, the child's presentation, behaviours, age and developmental stage, history of abuse and trauma, and translate all this information into an appropriate placement arrangement.

The assessment will consider all information outlining the child's circumstances and needs, the child's Case Plan and Stability Plan, and the view of stakeholders such as Child Protection and OOHC providers.

Appropriate assessment of the child's individual needs strengthens the ability for PC practitioners to negotiate suitable placements with OOHC providers and identify specific requirements to support a placement.

Assessment skills are essential at the time of a child's entry into the care system and throughout their journey in the OOHC system. Ongoing assessment of the child's needs is required to ensure care arrangement continue to meet the individual needs and assist children to overcome the impact of abuse and trauma.

Assessment is equally important at times of placement disruption when the needs of a child and the placement arrangement are in conflict and an assessment of the situation and issues pertaining to placement jeopardy need to be identified and resolved. A thorough and sound assessment can support placement stability and avoid placement breakdown which can be detrimental to the child's wellbeing.

Assessment of the service system as a whole and what it offers for children with particular behaviours, for example those with sexualised behaviours, is also a requirement of the PC. This is significant in identifying gaps in the system and contributing to systems development and improvements.

3.4 Analytical and Conceptual Skills

In a complex system where time and resources are often limited, problem solving and creative implementation of strategies is often required to ensure the appropriate delivery of care for all children

PC practitioners are often required to manage system issues and negotiate particular placement arrangements with OOHC providers in order to meet the specific requirements of children in care. This calls for practitioners to reason through challenges and look at available options which may require flexible and creative uses of existing resources or implementation of particular plans or processes.

Critical reflection and analysis of information is vital in making accurate assessment of needs for children referred to the PC for placement. It promotes the process of creative and innovative strategies to address placement complexities. Questioning, evaluating and making judgements on the information provided is important in making a fair and reasonable assessment. In doing this, PC practitioners must be open to other points of view and different perspectives, which may be presented by other stakeholders involved in the placement planning process.

3.5 Planning and Organisational Skills

Planning and organisational skills are essential to facilitating timely and effective care arrangements for children in care. Often the placement of a child into care is driven by time constraints and competing referral demands. The ability to prioritise demands and plan within time and resources constraints requires strong planning and organisational skills by PC practitioners.

3.6 Information and Data management skills

In order to fulfil the required processes when placing children in care, IT skills are essential for PC practitioners. The ability to navigate and input information and data into electronic systems such as CRIS and Oracle are essential in the placement of children in OOHC. Such skills are also required for the provision of statistical data regularly requested of the PC and for communication processes between PC and stakeholders.

Recording of information must be accurate, detailed and appropriate. Information recording is important in reflecting the child's situation and needs, as well as the reasons for processes and decisions undertaken in order to ensure that the needs of the child are met.

3.7 Cultural Competence

Being aware and respectful of a child's culture and background in placement planning processes is vital to achieving the most appropriate outcomes for the child. For PC practitioners, being culturally sensitive and responsive ensures processes are appropriate for the child and their family.

Knowledge, understanding and adherence of the relevant protocols and guidelines when working with children who are Aboriginal or from a CALD background must be a priority consideration.

Working with Aboriginal organisations and communities, or other cultural communities, and recognising the importance of them being actively involved is significant to achieving successful outcomes for children in care. Planning for Aboriginal children in OOHC must provide children with the opportunity to maintain or re-establish their connection to their culture, family and communities.

When PC practitioners are considering and negotiating the cultural needs of children in care, they must promote a safe environment where cultural differences are respected, not compromising their legitimate cultural rights, practices, values and expectations of the child and his/her family.

Promoting a placement environment where the rights of these children are upheld to maintain, protect and develop their culture and achieve positive outcomes is a primary aim in placement planning.

For PC practitioners developing skills and knowledge that promote innovation and responsiveness to the needs of Aboriginal or CALD children and more effective engagement with individuals and communities support successful placement outcomes for children of Aboriginal or CALD background.

3.8 Aboriginal child placement principle

The *Children, Youth and Families Act* s.13(a) states, for the purposes of this Act the Aboriginal Child Placement Principle is that if it is in the best interests of an Aboriginal child to be placed in out of home care, in making that placement, regard must be had to the advice of the relevant Aboriginal agency. Child Protection is required to consult with the Aboriginal Child Specialist Advice and Support Service (ACSASS) about all reports regarding Aboriginal children, and also regarding

significant decisions in all phases of Child Protection intervention including the removal of a child from their parent's care.

Further section 13 specifies the order of priority in which types of placement are to be sought and requires that any non-Aboriginal placement must ensure the child's connections to their culture and community.

The Aboriginal Child Placement Principle is incorporated in the Placement Planning Principles (see Table 1) which have been designed to outline considerations which must be made when planning the placement of a child into the OOHC system.

4. Required knowledge of the PC practitioner

As the human services system has become more informed about the impact of abuse and trauma, and the negative outcomes of poor placement planning for children in care, the importance of placement stability on the development of children has become more evident.

Out-of-home care plays a significant role in shaping the lives and development of children and young people who experience it. Quality out of home care that is safe and stable can help children and young people recover from the experience of abuse and neglect. Alternately, out of home care can compound the harm that children have already been exposed to.²

Increasing knowledge about the potential impact placement decisions can have on the emotional and psychological development of children requires PC practitioners to have a considered and informed approach to placement planning. Practitioners must have an active role in placement processes as the strong link between Child Protection and OOHC providers, and have a focus on appropriate and successful placement transition. The PC ensures there is strong consideration of the child's individual needs, based on their understanding of the experiences of abuse and trauma; increasing appropriate placement matching and stability and limiting risk of placement breakdown.

Knowledge in the following areas will support PC practitioners perform their role in the most informed and considered manner, supporting best possible outcomes for children in care:

4.1 Organisational Knowledge

An understanding of the OOHC service system and Child Protection system are essential. The relationship between the systems in placement planning processes, understanding the interfaces, challenges, resources, roles and processes is imperative in successfully negotiating effective care arrangements. This knowledge assists PC practitioners to understand their role in the placement system and the influence and impact they have in the placement processes; strengthening their purpose and direction in their core functions.

4.2 Children Youth and Families Act 2005

The Children, Youth and Families Act outlines the statutory obligations of the work undertaken by the PC and other stakeholders (Child protection, Community Service Organisations, the children's court) including the required roles and functions of each stakeholder. The Best Interests Principles s.10 of the Act provides a unifying framework for practice which must be complied with when taking action or making a decision for a child.

Section 10 of the Act states that the best interests of a child must always be paramount when making a decision or taking action. When determining whether a decision or action is in the child's best interests, there are a number of needs that must always be considered:

- The need to protect the child from harm
- The need to protect the child's rights

² Department of Families, Housing, Community Services & Indigenous Affairs with National Framework Implementation Working Group. (2010) *National Standards for Out of Home Care-Consultation Paper*. Page 16

- The need to promote the child's development (taking into account his or her age, stage of development, culture and gender).

The Best Interests Case Practice Model³ provides a foundation for working with children, young people and families to achieve successful outcomes. Effective practice requires good working relationships between services, working in partnership with the family wherever possible - where the child's best interests are at the centre. The Best Interests Case Practice Model is based on sound professional judgement, a culture that is committed to reflective practice and respectful partnership with the family and other service providers.

4.3 Cumulative Harm, Trauma and Brain Development

Cumulative harm refers to the effects of multiple adverse or harmful circumstances and events in a child's life. The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child's sense of safety, stability and wellbeing.⁴

Cumulative harm impacts on a child's early brain development, trauma, attachment and resilience. Intervention with children who have suffered cumulative harm must focus on reducing the adversity in their life, assist their recovery and increase their resilience to future adversity. *These children require calm, patient, safe and nurturing parenting in order to recover.⁵*

Knowledge and understanding of cumulative harm in the context of the child's history of abuse and trauma, and the impact this has on their physical, emotional and brain development, assists PC practitioners to understand the placement needs of the child and promote placement stability. It also assists to understand the child's presenting behaviours, promoting acceptance and enabling PC practitioners to articulate, advocate and negotiate the child's individual needs with OOHC providers, and to ascertain which care arrangement will be conducive to the child's future development and recovery.

With this knowledge, when placement arrangements become tenuous PC practitioners are better able to provide support to stakeholders and assist in understanding the challenges and identifying possible options to support the child in the placement, reducing the possibility of breakdown.

4.4 Placement Stability, Matching and Attachment

Placement stability is a primary aim for PC practitioners in their referral and planning processes. Placement stability is achieved via appropriate placement matching, which supports resilience, healthy development and attachments for children, as well as a healing environment. Lack of stability for children in care can further impact on the trauma experienced from past abuse.

Children who are removed from their homes and then who experience placement disruption can lead to them experiencing profound distress and a sense of loss and not belonging, all of which can lead to distrust and a fear of forming secure healthy relationships.⁶

³ Best Interest Case Practice Model can be found at www.cyf.vic.gov.au/every-child-every-chance/home

⁴ Department of Human Services. 2010. *Best Interest Case Practice Model- Cumulative Harm*. Page 5

⁵ Department of Human Services. 2010. *Best Interest Case Practice Model- Cumulative Harm*. Page 9

⁶ North California Training Academy (2008) *Placement Stability in Child Welfare Services*. Centre for Human Services. Page 4.

The PC practitioner's role in promoting placement stability begins at the point of initial referral and discussion about a child when information gathering commences. Information gathered through conversations with Child Protection, referral documentation and LAC information assists PC practitioners assess the placement needs for a child and seek appropriate placement within the OOHC service system. It is this information which supports the placement matching process, which if achieved successfully, promotes stability and reduces risks of breakdown.

Abused children who form attachments to adults other than the abusing parent may develop secure internal working models. However where there are multiple placements, the so called 'foster care drift' the evidence indicates that children, suffer serious relational, emotional and cognitive consequences.⁷

Ensuring children are provided with opportunities to form stable attachments and relationships with adults caring for them, enables their healthy development and is a prime consideration during placement matching process.

Being considerate of the factors which support stability and minimise placement breakdown are essential in placement negotiations between the PC and OOHC providers.

4.5 Needs of particular groups

Meeting the care needs of particular client groups such as sibling groups, children with complex disabilities or children with sexualised behaviours⁸, is often a challenge for the OOHC system. Locating placement options which are able to meet the specific needs of these children can be difficult. Contingency care arrangements are often utilised to meet their specialised care requirements.

The planning of care arrangements for these children requires an understanding of their individual needs and circumstances, processes to be followed, and the engagement of specific or specialist services to assist in the planning and placement processes.

For PC practitioners to be able to successfully negotiate appropriate care arrangements for children with particular or special requirements they need to understand the service system, any specific guidelines, and related protocols which have been developed to assist such planning and placement processes.

When considering the appropriateness of placement options for children, placement matching factors outlined in section 3, must be carefully considered in order to meet the specific needs of the child and ensure the safety and needs of other children in the system.

Children aged 10-14 years with sexualised behaviours may be subject to a Therapeutic Treatment Order (TTO). Placement decisions for these children must be made within the context of the order and any conditions specified to ensure their treatment needs are met and the safety of other children is maintained.

⁷ ACT Government. Office for Children Youth and Family Support. *Good Practice for Placement Planning. Page 18.*

⁸ Refer to Best Interest Case Practice Model- Children with problem sexual behaviours and their families; and Adolescents with sexually abusive behaviours and their families.

4.6 Professional Development

In order to fulfil the identified roles and responsibilities, and attain the knowledge and skills required for PC practitioners, the provision of supervision, training and developmental opportunities are essential.

In a system where practitioners are exposed, on a daily basis, to the impact of past abuse suffered by children entering the OOHC system, strategies for self-care and support are critical. Regular supervision and training must be provided to PC practitioners to ensure adequate debriefing; support and education are provided to assist them in their role and to deal with the stress and emotions which they face.

Training opportunities must be provided to PC practitioners on a regular basis to support them in maintaining and building the knowledge and skills required of the PC role as well as develop strategies for self-care. Training will be specifically tailored to the role and needs of the PC and align with training opportunities provided to stakeholders such as Child Protection to ensure consistency in knowledge and understanding in relation to the needs of children in the OOHC system.

Critical reflection sessions will be offered to practitioners as an opportunity to review and examine practice with their peers, to build on strengths and explore challenges. Critical reflection is an important tool for professional learning, where practitioners learn from their own experiences and use this to improve skills and future experiences. This is provided via regular supervision as well as other professionals external the PC such as the Divisional Principle Practitioner.

5. Placement Planning Principles

The Placement Planning Principles have been designed to outline considerations which must be made when planning the placement of a child into the OOHC system.

The intent of these principles serves to maximise positive outcomes for children in care and are considerate of the following requirements outlined in the Children, youth and Families Act:

Section 174-*Secretaries duties in placing a child*, outlines general principles which must be taken into account and states the duties required of the Secretary or her delegate when placing a child in OOHC:

- (a) must have regard to the best interests of the child as the first and paramount consideration and
- (b) must make provision for the physical, intellectual, emotional and spiritual development of the child in the same way as a good parent would and
- (c) must have regard to the fact that the child's lack of accommodation is not by itself a sufficient reason for placing the child in a secure welfare service and
- (d) must have regard to the treatment needs of the child.

Section 169-171, outlines how a child who is placed out of the care of their parents will receive continuous, stable care in an out of home care placement, and timeframes in which a stability plan must be made.

Table 1. PC Placement Planning Principles

Placement Coordination Unit - Placement Planning Principles	
1. Placement Planning	
1.1	Placement and planning processes should occur in a timely and least intrusive manner, to reduce the stress on the child and family, but also focus on securing the most appropriate placement for the child.
1.2	The placement of children is a shared responsibility, and caring for children in OOHC requires effective working relationships and collaboration with partners in the care system.
1.3	Placement planning should be considerate of what the child and family desire, and involve them in process where possible.
2. Placement Options	
2.1	Placement of children into out of home care should be arranged only after all other suitable options within the extended family or community network of that child have been exhausted.
2.2	When a child is placed in out of home care, placement within home based care should be explored and supported before other placement options.
3. Consideration of child's needs	
3.1	When making a placement for a child, their best interest should be the first and paramount consideration, with primary focus on their safety, stability and development.
3.2	Placement must make provision for physical, intellectual, emotional and spiritual development of the child in the same way a good parent would.
3.3	Placement must be considerate of the child's history of abuse and trauma and promote a healing environment which is considerate of their individual treatment needs.

3.4 Placement should be conducive to the child's self-esteem and resilience, encourage and support the development of strong peer relationships, encourage connectedness and positive educational experiences, and provide mentors and role models to assist with positive identity.

4. Safety of the Children

4.1 Children will reside in a safe environment, free of abuse and neglect.

4.2 The placement of one child should not jeopardise the safety or individual needs of another child.

5. Family Focus

5.1 Continuity of relationships with family and opportunity for safe family contact and connectedness with important people in the child's social network should be supported and maximised within placement.

5.2 Co placement of sibling groups should be promoted and supported in the best interests of the child/ren.

6. Placement Matching and Stability

6.1 Placement stability is crucial to minimising the damage which disrupted and multiple placements can have on the healthy development of the child. Every effort should be made to maintain stability by minimising the number of staff and cares involved in the child's life; promoting positive, caring and consistent relationships for a child with their family, peers, significant others, caregivers, schools.

6.2 Placement planning should focus on appropriately matching the child to a placement which is able to meet his/her individual needs. For appropriate matching, the carer's needs and capacity to provide the child's needs must also be considered.

7. Community Connections

7.1 Placement should promote and support the opportunity to maintain and form significant, consistent and emotional connections with one or more primary individuals in their life.

7.2 Placement should be supportive of the child's connections to educational, social, leisure and peer groups.

8. Culture and Identity

8.1 Placement of Aboriginal children must be considerate of the Aboriginal Placement Principles. Aboriginal children in need of out of home care should be referred to the appropriate Aboriginal support service for placement.

8.2 The placement of children should be respectful of the individual and family, recognising and valuing:

- Culturally and linguistically diverse background;
- Religious affiliations; and
- Gender and sexuality.

9. Special needs of Children

9.1 Consideration will be given to special needs of children, such as those with a disability or those exhibiting abusive behaviours, in the planning and delivery of services.

9.2 Planning and delivery of services should be inclusive of other relevant programs, i.e. Disability Services.

10. Leaving Care

10.1 Leaving care and exit planning is a process that occurs simultaneously with placement planning processes and not an event that occurs when placement is no longer required.

10.2 Young people leaving care require support and skills to feel prepared and confident to leave care and to maximise their opportunities post care.

6. Placement coordination core functions

6.1 Placement Planning and Practice

Placement planning is the primary core function of the PC and is undertaken daily in partnership with key stakeholders to ensure optimum placements for children. Placement planning is the process which begins from the time discussions commence in relation to a child being referred in the OOHC system until they exit the system.

Placement planning must occur within the context of the child's Case Plan, Stability Plan, and Looking After Children (LAC) Plan. Final placement planning decisions, such as placement approval or placement change, must be endorsed by Child Protection. Placement planning processes must occur in consultation with the care team and other relevant professionals. Figure 1 (p.17) identifies the role of the PC in placement planning in the process of placing a child in OOHC.

The PC drive placement planning processes via the collation of relevant information, assessment and effective communication to ensure appropriate placement for children in OOHC. Placement planning promotes placement stability for children, supporting their physical, emotional and psychological development. Placement planning is crucial to a child's experience in care and future development.

All skills and knowledge identified in section 2 of this document are vital for successful placement planning. Communication and negotiation with stakeholders such as Child Protection and OOHC providers enables PC practitioners to ensure that fundamental information is collated and shared to promote the best outcomes for children in care.

Placement planning for children in OOHC needs to take account of the trauma they are experiencing as a result of past abuse and neglect, as well as their experience of separation from their family. Placement planning works towards providing an environment which promotes healing and development for the child.

Every child in care has a case plan which includes decisions related to their care as well as goals and tasks required to achieve their best interests. PC practitioners support goals specified in a child's case plan by driving placement planning processes to achieve the best placement outcomes. PC practitioners support decision making processes by providing the most relevant and updated information in relation to the child's experience in care.

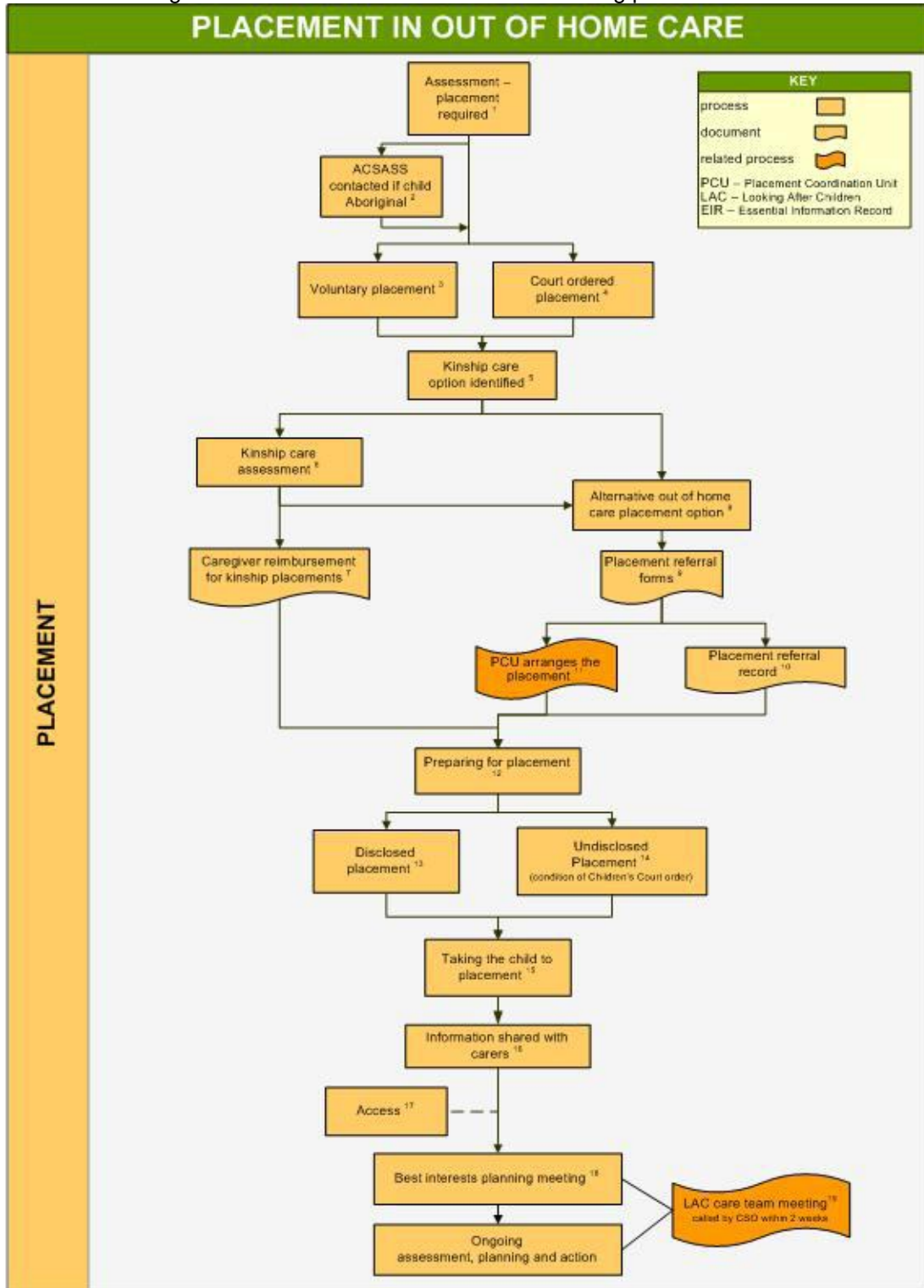
The LAC Framework promotes the child's healthy development and helps to structure planning and goals for children in OOHC. LAC guides and supports critical placement processes, including forms and records for referring a child for placement, and to inform ongoing placement planning processes.

The case plan and LAC framework assist in guiding the role and function of the care teams which are established for each child subject to Child Protection intervention. In order to ensure care arrangements are supportive of the child's BIP and LAC plan, PC practitioners should be involved in relevant care team discussions related to placement planning.

Depending on the child's age and stage of development, as well as the degree of trauma they have suffered, consideration should also be given to the views of the child and his/her family throughout placement planning processes.

Figure 1 – Placement in out of home care

Placement Planning for children in OOHC occurs in the following phases:



6.1.1 Referral

Referral of children into OOHC is made by Child Protection following a decision to remove a child from the care of their parents as a result of significant risk related to abuse and neglect. The referral form is the first document from the LAC framework and it is the responsibility of Child Protection to complete the referral form.

PC practitioners have a significant role in facilitating the referral process by ensuring appropriate processes are followed, this includes checking that all required information is provided in the referral form in order to locate the best possible placement option for the child.

The collation of accurate and relevant information is critical at this point of the placement planning process as this will determine the initial placement experience for a child entering care and can greatly impact on that child's future journey through the care system. Referral information is essential in developing a thorough understanding of the child's individual needs and matching them to an appropriate placement.

The PC must review the referral form to ensure that the information provided is sufficient to support OOHC providers to identify placement options which are responsive to the child's needs. When information provided is inadequate, the PC will pursue the referring case manager for the detail required and continue a consultation processes until sufficient information is collated.

Communication between the PC and the case manager during this time is frequent and detailed. The PC will ensure that details in relation to the child's development, past experience of abuse and neglect, and individual needs are comprehensive to ensure the best placement match can be achieved.

Based on the information provided in the referral form and ongoing consultation with the case manager, PC practitioners will begin to make an assessment of the child's placement needs and explore which placement options are most appropriate for the child. In the first instance, placement within home based care (HBC) foster care will be explored and suitability will be assessed. If HBC foster care is not considered suitable due to the child's presenting behaviours, complexity of needs and presented risks, the PC will look at other placement options available.

Specialised placement requirements for a child will also be identified via the analysis of referral information. PC practitioners will make this assessment with the case manager and with knowledge of what is available in the form of programs and support within the OOHC system, they will begin to form a case to negotiate specific placement requirements for the child.

Once a referral has been completed and all relevant information has been obtained, the PC will begin to negotiate placement arrangements with OOHC providers. PC practitioners will begin detailed discussions with providers in relation to the child's needs and placement requirements, seeking the best placement option available. The translation of referral information to placement arrangements is critical in achieving successful placement matching.

PC practitioners will undertake discussions with placement providers to ascertain which placement type is going to best meet the needs of the child. Consideration of behavioural presentation and a risk assessment if other children are in the care arrangement will be undertaken.

If a placement cannot be identified which will meet the needs of the child, the PC will be required to consider other options. This may include the provision of additional funds, support or staffing into a placement, or the provision of a contingency arrangement specifically tailored to meet the child's needs.

6.1.2 Placement Matching

Placement matching enables the identification of the type of care best suited to the child, the supports and services that may be required, and the particular skills and abilities that a carer may be need to have.

Appropriate matching of children to placement is essential to achieving placement stability. Matching a child to a placement which is able to meet his/her individual needs on a long term basis is a primary aim of PC within their placement planning role.

When selecting an OOHC placement for a child, it is vital that the needs of the child are able to be addressed within the placement option. Placing a child based on the first available placement is less likely to achieve placement stability if the needs of the child are not well matched to the placement. This may further compound the trauma the child has experienced before entering care, as well as contribute to an escalation of the child's placement support needs in future.

For PC practitioner's client matching requires them to assess the child's needs, translate needs to placement requirements and match these as closely as possible to the placement options available. Having a theoretical understanding of child development, abuse and trauma supports practitioners understand the child's specific developmental, emotional and psychological needs and advocate for these in placement negotiations.

Strong communication, assessment and negotiation skills assist PC practitioners to achieve appropriate placement matching with service providers. Placement matching should also be informed by the child's case plan and LAC plan.

At times, matching children into a placement and having their individual needs met within available resources can pose a challenge. For PC practitioners, placement matching may require extensive negotiation, creative use of resources and the provision of particular supports to best meet the child's needs. Knowledge of the diversity of care options and services available within the care system will assist in securing the best placement match for the child.

In some cases, placement matching may be restricted by timelines due to the nature of the placement referral. For example, placement may be required in response to a sudden entry to care or an unexpected placement breakdown. In these cases, the best efforts should be made to appropriately match a child to placement within the circumstances at that time. The skills of PC practitioners to assess the needs of the child in a timely manner and to use their analytical and conceptual skills to negotiate the best possible option within the constraints of time and resources can greatly influence the placement outcomes for the child.

Negotiation of children into placement must be considerate of the following placement matching factors:

Table 2- Placement matching factors⁹

Matching Factors	Child Factors	Carer Factors
Availability/Type of Placement	<ul style="list-style-type: none"> Length and type of placement required Gender and siblings Any relationships with carers due to previous placements. 	<ul style="list-style-type: none"> Type of care offered by carer Level of care experience Age/gender of other children in household Current commitments and availability for required timeframe Age of carers (particularly where a permanent placement is required)
Location/Continuity	<ul style="list-style-type: none"> Can child be maintained within their community, for continuity of relationships, school, child care services When safety issues exist, look at placement not in same location as parents. 	<ul style="list-style-type: none"> Carers location Distance to child's school, community Distance to child's family.
Safety issues	<ul style="list-style-type: none"> Are there risks to child if parent knows placement location. Does the child present a risk to others 	<ul style="list-style-type: none"> Carers capacity to supervise and manage behaviours of child Risks to other children in placement
Relationship/Contact needs	<ul style="list-style-type: none"> Parents, siblings, extended family, friends, community Placement of siblings together where possible and appropriate 	<ul style="list-style-type: none"> Capacity to support and accommodate contact plan Capacity of carer with siblings already in care.
Services	<ul style="list-style-type: none"> Existing service for child/required services for child. 	<ul style="list-style-type: none"> Capacity to access and maintain child's involvement
Cultural/Religious	<ul style="list-style-type: none"> Cultural identity, needs, linkages Aboriginal placement principle Child's religion, level of significance 	<ul style="list-style-type: none"> Culture of carer Cultural sensitivity, support Cares religion, level of significance
Age	<ul style="list-style-type: none"> Childs age 	<ul style="list-style-type: none"> Family composition Match to other children in the home and to carers age, particularly if long term placement required
Care needs/Ability	<ul style="list-style-type: none"> Health Education Behaviour Emotional stability, developmental delays, disability Attachment needs Complexity of needs 	<ul style="list-style-type: none"> Carers ability Carers capacity Other children's needs Likely impact on other children Carers experience and skills Carers attachment style Suitability of home environment
Past experiences	<ul style="list-style-type: none"> Abuse history 	<ul style="list-style-type: none"> Carers ability, capacity

⁹ Queensland Government, *Child Safety Practice Manual*

	<ul style="list-style-type: none"> • History of placement disruption • Factors contributing to placement disruption 	<ul style="list-style-type: none"> • Additional supports required.
Transport needs	<ul style="list-style-type: none"> • Access, services, schools 	<ul style="list-style-type: none"> • Time and space availability
Case plan goals	<ul style="list-style-type: none"> • Assessment • Reunification • Long-term stable care 	<ul style="list-style-type: none"> • Placement type carer can offer • Flexibility to change when goals change • Age of carer, if long term placement required.
Socio-economic consideration	<ul style="list-style-type: none"> • Childs family situation • Impediments to reunification 	<ul style="list-style-type: none"> • Carers socio-economic situation • Carers capacity to empathise with child and family
Lifestyle and personality	<ul style="list-style-type: none"> • Childs personality, interests 	<ul style="list-style-type: none"> • Carers lifestyle and personality
Views and wishes of child	<ul style="list-style-type: none"> • Views and wishes of child 	
Views and wishes of parents	<ul style="list-style-type: none"> • Match of parents views to child's needs. 	

6.1.3 Placement Monitoring and Review

Placement monitoring and review promotes placement stability and continuity of care. While PC practitioners facilitate the placement referral process and work towards achieving successful placement matching, they also continue to support existing placements via ongoing monitoring and review of children already in the OOHC system.

On a daily basis, PC practitioners are required to oversee the whole OOHC system, from monitoring individual placements to monitoring the overall Divisional placement system demands. This requires ongoing communication with OOHC providers and Child Protection, re-assessing specific placement needs, and managing system challenges.

Placement change can be a challenging and difficult time for a child. With the care team, the PC will work towards minimising the number of placement changes required via placement monitoring and reviewing strategies to reduce further impacts of the trauma the child.

When there are indications that the stability of a placement is in jeopardy, for example, the carer is having difficulty managing the child or the child is demonstrating difficult or escalating behaviour, the PC may identify these triggers and commence strategies to begin addressing issues with Child Protection and the OOHC provider. Such strategies may include arranging a placement planning meeting or looking at further supports and services to maintain the placement.

This requires re assessment of the child's needs within the provision of the placement. The information and advice offered by PC at these times can be crucial to the placement outcomes for the child. The experience and knowledge PC practitioners have in relation to the child's placement history, as well as system resources, processes and opportunities can be vital in decision making processes.

Placement planning meetings should be convened regularly by the PC when a placement is in jeopardy; the placement is a contingency arrangement; or when there are other complex factors related to the placement. These meetings monitor if the needs of the child are being met and are being provided in the best possible way; they also monitor the demand on the service system and impact on the Divisions placement budget.

If there is a placement breakdown and a change of placement is required, the PC undertake to make the change in the most supportive and least disruptive way. In the first instance the PC will support the current OOHC provider to find alternative options within their organisation; if this is not possible the PC will begin to seek another appropriate placement with other OOHC providers. Through the care team a clear plan should be developed to assist and support the child to transition and settle into a new placement.

During this phase it is essential the PC continue to have open and regular communication with OOHC providers and Child Protection to ensure a consistent understanding of the needs of children in care and the system demands.

At times, communication between OOHC providers and Child Protection may require mediation by the PC when there is a difference of views or assessment. The PC will attempt to resolve issues with the best interest of the child as the primary consideration.

On a broader level, the PC manager will monitor and review the placement system to identify demands and gaps, feeding this back into strategic planning meetings and discussions with a focus on service system improvement initiatives.

6.1.4 Leaving Care/Exit Planning

Ensuring appropriate planning and support is provided to children or young people leaving care or exiting a placement, is crucial in maintaining positive outcomes which have been achieved within their OOHC placement.

The PC role works towards achieving the best possible placement option for a child entering care, and also to support placement planning towards that child exiting the system in a planned and supported manner.

6.1.4.1 Leaving Care

Preparation and planning for leaving care should ideally commence two years prior to a young person's transition from care. This is the time at which the care team will begin to discuss and facilitate planning for the young person to leave the care system.

Young people aged between 16-18 years old, who are subject to a Custody to Secretary or Guardianship Order, and are in OOHC require careful support to transition to independence and adulthood. Child Protection and OOHC providers work together to ensure the young person is supported in their transition through the provision of support, education and skill development.

To ensure young people leaving OOHC have optimal success in their transition to adulthood, preparation needs to be considered as part of a continuous process of personal development, not as an event that starts only as a young person nears the end of their time in care.

It is important that young people leaving care have the necessary support and skills to maximise their opportunities and feel ready and prepared to leave care. Young people need time and experience to learn the skills necessary for successful independent living.

Increasingly, departmental sub-divisions have developed alternative settings in the OOHC service sector where young people between 16 - 18 years of age can develop and trial these skills. These programs include lead tenant, foyer models or residential units with the capacity for some independent living. Alternatively Divisions hold Leaving Care transition brokerage funds that can be

used to support actions identified in young peoples' transition plans or their individual skill enhancement whether personal, vocational, educational, or social.

PCs act as facilitators between care providers, child protection and Placement and Support. Divisional PCs are encouraged to establish systems that can:

- identify all young people in out of home care between 15 and 18 years of age,
- confer with case managers regarding the long term planning for the young people
- identify opportunities for suitable young people to move to less restrictive, semi-independent models and commence referral processes
- identify and facilitate planning meetings with Disability or Youth Justice and other relevant stakeholders to inform transition planning
- provide consultancy for best use of Leaving Care transition brokerage
- delegation to approve brokerage funds or manage approval processes for higher expenditure (RLCA approval required)
- Monitor vacancies in post care support and mentoring services.

6.1.4.2 Exit Planning

Planning for the exit of children and young people from their placement or the care system usually occurs in a considered manner however at times may be unplanned and sudden. Where possible, the PC will support this process occurring in the most supportive way for the child, minimising any traumatic impact.

When the child's move out of the care system or from one placement to another placement is planned, it allows for the child to be physically, mentally and emotionally prepared for the change and allows for a gradual transition to occur, reducing the impact of change. The PC will support this process by being flexible in their placement arrangements, allowing time for the child to gradually move between two placements and not placing pressure on the transition due to system demands.

When a child exits a long term placement in the OOHC system, consideration should be given to the child's attachment to the placement and the carer and how this relationship can be supported in a way that it is not experienced as 'a loss' for the child. Knowledge in relation to abuse and trauma and the importance of attachment supports PC practitioners to offer advice and support to OOHC providers in relation to this matter.

6.2 Data Information and Recording

Recording of information and data collection is an essential part of good practice and a requirement for PC practitioners. It is essential in achieving successful individual client outcomes and effective system monitoring and quality improvement.

The recording of information and data represents all activities required in placement planning for children in care. Recording of information is crucial in knowing the child's world, his/her needs, planning and decision making activities, and placement outcomes. PC practitioners have a significant role in maintaining the child's record of their history and experience in care.

Recording individual client information on the electronic systems, CRIS and Oracle, provides placement information and data which can be stored to provide a story about the child's journey through the care system.

Information and data recording supports the placement of children by providing factual information, assessments in relation to the child, and plans and agreements made about what actions will be taken. Data systems ensure adequate support for placement such as monitoring and adjusting caregiver reimbursement.

All phases of the placement planning process require PC practitioners to accurately record information on CRIS in relation to the child, in a confidential, secure and timely manner. CRIS information is another form of communication between Child Protection, the PC and OOHC providers where information is shared between the programs.

Ensuring information is recorded appropriately and accurately is essential for PC practitioners; therefore their skills to navigate and use electronic systems are critical to their role.

The PC is required to assist with data collection requirements for the Division and central office. Such data may assist in providing an analysis of the system to support the development or increase in initiatives to improve the service system.

6.3 Legislative Requirements

Data and information in relation to children in care must be managed in a sensitive and confidential manner according to principles specified in the *Children Youth and Families Act 2005*, *Information Privacy Act 2000* and *Health Records Act 2001*.

The Children, Youth and Families Act authorises professionals to share certain information where it is in the child's best interests. It provides a legislative context to support information sharing between professionals within the local service network which promotes collaborative practice and therefore contributes to ensuring the safety and well-being of vulnerable children.

In the context of the PC, the primary purpose for which information is exchanged about children is to protect them from harm and promote their development within their OOHC placement, with a clear expectation that they will receive good care.

Protecting children from harm and promoting their development is only possible where assessments and case plans are based upon adequate information. This requires professionals involved with the family, and other relevant members of the community to be able to share relevant information in a timely and effective manner. Equally, parents, children and other individuals have a right to expect that their privacy is respected and personal information is not misused.

Information sharing must then be consistent with the Information Privacy Principles contained in Schedule 1 of the Information Privacy Act and the Health Privacy Principles contained in Schedule 1 of the Health Records Act. In situations where there is uncertainty regarding the management or disclosure of information, practitioners should seek the advice of management.

6.3 Funding/Delegation

The PC has a significant role in ensuring adequate funding is provided for the provision of individual OOHC arrangements. In order to successfully achieve this, the PC are required to

maintain ongoing consultation with Child Protection, OOHC providers and Placement and Support, to identify the specific placement needs for children and ensure appropriate funding is provided and processes are followed.

The PC's role involves the facilitation of the following financial requirements and processes to support the placement of children in OOHC.

6.3.1 Caregiver Reimbursement

The PC is responsible for the approval of caregiver reimbursements for placements they negotiate within the funded OOHC sector. The PC will consult with the OOHC provider and Child Protection to determine the child's level of need and recommend the appropriate caregiver reimbursement for each placement.

Requests to increase caregiver reimbursement rates are made by the service provider to the PC who will consider the request and make a decision in consultation with Child Protection.

6.3.2 Respite care exceeding 29 days

In exceptional circumstances where the number of respite days required for a care arrangement exceeds 29 days, applications for further respite days are made to the PC by the OOHC provider. The PC will facilitate a process where consideration will be given to this request in consultation with the OOHC provider, Child Protection and the care team. Where respite arrangements exceed 29 days the case plan must be endorsed by the Community Care Manager.

6.3.3 Additional flexible funding to support the child and placement

Additional flexible funding may be provided to support a care arrangement for a child when his/her needs cannot be met within the standard funding model. For example, extra staffing may be required for a specified time to assist in the management of a child who is displaying challenging behaviours which are not able to be managed within the placement options available.

Additional placement funding may also be tailored around the child's specific needs. Requests for funds are managed by the PC who make an assessment in relation to the appropriateness of requests, in consultation with the care team, and decide on funding allocation. In making decisions, the PC will consider whether identified placement requirements can be met via other available resources and supports.

6.3.4 Leaving Care Brokerage

The PC is responsible for the management of leaving care brokerage. Requests for brokerage funds will be made to the PC who will have delegation to approve certain funding amounts otherwise they will forward requests to management or the Leaving Care Alliance group, according to specified sub-divisional or Divisional processes.

6.4 Quality and Systems Improvement

The PC role supports and influences systems quality and improvement processes through their practice experience and knowledge of the OOHC system. The PC's role in managing the demands

of the system provides them with a strong insight into the challenges and gaps within the OOHC system. The participation and advice provided by the PC in strategic groups and panels which focus on service improvement is essential to achieving positive outcomes for children in care.

The role of PC in data collection and analysis assists in better understanding the needs of children in OOHC. This supports evidence based approaches to improve processes and systems which further support positive outcomes for all children in care.

The PC will contribute to quality and systems development via all or a selection of the following meetings and processes:

- Sub-division al or Division panels and meetings such as High Risk Adolescent meetings, Leaving Care Alliance group and Therapeutic Reference Groups.
- Quality of Care processes
- Incident reporting processes
- Caregiver accreditation panels
- Sub-division al or Divisional project control groups

The relationship between the PC and Program and Service Providers (PASA's) is crucial in providing quality and systems improvement. Formal and informal communication between PC and PASA's assists in identifying any system or service provision concerns and addressing them.

7. Out of home care system

The OOHC system aims to provide children and young people with stable placements which provide for their individual physical, emotional and psychological needs. Children are placed in OOHC when the risks are too great for them to remain at home and they require a placement which will ensure their safety, wellbeing and stability whilst such risks are being addressed.

The OOHC system offers a number of placement options (figure 2 page 31) for children based on their individual needs, presentation, age and stage of development. The appropriate OOHC placement for each child is ascertained through the referral process which requires thorough assessment and consultation between the child's case manager, the PC and OOHC providers.

Most children are placed in OOHC as a result of Child Protection intervention and in accordance with a Children's Court Order, however a small proportion are placed on a voluntary basis with no court order requiring them to live away from their parents. Child Protection may facilitate a voluntary placement between a parent and a OOHC provider without the need to go to court or voluntary placements may be arranged by families or the young person themselves directly with the OOHC provider.

The PC are responsible for the coordination of placements for Home Based Care, Residential Care, Respite and Child Protection Voluntary Agreements. The placement of children into Kinship Care, Permanent Care and Secure Welfare are generally arranged by Child Protection.

The following placement options are core placement models offered in most Divisions, in addition, Divisions may have specifically tailored models which they are able to offer as placement options. The PC in each Division will have knowledge and information about their Divisional OOHC system.

7.1 Home Based Care

Home based care (HBC) provides placements with approved carers in their own home, for children and young people 0–18 years of age. Home-based care includes all types of foster care, kinship care and permanent care. OOHC providers responsible for the provision of foster care and Adolescent Community placement undertake the recruitment, assessment, training, supervision and support to carers.

The PC is involved in referral and planning processes for foster care options only, including Adolescent Community Placements and Therapeutic Foster Care:

7.1.1 Home-based care general:

HBC can be temporary, short or long term care for children and young people who are unable to live with their families due to issues of abuse or neglect, or where the parent(s) are unable to care for the child or young person for a short period of time due to illness or other significant family circumstances.

7.1.2 Home-based care intensive:

A model for children or young people with intensive needs, including those in a Shared Family Care arrangement (children with a disability aged 0-17 years). Their additional needs may be behavioural, emotional or physical and are significantly greater than those of children in general

home-based care. Carers who care for these children are given additional training, reimbursement and support.

7.1.3 Home-based care complex:

Usually one-to-one care for children and young people with very high, complex needs where intensive placements have been inappropriate or unsuccessful because of the child or young person's challenging behaviour or additional needs. This is a small proportion of children who are in care and they have extremely high needs and a range of behaviours requiring more specialised care and support.

Carers who care for these children or young people are given additional training, reimbursement and support.

7.1.4 Adolescent community placement:

this model for young people 12 to 18 years of age, enables young people to reside in a home-like environment with the support and supervision of approved carers.

7.1.5 Therapeutic foster care:

This model provides additional supports for the child and carers. Key features are the centrally important role of the care team, the support to the child and the carer, and the dedicated involvement of both placement and therapeutic specialist providers. The interactions of the carer, support networks and workers with the child will be guided by therapeutic intent.

7.1.6 Kinship care:

A care arrangement provided by relatives other than the child's parents, and significant other adults in the child's life, such as teachers, neighbours or friends. Kinship care can be short or long term. Arrangements for kinship care are generally made between Child Protection and the family.

Aboriginal kinship care is care provided by relatives or friends to an Aboriginal child who cannot live with their parents, where Aboriginal family and community and Aboriginal culture are valued as central to the child's safety, stability and development.

In some sub-divisions or divisions, PC may provide limited support to kinship placements, such as financial support or advice at times when these placements are in jeopardy.

7.1.7 Permanent care:

When children are placed with approved permanent care parents by Adoption and Permanent Care teams, or when an existing foster care or kinship care placement is converted to permanent care by the granting of a Permanent Care Order or an order from the Family Court.

Permanent care provides security and stability for children and young people who have entered the child protection system and for whom a decision has been made that they are unable to live safely within their family on a long term basis. It is intended they will grow up and remain as a member of the carer's family.

7.2 Residential Care

Residential care provides temporary, short and long term care to children and young people who are unable to be placed in HBC. Children and young people who are placed in residential care often present with a significant level of challenging behaviors, multiple complex needs and likely to engage in high risk behaviors.

Residential care provides 24 hour supervision by professionally trained staff in specific departmental approved facilities which are managed by CSO's. Staffing levels in residential units are arranged according to the number of children or young people in the unit and their specific needs. The level of supervision in a residential unit may also vary between sleep-over and stand-up models depending on the complexity of the children and young people residing in the unit and the level of supervision they require.

7.2.1 Therapeutic Residential Care

Therapeutic residential care responds to the complex consequences of abuse and neglect and the impact of separation from family through positive healing relationships in a trauma and attachment-informed and developmentally focused framework. The model also:

- Supports residential care workers to provide informed care and guidance beyond what is commonly expected by a parent or carer, to assist in addressing a child/young person's everyday and exceptional needs and/or developmental delays that impede healthy functioning.
- Provides the child or young person with restorative experiences through safe, nurturing relationships in an emotionally regulated and consistent environment, promoting their capacity to experience and recognise safety in relationships with others.
- Focuses on hearing the child and young person's voice, responding to their unique 'presence' and understanding their experience and the multiple possible meanings behind their behaviours.
- Aims to strengthen the child or young person's positive connections with their family, community and culture.

7.3 Contingency Care Arrangements

Contingency care arrangements are made for a child in exceptional circumstances when the core funded placement options within the Divisional OOH system are unable to meet the specific needs of that child. The specific needs of a child within a contingency arrangement may be met via the set up of an additional placement outside of the core funded placements, or the provision of additional funding to provide extra support within a core funded placement.

Contingency arrangements are time limited and funded outside of the Division's base/budget funding allocation. Funding for such placements must be approved by the Client Support Services Manager in each Division.

7.4 Lead Tenant

Lead Tenant aims to provide semi-independent accommodation for young people 15-18 years, who are in transition to independent accommodation. A volunteer lead tenant lives with the young

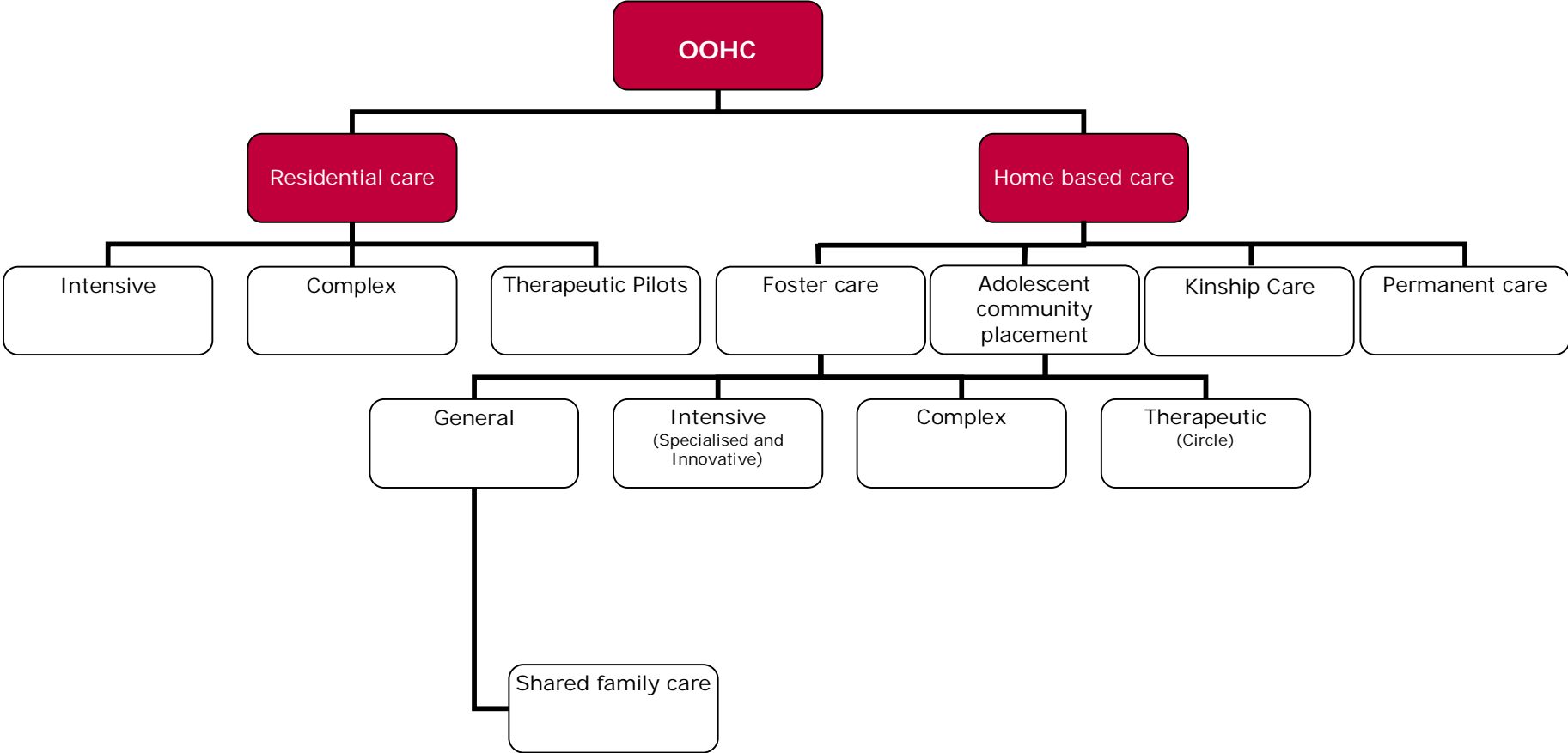
people and provides guidance and support in developing their independent living skills. A support worker works with young people in the program to assist them develop independent living skills, as well as link them into education and job training activities. Lead Tenant models are managed by funded CSO's who oversee the management of the property and the lead tenant.

7.5 Secure Welfare Services

Secure Welfare Services (SWS) form part of a continuum of strengthened care and protection services for child protection clients (10 to 17 years) who present a substantial and immediate risk of harm to themselves or from others.

Placement in SWS is one response option within the statutory protection and care system for children who need a highly structured setting during a significant crisis. This service is considered an option of last resort, where containment is deemed necessary, and when the broader protection and care network cannot manage or reduce the risks to the child. As SWS is a secure facility, placement in this service is the most extreme form of protective intervention and all other options must be explored first.

Figure 2 – Out of home care placement system



8. Key relationships, roles and functions

The placement of children in the OOHC placement system is achieved through partnership and collaboration with key stakeholders including Child Protection, OOHC providers and the PC. To achieve the best outcomes for children in OOHC, placement planning relies on the PC maintaining strong partnerships with stakeholders. It is also important that individuals, teams and programs involved in placement planning processes are clear about their role and responsibilities and that they work together in the best interests of the child.

8.1 Service Implementation and Sector Partnerships Unit / Client Outcomes and Service Implementation Branch (COSI)

The Service Implementation and Sector Partnership Unit sits at the Divisional level and oversees and coordinates Divisional involvement in service implementation and implement departmental policies and programs across divisions and areas. The unit will have a key role in managing relationships with larger agencies. It will provide oversight for some key functions relating to funded agencies and maintain a sector-wide view of agency development and capacity. The unit is split into two distinct teams:

- Service Implementation Team
- Sector Partnerships Team.

The teams report to the Manager of the Service Implementation and Sector Strategy unit in the COSI branch.

The Service Implementation Team will:

- oversee and coordinate policy implementation and act as a conduit between central office and service delivery staff to communicate any implementation issues
- work with the central Service Implementation and Support Unit to coordinate divisional service development and implementation processes and staff resource allocation including new service initiatives to be delivered by funded agencies
- maintain a level of involvement in service development and implementation processes and staff resource allocation to ensure that consistent approaches are adopted across areas and that divisional resources are allocated appropriately
- act as a central point of contact within the division for new approaches or programs.

The Sector Partnerships team will:

- manage and oversee strategic sector-related functions and service quality and capacity monitoring of large and/or divisional funded agencies
- manage relationships in networks involving external agencies
- build and maintain relationships within the department, community service organisation (CSO) sector and other external stakeholders
- coordinate local area-based agency relationship support, particularly for agencies that span multiple areas or divisions (including completing monitoring requirements and

coordinating contributions from areas, for larger complex CSOs that span multiple areas and/or divisions)

- support the service implementation team in the Client Outcomes and Service Improvement Branch to ensure appropriate support is provided to CSOs regarding changes to policy or program implementation
- ensure that area-based Local Connections Engagement Officers are feeding into divisional processes and analysis
- conduct service agreement, target and budget negotiation, including providing high level advice on distributions of growth or new funding and manage existing service agreements including the negotiation of funding and activities
- coordinate procurement processes for the allocation of funding in line with government purchasing requirements
- manage service review processes to address identified CSO performance issues and monitor actions arising from service reviews
- assist with the management of CSO closures and/or mergers
- undertake agency desktop reviews for which the division is the lead (informed strongly by area-based agency relationship roles)
- conduct sector capacity and demand analysis
- undertake project management for division-wide initiatives
- participate in forums and conferences
- develop sector improvement plans to address risks and improve service system outcomes.

8.2 Local Connections Unit

The Local Connections Unit is a dedicated team at the Area level that promotes the social and economic participation of the local community as well as managing relationships with funded agencies. There may be some interface between PC and Local Connections Units with regard to agency relationships and any issues that Local Connections will be directly managing with service providers.

Two teams operate out of the Local Connections Unit:

- Agency Connections
- Community Participation.

The Agency Connections Team will:

- develop in-depth understanding of the local community service organisation (CSO) environment, including a broad knowledge of locally-provided services, and identification of service-related issues such as service demand
- provide CSO support via liaison, service development initiatives and capacity-building
- manage the interface between the department and agencies for common clients
- undertake agency visits
- complete monitoring requirements for local, area-based CSOs ensuring appropriate records management compliance

- provide input to divisions on monitoring requirements for larger or complex CSOs that span multiple areas and/or divisions
- escalate ongoing CSO performance or client issues to divisional staff, as required
- provide point of contact for advice to CSOs re policy requirements and guidelines
- respond to client issues such as complaints and incident report compliance, involvement in quality of care and quality of support processes as required by the division
- inform the broader oversight of agency management and performance that occurs at the divisional level
- work in conjunction with area-based Community Participation Team to involve CSOs in community-based initiatives
- prepare initial responses to Ministerial and parliamentary enquiries and general data requests, draft visit schedules, speech notes and other information as required
- ensure that divisional Sector Partnerships Officers have access to current, relevant information pertaining to funded agencies across the division.

The Community Participation Team will:

- develop and implement a range of community development and social inclusion approaches that add value to the work of area-based service delivery
- develop new projects, service pathways to training and employment, client participation mechanisms, place-based approaches and identify and support existing initiatives
- forge strategic partnerships with other agencies and sectors, which is critical to maximising local investment in the development of solutions to local issues
- develop and maintain an understanding of community needs and trends
- work in conjunction with area-based Agency Connections Team to involve CSOs in community-based initiatives
- prepare initial responses to Ministerial and parliamentary enquiries and general data requests, draft visit schedules, speech notes and other information as required
- work closely with divisional Sector Partnership Officers.

8.3 Out of Home Care Service Providers

Much of the interface between PC and Service Providers will occur through the Service Implementation and Sector Partnership Unit and the Local Connections functions previously described.

OOHC providers are responsible for the provision of carers and staff who provide care arrangements for children referred to the OOHC system by Child Protection.

To ensure the effective provision of placement and successful outcomes for children in care, OOHC providers:

- Undertake recruitment, training and assessment of prospective caregivers;
- Provide support, supervision, information and training to carers so they can carry out their roles and responsibilities;
- Assess referrals to identify the child's needs, and consider how these can be matched to an appropriate caregiver;

- Support caregivers to understand the child's individual needs and provide an environment which is responsive to these needs;
- Coordinate and lead care team processes for the child, working alongside other relevant professional, to develop, implement and review the child's Care and Placement Plan;
- Facilitate contact between the child, birth family and caregiver;
- Facilitate and participate in Looking After Children processes;
- Review placements and consult and plan with Child Protection regarding any placement issues;
- Facilitate and participate in the Looking After Children Processes;
- Work with the child to ensure they understand their care arrangements and that their needs are being met in placement;
- Provide ongoing support to carers, listen to their views about the child and act on information appropriately, and ensure it is relayed to Child Protection staff;
- Contribute to the development and implementation of the young persons' Leaving Care Plan;
- Annually review accreditation of carers;
- Provide written reports and assessments as required;
- Arrange for appropriate financial reimbursements and support to be provided to carers, in liaison with Child Protection and PC staff.
- Promote quality of care for children by responding to and following guidelines in relation to abuse in care and /or quality of care concerns, and incident reporting.

8.4 Child Protection

The placement of a child in OOHC is initiated by Child Protection who are the initial source of contact and information in the placement planning process.

Child Protection has responsibility for decision making for the child. This should be done in consultation with the child's care team and other relevant professionals. It is expected that Child Protection will maintain regular contact with the PC in relation to placement planning issues, informing them of any decisions and plans related to placement.

Child Protection has the following responsibilities in the placement planning processes for children in care:

- Lead the development, implementation and review of the child or young person's Case Plan, including the Stability Plan.
- Provide detailed referral information when the child enters care by completing referral documentation and consulting with the PC and OOHC provider.
- Be an active member of the child or young person's care team and ensure the care team contributes to the development of the Case Plan.
- Work with the child or young person to ensure they understand their situation and that their needs are being met in the placement.
- Work with the child or young person's family.
- Provide relevant information concerning the child or young person to the CSO as soon as it becomes available, so that CSO staff and carers can meet their roles and responsibilities.

- Record and respond to information provided by CSO's or carers concerning the child or young person.
- Contribute to the development of the child or young person's Care and Placement Plan and other Looking After Children processes.
- Investigate and assess reports of harm to the child or young person.
- Review Case Plans, including annual review of statutory orders and preparation of court reports.
- Ensure a Leaving Care Plan (Transition Plan) is prepared and followed to support a young person when they are leaving care.
- Provide timely responses to requests for financial or other supports.
- Advise the child's school (if applicable) that the child is in care and requires the development of an Individual Education Plan, and to assist the school to meet with the child's care team.

8.3 Care Team

The care team consists of a group of people who jointly provide for the care of a child while that child is in OOHC. Care teams should collaboratively take responsibility for managing the day to day care of the child in line with the child's case plan. Following are joint or shared roles and responsibilities of the care team:

- Ensure that the placement is ensuring the child or young person's safety, wellbeing and stability.
- Respond to the needs of the child or young person and include them in planning and decision making where possible.
- Support the child or young person's relationship with their family and community, as appropriate.
- Ensure that communication is maintained so that all members of the care team are kept up to date with important information.
- Work in a collaborative manner and contribute towards the development and implementation of the child or young person's Case Plan and Looking After Children planning processes, including the Care and Placement Plan.
- Maintain confidentiality and privacy and not disclose personal and confidential information that is not relevant for providing good care for the child or young person.
- Specific tasks, such as providing transport for children or young people to contact visits with family or to specialist medical, educational or therapeutic services, and supervising contact visits.
- wherever possible and appropriate, be shared between carers, CSO staff and child protection staff as agreed via the best interests planning and care and placement planning processes.

8.4 Client Support Services Unit

PC sits within the Client Support Services Unit, reporting to the Unit's manager. Placement Coordination Unit (Child Protection). The Placement Coordination Unit (Child Protection) team provides a range of division-wide services as described in this document, including:

- managing placement referrals for children and young people in need of out-of-home care

- managing alternative placements for children or young people already in out-of-home care
- monitoring and supporting existing placements to ensure optimum placement planning.

The Client Support Services Unit provides a range of other specialist knowledge and expertise, particularly with regard to Disability clients, to assist area-based service delivery teams as well as provision of direct client services across areas that fulfil a coordinating role and /or improve client access to services. Other teams within the Unit are:

- Disability Intake and Response Team – first point of contact for services for people with disabilities
- Disability Registration and Vacancy Management Team – coordinating allocation of disability resources, which comprise individual support packages and shared supported accommodation
- Disability Individual Support Management Team - assessing, monitoring and reviewing individual support packages
- Practice Excellence Team - providing leadership, expertise and operational support to area-based service delivery teams as well as driving service consistency across areas.

PC may interface with these teams with regard to joint clients of OOHC and Disability Services or with regard to children in OOHC who require a Disability Services Target Group assessment.

References

- Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group (2010) *National Standards for Out of Home Care Consultation Paper*.
- Department of Human Services. (2010) *Best interests case practice model-Specialist practice resources*. Victorian Government Department of Human Services www.cyf.vic.gov.au/every-child-every-chance/home
- Department of Human Services (2011) *Child Protection Manual*. State Government Victoria.
- Department of Housing and Community Services. *Good Practice for Placement Planning*. Institute of Child Protection Studies. http://www.dhcs.act.gov.au/_data/assets/pdf_file/0014/5630/Good_Practice_for_Placement_Planning.pdf
- North California Training Academy (2008) *A Literature Review of Placement Stability in Child Welfare Service: Issues, Concerns, Outcomes and Future Directions*. The University of California, Davis, Extension.. <http://www.childsworld.ca.gov/res/pdf/PlacementStability.pdf>
- NSW Department of Community Services (2007) *Permanency planning and placement stability*. http://www.families.nsw.gov.au/docswr/_assets/main/documents/researchnotes_permancy_planning.pdf
- Queensland Government (2009) *Child Safety Practice Manual* <http://www.childsafety.qld.gov.au/practice-manual/>