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Government

Community Services

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OUT OF HOME CARE STRATEGY 2015–2020



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Acknowledgement of Country

The ACT Government acknowledges the traditional custodians of the ACT, the Ngunnawal people. The ACT Government acknowledges and respects their continuing culture and the contribution they make to the life of this city and this region.

Acknowledgements

The ACT Government acknowledges with thanks the contribution of the many individuals and organisations who participated in the development of the strategy including children and young people, carers, birth parent representatives, out of home care services, staff of CSD and other government and non-government partners.

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Minister's foreword

The ACT is a wonderful place to live. Its citizens enjoy one of the best lifestyles in the country, with high education, employment and income levels and access to an array of quality health, education and other services.

It may surprise many members of the ACT community to learn that there are around 600 children and young people who are in the care of the territory as they are unable to live safely with their own parents. This may be as a result of physical, sexual or emotional abuse or as a result of neglect.

We only get one chance at childhood. As the Minister for Children and Young People, I am committed to ensuring that the ACT's most vulnerable children have the chance of a good childhood, not one marked by fear, deprivation or insecurity. I am committed to ensuring that we support the ACT's families to do a great job of raising their children and young people. I am also committed to ensuring that children and young people who cannot safely live with their birth family have the care and support they need to become happy and healthy adults. Sadly, around the nation, life outcomes for many care leavers are less than optimal.

This strategy provides for new service initiatives to support high-risk families to safely parent their children and young people at home. Where this is not possible, the strategy seeks to better support children and young people in care for the future, including ensuring that wherever possible, children grow up in a secure, loving alternative family environment. The strategy also responds to a number of issues raised in reviews of child protection services in recent years. It seeks to place the out of home care system on a more equitable, cost-effective and sustainable footing for the future. It strengthens oversight and monitoring of out of home care services to safeguard and ensure high-quality services for children and young people.

The strategy builds upon an earlier commitment by the ACT Government to establish a trauma recovery service to address the behavioural and emotional difficulties experienced by many children and young people who have suffered abuse, neglect or sexual exploitation by the adults in their lives. The strategy recasts the out of home care system as a therapeutic, trauma-informed service system with the child or young person at the centre.

It is of concern to me that around one-quarter of the children and young people in care are Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander children are significantly over-represented in the ACT child protection system as they are in other Australian jurisdictions and this is a matter of great unhappiness to Aboriginal and Torres Strait Islander communities and the broader community across the nation. I am pleased that a number of elements of the strategy will assist Aboriginal and Torres Strait Islander children and young people and families.

The Out of Home Care Strategy is one of a range of initiatives approved and funded by the ACT Government under the 'Better Services' banner. The strategy is a practical expression of the service delivery principles outlined in the *Human Services Blueprint*. It seeks to ensure that high-risk families receive support to parent their children successfully and that the needs of children and young people who come to the attention of child protection services are identified and addressed as early as possible. These approaches will deliver benefits to the individuals and families concerned and to the wider community.

This strategy is unabashedly child-focused. The vision for the strategy is *Children and young people in care—growing up strong, safe and connected*. Government alone cannot deliver this outcome for our vulnerable children. The support of the ACT community, its institutions such as schools and health services, and ACT families is needed in order to implement the strategy and make a difference. I commend the strategy to you.

Mick Gentleman MLA

Minister for Children and Young People





Executive summary

The Out of Home Care Strategy 2015–2020 is a plan to guide the delivery of services for children and young people who cannot safely live with their parents.

The strategy has been developed by the Community Services Directorate (CSD) in consultation with young people, carers, out of home care agencies, peak bodies, non-government and government services over the course of a two-year period 2012–14. Extensive research has been undertaken to support the strategy. Many of the reports of these activities can be found on the CSD website at www.communityservices.act.gov.au/ocyfs/out-of-home-care-strategy-2015-2020.

There is a compelling need for change to address a range of challenges facing child protection and out of home care services around the nation. These include:

- continuing growth in numbers of children and young people entering care
- over representation of Aboriginal and Torres Strait Islander children and young people in care
- poor life outcomes for many care leavers
- difficulty in obtaining volunteer foster carers
- increasing costs.

The ACT Government endorsed the strategy in October 2014. It will be progressively implemented over a five-year period. Funding was provided in the 2014–15 ACT Budget to plan for the transition and to commence the change management process. A number of initiatives will commence during 2015 including training and legislative reforms to support rollout of the strategy, with the bulk of new services commencing operation on 1 January 2016. An Out of Home Care Taskforce has been established within CSD to drive reforms and an independent advisory panel will report to the Minister for Children and Young People on progress in implementing the strategy.

While the Out of Home Care Strategy is intended to transform outcomes for vulnerable children and young people and their families who have contact with the child protection and out of home care systems, it is important to acknowledge that the reforms build upon existing best-practice elements already in operation. New initiatives will not replace the current good practice happening in the sector; instead they will build on, strengthen and introduce some new service elements to address deficiencies of the current system and to incorporate emerging best-practice perspectives. The transformed service elements will make better use of existing resources as well as drawing upon additional investment that will be announced in the next ACT Budget. An operational framework, incorporating existing and new service elements, will be prepared in coming months. It will describe how out of home care services will operate in future and will be developed in conjunction with relevant government and non-government service providers.

The strategy

The *Out of Home Care Strategy 2015–2020* is unabashedly child-focused. It will recast services, both government and non-government around the child or young person's needs and will require changes to culture and practice to ensure that the voice of the child or young person is clearly heard.

The shared vision for the strategy is:

*Children and young people in care—
growing up strong, safe and connected*

The vision statement expresses the government's commitment to maximising the physical and mental health and wellbeing of children and young people in care and their connection to family, community, culture, education and employment. The government is seeking a generational change which will mean that the next generation of care leavers will enjoy a sound basis for a successful adult life including enjoying a secure attachment to a family.

The strategy differs from its predecessor, the *Out of Home Care Framework*, in a range of ways. It represents a major departure from current practice in out of home care service provision.

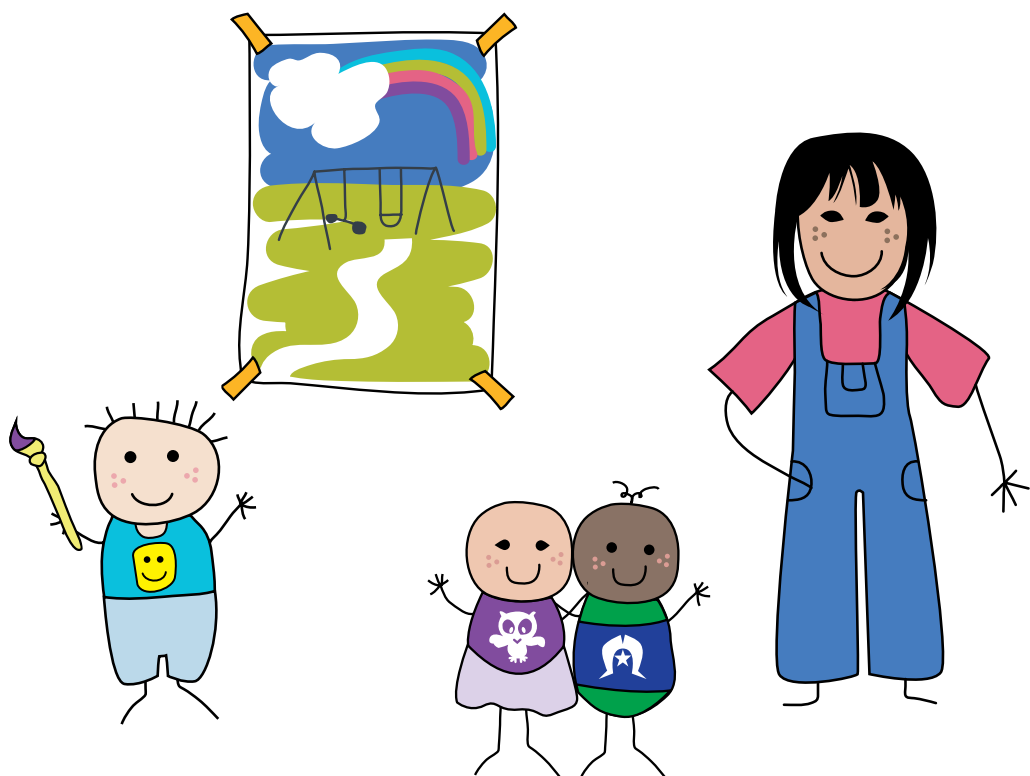
- It will strengthen decision making around the child or young person and embed a culture of listening to the voices of children and young people.
- It recasts the out of home care system as a therapeutic, trauma-informed system of care.
- It shifts the pattern of investment to increase expenditure at the front end of the system, aiming both to minimise entries to care and also to identify children's behavioural concerns and special needs early and to provide flexible individualised funding to address those needs.
- It provides a greater share of the business and more autonomy to the non-government sector.
- It will offer alternative service options for keeping Aboriginal and Torres Strait Islander children and young people at home with birth families and independent cultural advice from Aboriginal and Torres Strait Islander community members to support children and young people in care.
- Where children and young people cannot return home safely, it aims to normalise children and young people's lives by exiting as many children and young people from care into permanent alternative homes as soon as possible.
- It strengthens oversight and monitoring including introducing a performance framework and performance-based contracting.



The Out of Home Care Strategy is based on an understanding that all children and young people who enter care have suffered trauma as a consequence of both the circumstances that led them to enter care and the loss of familiar relationships and environments. The strategy seeks to ensure all services to children and young people in care provide positive, safe, healing relationships and practices that are informed by a sound understanding of trauma, attachment and child development.

A fundamental plank of the system will be comprehensive developmental and psychological assessments for children and young people in placement prevention services or upon entering care, repeated at regular intervals, generally annually. The assessments will inform development of care plans including a therapeutic plan for each child or young person and also provide some more objective measures of child and young person wellbeing and progress over time. The assessments will also facilitate early access to National Disability Insurance Scheme (NDIS) packages where relevant.

The strategy comprises an array of new service initiatives and reform activity, which have been grouped into three domains.



Strengthening high-risk families domain

The strengthening high-risk families domain increases investment at the front end of the care system in order to divert children from entering long-term care. This domain is largely focused on managing risks associated with family of origin and it seeks to avoid drift into care and drift in care. There will be a strong emphasis on timely decision making, especially for infants and very young children. The services will need to be culturally proficient to meet the needs of Aboriginal and Torres Strait Islander families.

New services established for strengthening high-risk families will be delivered by non-government service providers upon referral from Care and Protection Services. These elements will sit within and complement the existing service system offered to families in the ACT. ACT government and non-government agencies will seek to offer families a comprehensive package of service options that effectively engage struggling families in order to meet the needs of vulnerable children and young people.

Key service initiatives include:

- **placement prevention services** operated by non-government providers to provide intensive in-home, practical support to families whose children are at high risk of entering the statutory care system. These services provide more intensive support than general community-based family support services and Care and Protection Services is the gatekeeper and commissioner of these services
- **reunification services** operated by non-government providers to provide similar services following entry to care dedicated to getting children and young people home safely as quickly as possible and supporting parents over a period of time to focus on their children's needs, so there is no reoccurrence of entry to care
- a **mother and baby unit** that will provide supervision and support for up to three months in a community-based setting to struggling mothers whose babies are at risk of entering care. The mother and baby unit differs from ACT Health's Queen Elizabeth II Family Centre which provides residential support for parents and babies or young children for a period of up to five days in a facility which is licensed as a hospital and staffed by health professionals
- **supported contact services** operated by non-government providers to provide for skilled paraprofessional staff to monitor and report upon supervised contact between parent and child and to coach and mentor parents in a hands-on manner during contact sessions
- **parent-child interaction programs** designed to improve the quality of the parent-child relationship and to change parent-child interactions in a positive direction. They will also assist carers, as well as birth parents, who are managing children with difficult behaviours.

Creating a continuum of care domain

The creating a continuum of care domain brings together all of the service elements in the strategy designed to support children and young people who cannot live with their birth families. This domain is largely focused on managing risks relating to child safety and wellbeing in care placements including assessing the suitability of carers and the availability of a home and support services matched to child need within a continuum of care. Providers will be tasked with finding permanent alternative families and achieving better outcomes for children and young people who remain in care long-term.

Key elements include:

- **external providers will offer a continuum of care** ensuring that responsibility for the child or young person's experience of care resides with one service provider
- **out of home care providers will assume case management** for all children on long-term orders and long-term care decisions will be delegated to providers to locate decision making as close as possible to the child or young person
- **kinship care** where children are on long-term orders will be outsourced
- **salaried foster care** will be introduced as a service for very complex children and young people
- **residential care services will have a strong therapeutic focus** and will cease to operate as stand-alone services but be provided as part of the continuum of care
- **a renewed focus on achieving permanent homes** for children and young people who cannot return to their birth families safely including adoption and Enduring Parental Responsibility Orders. The waiting period for an Enduring Parental Responsibility Order where a child is with a stable long-term family is proposed to be reduced to one year instead of the current two years
- **additional financial and other supports will be offered to care leavers** particularly those between 18 and 21 years to better approximate the leaving home experience of the wider population of young people
- **cultural advisers will be engaged** to provide independent advice regarding entry to care, placement decisions and cultural plans for Aboriginal and Torres Strait Islander children and young people in care
- **a child health passport** that travels with the child or young person will be introduced
- **the Education and Training Directorate (ETD), CSD and non-government providers will work together** to improve education and training outcomes for children and young people in care.

These elements will change many of the ways in which the government and non-government agencies currently provide out of home care services. However, there are some areas that have been working well and will remain the same including the assessment by Care and Protection Services of children and young people at risk of abuse or neglect, the role of agencies in attracting and recruiting carers, agencies' provision of support to foster carers when a child or young person is on an interim or short-term order, government's processing of international adoptions and agency provision of community respite.



Strengthening accountability and ensuring a high-functioning care system domain

The strengthening accountability and ensuring a high-functioning care system domain responds to some of the deficiencies identified in external reviews and audits of Care and Protection Services and out of home care. It includes activities designed to ensure the care system operates safely, effectively, efficiently, equitably and sustainably.

The strategy provides for the transfer of significant additional responsibility to non-government providers. Building the capacity and capability of the non-government sector to meet the challenges posed by new policy directions will be important along with building CSD capabilities in new or strengthened activity areas such as accreditation, quality assurance and performance contracting.



Key elements include:

- **governance arrangements will be refreshed** to support whole-of-system effectiveness
- **all non-government providers will be accredited** as suitable out of home care providers against an objective set of standards and carer approvals will be refreshed at regular intervals
- **procurement strategies will maximise value for money** and flexibility in purchasing
- **a workforce development strategy** will be developed, focusing on both capacity and capability, including cultural proficiency
- **contract management and quality assurance** of purchased services will be strengthened
- **a performance framework will be developed.** Providers will report regularly against key performance measures and non-government providers will be positively financially incentivised for achievement of targets
- **evaluation of the strategy** will occur at key points including a baseline study to ensure the strategy achieves positive outcomes
- **a focus on compliance with record keeping requirements** but also on ensuring comprehensive collection of information to support children in care and as care leavers, for example, Life Story books, cultural plans, school report cards and health information
- **an independent carer advocacy service will be established** to assist carers to resolve issues that arise with either Care and Protection Services or the non-government providers
- **an independent family advocacy service will be established** to provide birth parents and extended family members with information and support to address issues of concern with either Care and Protection Services or the non-government providers.

It is important to acknowledge that it is not possible to make the leap to a new therapeutic, trauma-informed care system overnight. It will be a journey necessitating awareness building, skills and knowledge development, development of new service models and organisational and program alignment over a number of years. It is a journey that will require significant collaboration between government and non-government sectors and across both sectors. It will also necessitate a willingness on the part of both government and non-government providers to embrace new ways of doing things in pursuit of better outcomes for children and young people.

Figure 1 Key elements of the Out of Home Care Strategy

A therapeutic trauma-informed system

Therapeutic Assessments, Plans, Supports and Training

Strengthening high-risk families

- Placement prevention services
- Reunification services
- Mother and baby unit
- Parent–child interaction programs
- Supported supervised contact

Decrease in number of children and young people in care

Creating a continuum of care

- Empowering children and young people
- Continuum of care
- Outsourcing case management and long-term decision making of all children and young people on long term orders
- Outsourcing kinship care
- Revised arrangements for reimbursement of carers
- Supports for permanency including greater accessibility to EPRs and adoption where appropriate

Positive life outcomes for children and young people who cannot live at home

Children and young people in care—



- Extended continuum of care for care leavers up to 21 years of age
- Salaried foster care
- Therapeutic residential model
- Independent cultural advice for Aboriginal and Torres Strait Islander children and young people
- Child health passport
- CSD/ETD Education Pathways Initiative

Strengthening accountability and ensuring a high-functioning care system

- Refreshed governance arrangements
- Accreditation and monitoring scheme
- Strengthened contract management
- Performance-based contracting
- Renewal of carer approvals
- Improved information management
- Independent carer advocacy and support service
- Independent family advocacy and support service

Strengthened oversight and accountability

growing up strong, safe and connected



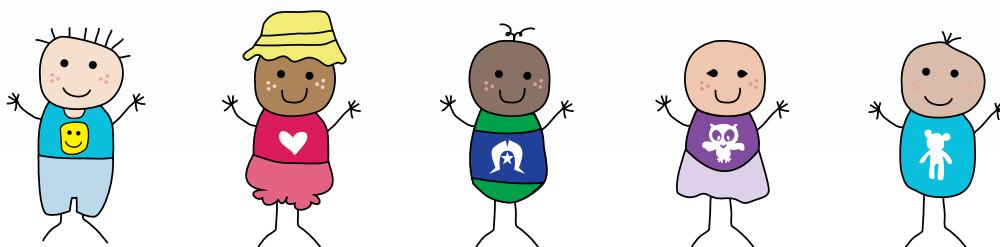
1 Introduction

1.1 What is the *Out of Home Care Strategy 2015–2020*?

The *Out of Home Care Strategy 2015–2020* is a plan to guide the delivery of services over a five-year period commencing 1 July 2015 for children and young people who cannot safely live with their birth parents.

Development of the strategy was initiated in response to the need to ensure the quality and supply of out of home care placements for children and young people in the care of the territory. A secondary aim was to strengthen supporting arrangements to ensure the best possible outcomes are achieved for children and young people, including enhancing cross-portfolio collaboration to meet the educational and health needs of children and young people in care. The strategy also responds to a number of deficiencies in the purchasing and delivery of out of home care services identified through three external reviews conducted in recent years. The reports of these reviews are:

- *Public Advocate: Emergency Response Strategy for Children in Crisis in the ACT 2011*
- *Public Advocate: Review of the Emergency Response Strategy for Children in Crisis in the ACT 2012*
- *Auditor-General: Performance Audit Report of the Care and Protection System 2013.*



1.2 What are the challenges facing out of home care in the ACT?

Research and modelling undertaken to support the development of the strategy suggests that unless action is taken, the ACT faces a crisis in out of home care within five years due to growth in the numbers of children and young people in care, carer shortages and increasing costs.

All jurisdictions in Australia are experiencing growth in numbers of children and young people entering care. In the ACT, the number of children and young people in care has grown on average by around five per cent per annum over the last decade and there are no grounds to believe that this pattern will cease without intervention. The introduction of the *Children and Young People Act 2008*, which commenced in 2009 has contributed to the growth in demand. It broke the 'rotating door' pattern of children entering and leaving care repeatedly by providing for restoration within two years or alternatively long-term orders, thus increasing demand for care places.

Of particular concern is the growth in Aboriginal and Torres Strait Islander children and young people in care. Around one-quarter of children and young people in care in the ACT identify as Aboriginal and Torres Strait Islander persons. This equates in 2012–13 to about 140 children and young people. Aboriginal and Torres Strait Islander children are significantly over-represented in the ACT child protection system as they are in other Australian jurisdictions. The ACT has the third highest rate nationally of Aboriginal and Torres Strait Islander children in care compared to their presence in the general population, with Aboriginal and Torres Strait Islander children and young people over represented by a factor of 13.

All jurisdictions are also struggling to gain and retain adequate numbers of suitable carers, partly due to demographic and lifestyle changes. Recruiting carers in the ACT is particularly difficult because of the very high rates of workforce participation by both women and men.

The shortage of placements means that there are limited opportunities to match a home to a child or young person's needs, creating increased rates of placement breakdown and additional psychosocial damage to the child as children and young people cycle through a hierarchy of carer arrangements.

The bottom line is that currently there are difficulties in matching children and young people with the right care and increasing difficulty in attracting carers. In addition, a significant number of kinship carers and some foster carers will age out of the system over the next decade. In 2013, nearly 60 per cent of kinship carers were aged 50 and over. Forty children are being cared for by kinship carers aged between 66 and 87.

The growth in demand for care places in all Australian jurisdictions has been mirrored by disproportionate growth in the costs of out of home care as child protection services have struggled to meet the increasingly complex needs of children in care; the response to the adverse findings of 18 inquiries into out of home care that have taken place in Australia over the past decade; and provide care places as the availability of foster carers declines.

Residential care is often used for young people whose homes with foster carers or kinship carers have broken down. Children and young people are cared for in a group of between two and six young people by shift workers. This tends to produce poor outcomes for children and young people. In the ACT 32 per cent of the out of home care budget is expended on just 7 per cent of children and young people who reside in residential care. This is not financially sustainable.

Finally, the current ACT care system is not delivering the desired quality outcomes for children and young people. Research, both nationally and internationally, indicates care leavers experience worse life outcomes than the general population. The experience of being in care can impact a child or young person long after they have left care in terms of their ability to gain an education, succeed in employment, build meaningful relationships and parent their own children satisfactorily, connect with their community and lead productive lives.

1.3 What does the current out of home care system look like?

The current care system in the ACT developed from outsourcing foster care and residential care in 2000. At the time, foster care and residential care were the two largest forms of care. A new Out of Home Care Framework was introduced in 2010 at which time changes were made to the quantum and format of allowances and contingencies, and services were re-tendered. Purchased services took the form of general and intensive foster care and general and intensive residential care on the basis of specified unit prices.

ACT Out of Home Care Standards were piloted in 2009. National Out of Home Care Standards were agreed by all jurisdictions in 2011 and are expected to form the basis of an accreditation scheme for ACT out of home care services. As part of this strategy the ACT will adopt the national standards as its own. The standards are child-focused, are written to be accessible to a wide audience, were subject to significant consultation and will reduce reporting burden for out of home care agencies who operate across jurisdictions. The standards will be incorporated into any future contractual arrangements for out of home care services.

In another significant development, new child welfare legislation commenced in 2009, the *Children and Young People Act 2008*. The Act reinforced the development of kinship care as a preferred option and strengthened the focus on either early reunification or permanency i.e. within two years. The effect of the Act was to reduce the common and damaging experience for children and young people in care of multiple entries to and exits from care interspersed with attempts at reunification.

The most significant development in recent times has been the steady growth in kinship care, which has resulted in Care and Protection Services again becoming the provider of the largest number of care places with 291 children managed by Care and Protection Services in kinship care at 30 June 2013. In 2011, CSD received funding to establish a kinship carer support team in recognition that kinship carers required more support than busy caseworkers could offer. This has been a successful initiative.

The engagement of external care providers in 2000 added value to the system through sharing responsibility for the care of these vulnerable children. However, these outsourcing arrangements also brought greater complexity to the operation of the system and the relationships between children, young people, carers, birth families, providers and Care and Protection Services by adding another agent into the mix. During consultations about the strategy, the single issue most consistently raised by all of these groups was the difficulties created by the three-way relationship between carers, Care and Protection Services and the foster care agencies. It results in duplication of effort, communication difficulties, delays in decision making and unnecessary conflict.

The electronic child protection record system, the Child and Young Person System (CHYPS), dates back to 1999 and has been the subject of criticism in every review of child protection conducted over the last decade. The lack of a shared information system linking Care and Protection Services and out of home care providers is inefficient. A project to scope the possibility of purchasing a new system or significantly upgrading the functionality of CHYPS was funded in the ACT Budget of 2013. The outcome of this project will be announced in mid-2015.

New legislation, the *Working with Vulnerable People (Background Checking) Act 2011*, commenced in the ACT on 8 November 2012 which aims to reduce the risk of harm or neglect to vulnerable people in the ACT. All persons who work with children, whether in a volunteer or paid capacity, have been required to obtain a Working with Vulnerable People check, including foster, kinship and residential carers and the frontline staff of non-government providers and of Care and Protection Services.

The ACT's child protection and out of home services are subject to external scrutiny by a number of oversight bodies, notably the Public Advocate of the ACT and the ACT's Children and Young People Commissioner.

During 2013, CSD announced an intention to integrate its two statutory services programs—Care and Protection Services and Youth (Justice) Services—and a Senior Director, Statutory Services has been appointed. Planning and consultations to give effect to this decision are underway. The final structure of statutory services will be influenced by the strategy.

The Public Advocate of the ACT serves a number of important functions within the child protection system and has quite broad ranging powers.

The Public Advocate:

- is empowered to provide individual advocacy for a child or young person who is, or who should be, subject to some form of state intervention, including through the mental health, juvenile justice or care and protection systems
- under provisions of the *Children and Young People Act 2008*, routinely receives key documents prepared by the CSD including Care and Protection Applications to the Children's Court, Annual Review Reports for children and young people in care and reports alleging abuse or neglect of a child for whom the Director-General has daily care responsibility and who is alleged to have been abused by an approved carer or during approved or Court ordered contact
- can also request information in relation to children and young people whilst performing a statutory function. In addition, under the *Court Procedures Act 2004*, the Public Advocate is entitled to appear, to be heard and to call witnesses in proceedings against a child or young person or a matter under the *Children and Young People Act 2008* or in relation to which this Act applies
- manages through an Executive Officer the Management Assessment Panel (MAP) process to facilitate the coordination of case planning and service provision for members of the community, including children and young people, whose complex service needs are poorly coordinated or not adequately met. MAP meetings are convened by an independent Chair appointed by the Minister
- ACT has a range of functions and responsibilities in relation to people who have a condition that impairs their decision making ability. The Public Advocate's guardianship function may commence for young people transitioning from care following the making of an ACT Civil and Administrative Tribunal order and upon the young person reaching adulthood.

The roles and functions of the ACT Children and Young People Commissioner (CYPC) are established under Sections 6, 14 and 19B of the *Human Rights Commission Act 2005* (ACT), and include:

- investigate complaints and concerns about the provision of services for children and young people
- consult with and listen to children and young people, and encourage government and nongovernment agencies to do the same
- make recommendations to government and non-government organisations on legislation, policies, practices and services that affect children and young people
- promote the rights of children and young people
- encourage and assist providers of services for children and young people to contribute to reviews and improve service delivery
- promote community discussion about the CYPC and services for children and young people
- conduct enquiries and reviews.



1.4 What does the strategy propose?

The new strategy represents a major departure from current practice and aims to reduce demand for out of home care places thus averting significant long-term costs to government and the community. It places a strong emphasis on preventing children and young people from entering care, reunifying them with their birth parents as quickly as possible and, where children and young people cannot go home safely, moving them into permanent alternative family settings as quickly as possible.

The strategy also aims to improve outcomes for children and young people by providing more flexible, child-focused services. It seeks to strengthen relationships around the child or young person and allow decision making to happen as close to the child or young person's lived experience as possible. The strategy recasts the out of home care system as a therapeutically-oriented, trauma-informed system of care. It also aims to make the system safer, more effective, efficient, equitable and accountable and to improve its financial sustainability over the longer term.

The strategy organises reform activity into three domains, all of which are underpinned by the commitment to a therapeutic, trauma-informed care system:

- **strengthening high-risk families**
- **creating a continuum of care**
- **strengthening accountability and ensuring a high-functioning care system.**

Further details about the initiatives that address these themes are provided in subsequent sections.

1.5 What is the strategy's vision?

The Out of Home Care Strategy's vision for out of home care services is:



The vision statement expresses the government's commitment to maximising the physical and mental health and wellbeing of children and young people in care and their connection to family, community, culture and education and employment.

The government is seeking a generational change which will mean that the next generation of care leavers will enjoy a sound basis for a successful adult life including enjoying a secure attachment to a family. The government wants children and young people in care to reach their full potential and to have hope and aspirations for their futures.

1.6 Will legislative change be required to implement the strategy?

Many of the new policy directions espoused by the strategy can be actioned within the framework of the current *Children and Young People Act 2008*. There are a few areas where the strategy's implementation would be assisted by legislative change.

Some potential amendments to the Act have been flagged at relevant points within this document. Further detailed consideration of possible legislative amendments will occur during the implementation period.

1.7 Does the strategy reflect the findings of the Royal Commission?

The Royal Commission into Institutional Responses to Child Sexual Abuse was established in January 2013 to investigate the abuse of children and young people in institutional settings including out of home care and to recommend systemic improvements to better protect children and young people in future.

The work of the Royal Commission has underlined the importance of safeguarding children and young people in out of home care from sexual abuse and exploitation and from abuses of power more generally by the adults charged with their care. The interim report of the Royal Commission, released on 30 June 2014, does not advance any recommendations; subsequent reports will. These recommendations will be carefully considered by the ACT Government once available.

In the meantime, this strategy strengthens safeguards for children and young people in care in a variety of ways including providing for formal adoption of the National Out of Home Care Standards, accreditation and monitoring of service providers and regular renewal of carer approvals. It is impossible to eradicate all risk in out of home care service provision, human nature being what it is. Ultimately, the best protection for children and young people in care is that they have a voice, that is, that they are empowered to participate in decisions about their own lives, and that they are engaged in a community which accepts responsibility for the safety and protection of all children and young people.

1.8 What needs to happen to ensure the strategy is successful?

The strategy will be rolled out over a five-year period and the government and non-government sector will develop detailed transition plans to guide the reform. In order to implement the strategy effectively significant cultural change is required across all parts of the sector. Relationships between Care and Protection Services, agencies, other support services and carers must be refreshed and strengthened.

CSD acknowledges that in the past relationships between different participants have been strained at times and there is a view from some stakeholders that the system is more adversarial in nature than it needs to be. Through the development of this strategy we have sought to understand the main issues and concerns for all parties and to address them as far as is possible within available resources. The Out of Home Care Strategy will seek to refresh and strengthen all relationships that contribute to the operation of the system and, in particular, relationships between carers and other participants, in order to acknowledge the key role and valuable contribution made by carers. Carers must be recognised as the child's primary healer in a trauma-informed, therapeutic care system.



1.9 How does the strategy align with other ACT Government frameworks?

Human Services Blueprint

The ACT Government has recently released a *Human Services Blueprint* which is a whole-of-government reform agenda designed to better utilise government investment in social outcomes. The blueprint is about:

- creating a better service experience
- improving economic and social participation, especially amongst disadvantaged Canberrans
- making services sustainable.

Key focus areas for the blueprint include:

- ensuring services are person-centred and better matched to a person's actual needs
- connecting government and non-government services so clients receive a joined up service response
- responding early to reduce future demand for higher cost services.

The Out of Home Care Strategy gives effective expression to the principles underpinning the blueprint with its strong focus on diverting children and young people from statutory care and, where children cannot live at home with their birth family, moving them into a permanent alternative family as quickly as possible. The strategy frees up funding to purchase flexible child-focused services which follow the child and provides a bigger share of the business to the non-government sector, confident that government and non-government services can work together to improve outcomes for vulnerable children and young people.

The Out of Home Care Strategy straddles the intensive services and statutory services domains of the service continuum.

Youth Justice Blueprint

The *Blueprint for Youth Justice in the ACT 2012–22* noted that children and young people in out of home care are over represented in the youth justice system. The blueprint identified the need to prevent child abuse and neglect and improve outcomes for children and young people who have been abused or neglected as part of a long-term strategy to reduce offending by young people and reduce their involvement with the youth justice system. The strategy will support integrated statutory services in the ACT and offer a service response both for children and young people on care orders and young people who are on youth justice orders and who cannot live at home with their birth families.

Whole-of-Government Aboriginal and Torres Strait Islander Agreement

CSD is currently leading the development of a whole-of-government Aboriginal and Torres Strait Islander Agreement with a focus on employment, health and housing, inclusive access to mainstream services, and targeted service offers to prevent entry into statutory services.

Achieving a reduction in numbers of Aboriginal and Torres Strait Islander children and young people in care is one of the key success measures for the Out of Home Care Strategy, however for the achievement to be meaningful, it must be the outcome of genuine improved safety and wellbeing for Aboriginal and Torres Strait Islander children and young people at risk.

Many Aboriginal and Torres Strait Islander community representatives have welcomed the strategy's focus on diverting children and young people from care through strengthening high-risk families. Implementing effective placement prevention and reunification services that deliver results for our vulnerable Aboriginal and Torres Strait Islander families is a key concern of the strategy. CSD will engage with the new Aboriginal and Torres Strait Islander Elected Body as the strategy implementation progresses to ensure it remains culturally appropriate.

Territory as Parent

While the *Children and Young People Act 2008* empowers the Director-General of CSD to exercise parental responsibility for children and young people in care, an important concept which underpins this strategy is that of 'Territory as Parent' enunciated by Cheryl Vardon, Commissioner for Public Administration in her 2004 report *The Territory's Children: Ensuring Safety and Quality Care for Children and Young People*.

In order to achieve the best possible outcomes for children and young people in care, it is important to harness resources across government, but particularly, the assistance of ACT Health and the ETD. The strategy requires all areas of the ACT Government to come together to support children and young people in care to ensure that they have the best possible chance to grow up to lead happy, healthy and productive lives.

An inter-directorate committee has been established to support the development and implementation of the Out of Home Care Strategy. It will meet at regular intervals over the next two years as the strategy is rolled out. Several specific initiatives have already been agreed between CSD and other agencies, including ACT Health's participation on the Strengthening High-Risk Families Panel to facilitate access to health services needed by vulnerable children and their families who are clients of statutory services and an Education and Training Pathways initiative which will bring the ETD and CSD together on an ongoing basis to plan for and monitor the achievement of improved education and training outcomes for children and young people in care.

National Disability Insurance Scheme

The development of the Out of Home Care Strategy has coincided with preparations for the ACT's trial of the NDIS. Disability is a significant issue for the Out of Home Care Strategy. It is generally accepted that children and young people with a disability are over represented within child protection services although little research has been conducted to identify their prevalence. Historically, some children with a disability came into care as a last resort in order to obtain services needed as a result of their disability. The Out of Home Care Strategy reflects the view that parents of a child or young person with a disability should not have to relinquish parental responsibility for their child in order to receive a service related to the child's disability. The NDIS should help to relieve pressure on parents of a child with a disability by providing reasonable and necessary supports, including early intervention supports, to children and young people with a disability.

The children of parents with a disability may also be over represented as clients of out of home care services. The parents with a disability who are at most risk of a child entering care are those with an intellectual disability. National and ACT child protection statistical collections do not currently identify the size of the population of parents with intellectual disabilities.

The Out of Home Care Strategy will seek to ensure those parents, children and young people with an entitlement access services through the NDIS. In particular, the introduction of comprehensive developmental and therapeutic assessments for all children and young people entering placement prevention services or care will help to ensure that eligible children and young people are identified.

Every child and young person in placement services or care will participate in regular therapeutic assessments that identify their therapeutic and support needs. This will ensure that children and young people receive the supports and services they need. Children and young people will be encouraged to have a voice in the assessment process and to choose services that they feel they will be able to engage with. These supports will follow the child or young person either back to their birth family or through care.

Through Strengthening High-Risk Families Services, birth parents with a disability will be encouraged and supported to access NDIS services and the parents and their support workers, with consent, will be invited to attend case planning meetings for the family to ensure all services are working together to keep the child or young person with their birth family.

2 A therapeutic trauma-informed care system

Children and young people are brought into care following exposure to significant abuse and neglect. Irrespective of the extent of trauma they experience prior to entering care, most children and young people will experience additional trauma through the process of entering care with discontinuity or permanent loss of familiar relationships, possessions and environments.

Traditionally, children and young people who entered care were placed in foster care and it was hoped that the child or young person would settle and flourish in a home-based setting. It is now quite clear that these traditional service responses failed many children and young people in care who went on to lead troubled lives as adults, often recreating poor parenting experiences for the succeeding generation. A common phenomenon was the breakdown of placements in adolescence as the young person attempted to make sense of why they weren't living with their birth parents and associated issues.

We are now far more aware that children and young people involved in the child protection system are exposed to a number of situations that increase their risk of experiencing not only trauma and disrupted attachments but also developing mental health problems. By the time a child has entered the care system, they may have already been exposed to multiple traumatic experiences including abuse, neglect, domestic violence, a family history of mental health issues, drug and alcohol abuse and family involvement with the criminal justice system. Aboriginal and Torres Strait Islander children and young people and their families often experience even greater disadvantage as they cope with intergenerational trauma arising from colonisation and dispossession. The ability of a child or young person to make sense of these traumatic experiences and develop meaningful relationships or attachments that may assist them to overcome the trauma, is hindered by the layering of one traumatic event upon another including entering care and the associated losses they may suffer of connection to family, culture, community, friends and their previous school. Negative outcomes can include anxiety, depression, post-traumatic stress, attachment problems, sexual behaviour problems, hyperactivity, anger and aggression, suicidal behaviour and other serious mental health issues.

Attachment theory suggests that the presence of caring and supportive adults is integral to a child and young person's sense of stability and safety as well as their ability to understand and recover from a traumatic experience. Therefore, the greater the level of support and care a child or young person can experience following a traumatic event, the greater the capacity for them to overcome traumatic events. Conversely, for children and young people who experience persistent trauma and where adults are either the source of trauma (e.g. an abusive parent) or who have a limited capacity to support the child or young person (e.g. families characterised by violence, homelessness or parental mental health concerns), the greater the likelihood the trauma will have a lasting impact on the child or young person's social and emotional wellbeing and development.

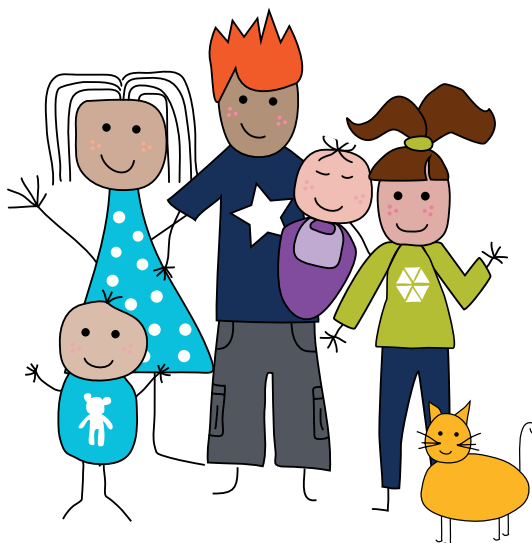
For children and young people in care, their experience can be made even more difficult by multiple placement breakdowns, instability and changes of key personnel, which further hinder their capacity to resolve trauma. Therapeutic interventions therefore need to maximise a sense of safety and stability and will require a clear, consistent and nurturing response to managing behavioural issues.

The increased use and availability of medical imaging technologies has furthered our understanding of exactly how the brain is altered following prolonged exposure to trauma and/or stress. Significantly, there is now growing evidence that persistently elevated levels of the stress hormone cortisol, can disrupt the developing architecture of the brain, including its size. This can then lead to permanent changes in brain structure and function including difficulties in learning memory and executive functioning.

These developments have coincided with the emergence of new theoretical frameworks that focus on trauma-informed therapeutic approaches to working with children and young people, and in particular focus on a child or young person's developmental age (as opposed to chronological age) and the importance of building safe and secure relationships as a means of recovery.

2.1 Therapeutic assessments and plans

A fundamental plank of the new care system will be therapeutic assessments and plans for every child and young person in care. This service will also be available for a period of time to children and young people in placement prevention services in order to ensure that any related problems are identified and treated as early as possible, for the child and young person's sake and to maximise parents' chances of successful parenting. The therapeutic assessments will also ensure that any child or young person who is eligible for an NDIS package is identified early.



Current arrangements for assessing the needs of children or young people entering care in the ACT are inconsistent. Children and young people will generally receive a health screening and may be subject to other assessments depending on their presentation. The results of assessments are not always effectively cross-referenced and integrated into case planning. There is no guarantee that a detailed holistic view of the child or young person has been reached and resources allocated to address identified needs. Carers are often unhappy about the quality of care plans and often complain that they have not been adequately consulted.

A range of stakeholders, in particular carers, who have been consulted on the development of the strategy identify the need to have a comprehensive therapeutic assessment of children and young people entering care to identify their needs.

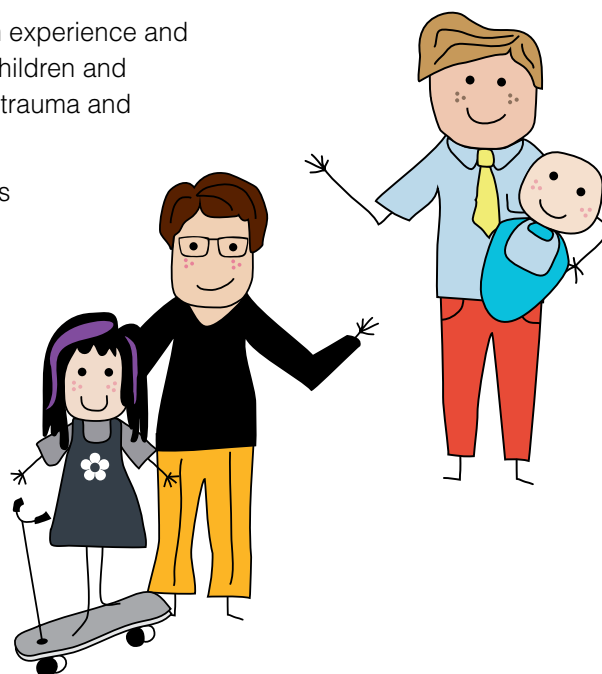
The assessment will inform development of a therapeutic plan for every child or young person and will also inform the child or young person's care plan. The therapeutic plan will be developed with the child and young person so they have a voice and in consultation with their carer and significant others. The plan will focus on supporting their development, building self-regulation of emotions, establishing healthy relationships, identifying appropriate cultural responses to trauma, addressing any trauma-related behaviours and developing social skills. It will form a component of the care or case plan for the child.

The therapeutic plan will be reviewed and updated at regular intervals. The development of a therapeutic plan will also be available for a period of time to children and young people when they are being reunified with their birth parents, placed in a permanent care arrangement or as they transition from care. The plan will allow the supports to follow the child or young person wherever they are on their care journey and not lock services into a child or young person continuing with a particular family or service. The development of a detailed framework for the therapeutic assessment service will need to consider a range of matters including timeframes, tools to support assessments, integration of the plan into care or case planning and implementation, review processes and links to the NDIS.

With the possible identification of greater needs for children and young people in care it will be important for an array of government and non-government sectors to work together to ensure these vulnerable children and young people receive the right support at the right time.

Benefits

- More targeted focus on outcomes for children and young people.
- Development of a specialist team with experience and knowledge of the complex needs of children and young people who have experienced trauma and attachment difficulties.
- Developmental and behavioural needs identified and managed earlier so parents and carers are better able to manage the child's behaviour and families can continue to care for children long term.
- Regular review of therapeutic plans and increased carer input.
- Funds earmarked for therapeutic purposes.
- Objective time series evidence about improvements to a child or young person's wellbeing.



2.2 Trauma Recovery Service

Melaleuca Place, the new trauma recovery service which commenced operation on 1 July 2014, provides high-quality, trauma-informed therapeutic services to children from birth to age 12 who have experienced abuse and neglect and who are current clients of statutory services—either children in care or children in high-risk families receiving support from Care and Protection Services. Work is undertaken with children in the context of their care and support networks, utilising trauma and attachment informed interventions. Therapists work with the child, carers, birth parents, school personnel and any other relevant others for as long as required. Unlike some other programs in the ACT, Melaleuca Place will not require a child to be in a stable placement prior to beginning intervention.

Melaleuca Place will:

- provide services aimed at facilitating healing, recovery and positive life outcomes for children recovering from abuse and neglect
- provide evidence-informed, intensive therapeutic services for children who are clients of statutory services
- lead a trauma-informed, collaborative and flexible approach to service delivery
- enhance the capacity of the child's support network and the wider service system to better meet their developmental needs.

Melaleuca Place is expected to play a key role in supporting the transition to a trauma-informed care system. Increased awareness of childhood trauma across government and non-government service providers has been a by-product of collaborative work undertaken during 2013–14 to create the service.

Benefits

- Specialist assistance for children who are the clients of statutory services.
- Development opportunities for a wide array of service personnel in conjunction with the training and service delivery offered by the trauma recovery service.

2.3 Training in trauma-informed care

Carers are central to the delivery of a therapeutic, trauma-informed system of care as they exercise the primary day-to-day parenting role. They are the child's primary healer. Carers will be integral in contributing to the therapeutic assessments and there will be a strong emphasis on the role of carers in the Care Team. Many carers already have opportunities to train in trauma-informed models of care however this element will see that all carers, both foster carers and kinship carers, enjoy opportunities for in depth training on trauma-informed care over the coming years. Training will be tailored to the needs of carers and the child or young person they care for and to facilitate translation into practice.

Training will also be offered to staff of CSD and the out of home care providers and staff of other relevant government and non-government services, commencing in 2014–15 to lay the groundwork for the new system. This will build on the training already undertaken in the establishment phase of Melaleuca Place.

Benefits

- All staff and carers will be aware of the aims of the new service system and the underpinning trauma-informed practice framework.
- A skilled volunteer carer and paid workforce.

Transforming ACT out of home care services into trauma-informed, therapeutic care services will require a sustained effort over a number of years. It will require upskilling all participants in the care system, building the availability of a skilled workforce including increasing therapeutic resources in the ACT, and aligning organisational culture and service delivery practice with this approach.



3 Strengthening high-risk families domain

The strengthening high-risk families domain increases investment at the front end of the care system in order to divert children and young people from entering long-term care. In risk terms, it is largely focused on managing risks associated with family of origin and it seeks to avoid drift into care and drift in care. The interventions focus on providing practical support and 'hands on' parenting training on an intensive basis over an extended period of time to maximise the chances of success.

There will be a strong emphasis on assertive engagement with families with high risk and on timely decision making, especially for infants and very young children. Legislative amendments are proposed to shorten the maximum length of initial orders from two years to one year where the child is aged two or under at entry to care, in recognition of the importance of providing secure, loving relationships for very young children to lay the groundwork for healthy neurobiological and emotional development. During the one-year initial order period parents will need to demonstrate they are engaged with services or supports that will assist them to address the concerns that led to the child coming into care. Parents will not need to demonstrate 'perfect parenting' in the one-year period but rather will need to show they are committed to addressing their issues and can provide a safe enough environment for their child to return back to their home.

These services are intended to support Aboriginal and Torres Strait Islander families to stay together. The services will be expected to demonstrate cultural proficiency including an understanding of Aboriginal and Torres Strait Islander parenting practices and the ability to successfully engage families in the wider Indigenous community support system.

3.1 Placement prevention

Many children and young people who enter care are returned to the care of their birth parents within a short period, leading to questions about whether the risks to the child or young person might have been alleviated so the child or young person could have remained with their birth parents. Placement prevention services will focus on keeping children and young people at risk of coming into care at home with birth families. Preventing children and young people from entering care will have a benefit to their lives and those of their parents and will also see a substantial financial benefit to the community.

The core of the service model is a team of skilled paraprofessional workers based in a non-government agency who will provide intensive in-home supports, providing practical supports for the family and mentoring and coaching parents and engaging with children and young people. The workers may visit every day if necessary. The workers will be highly-skilled, trained and supported with structured supervision. Similar programs have been developed in Victoria and South Australia with continued success. The program will focus on empowering and building the capacity of parents, improving the physical circumstances in which children and young people live and providing ongoing monitoring of their safety.

It is proposed that placement prevention services are delivered by non-government organisations. Engagement with a non-government agency is more likely to be acceptable to families. It also enables the family to build a relationship with a service to which they can turn in future years if problems re-emerge.

Placement prevention will include skilling parents in engaging with their children, supporting parents with maintaining a safe comfortable home environment, maintaining a daily routine that ensures the safety and wellbeing of the children and young people, developing domestic skills and supporting parents to access services such as Child and Family Centres, mental health services and drug and alcohol services and attendance at early education and care services, health services and schools.

The placement prevention services will cater for families who have come to the attention of the child protection system and have been assessed as high-risk. Care and Protection Services will be the gatekeeper for entry to these services. The Care and Protection Services caseworker and the in-home support worker will work together to support these families and monitor child safety. Placement prevention services will work with clients for up to a year or longer in order for families to be able to make sustained changes.

The services will be particularly beneficial for parents with cognitive impairments (including intellectual and psychosocial disabilities) as the service will offer an individual response depending on the parents' often diverse needs.

Redirected and additional funding to prevent children and young people from coming into care will also allow service providers to think innovatively about the types of supports offered to families. For instance, there are some carers who would offer for a small family to come and reside with them in order to co-parent and role model new skills. This example may be appropriate for a short period of time to allow the family to get back on their feet and to build their networks in the community.

In terms of the *Human Services Blueprint*, which has been adopted by the ACT Government as a guide to future service development (www.betterservices.act.gov.au/human-services-blueprint), placement prevention services are an intensive service offer response to high-risk families. They bridge the gap between early intervention family support services which are open to all members of the community and statutory services. Currently, the ACT has limited structured intensive service responses for those children and young people at significant risk of entering the care system.

Benefits

- Increases safeguards, enabling Care and Protection Services to allow more children to remain at home with their birth family during the course of intervention.
- Reduces trauma for the child or young person associated with being removed from the birth home environment.
- Develops parenting and life skills of parents.
- Facilitates access by parents and children and young people to other government and non-government services to support the child or young person's health, education and developmental needs.
- Prevents further escalation of problems.
- Achieves downstream savings for mainstream services such as health, education and justice.

3.2 Reunification

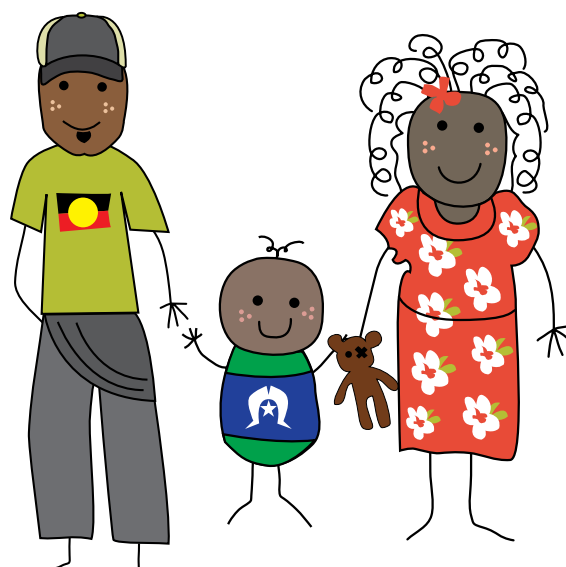
The first objective of the care system when children and young people enter care is for them to be restored safely to the care of their birth families. Many children and young people who enter care are returned to their parents within a short space of time. Unfortunately many of the children and young people who return to the care of their birth families subsequently re-enter the care system. When there is careful planning and support, reunification is more likely to succeed.

At the present time, Care and Protection Services caseworkers manage the specialised and intensive work of reunification within very large diverse current caseloads. This makes it difficult to focus on intensive support work with birth parents and can adversely impact reunification success rates. Currently, there is not a specific, specialised and intensive service to assist families to have their children returned to their care.

The reunification service model is similar to the placement prevention services model, involving intensive in-home, practically-oriented support services provided by a team of skilled paraprofessionals employed by a non-government organisation. The service will aim to build parents' competency and skills whilst the child or young person is gradually returned home and then supported for a period of time to ensure reunification is successful.

Benefits

- Increased numbers of children, young people and parents successfully and safely reunified in a timely fashion.
- Reduced potential for trauma that can occur when children are returned to their birth families with minimal support.
- Reduced levels of children and young people re-entering care.
- Facilitates access by parents, children and young people to other government services and non-government services to support the child or young person's health, education and developmental needs.
- Better quality evidence to support Court hearings where reunification is unsuccessful.



3.3 Mother and baby unit

On occasion, Care and Protection Services takes infants into care from the hospital maternity ward in order to prevent mothers who are assessed as high-risk from taking their baby home. Where appropriate, mothers should have a chance to parent their child, even if they do not ultimately succeed. The ACT would benefit from an additional mother and baby facility to support mothers with very young children.

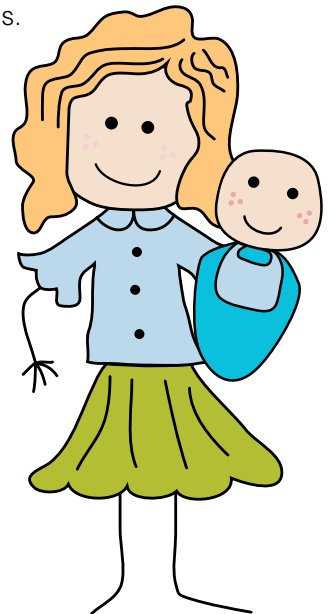
The proposed mother and baby unit will provide supervision and support for up to three months in a community-based setting to struggling mothers whose babies are at risk of entering care. The unit differs from ACT Health's Queen Elizabeth II Family Centre which provides residential support for parents and babies or young children for a period of up to five days in a facility which is licensed as a hospital and staffed by health professionals.

Karinya House, a homelessness service, accommodates and supports a small number of mothers and their young babies in a 24-hour supervised and supported environment however the current service is not able to meet the growing needs of the Canberra community. The government has agreed with Karinya House to meet the need for more care arrangements.

The mother and baby service would be used as part of the placement prevention or reunification elements of the Out of Home Care Strategy to support those women who are willing to care for their babies under supervision and to learn how to parent in a safe environment. Where a father is involved and the couple require a service of this type, it is proposed to extend the hours of placement prevention services to provide additional support in-home. The services may also be extended to support kinship carers who may need some assistance with caring for high needs babies.

Benefits

- This intervention program would allow mothers to remain with their babies while risk is closely monitored and they are supported to learn parenting skills.
- Reduced likelihood of these children coming into care.
- Improved health and wellbeing outcomes for vulnerable infants.
- Clear evidence based on direct observation to support legal action where a mother is demonstrably unable or unwilling to care for her child.



3.4 Supported supervised contact of children and young people with their families

When children and young people are removed from their parents' care a decision is made as to the level of contact a child or young person should have with their parents. This contact is often supervised and the information gathered during the contact is used to inform court action and case planning as well as to safeguard the child or young person. At the present time, transport and supervision services are, in many cases, provided by an ever-changing array of casual staff often with no qualifications. It is undesirable for children and young people who are already anxious to be transported by strangers. Further, contact is often only used to observe parents with their children and the quality of reports from contact supervisors is limited. This represents a wasted opportunity to both gain greater insight into the parent-child relationship and parenting abilities and to coach and mentor parents interacting with their child.

A well-developed framework to support the contact of children and young people with their families will better align contact to the child's developmental needs and assist with assessments of risk and enable the contact supervisor to coach and mentor parents during the course of the contact visit. The framework will also help children and young people to have a stronger voice in decision making about the purpose, duration, frequency and type of contact they have with people who are important to them. In many cases children and young people are able to have positive relationships with their birth families when they reside in care and this should be supported wherever possible.

Benefits

- The purpose of the contact is clearly identified therefore increasing its overall effectiveness.
- Potential to increase the success rate of reunification or permanence.
- More positive relationships between birth families, carers, children and young people.
- Assists in the trauma recovery of children and young people.

3.5 Parent–child interaction programs

Providing additional intensive specialist support services for both birth parents and carers caring for children with emotional and behavioural difficulties will be important under the strategy in pursuit of maintaining children at home with birth parents or alternatively maintaining them with a kinship or foster carer.

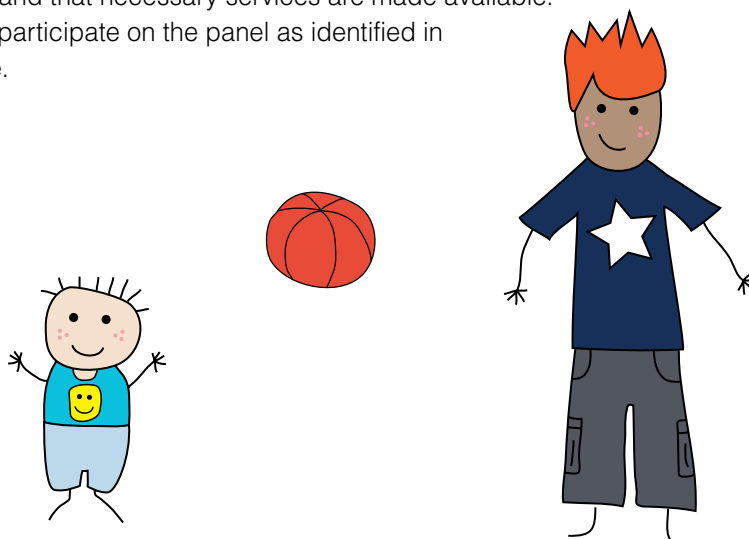
The strategy will fund validated programs designed to assist parents to recognise and meet their child's emotional needs, foster a secure attachment, and to implement behaviour management strategies that focus on positive reinforcement to reduce oppositional and disruptive behaviours exhibited by the child. Research elsewhere suggests that where children and their parents or carers participate in programs of this nature, they are less likely to have further involvement with child protection services or to display problem behaviour at school. These services will provide additional options for families and carers seeking support alongside trauma specific services and services offered through the Children, Youth and Family Support Program.

Benefits

- Assists birth parents to develop appropriate parent–child attachments and to learn how to constructively respond to child behaviour, lessening the risk of harsh or inappropriate parenting.
- Reduced number of children and young people entering the care system and reduced risk to children remaining at home with their birth family.
- Increased support for carers who care for children with attachment and behavioural difficulties, resulting in placement stability.

It is proposed that implementation of the strategy be supported by a series of panels which bring together relevant service providers to provide quality assurance of service delivery activities and to advise on the progress and success of implementation of the strategy. A Strengthening High-risk Families Panel will be created which will oversee and monitor progress to ensure an active focus on placement prevention and reunification is maintained and that necessary services are made available.

ACT Health has agreed to participate on the panel as identified in 5.6 Refreshed Governance.



4 Creating a continuum of care domain

The Creating a Continuum of Care domain brings together all of the service elements designed to support children and young people who cannot live with their birth families. The continuum of care is a seamless service that is resilient and responsive to the care needs of children and young people, providing continuity of care over time without fractures or gaps in the care experience of the child or young person. It is a system of care organised around the needs and lived experience of the child or young person.

This domain is largely focused on managing risks relating to child safety and wellbeing in care placements including the suitability of carers and the availability of a home matched to child and young person need within a continuum of care.

Providers will be tasked with providing a continuum of care and achieving better outcomes for children and young people who remain in care long term, including finding permanent alternative families for children and young people wherever possible. This is based on a view that having to rely upon government as your parent is a default arrangement and does not best satisfy a child or young person's needs for love and continuity and a 'normal life'.

A key feature of the reforms is that the non-government sector will gain a larger share of the out of home care business.

Within the continuum of care, providers will need to offer service models that can appropriately support Aboriginal and Torres Strait Islander children and young people and their carers in order to ensure children and young people have access to and are connected to community as they wish.

4.1 Empowering children and young people in care

No care system or service can claim to be therapeutic unless it prioritises active engagement with children and young people and hears and responds to the lived experience of the child or young person.

The strategy proposes to place children and young people at the centre of activity and to rethink how business is done in order to better meet the needs of the child or young person.

This proposition is not as simple as it sounds and will be challenging for both government and non-government providers. Hearing the voice of the child is operationalised in many different ways in ongoing work with and for children and young people. A commitment to a therapeutic approach and hearing the voice of the child will require both structural and cultural change in services and skills enhancement for a range of participants across the system. Both government and non-government services will need to hold themselves accountable for monitoring and reflecting upon their performance in this respect.

Care and Protection Services has undertaken several actions recently designed to facilitate hearing the voice of the child or young person. Care and Protection Services has trialled Viewpoint, a computer-assisted, self-interviewing software package for children and young people. It will be rolled out across all children and young people during 2014–15 and inform Annual Review Reports. Care and Protection Services has also incorporated requirements to record the views and wishes of children and young people into proformas developed for the Care and Protection Services Integrated Management System.

It is anticipated that the therapeutic assessments which will be conducted by specialist assessors will support government and non-government services to hear the voice of the child or young person. The assessor will bring a skilled, independent and child-focused perspective to assessing the child's wellbeing and planning for the child on an annual basis.

4.2 Continuum of care

A key initiative within the strategy is the contracting of a continuum of care. This means that a child or young person who is in long-term care will have just one organisation responsible for their care over the course of their time in care. This initiative is designed to empower organisations to develop a service system that reduces the need for children and young people to move to multiple homes. The present system of care might mean that if a family situation breaks down, the child or young person could find themselves moved to a totally different provider and service system. When one organisation is responsible for providing for all needs of children and young people and their carers it is believed that the experience for children will be improved; and agencies will be able to respond better and in a more timely fashion to ensure families get back on track when there are difficulties.

The strategy proposes that offering a continuum of care for children and young people provided by a single provider or a consortium of agencies is instrumental in delivering a system that best caters for the needs of very vulnerable children and young people. Children and young people need stable placements with opportunities to build relationships with people that will invest in them throughout their time in care.

Under the existing contracts, CSD purchases standalone foster and residential care services. In re-tendering out of home care services CSD will seek providers who are prepared to assume responsibility for a cohort of children and young people through to maturity, providing a suite of care arrangements that provide step up–step down options where intensity of care needs change for a child or young person. Services may choose to provide a residential care option or they may design for alternative supports that can be stepped up in intensity depending on the child or young person's needs.

Benefits

- The child or young person will be cared for long-term by a single provider or consortium of providers.
- Service providers will address emerging child or placement-related problems early and actively.

4.3 Case management

The strategy provides for case management of and long-term decision making for all children and young people on long-term orders (orders to 18 years) to be outsourced to non-government agencies. This will provide autonomy for providers in managing arrangements for the children and young people in their care and will assist in normalisation of the lives of these children and young people. Decisions will be able to be made more speedily and closer to the child or young person and their carer.

Care and Protection Services will continue to focus on the front-end of child protection and resolving risk in relation to birth families. Care and Protection Services will retain case management of all children and young people at risk of coming into care and any child or young person on a short-term or interim order. Care and Protection Services staff will be responsible for case managing those children and young people whom we are trying to keep at home with birth families or reunifying them with their birth family if they have been removed. Once the Children's Court has determined a child or young person cannot safely return home to their birth family and has made long-term orders, case management will be transferred to a non-government provider. When developing the service model for case management, it will be vital for government and non-government providers to clearly articulate the roles and responsibilities of the two agencies to reduce the potential for misunderstandings and to ensure that red tape reduction benefits are realised.

Currently the Act focuses primarily upon the responsibilities of birth parents, the Director-General and carers. The legislation will be amended to provide clarity concerning the roles and responsibilities of non-government providers. The amendments will enable delegation of long-term decision making to non-government providers so that they are able to exercise autonomy in making decisions about the children and young people on long term orders in their care.

It is recognised that non-government providers will need to maintain and build strong links across the wider government and non-government sector to ensure the children and young people they case manage can access timely and appropriate services.

Benefits

- An end to conflict created by the current three-way relationship between carers, agencies and Care and Protection Services staff.
- Greater investment and growth in the capability of the community sector.
- A reduction in red tape by allowing greater autonomy in decision making by the agencies.
- Opportunities for the non-government providers to innovate and tailor services to the child or young person and their birth or carer family's needs.
- Easier, quicker opportunities to secure permanency of the relationship where that is appropriate.
- A more normalised experience for children and young people in long-term care.

4.4 Outsourcing kinship care for children and young people on long-term orders

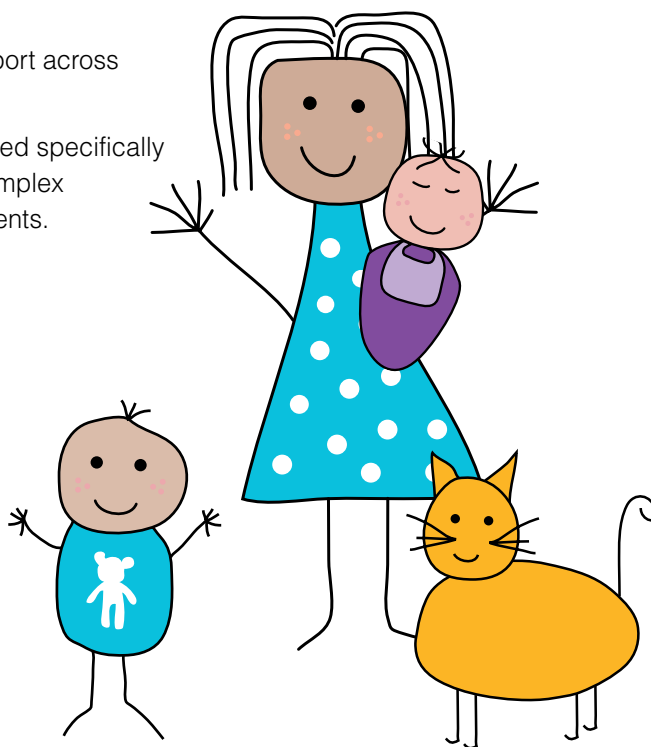
Currently, Care and Protection Services manage kinship care. Kinship care is preferenced in the ACT and this will continue. As a consequence, at the time they take a child or young person into care, Care and Protection Services seek to identify suitable relatives or friends of the family who are willing to care for a child or young person. Care and Protection then assess, approve and support the kinship carer. CSD established a dedicated kinship care support team in 2011 which has achieved excellent outcomes with kinship carers. Nevertheless, caseloads are higher than in the non-government sector. The strategy provides for the gradual outsourcing of kinship care and case management for the child or young person where children are on long-term orders.

CSD recognise many kinship care situations are inherently complex and kinship carers often have very different needs to foster carers. It should be acknowledged that some kinship carers do not require support and prefer to manage without assistance. However, it is important that where support is required, kinship carers can readily connect with it. Consultations and the kinship carer survey, conducted to support the development of the strategy, suggest that not all kinship carers are aware of entitlements or services.

Outsourcing management of kinship care to non-government providers where the placement is long-term will allow kinship carers to receive an equivalent level of support to that enjoyed by foster carers even if the services they are offered differ in some respects. The transfer of existing kinship carers to the non-government sector is likely to be staggered over three years.

Benefits

- Greater equity of access to support across kinship carers and foster carers.
- Service models that are developed specifically to meet the unique and often complex needs of kinship care arrangements.



4.5 Revised arrangements for reimbursement of carers

The strategy seeks to provide financial support for children and young people in care on a child-focused, flexible basis to the greatest extent possible, enabling payments to step up or down depending on a child's needs.

The majority of ACT carers currently receive the highest subsidy in Australia. The subsidy is intended to contribute towards the costs of the child or young person for day-to-day expenses such as food, household provisions and costs, clothing and footwear, school uniforms, daily travel, car restraints, gifts, pocket money, holidays, hobbies and extracurricular activities, general educational costs, general medical and pharmaceutical costs and general communication costs. Currently carers can receive four different levels of subsidy depending on the child or young person's needs. The subsidy also varies based on three age bands, creating 12 payment levels.

The Out of Home Care Strategy provides for an age-related core payment of the base subsidy with additional needs met on a flexible basis through what are called 'contingency payments'. The therapeutic assessments discussed earlier in this paper will assist in identifying the additional needs of the child or young person which will be funded as agreed through the child's care plan. Carers will play an integral role in the development of the care plan and will be encouraged to identify supports that will ensure the child or young person's placement remains as stable as possible. The plan will be reviewed regularly to ensure carers are able to identify and access supports as they are needed for the child or young person in their care.

Only a small proportion of children and young people in care currently attract higher subsidies. Carers who are currently receiving a higher subsidy will have payments grandfathered for existing care arrangements.

Currently, CSD purchases 36 days of respite care as part of the unit price. Very few carers receive the full respite care entitlement and many receive no formal respite care. For some carers respite is important, however, many carers prefer to keep the child or young person with them in order to maximise the child or young person's sense of security and to avoid potential behavioural and other problems that may arise from disruption to routines. As an alternative to respite, the strategy will enable additional support to be provided to carers where that is reasonable to enable a carer to spend quality time with a child or young person.

Benefits

- Greater equity and fairness in reimbursement for costs incurred in looking after a child or young person—currently there is scope for uncertainty and debate in allocation of higher subsidies.
- The proposal unlocks money that is currently tied up in fixed costs and allows best use of limited resources across the cohort of all children and young people in care on a needs related basis.
- More flexible use of discretionary funding, for example, some carers would prefer in-home help rather than respite to which they are all theoretically entitled but which only a minority receive.

4.6 Supports for permanency

There needs to be a greater focus on achieving permanence in a timely manner for children and young people who remain in long-term care. Permanence helps children and young people achieve good emotional wellbeing and supports all dimensions of their development. Permanency allows children and young people in care to feel secure and allows children, young people and carers to enjoy autonomy as a family. Early consideration of permanency supports the best possible developmental outcomes for all children and young people, but particularly very young children.

Permanency can be achieved through either an adoption order made by the Supreme Court or an Enduring Parental Responsibility order made by the Children's Court. For a variety of reasons, one order may be more suitable for a child or young person than the other. For example, adoption will not generally be considered for Aboriginal and Torres Strait Islander children and young people. This is because most Aboriginal and Torres Strait Islander advocates do not support adoption of Aboriginal children or young people because of past abuses and because adoption changes a child's legal identity, severing legal connections to the birth family. For each individual child and young person in care, consideration is required of the best option given their circumstances.

Care and Protection Services currently operates a small team to undertake adoption and permanent care work. With an increased emphasis within the strategy on permanency for children and young people the investment in permanency solutions will be enhanced, which may include registration of additional adoption agencies as part of non-government agencies providing a continuum of care.

Children need to develop secure attachments early in life. Legislative amendments are proposed to shorten the waiting period for an Enduring Parental Responsibility order (where a child or young person is in a stable long-term family) to one year, instead of the current two years. The process for obtaining an Enduring Parental Responsibility order will also be reviewed to reduce any duplication in the assessment process.

Benefits

- Greater emotional stability and sense of normalcy for the child or young person by giving them a sense of permanency.
- The increased availability of children and young people to join a family on a permanent basis may attract a wider range of carers.

4.7 Extended continuum of care for care leavers up to 21 years of age

Young people who leave the care system have much poorer outcomes than other young people when they transition to adulthood as evidenced by research. Improving life chances and life outcomes for care leavers is important not only for the individuals concerned but also for the wider community. It will reduce the downstream social and economic burden of the increased health and justice costs incurred by this cohort in adulthood. It will also break what is often an intergenerational cycle that sees the children of many care leavers taken into care.

Young people who are approaching the age of 18 and the end of their time subject to a Care Order often feel anxiety and uncertainty as to whether they will continue to be supported.

Under current arrangements, the majority of supports for young people cease at the age of 18 and young people are left to make their own way. This arrangement does not approximate the process and timing of leaving home for young people who are a part of the wider population.

In 2012, Care and Protection Services commenced providing a level of support for the first time to care leavers up to age 25. A small team of specialist caseworkers was established and brokerage funding was made available to assist care leavers with one-off expenses. This team has been highly effective in assisting young people however it is clear this service needs to be enhanced.

The Out of Home Care Strategy will:

- if needed, extend the therapeutic plan and any associated outlays to young people as they mature out of the care system
- extend the subsidy paid to kinship carers and foster carers in select cases where it can be demonstrated that the young person's wellbeing will otherwise be jeopardised by the cessation of subsidy at 18. This will be for a period of time not exceeding the young person's 21st birthday
- increase casework resources dedicated to supporting young people in care as they transition to adulthood. This will be particularly beneficial to Aboriginal and Torres Strait Islander young people when they seek to re-establish family and cultural connections.

Benefits

- Young people experience a positive transition into adulthood.
- Reduced downstream costs for other service systems such as health and justice.
- Aboriginal and Torres Strait Islander young people are supported to reconnect with family and cultural as they wish.
- Improved health and wellbeing outcomes for young people through access to supports including employment, training, education and health.
- This initiative will be welcomed by carers who often are continuing to support young care leavers at their own expense.

4.8 Salaried foster care

There are a small number of children and young people who present with very complex and challenging behaviours, generally because of their exposure to abuse and neglect. These children and young people often struggle to live and function in a normal home-based setting. This is coupled with carers struggling to be able to provide enough support and attention to the child or young person's needs whilst juggling their own careers, other children and other commitments.

Currently children and young people presenting with complex needs are managed in residential care or through very expensive, individualised, intensive support packages. These children and young people are often cared for by a roster of workers in a house owned by ACT Housing. This rotation means the child or young person will have difficulty building an attachment to a single caregiver and leads to continual disruption to the child or young person's routine as it is interpreted by many different workers.

The introduction of a small pool of salaried foster carers will add another option to the care system for those children and young people who will benefit from home-based care, are too young to enter residential care or have ongoing complex needs such as a disability. Salaried foster care can also provide a step down service to help move children and young people out of residential settings and into home-based care. It can also assist with catering for large sibling groups who are often spread across multiple kinship carers or foster carers due to lack of options. In this case, two carers, for example a couple or a mother and adult daughter, would be employed full-time.

Employment law, training and qualifications, health and safety, taxation and remuneration are all relevant considerations. Development of a professional foster care option is an action under the *National Framework for Protecting Australia's Children 2009–2020—Second National Action Plan 2012–2015*. State and territory child protection administrators are working with the Commonwealth Government on this issue, in particular, seeking a resolution to industrial relations barriers to 24/7 employment.

Only a small number of children and young people assessed as having very high needs will be eligible for salaried foster care services.

Benefits

- Better outcomes for children and young people, with complex needs, through provision of an intensive service within a normal home environment.
- Provides an option for large sibling groups.
- Significant cost-savings compared to residential care in both capital and operating costs.

4.9 Therapeutic residential model

Residential care accounts for 7 per cent of all children and young people in care in the ACT. Residential care is often seen as a placement of last resort for young people with complex needs and challenging behaviours, before they move to adulthood.

Residential care settings are commonly used to support young people who have suffered multiple family breakdowns or who have some other kind of very high need which makes finding a foster carer difficult.

The evidence base suggests that residential care does not generally result in positive outcomes for children or young people other than for those services which offer a robust, well-defined therapeutic model of service provision.

Residential care is not a preferred option in the proposed Out of Home Care Strategy. However, there is a continuing need at this time for residential care places. Consequently every effort must be made to ensure that residential care programs are genuinely therapeutic and allow young people to reside in a home that is focused on their long-term needs and on addressing the impact of abuse and neglect. Other appropriate uses of residential care might be to stabilise a young person before they are transitioned back to their birth parents or to a kinship carer or foster carer. Residential care may be used to offer mediation and much needed time out in these situations for the young persons and the family.

More agile, responsive residential care services are needed which can scale up or down in response to the needs of individual children and young people and of the service system overall. If this can be achieved, services will better meet the needs of children and young people as well as being more cost effective.

The current model for residential care is placement-based (the funding is attached to the purchased placement) rather than being driven by the needs of the young person. This initiative relates to increasing the flexibility of residential care so that there is a clear aim and therapeutic purpose to the service. The model proposes pricing based on a mix of fixed and variable costs to support residential care services. Children and young people in residential care will also attract the therapeutic payments which are identified and funded using the young person's therapeutic plan. Residential care will continue to be outsourced to non-government providers, but as part of a continuum of care, not as a standalone service.

There is an opportunity for residential care providers to propose innovative, new models of residential care, for example, step down supported transition from care living arrangements.

Benefits

- Young people will benefit from a more therapeutically-focused residential care environment.
- More effective utilisation of resources—funding is not tied up to the same extent as currently in underutilised facilities and fixed pricing but is freed up to be allocated to best meet the needs of children and young people in care.

4.10 Independent advice for Aboriginal and Torres Strait Islander children and young people

Aboriginal and Torres Strait Islander children comprise around 25 per cent of the children and young people in care in the ACT currently. To better support our Aboriginal and Torres Strait Islander children, action is being taken to strengthen placements and support for Aboriginal and Torres Strait Islander children and young people so that they can stay connected to their families, their culture and their country. Independent, community-based cultural advisors will assist in strengthening decision making about Aboriginal and Torres Strait Islander children and young people by advising on:

- placement of children and young people in care
- development of cultural plans
- transition from care arrangements.

Benefits

- Greater Aboriginal and Torres Strait Islander community participation in decision making.
- Greater identification of needs and support services for Aboriginal and Torres Strait Islander children and young people.
- Adherence to the National Out of Home Care Standards.

4.11 Child health passport

It is widely recognised that children and young people in care tend to have poorer health than the mainstream population as a result of the abuse and neglect experienced prior to entry to care and that the effects of early health disadvantage can last a lifetime. It is very important that the health needs of children and young people entering care are identified and addressed as early as possible.

ACT Health is actively involved in supporting vulnerable parents and children and young people in care through a variety of programs including the Child at Risk Health Unit (CARHU), maternal and child health programs, drug and alcohol programs, mental health programs and mainstream health care services.

Every child in care is required to have a health screen when they enter care and the CARHU provides services to most children and early adolescents, while The Junction Youth Health Services also assists with health screens for young people entering care.

CSD and ACT Health are building upon the existing base of services to develop a Child Health passport. A Child Health Passport is a mechanism to share important health and medical information about children and young people in care. Carers are frequently frustrated with the lack of information they receive about children and young people when they first come into care or move to a new home, including their health needs. The Child Health Passport is a record of a child's medical and health needs that accompanies the child on their journey.

Benefits

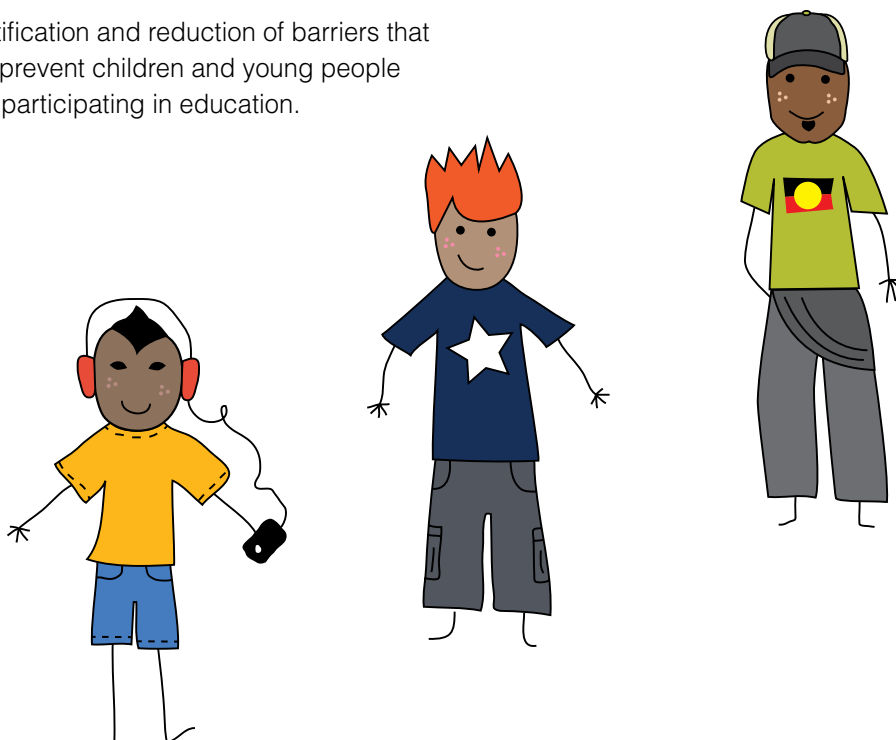
- Improved information sharing about the health background of the child or young person.
- Reduces the risk that the child's immediate health needs will be overlooked.
- Adherence to the National Out of Home Care Standards.
- This initiative will be welcomed by carers who feel at risk currently in receiving children without adequate health documentation.

4.12 Joint Education and Training Pathways Initiative

After family, a child or young person's teacher is often the most important person in a child or young person's life. Schools and teachers have an important role to play in supporting children and young people in care and helping them reach their potential. Improving education, training and employment outcomes for children and young people in care and care leavers is an important goal for the strategy. To this end, the ETD and CSD have agreed to establish an ongoing joint mechanism, along with non-government out of home care providers, to support children and young people in care with education and training needs. This may include assistance for carers to help children and young people access schooling, increased recognition of the impact of trauma on children and young people and its effects on school participation and greater access to programs that assist with socialisation and development.

Benefits

- Improved life chances as a consequence of improved education and training outcomes for children and young people in care.
- Identification and reduction of barriers that may prevent children and young people from participating in education.



5 Strengthening accountability and ensuring a high-functioning care system domain

The strengthening accountability and ensuring a high-functioning care system domain responds to some of the deficiencies in both purchasing and provision of out of home care services identified in external reviews and audits of Care and Protection Services and out of home care. It includes activities designed to ensure the care system operates safely, effectively, efficiently, equitably and sustainably.

Key systems outcomes sought include:

- a stronger, safer, more sustainable out of home care system with improved governance and regulation, an agreed performance framework, enhanced information sharing capabilities and consistency in policy and practice across agencies
- the most cost-effective and equitable application of available resources.

The strategy provides for the transfer of significant additional responsibility to non-government providers. Building the capacity and capability of the non-government sector to meet the challenges posed by new policy directions will be important along with building CSD capabilities in new or strengthened activity areas such as accreditation, quality assurance and performance contracting. CSD will actively engage with providers and other relevant parties to this end.

5.1 Accreditation and monitoring

When the territory removes a child or young person from their parents' care, it must actively exercise its duty of care to ensure that the child or young person is cared for in a safe environment and receives a better standard of care than she or he would have received at home.

It is important to acknowledge that it is not possible to eliminate all risk in the provision of out of home care for vulnerable children and young people. By its very nature, provision of care services for babies through to older teenagers necessitates acceptance of a variety of risks and requires a robust accountability and risk management framework to be wrapped around service delivery.

Reviews by the Public Advocate and Auditor-General have suggested that oversight and monitoring of the out of home care service system is currently inadequate. Additional investment is required to strengthen accountability mechanisms across the out of home care sector.

The ACT Government agreed in 2013 to the establishment of an out of home care accreditation scheme in response to the Auditor-General's performance audit of Care and Protection Services. The Auditor-General recommended that quality accreditation of out of home care community service providers should be undertaken by CSD allowing the Public Advocate and the Children and Young People Commissioner to independently monitor services. However, the Auditor-General specified that the accreditation function should not be in the Care and Protection Services Branch. This service is currently in development through the central policy area of CSD.

Ongoing quality assurance of services is also required beyond achievement of an accredited status. CSD needs to be able to undertake a high level of monitoring particularly in light of the proposed significant increase in the responsibilities of the out of home care agencies and the associated risk transfer.

The strategy provides for monitoring and evaluation of services to occur against a rigorous performance framework currently in development (see below). These activities will include observing the practices of the service, reviewing files and other relevant documentation, validating performance reports and interviewing children and young people, carers and birth parents about the service they receive.

Benefits

- Clear accountability mechanisms to provide assurance of the safety and quality of services.
- Increased confidence of government, the community and service users in the safety and quality of services.

5.2 Strengthened contract management

The strategy directs additional resources to strengthening contract and relationship management. CSD needs to be able to ensure that it is receiving best value from purchased services and to achieve this it must invest to a higher degree than previously in relationships with providers and in analysis of business outcomes to support strategic management of purchased services. In addition, more flexible child-focused purchasing arrangements will require a greater level of oversight and scrutiny to ensure children and young people are receiving the best possible care.

Benefits

- Strengthened accountability, value and outcomes from purchased services.



5.3 Performance-based contracting

An Out of Home Care Performance Framework is currently in development with a focus on both compliance with legislated and policy requirements and outcomes for children and young people. The framework will provide for a range of meaningful outcomes measures that are focused on obtaining outcomes that are in the best interests of the child or young person.

CSD is working towards introducing performance-based contracts for out of home care providers which will provide for regular performance reporting and which positively incentivise contracted services to meet key performance targets. Providers would be required to utilise the incentive funding to enhance services through investing in capacity building and innovation.

Benefits

- Clarity concerning the expectations of CSD as the purchaser of services.
- Continuous improvement of services driven through performance reporting and validation.
- Additional funding available to high-performing services for innovation and capacity building.

5.4 Adoption of the National Out of Home Care Standards

In July 2011, the National Out of Home Care Standards were published as an important achievement under the *National Framework for Protection Australia's Children 2009–2020*. The National Out of Home Care Standards were developed following significant consultation across Australia with the government and non-government out of home care sector.

The national standards are child and young person focused, are designed to improve outcomes for children and young people in out of home care and commit each state and territory to achieving better care for children and young people consistent with the principles of the United Nations Convention on the Rights of the Child.

The ACT is planning to adopt the National Out of Home Care Standards as its own. The standards support the objectives of the *Children and Young People Act 2008* and the vision of the strategy.

The standards will form a key element of the out of home care accreditation and monitoring scheme and will be reflected in contracts with out of home care service providers.

Benefits

- The standards are child- and young person-focused which complements the vision and direction of the strategy.
- Adoption of the national standards may reduce the reporting burden for agencies that operate across jurisdictions.
- The standards identify best practice in service responses for children and young people in care.

5.5 Renewal of carer approvals

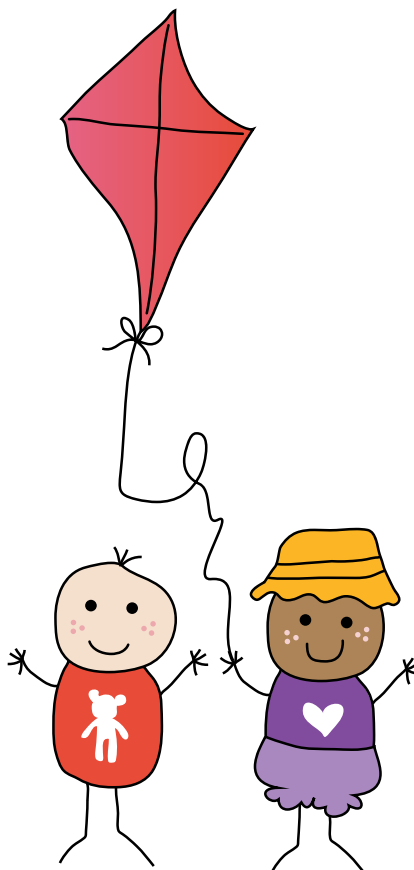
Assuring the continuing suitability of carers is an important element in terms of accountability for the wellbeing of vulnerable children and young people. Currently ACT carers are not subject to re-approval at regular intervals. This is out of step with other jurisdictions and represents a risk to children and young people. While the very great majority of carers are generous-spirited, law abiding citizens, in a small number of cases, carers or associates of carers are subject to substantiated abuse allegations or even criminal charges in relation to their conduct towards a child or young person in care.

Foster carers and kinship carers will be required to have their authority to care renewed every three years to ensure that children and young people are cared for by people and in circumstances that continue to meet the suitability requirements. Renewals will be tied to renewals of the Working with Vulnerable People Checks to minimise inconvenience. The renewal process should not prove onerous if out of home agencies have been staying in touch with carers and their circumstances and would be part of a continual assessment of the carer's situation.

Carers who parent children or young people subject to adoption orders or Enduring Parental Responsibility orders will not be subject to the carer renewal process as a court has already determined their ongoing suitability to care for the child or young person.

Benefits

- Assurance to government, community and service users as to carers' continuing suitability.
- Enables CSD and providers to accurately quantify the number of active carers.
- Provides a formal, structured opportunity at regular intervals for CSD and agencies to raise any concerns with carers.



5.6 Refreshed governance

Refreshed governance arrangements are required to strengthen the performance of the out of home care system.

Non-government providers will hold the biggest share of the business in the new environment and will be able to exercise more autonomy; however they will still need to work closely with CSD in supporting children and young people in placement prevention and reunification services and in relation to children and young people on short-term orders placed in foster care. In addition, while the Director-General, CSD may choose to delegate responsibility for long-term care decisions for children and young people on long-term orders to out of home care providers, she remains the responsible officer supporting the responsible Minister for the execution of the programs of CSD. It is important that she is assured that children and young people are receiving quality care and support that serves their best interests.

Joint governance mechanisms are required to plan and implement the new out of home care system and these will be established once service providers have been selected through an open tender process.

In addition to an overarching joint governance mechanism, a number of practice-focused panels with a mix of quality assurance and monitoring and coordination functions will be established which bring together representatives of out of home care providers and Care and Protection Services. As part of joint consideration of the number and focus of panel activity, operating arrangements for existing panels will be refreshed and standardised.

At a minimum, the panels proposed will include a Strengthening High Risk Families Panel which will regularly review cases where placement prevention or reunification is the goal, ensuring a strong focus on preventing entry to care and drift in care wherever possible and that necessary services are available.

A Continuum of Care Panel or a series of panels will also be required to support a range of activities in care services.

In some cases panels may include other members such as carer representatives or representatives from other government directorates or non-government programs. For example, ACT Health has agreed to contribute to the Strengthening High Risk Families Panel given the prevalence of substance abuse and mental health issues among families of children in care and the key role played by hospitals, Maternal and Child Health nurses and other ACT Health Personnel.

Benefits

- A shared understanding across all agencies and CSD of the strategic direction and progress in implementing the strategy on an ongoing basis.
- Improved consistency of response to service users across multiple providers and CSD.
- Sharing of information and practice wisdom will result in improved outcomes for clients and assist program development.

5.7 Information management

A quantum improvement in information management is required for out of home care services. Community expectations about the extent and quality of information collected to support children and young people in care has risen sharply in the information age.

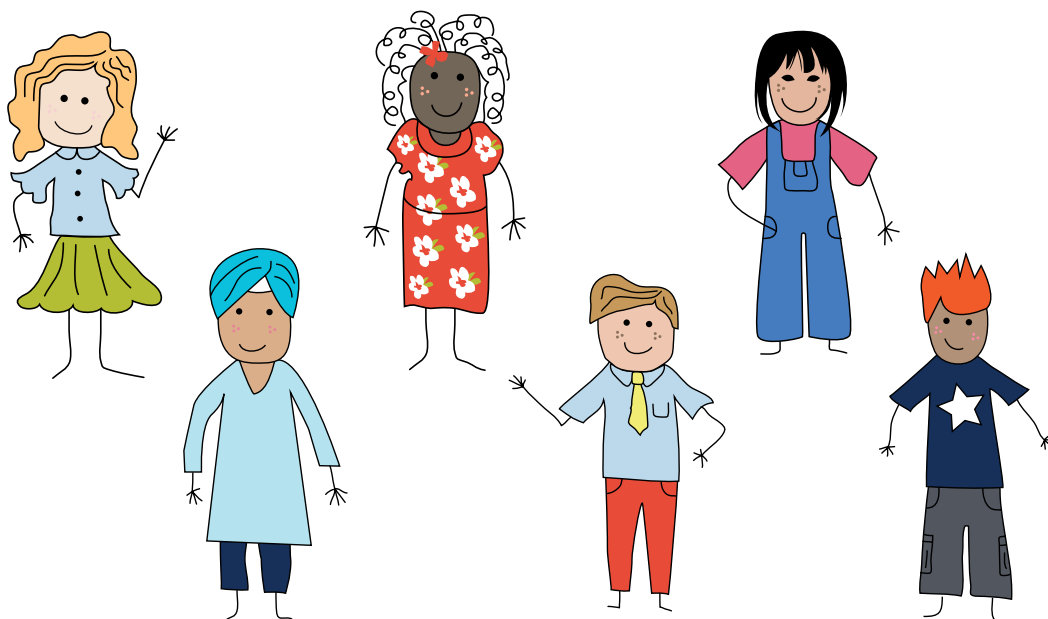
Ideally, in an outsourcing environment, information would be shared seamlessly between Care and Protection Services and the out of home care agencies to support better outcomes for children and young people and to support the most efficient and effective operation of the system.

The current fragmented arrangements involving two separate case management systems—CHYPS for Care and Protection Services and Looked After Children Electronic System (LACES) (or MyStory in the future) for the non-government sector means that communication issues arise that impact the child and young person and carers and erode productivity. An electronic record project is underway to examine the feasibility of replacing CHYPS and sharing information with non-government providers electronically.

Additional investment is proposed to drive improved record keeping and information management, including improving compliance and to support developmental information initiatives such as Life Story work which ensure children and young people and care leavers have meaningful access to their life histories.

Benefits

- Better information and case management will result in improved outcomes for clients.
- Increased compliance with the *Territory Records Act 2002*.
- Improved information collections and processes for sharing information with current and former children and young people in care about their time in care.



5.8 Carer Advocacy and Support

If case management of children and young people is outsourced to non-government agencies there needs to be an established mechanism for individual carers to express any concerns and seek support about actions and decisions by either the agencies or Care and Protection Services.

A service that is independent of Care and Protection Services and the agency will be required to assist carers as they seek to negotiate and resolve issues with their agency in the first instance. This is envisaged as a small service, attached to an appropriate agency outside the out of home care sector that would employ a panel of fee for service advocates. There is no existing foster and kinship carer advocacy program in the ACT, although CSD does fund free access for carers to counselling services through Relationships Australia.

Benefits

- Practical expression of support for carers who experience difficulties in the role.
- Carers will have a support mechanism separate to Care and Protection Services and agencies.
- The service provides an opportunity to seek resolution of conflicts wherever possible without resorting to litigation.

5.9 Birth family advocacy and support

Many parents have access to advice and advocacy services if they are legally represented or supported by the ACT Disability, Aged and Carer Advocacy Service (ADACAS) or other community agencies with which they have a relationship. However, some birth parents may not qualify for an advocate or may not have been able to establish a satisfactory relationship with any individual or agency that might fulfill this role.

This service element aims to ensure that every parent who needs an advocate can have access to one. Grandparents and other members of the extended family may also feel they need independent advice and support to challenge decisions of CSD or the out of home care agency.

It is proposed to fund a small family advocacy service attached to an appropriate agency outside the out of home care sector to ensure that birth parents or other family members have the opportunity to discuss any concerns with a knowledgeable person and to explore their options in relation to decisions of CSD or the non-government out of home care provider. The service might also support parents when their child has been removed and they want some assistance to access appropriate support services.

Benefits

- Practical expression of commitment to parents' rights.
- The service provides an opportunity to seek resolution of conflicts wherever possible without resorting to litigation.

6 The way forward

It is important to acknowledge that it is not possible to make the leap to a new therapeutic, trauma-informed care system overnight. Introduction of the proposed new care service system represents a major departure from current practice. It will be a journey necessitating awareness building, skills and knowledge development, the development of new service models and organisational and program alignment over a number of years. A significant effort will be required across both the government and non-government sectors to develop the new arrangements ahead of implementation and to drive extensive cultural change in order to see full and effective implementation of the new directions.

Implementation is a journey which will require willingness on the part of both government and non-government providers to relinquish old ways of doing things in pursuit of better outcomes for children and young people. It will of necessity involve taking calculated risks and a willingness to reflect on what is working well and what may need to be adjusted over time. Nevertheless, it is a journey worth taking and one that needs to be taken together in partnership.

In addition to the preparation period of 2014–15, which will involve intensive planning and change management work, there will be phased implementation of the strategy over its first three years of operation—2015–16 and 2017–18—to allow for such matters as the gradual building up of additional workforce elements and warm handover of kinship carers and the children and young people they care for to non-government providers.

An Out of Home Care Taskforce will be required for a period of two years to support the implementation of the new service system. Consideration is required of how best to support change management and capacity building in the non-government sector as well as in CSD and other relevant government agencies. Refreshing and strengthening relationships will be critical to the success of the strategy.

Equipping all participants to contribute to a therapeutic, trauma-informed system of care represents a substantial training and development exercise in its own right and substantial funding has been made available by the ACT Government to commence this task in 2014–15. Carers, both foster carers and kinship carers, must be acknowledged as central to the provision of a therapeutic, trauma-informed care system. Carers will be prioritised for initial training.

Other key activities include:

- development of an operational framework which describes in some detail how the many elements of the care system will work together
- procurement of service providers
- development of new service models
- legislative change
- development of, or amendments to, policies and procedures, including potential amendments to CHYPS
- development of a workforce strategy, including a training plan

- development and testing of the Performance Framework
- stakeholder communication program
- commissioning of a formal evaluation.

It will be important to invest adequately in implementation of the strategy, associated change management activities and evaluation mechanisms in order to deliver a well designed new care system with maximum chance of success in achieving stated objectives. It is important that there is a planned and smooth transition to the new system to the greatest extent possible which minimises risk for the clients, particularly children and young people, and for government, the directorate, service partners and the community.

Joint governance arrangements will be finalised and established once service providers have been selected via an open tender process during 2015.

An independently-chaired review panel will report to the Minister for Children and Young People over the course of 2014–15 and 2016–17 on progress in implementing the Out of Home Care Strategy in recognition of the significance of this reform initiative to the future wellbeing of the ACT's vulnerable children and young people.



Notes

