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| Looking after children framework for children and young people living in out-of-home care arrangements |
| A guide for disability service providers |

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# Context

Looking After Children is a best practice framework for supporting collaborative care for children and young people who are living in an out-of-home care arrangement.

Looking After Children was developed in the United Kingdom and has subsequently been implemented nationally in Australia and internationally. Looking After Children has been progressively implemented in Victoria since 2003 as the best practice framework for children placed away from their family’s care as a result of a Child Protection intervention (statutory order).

The framework has now been adopted for children and young people living in out of home care arrangements provided by disability service providers as part of the Disability Services and Children, Youth and Families joint workplan to align policy and operational frameworks.

Planning to support the needs of children and young people is critical to ensure the greatest possible outcome for them and their families. Planning must be guided by the best interests of the child or young person. This includes consideration of the need to protect the child from harm, to protect the child’s rights and to promote the child’s development and wellbeing.

There are two important aspects of planning that represent best practice for children and young people in out-of-home care:

* **Case planning** looks at the big picture. Depending on a child’s needs and circumstances, the emphasis of case planning may be about support for parents to resume care, transition planning or planning to establish a stable care arrangement. A case manager has responsibility for case planning for children and young people who are living in out-of-home care.
	+ **Care planning** is specifically focussed on making sure that the child’s day-to-day needs are met while they are in out of home care. Looking After Children provides the framework to plan for the day-to-day care of a child.

## Planning in accordance with the *Disability Act 2006*

The *Disability Act 2006* requires a service provider to ensure a support plan is developed for people with a disability who have access to ongoing disability support. The guiding principles for planning in the Act include that planning should:

* where relevant, consider and respect the role of family and other persons who are significant in the life of the person with a disability; and
	+ where possible, strengthen and build capacity within families to support children with a disability.

For children and young people, Looking After Children is the planning framework for disability service providers to meet their obligations relating to support planning under the Act. The format for a support plan within this framework is the Care and Placement Plan.

## Relationship to child care agreements in accordance with the *Children, Youth and Families Act 2005*

A Child Care Agreement is a written agreement in accordance with the *Children, Youth and Families Act 2005* between a parent and service provider to voluntarily place a child in out-of-home care. The Child Care Agreement authorises the service provider to provide the day-to-day care for the child and specifies the terms and conditions relating to the placement.

A Child Care Agreement must be reviewed at 6 months and then annually thereafter. Child Protection has the delegated responsibility to review the Child Care Agreement. The Care and Placement Plan provides relevant information needed to inform the review of the Child Care Agreement.

# Best practice framework

Looking After Children provides a framework that will assist service providers to provide good care of children and young people. The framework aims to strengthen communication and collaboration between service providers, carers, children and young people and their families and other professionals. It prompts all parties involved to consider the things any parent would naturally consider when caring for children. It also provides the service provider supporting the placement with a common framework for recording information that is essential for looking after a child or young person in their care.

## A care team approach

Looking After Children uses a care team approach to share responsibility and effectively respond to a child’s needs. At a minimum, the care team should include the child’s parents or legal guardian, care manager and carers (department funded disability accommodation staff or family based carers) and case manager. The care team may also include other adult family members who are involved in caring for the child or professionals who are significantly involved in shaping the care of a child (such as a behaviour support practitioner).

### Parents

Most parents continue to have a significant role in caring for their child in out-of-home care. Parents usually hold information about their children that will be important for others caring for their child to know. Unless court ordered, parents retain guardianship responsibilities for their child. A care team approach that includes parents facilitates clarity of the various care team members roles and accountabilities in caring for their child.

### Care manager

The care manager is usually the person who has management responsibility for the placement where the child or young person resides. Depending on the structure of the service, this could be a house manager or accommodation manager in a department funded disability accommodation or respite service. For an alternative family placement (such as Family Options), the care manager is the person responsible for supporting the placement, and may also have case management responsibilities.

The care manager usually will have responsibility for leading the care team and coordinating Looking After Children processes.

### Carers

The carer or carers provide or share the day-to-day care of a child or young person. Alternative family carers or key department funded disability funded accommodation staff have carer responsibilities for children and young people in out-of-home care.

### Case manager

All children living in an out-of-home care arrangement should have a case manager for the duration of the placement.

Case management is built in to most funding packages that support alternative family placements. In these circumstances, the case manager may also be the care manager.

Disability Services will generally provide case management for children and young people who are living in department funded disability accommodation and respite services. Exceptions may exist and be negotiated, such as where families have an established relationship with an external case management service.

Usually the case manager’s main focus will be case planning rather than the day-to-day care needs of a child. However being part of the care team can provide important insight about whether the placement can meet all of the child’s needs, if the placement is suitable and its stability. This is essential information to inform the child’s case plan.

It is important to highlight however that case planning issues should not be addressed at care planning meetings. Where case planning matters do arise, a separate discussion with relevant participants should be arranged. Refer to page 1 of this document for definitions of care planning and case planning.

In some circumstances, it may be appropriate for the case manager to lead and coordinate Looking After Children planning processes. As previously discussed, this could be where case management and care management responsibilities are undertaken by one person (such as for an alternative family placement). However it could also include where a child is being accommodated in a respite service where capacity to lead longer term care planning may be limited. This should be negotiated on a case-by-case basis.

## Considering the child or young person's needs

Looking After Children considers the child's needs and desired outcomes, and covers the things that parents usually pay attention to. There are seven life areas that are addressed:

### Health

This area includes progress towards achieving physical developmental milestones from childhood to puberty; injury prevention and immunisation against preventable illnesses; managing childhood illnesses and accidental injuries; personal hygiene; good dental care; the provision of a healthy diet and the development and maintenance of a physically active lifestyle. It also includes the management of specific health conditions such as asthma, allergies, diabetes, epilepsy and /or impairments such as vision loss, hearing loss, speech difficulties, and mobility.

### Emotional and behavioural development

Positive and nurturing relationships build healthy emotional and behavioural responses that equip children to better deal with stresses and become resilient.

This area focuses on the child’s responses to other people and the world around them, as reflected in their feelings and demonstrated through their actions. It considers the child’s general happiness, relationships with carers and peers, their anxieties and worries, adaptation to change, response to stress and degree of control over strong emotions.

### Education

Every child needs to be supported to fulfil their potential, maximise the benefits from education, be encouraged to achieve their aspirations and develop the skills that will equip them for a good life.

This area considers the child’s learning needs at home (where they are living) and the arrangements for the child’s formal schooling, such as how they will attend school, parent/teacher appointments, support for homework and other school activities. It also considers the child’s communication and learning equipment needs, their involvement in the wider community through social/sporting interests and involvement in clubs and activities.

It is the school’s responsibility to develop specific educational goals and a tailored education plan for students with disabilities. However, involvement in student support groups at the school and sharing information with school professionals should be considered as part of the child’s education needs in this area.

### Family and social relationships

Families provide the primary social relationships for a child. Children need a positive relationship with at least one significant adult to provide a secure base from which to develop other positive relationships. Sibling relationships are also very important. Maintaining positive connections with as many members of their extended family as possible is important for a child’s stability, especially if a child cannot live with either or both of their biological parents. It is important that efforts are made to build, or when absent to create, positive family connections.

This area considers steps to strengthen the child/young person’s relationship with their family. It may include the frequency of contact, how contact is supported and facilitated, any barriers to contact and whether contact is positive for the child and their family.

This area also considers the child’s capacity to make friends, how these relationships are supported and encouraged, support to extend the child/young person’s friendship network and develop the skills needed for future successful adult relationships.

### Identity

The sense of self is influenced by gender, ethnicity, religion, sexuality and physical appearance. Family, community and culture provide significant elements of a child’s identity.

This area considers the extent to which a child has a positive and stable sense of who they are and where they fit in the community in which they live. This includes the child’s level of confidence, ability to identify things they are good at, acceptance by peers, connectedness to family and community, level of comfort with appearance, sense of their cultural background, view of their future and their ability to influence this.

### Social presentation

A child’s appearance, social behaviour and personal habits affect how other people perceive and treat them. These reactions will affect a child’s self esteem and self confidence. Young people need help and resources to present themselves in ways that help them to be positively regarded by their peers and adults.

### Self care skills

All children need to be given the opportunity and encouragement to care for themselves at a level appropriate to their age and ability with the goal of eventual independence. For children to learn to look after themselves and have the confidence to take on new experiences they need an environment that encourages them to learn, is tolerant of their needs to try out new experiences but is watchful for their safety. They need to be able to make mistakes and try again.

This area considers the development of skills for looking after oneself, the child’s desire and capacity to learn skills and an awareness and avoidance of risky circumstances. It can also include developing skills in protective behaviours, decision making, negotiation and conflict resolution.

## Practice tools

The Looking After Children framework is designed to capture a child’s changing needs as they grow and develop. It includes a set of tools that prompt good practice and also comprise the main client records kept by the service providing the out of home care placement. The practice tools provide a template for the necessary information, assessments and strategies that the care team needs to address the child’s needs whilst in care.

All the Looking After Children tools are copyright and licence protected. The department holds a license that is inclusive of funded service providers. The current tools were adapted by the department several years ago. The department plans to update the tools in 2012.

### Essential information record

The Essential Information Record holds important information about a child or young person that carers and the care manager will need to refer to in order to provide good care.

This record keeps together the sort of factual information that those responsible for the care of a particular child/young person need to have handy for ongoing reference. This includes information such as parents’ names and contact information, birth date, Medicare numbers, school details, professionals’ contact information and so on. It combines both current and historical information, for example it records both current school details and previous schools attended.

In general, this is the place to put the information that will always remain true about the child, although it will also be added to over time, such as with the birth of a sibling or a period of hospitalisation.

Best practice in using the Essential Information Record requires a continuous process of recording and updating of the factual information about the child. Each care team member should have access to a copy of the Essential Information Record. Information should be updated at care team meetings and following a review of the Care and Placement Plan.

### Care and placement plan

The Care and Placement Plan identifies the child’s needs across the seven life areas and describes how these needs will be met while the child is in out-of-home care. It is important to identify needs that arise from the child or young person’s strengths and aspirations as well as those that reflect their problems or difficulties.

The description of each area will not apply to all children and young people in all situations at all times. Rather, the description seeks to provide some idea of the type of issues and questions that need to be considered within the particular area.

For each life area the Care and Placement Plan documents:

* the child/young person’s needs
* how they will be responded to
* by whom
* by when
* the role of the parents
	+ planned outcomes.

The first Care and Placement Plan should be completed in the first two weeks of the child commencing the placement. This plan will generally focus on transition to the new living arrangement. It should include the actions that need to happen now and by whom to ensure that the impact of change for the child is minimised, such as confirming family contact and communication arrangements, school arrangements and ways to make sure that the child is happy as possible.

The next plan is more comprehensive, and should address the child’s needs at this time and over the next six months.

Disability service providers may be required to develop specific health care plans for people living in department funded disability accommodation services. Where it is considered that a separate health care plan is required or one exists, it should be referenced in the Health section of the Care and Placement Plan and attached to avoid duplication.

Similarly, some children may require a comprehensive behaviour support plan to address specific behaviours. Where a behaviour support plan exists, it should be referenced in the Emotional and Behavioural Development section of the Care and Placement Plan.

### Review of care and placement plan

The Review of Care and Placement Plan is a workbook that guides the care team to develop a new plan. Each section across each of the seven Looking After Children life areas from the last Care and Placement Plan is reviewed to consider:

* actual outcomes of the planned actions
* whether previously identified needs have been met
	+ what new information has emerged since the last plan or review

As part of the review process, new needs and actions are identified and recorded in the Review of Care and Placement Plan, which is then rolled over to become the new plan.

Best practice requires undertaking a Review of the Care and Placement Plan whenever the child’s circumstances change, after the completion of each Assessment and Progress Record and at every six months.

### Assessment and progress record

The Assessment and Progress Record enables the care team to monitor how a child or young person is developing and identifies follow up actions needed. Of the six age related records that exist within the framework, the 5–9 years, 10–14 years and over 15 years will be relevant to disability service providers.

The record should be completed by a member/s of the care team who sees the child most often. Information should be gathered through observations and a series of conversations with the child and various care team members over a period of at least six weeks. It should not be completed in one sitting as a form filling exercise.

The initial record should be commenced as soon as the initial Care and Placement Plan is completed, and then updated yearly.

# Roles and responsibilities

The following table outlines the responsibilities of care team members in completing Looking After Children practice tools.

|  | Care manager | Parent/carer | Case manager |
| --- | --- | --- | --- |
| Essential Information Record | lead responsibility to ensure information is documented and updated | contribute to information gathering | contributes to information gatheringrecord information in CRIS/CRISSP |
| Care and Placement Plan | leads and coordinates the development of the planensures documentation is completed | contribute to the development of the plan | contributes to the development of the planrecords information in CRIS/CRISSP |
| Review of Care and Placement Plan | Leads and coordinates the development of the planEnsures documentation is completed | Contributes to the development of the plan | Contributes to the development of the planrecord information in CRIS/CRISSP |
| Assessment and Progress Record | leads assessment processensures documentation is completed | contributes to information gathering | records information in CRIS/CRISSP |

# Process and timelines

Best practice requirements for completing the practice tools are outlined in the table below.

|  |  |
| --- | --- |
| At placement | Essential information record |
| Within 14 days | Care and Placement Plan (establishment focus)Update Essential Information Record |
| Following the Care and Placement Plan (then every 12 months) | Assessment and Progress Record |
| Within 3–6 months (then every 6 months) | Review Care and Placement PlanUpdate Essential Information Record |

## Planning meetings

Where possible, care teams should come together to develop and review plans. Bringing care teams together can inspire creativity and ideas, and can also resolve differences and clarify member’s roles and responsibilities.

However, sometimes it is difficult to get all those involved in the child or young person’s care to attend meetings. In some circumstances, it may not be appropriate to bring this group together. For young people particularly, discussion of sensitive issues at a meeting could be embarrassing and inappropriate. Where a care team meeting is not possible, individual discussions with key people may be the best alternative.

# Recording information

Looking After Children records cannot be created in the Disability Services’ Client Relationship Information System (CRIS) and Client Information System for Service Providers (CRISSP).

All templates should be completed electronically and attached to the CRIS and CRISSP file. Electronic exchange of Looking After Children records via email between care team members must comply with the department’s requirements for the electronic exchange of sensitive information.

# Monitoring and data collection

The department collects Looking After Children implementation data six monthly for October–March and April–September. Data collected reports on usage of the planning tools, participation in the process and exchange of information. The data will be collected from service providers by the regional Children Youth and Families quality enhancement worker in consultation with regional staff and then analysed regionally and statewide.

# Information and resources

A Looking After Children Information sheet for parents and guardians has been developed to help inform families of the planning process and their role. The information sheet should be given to a child’s family at the commencement of an out-of-home care placement.

Each Department of Human Services region has a Children Youth and Families quality enhancement worker who has expertise in the Looking After Children framework. Where possible, regions should engage with regional quality enhancement workers to draw on their expertise relating to operational matters.

# List of practice tools

1. Essential Information Record
2. Care and Placement Plan
3. Review of Care and Placement Plan
4. Assessment and Progress record 5–9 years
5. Assessment and Progress Record 10–14 years
6. Assessment and Progress Record over 15 years

All the Looking After Children tools are copyright and licence protected. The department holds a license that is inclusive of funded service providers.

The current tools were adapted by the department several years ago and will be available for use by Disability Service Providers on the [Funded Agency Channel](http://www.dhs.vic.gov.au/funded-agency-channel) (FAC) [www.dhs.vic.gov.au/funded-agency-channel]

The department plans to update the tools in 2012.

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