

|  |
| --- |
| State-wide Keep Embracing Your Success (KEYS) Program guidelines |
|  |
| OFFICIAL |

|  |
| --- |
|  |
| To receive this publication in an accessible format email Care Services <mailto:careservices@dffh.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Families, Fairness and Housing November 2021.In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.**ISBN** 978-1-76096-652-2 |
|  |

# Contents

[Contents 4](#_Toc78978321)

[Purpose 5](#_Toc78978322)

[How to navigate this document 6](#_Toc78978323)

[Context 7](#_Toc78978324)

[Service Aim, Objectives, and Scope 12](#_Toc78978325)

[Overall Model - *at a Glance* 16](#_Toc78978326)

[Service Components 18](#_Toc78978327)

[Integrated Multi-disciplinary supports across the model 36](#_Toc78978328)

[Practice 45](#_Toc78978329)

[References 59](#_Toc78978330)

[Tools, Assessments and Supplementary Guidance 60](#_Toc78978331)

[Reporting and Monitoring 64](#_Toc78978332)

# Purpose

The purpose of this document is to outline the program requirements for the Keep Embracing Your Success – Residential Care model (KEYS) and describe how the model must be delivered.

These guidelines will assist staff from the Department of Families, Fairness and Housing (the department), Community Service Organisations (CSOs) and Aboriginal Community Controlled Organisations (ACCOs) with implementation and service delivery.

These guidelines provide information on the eligibility criteria, roles and responsibilities, implementation of the model, financial reporting, and performance monitoring.

These guidelines may be reviewed in recognition of any developments in policy, scope, processes, and administration.

These guidelines are in addition to, and do not replace existing legislative, policy, program, and procedures, including (and not limited to):

* [*Children, Youth and Families Act (2005)*](https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/121) *<*https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/121>.
* *Program requirements for residential care services in Victoria* available at [Program requirements out-of-home care services](https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services) <https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services>.
* [Service Agreement Requirements](https://fac.dhhs.vic.gov.au/service-agreement-requirements) <https://fac.dhhs.vic.gov.au/service-agreement-requirements>.
* [Human Services Standards](https://providers.dffh.vic.gov.au/human-services-standards) <https://providers.dffh.vic.gov.au/human-services-standards>.
* [Registration requirements for community services](https://providers.dffh.vic.gov.au/registration-requirements-community-services) <https://providers.dffh.vic.gov.au/registration-requirements-community-services>.
* [Aboriginal and Torres Strait Islander cultural safety framework](https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework) <https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework>.

The [Child Protection Manual](https://www.cpmanual.vic.gov.au/) is also a primary point of reference for information regarding statutory child protection policy, procedures and supporting advice <https://www.cpmanual.vic.gov.au/>. This includes roles and responsibilities applicable to placing a child in care, supporting Aboriginal children and, case management, Looking After Children and care teams.

Partners in the model will also be committed to the vision and objectives of [Wungurilwil Gapgapduir Aboriginal Children and Families Agreement](https://www.dhhs.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement), an overarching strategic response to improving the lives of vulnerable Aboriginal children through self-determination <https://www.dhhs.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement>.

# How to navigate this document

This document is broadly divided into five key sections:

Context

Aim, Objective, and Scope

Service Components

Practice

Tools, assessment and supplementary (in a separate attachment)

# Context

### Brief description of the legislative and policy context or service system

#### Legislation

Legislation that is particularly relevant to the operation of the model includes:

* *Children, Youth and Families Act 2005*
* *Privacy and Data Protection Act 2014*

#### Policy Context

#### Roadmap for Reform

The Roadmap for Reform (the Roadmap) is the Victorian Government’s blueprint for reform of the child and family system towards earlier intervention and prevention, reducing child vulnerability, neglect, and abuse, and supporting children to reach their full potential. It prioritises Aboriginal self-determination; integrating services and community networks; and shifting culture and practice to drive better outcomes.

The Roadmap aims to deliver a system focused on:

* strengthening communities to better prevent neglect and abuse
* delivering early support to children and families at risk
* keeping more families together through crisis
* securing a better future for children who cannot live at home.

The Roadmap will create services that are co-ordinated and work together to meet the needs of vulnerable families and children, forming an important step in the government’s long-term response to the Royal Commission into Family Violence. The Roadmap seeks to move from a system with siloed service models to a connected children and families whole-of-system model, that works together with children, their families, carers and communities.

The new whole-of-system model and redesign for the child and family system will reorient the child and family system towards earlier intervention and prevention to reduce and prevent risks to children, build family capability, and improve child and family outcomes. To progress this vision, the department is leading the co-design of a new system model based on three pathways of support.

The model sits within the *Continuing care Pathway*, with the aim of improving the quality and safety of care and improve outcomes and children’s experience of care.

#### Aboriginal self-determination

The Victorian Government is committed to self-determination and self-management for Aboriginal people. This includes investing in the development, delivery and evaluation of place-based services co-designed by and for Aboriginal children and families.

Aboriginal self-determination work is being supported by the following reforms, initiatives and reports:

* **Roadmap Aboriginal Self-Determination Principle** - This Roadmap includes guiding principle 5: ensuring Aboriginal self-determination around decision making and care for Aboriginal children and families. For further information visit [Roadmap for Reform: Strong Families, Safe Children](https://www.dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children) <https://www.dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children>.
* **Wungurilwil Gapgapduir** - the Aboriginal Children and Families Agreement and Action Plan - *Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement* (the Agreement) is an Agreement between the Aboriginal community, Victorian Government and community service organisations which outlines a strategic direction to reduce the number of Aboriginal children in care by building their connection to culture, Country and community. *Wungurilwil Gapgapduir* is guided by the Government’s vision to increase Aboriginal self-determination for Aboriginal people and to ensure that all Aboriginal children are safe, resilient and can thrive in culturally rich and strong Aboriginal families and communities. It follows the department’s release of *Korin Korin Balit-Djak* in 2017*,* which serves as a 10-year plan to revolutionise Victoria’s health and human services’ work with Aboriginal communities. Further information is available at [Wungurilwil Gapgapduir Aboriginal Children and Families Agreement](https://www.dhhs.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement) <https://www.dhhs.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement>.
* **Korin Korin Balit-Djak Aboriginal Health, Wellbeing and Safety Strategic Plan** – the *Korin Korin Balit-Djak ten-year strategy* (2017-2027) confirms the Victorian Government’s commitment to ensure Aboriginal children and families are thriving and empowered by reforming Victoria’s health and human services interface with Aboriginal communities and progressing Aboriginal self-determination in child and family services. The Plan represents a commitment to support and embed Aboriginal leadership and self-determination in health, wellbeing and safety. See [Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017-2027](https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak) <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>.
* **Beyond Good Intentions Statement** - A commitment to honest dialogue between government agencies, Aboriginal Community Controlled Organisations (ACCOs) and all child and family welfare agencies to create a fair, just and restorative child and family welfare service system for Aboriginal and Torres Strait Islander children. For more information on the Statement go to the Centre for Excellence in Child and Family Welfare website at [Beyond Good Intentions](https://www.cfecfw.asn.au/beyond-good-intentions/) <https://www.cfecfw.asn.au/beyond-good-intentions/>.
* **Aboriginal Children’s Forum (ACF)** - As part of Victoria’s commitment to Aboriginal self-determination, under the Victorian Aboriginal Affairs Framework (VAAF), the purpose of the ACF is to give practical effect to the implementation and monitoring of Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement to promote the safety, health and resilience of vulnerable Aboriginal children, so they thrive and live in culturally rich and strong Aboriginal families and communities. See [Aboriginal Children's Forum](https://www.vic.gov.au/aboriginal-childrens-forum) for further information <https://www.vic.gov.au/aboriginal-childrens-forum>.

#### Service System

*Care Services*

Care Services refers to services offered by a registered community service organisation (CSO), pursuant to Section’s 44 to 72 of the *Children, Youth and Families Act 2005*. Care Services provide placement and support services to children, who have been assessed to be at risk by Child Protection, or where their parents are unable to care for them for a period of time.

There are five main types of Care Services in Victoria:

* Kinship care: a child is placed by Child Protection in the care of an assessed and approved relative or someone in the child’s social network, allowing them to remain within their family or local network.
* Foster care: a child is looked after by a foster carer who has been trained and approved.
* Residential care: a child is placed into a home staffed by employed carers.
* Lead Tenant: provides a safe semi-independent living environment where approved adult volunteer lead tenants provide day-to-day guidance and role modelling support to children.
* Permanent care: a child is placed into the permanent care of an identified carer by Child Protection.

Whilst Secure Care Services is part of the continuum of care services, placement into Secure Care Services can only occur where there is substantial and immediate risk of harm to a child aged 10 to 17 years, and subject to the approval of the area executive director in the relevant Operations Division.

Key requirements

These program guidelines will set the requirements for the Keep Embracing Your Success - residential care service delivery.

The existing [*Program requirements for residential care services in Victoria*](https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services) <<https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services>>should be read alongside these program guidelines as an addition to the *Program requirements for residential care services in Victoria*.

The department has several expectations regarding how providers will implement this model including that:

* Healing matters model is embedded in the houses.
* Looking After Children documents are completed.
* Early and strong engagement occurs with Better Futures Providers for children transitioning from care.
* Culturally safe and appropriate practices will be used to support Aboriginal children in care.
* The views, wishes and opinions of children will be obtained and considered in decision-making and development of plans relating to their safety and wellbeing.
* The Care team are actively working towards implementing the case plan and permanency objective.
* The model will deliver a strengthened service response that provides inclusive planning to support individual needs within the model.

In addition, each provider can develop a service that reflects their organisation’s philosophical base, incorporating local need and the culture within which it works.

The [Child Protection Manual](https://www.cpmanual.vic.gov.au/) is also a primary point of reference for information regarding statutory Child Protection policy, procedures, roles and responsibilities as is applicable to Looking After Children (LAC) care teams, and supporting advice <https://www.cpmanual.vic.gov.au/>.

#### Human Services Standards

The Human Services Standards (Standards) represent a single set of service quality standards for department funded service providers and department-managed services.

The Standards consist of the four service delivery standards as well as the governance and management standards of a service provider’s chosen department-endorsed independent review body.

Further information is available at [Human Services Standards](https://providers.dffh.vic.gov.au/human-services-standards) <https://providers.dffh.vic.gov.au/human-services-standards >.

#### Registration requirements

Where the department is to enter into a Service Agreement with a service provider for the delivery of community-based child and family services and or out of home care (care services), the service provider must be registered under the *Children, Youth and Families Act 2005* prior to commencement of services.

Further information is available at [Registration requirements for community services](https://providers.dffh.vic.gov.au/registration-requirements-community-services) <https://providers.dffh.vic.gov.au/registration-requirements-community-services >.

#### Service Agreement Requirements

The Service Agreement Requirements is a contractual document and outlines the departmental responsibilities and the policies and obligations that all funded organisations must comply with.

To meet the terms of the Service Agreement, funded organisations must ensure they comply with:

* + the Service Agreement
	+ the standard policies and obligations in the Service Agreement Requirements
	+ the specific policies and obligations in each relevant activity description.

Further information is available at [Service Agreement Requirements](https://fac.dhhs.vic.gov.au/service-agreement-requirements) <https://fac.dhhs.vic.gov.au/service-agreement-requirements>.

## Overarching practice frameworks

The following practice frameworks will govern the delivery of the homes.

Best interests case practice model: Aims to reflect the case practice directions arising from the Children, Youth and Families Act 2005 and the Child Wellbeing and Safety Act 2005. Designed to inform and support professional practice in family services, Child Protection and placement and support services, the model aims to achieve successful outcomes for children and their families. See [Best interests case practice model](https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model) for further information <https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model>.

Looking After Children Framework: Looking After Children (LAC) is an outcomes-focused approach for collaboratively providing good care for children in care. In Victoria, LAC provides the practice framework for considering how each child’s needs will be met, while that child is in care. For further information see [Looking After Children](https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/looking-after-children) <https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/looking-after-children>.

Multi-Agency Risk Assessment and Management Framework (MARAM): The aim of MARAM is to increase the safety and wellbeing of Victorians by ensuring relevant services can effectively identify, assess and manage family violence risk including information sharing and working collaboratively. See [MARAM practice guides and resources](https://www.vic.gov.au/maram-practice-guides-and-resources) <https://www.vic.gov.au/maram-practice-guides-and-resources>.

Aboriginal and Torres Strait Islander Cultural Safety Framework: Developed to help mainstream Victorian health, human and community services and the department to create culturally safe environments, services and workplaces. The framework provides a continuous improvement model to strengthen the cultural safety of individuals and organisations. For further information see [Aboriginal and Torres Strait Islander cultural safety](https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework) <https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework >.

Aboriginal child placement principle: Enhance and preserve Aboriginal children’s sense of identity by ensuring that Aboriginal children are maintained within their own or extended family, community and Aboriginal culture. See [Aboriginal child placement principle](https://providers.dffh.vic.gov.au/aboriginal-children-care) <https://providers.dffh.vic.gov.au/aboriginal-children-care >.

Client voice framework: The framework aims to assist individuals at every level of a community service to critically assess their current practice in relation to seeking, hearing and responding to client voice. Further detail is available at [Client voice framework for community services](https://www.dhhs.vic.gov.au/publications/client-voice-framework-community-services) <https://www.dhhs.vic.gov.au/publications/client-voice-framework-community-services>.

Framework to reduce criminalisation of in residential care: A commitment across government departments, Victoria Police and residential care providers to reduce the unnecessary and inappropriate contact of in care with the criminal justice system. See [Framework to reduce criminalisation of in residential care](https://providers.dffh.vic.gov.au/framework-reduce-criminalisation-young-people-residential-care) <https://providers.dffh.vic.gov.au/framework-reduce-criminalisation-young-people-residential-care>.

SAFER children framework, at <https://www.cpmanual.vic.gov.au/our-approach/safer-children-framework/safer-children-framework-guide> , is the risk assessment approach for Victorian child protection practitioners. The SAFER children framework brings together components, some new and some existing, of child protection practice in Victoria. The framework confirms child protection’s ongoing commitment to a guided professional judgement approach to risk assessment and practice. The SAFER children framework is specific to the role of child protection in Victoria, with a legislative mandate under the Children, Youth and Families Act 2005 (CYFA).

# Service Aim, Objectives, and Scope

## Aim

The overarching aim of KEYS is to transition young people into longer term and less intensive placement options. To create these pathways out of residential care, KEYS aims to support young people to stabilise their behaviour and build their future through a multidisciplinary focus across the following five domains:



## Objectives

The KEYS model provides a four-bed residential care house with:

* + 24-hours a day, seven days a week rostered staffing model
	+ A multi-disciplinary team wrapped around the young person.

Training to support delivery of the model will be supported by the Residential Care Learning and Development Strategy.

The overarching objective of KEYS is to achieve a young people’s permanency objective and implement the child’s case plan, in partnership with child protection or the ACAC provider. With the aim of transitioning them from KEYS to:

* + Family
	+ Kinship care
	+ Home based foster care, or
	+ Independent living arrangements.

## Scope

KEYS is a service for young people aged 12 to 17 years who have challenging behaviours, serious emotional and mental health issues and are currently in or are likely to move into residential care. KEYS will provide a culturally safe, trauma informed and inclusive service response, including supporting Aboriginal children and families through KEYS or the Aboriginal KEYS model.

Young people referred to KEYS may have or are currently experiencing one or more of the following difficulties:

* Complex mental health difficulties such as self-harming behaviours
* Significant neglect, physical and sexual abuse, witnessed and/or subjected to family violence, and exposure to family violence
* Show signs of reactive sexual behaviours
* Have criminal offending behaviours, including those with youth justice involvement
* Substance misuse
* High vulnerability to sexual exploitation and abuse.

# Overall Model - *at a Glance*



# Service Components

There are four key service components underpinned and supported by an integrated multi-disciplinary model of care:



## Transitioning in

| **Phase** | **Task** | **Lead** | **Required Timeframe** |
| --- | --- | --- | --- |
| 1. Referral (note all placements are case contracted)
 | Placement Coordination to identify suitable clients, with input and endorsement from Child Protection or Aboriginal Agency Planner for Aboriginal children in ACAC | Placement Coordination and Child Protection | 2 weeks prior to a placement being made |
| Placement Coordination to provide referral documents to KEYS | Placement Coordination | 2 weeks prior to a placement being made |
| 1. Referral Conference
 | Placement Coordination to convene placement referral conference   | Placement Coordination | 2 weeks prior to a placement being made |
| 1. Child transitioning in
 | Placement Coordination to convene Transition Planning Meeting | Placement coordination | 1 week prior to a placement being made |
| KEYS partnership lead agency to finalise Transition Plan and submit to Placement Coordination  | KEYS lead agency | 5 days prior to a placement being made (timelines may be longer in exceptional circumstances, for example where a young person is moving from out of the area) |
| Child transitions in | Child Protection | Placement made |

### Referral

Placement Coordination in consultation with Child Protection and the authorised Aboriginal agency will identify and refer young people who are suitable for the KEYS model with consideration given to matching / mix. Child Protection or authorised Aboriginal agency Planner approval is required before a referral is progressed. The decision to endorse is a judgement that a move into the program is warranted, which includes consideration of the client’s ability to safely reside with existing clients in the model.

A Placement Referral Conference will be used as the vehicle to refer a young person to this model. For each available or anticipated vacant placement, up to three young people are referred. If there are multiple placement vacancies at a given time, there is no expectation that this ratio of referrals to vacancies is to be adhered to. Noting a vacancy is where a bedroom has not been utilised for over six weeks.

Placement Coordination will discuss referrals in more detail at a placement referral conference two weeks prior to a young person entering the KEYS model. The conference must include representation by both Placement Coordination, KEYS program manager and Child Protection or authorised Aboriginal agency. The conference should confirm the suitability of the referral, availability of the placement and strategies to promote a coordinated and collaborative admission process to ensure that the young person is successfully transitioned to the KEYS model.

*It is expected placement into KEYS will occur within two weeks from referral.*

The department may raise as a service delivery issue and enter discussions with the KEYS service provider about their ability to deliver KEYS if the provider refuses all referrals for three vacancies in a single year. These discussions regarding declines would take into consideration the needs of the young people and the circumstances under which the successful service provider made the declines.

For Aboriginal children and young people, child protection will consult with the Aboriginal Child Specialist Advice and Support Service (ACSASS) according to current protocols regarding placement of an Aboriginal child or young person in care (unless the child is subject to authorisation or contracted to an ACCO).

Placement Coordination will provide the following information for each young person referred:

* CRIS client referral
* Genogram
* Any Cognitive or Mental Health assessments

The referral information will be provided to the referral placement conference.

### Client Selection and Intake

#### Placement Referral Conference

Placement Coordination will lead the placement referral conference and it will include:

* A discussion per young person referred and will be led by the Child Protection Case Manager or Team Manager or authorised Aboriginal agency Planner or Case Manager. If appropriate, other relevant professionals (current placement provider, contracted case manager and existing support services including cultural support workers) will also participate to provide a comprehensive overview.
* The discussion will include historical information not included on the referral form:
* A short summary of the initial reason the young person was moved into care
* A brief overview of the young person’s mental health history (and/or emotional development)
* Any risk management strategies in place to support children with known behaviours of concern
* Consideration is given to the mix/matching of the young people presented, before they are selected. This includes ensuring that the young people living together:
* Have a broadly similar developmental level
* Pose no significant risk to the safety and development of one another
* Whether potential matching issues can be managed through a range of strategies in recognition that all young people in the model will have complex needs.
* Have had any prior relationship history between each other.

The placement referral conference should include:

* Placement Coordination
* Child Protection or authorised Aboriginal agency Planner
* The current placement provider (if the child is currently in a residential care placement)
* The young person’s current Case Manager
* Lead Agency
* Alcohol and Other Drug provider
* Mental health provider
* Partner ACCO.

There is allowance when a young person is moving out of the residential house for their placement to remain open for up to six weeks to support their transition out. This does not apply in circumstances where the multi-disciplinary team make a clear assessment that is it highly unlikely the young person will return. The result is that new referral can commence earlier than the six-week period.

### Transitioning Into KEYS

Planning for a young person entering the KEYS service is essential to ensuring a successful placement.

#### Transition In Planning Meeting

Within two days of a young person being selected for support by KEYS, the first Transition In Planning Meeting will be convened by Placement Coordination. Further meetings will be convened on a need basis to support the transition.

The Transition In Planning Meeting will require participation of:

* Placement Coordination
* Child Protection or authorised Aboriginal agency Planner
* The current placement provider (if the child is currently in a residential care placement)
* The young person’s current Case Manager
* Lead Agency
* Alcohol and Other Drug provider
* Mental health provider
* Partner ACCO.

The Transition In Planning Meeting involves:

* Discussion of the selected young person’s full case history to ensure a comprehensive transfer of information is provided to the KEYS partnership.
* Review of current assessments of the young person and a determination of any further assessment required.
* Presentation of a draft Transition In Plan by the KEYS partnership lead agency, to guide the young person’s transition into the KEYS program.

The Transition Planning Meeting will particularly consider:

* How the young person will be introduced to the KEYS team
* Strategies to support engagement with the young person
* Continuity of key relationships to be maintained during transition
* Case management transfer from the current arrangements across to the KEYS case management model
* How the young person will be supported to continue to build their connection to their identity and culture

#### Transition In Plan

Upon conclusion of the Transition In Planning Meeting, the lead agency of the KEYS partnership will finalise the Transition In Plan (see details of document in supplementary materials attachment), with consideration given to the Child Placement Principles, as required.

The Transition In Plan will include the needs, wishes and preferences of the young person.

The lead agency will provide the Transition In Plan to Placement Coordination within one week of the Transition In Planning Meeting. A young person’s transition and placement into the residential house component of the KEYS program is to take a maximum of two weeks, from the date of referral.

The transition (into placement) phase should include:

* File review
* Care team meeting
* The young person being advised of their selection into the program
* The young person meeting the KEYS multidisciplinary team and establishing relationships with them
* The young person visiting the new home and familiarising themselves with the home and their bedroom
* Shopping for new items for the young person for their placement into KEYS
* The young person meeting co-residents through organised activities away from the house, and at the house
* Handover from previous provider of Looking After Children (LAC) processes and documentation including ensuring that it is loaded into CRIS and CRISSP
* Consideration and management of client mix/matching.
* Young person familiarisation and signing of the house expectations.

## In home

KEYS provides four-bed residential care houses with 24 hours a day seven days a week rostered staffing model.

Young people are supported to stabilise their behaviour and build skills within the residential house and then transfer these skills into their longer term and less intensive outreach placement before exiting the program.

Young people ideally enter KEYS by moving into the residential house and then transition into their outreach placement. Given the complexity of young people in the program, there may be variations to this pathway depending on the young person’s individual needs and circumstances.

It is intended for young people to be supported for up to 18 months before exiting the program.

Young people are supported to stabilise their behaviour and build skills within the residential house and then transfer these skills into their longer term and less intensive outreach placement.

### Guiding Principles

The primary focus of the KEYS residential component is to:

* Provide a nurturing and home like environment
* Prepare young people for their next step
* support young people to stabilise their behaviour and build their future through a multidisciplinary focus across the five domains (safety, managing emotions, life skills, education and employment, identity and connection).

### Nurturing and home like environment

A nurturing and home like environment is critical to the effectiveness of the KEYS residential care house. Many the of young people in KEYS have experienced a number of placement changes and instability throughout their time in care. Creating a sense of identity and connection within the home is therefore crucial to supporting young people to stabilise and engage in the program.

KEYS operates from the premise that every young person who comes into the service has a right to participate and have a voice in all aspects of their lives and throughout their everyday involvement with the service. Young people are encouraged to provide feedback about the house in terms of the day-to-day running of the household. This is undertaken both formally and informally with staff across several settings including case manager sessions, house meetings and care team meetings.

The House Coordinator and Skills Coaches (carers) within each house develop and set the standard within the home and are critical to:

* Fostering a nurturing and supportive relationship with the young person
* Setting age appropriate boundaries
* Providing positive reinforcement
* Building on a young person’s strengths and aspirations
* Developing the young person’s life skills
* Fostering healthy eating and active living within the house (HEALing Matters) and using meal times as a way to bring staff and young people together
* Building the young person’s skills in emotional regulation and impulse control (ERIC)
* Embedding therapeutic approaches into the day to day operation of the house.

The nurturing and home like environment is created through:

* High house standards and providing care within the home ‘like a family would’
* Consistent language, communication and responses to young people
* Going beyond the role of a worker to include being a carer, mentor, therapist and coach
* Working therapeutic interventions into the everyday
* Seeing beyond the young person’s behaviour and celebrating small wins
* Effective and regular communication and teamwork
* Where possible working from a strengths based approach with young people
* Support for the House Coordinator and Skill Coaches in the home from the wider multidisciplinary team, all levels of leadership, and the extended partnership.

### Preparing young people for their next step

Young people are supported to transition and settle into the residential house and build rapport with the House Coordinator, Skills Coaches and wider KEYS multidisciplinary team.

Young people are also supported to understand how the house functions and to settle into their individualised routine. Clear expectations about how the house functions provides a sense of predictability for young people and helps them feel safe and secure. It also supports young people to learn how to adhere to appropriate expectations for family life.

Through a process of engagement, young people are then supported to set goals for their time in the program and to begin the tasks required to stabilise their behaviour, build their future and achieve their goals through a multidisciplinary therapeutic focus on:

* Safety
* Managing emotions
* Life skills
* Education and employment
* Identity and connection.

|  |  |  |
| --- | --- | --- |
| Domain  | Aims | Goals  |
| Safety  | We support young people to practice better self-care and learn how to keep themselves safe (with support). | * Young people have improved engagement with positive and safe behaviours.
* Young people have a reduction in harmful behaviours such as substance use and offending.
* Young people have a reduction in absences from home (absconding and missing).
 |
| Managing Emotions | We help young people learn to tolerate discomfort, understand and manage their emotions and build resilience. | * Young people have improved access and engagement with trauma informed and mental health support.
* Young people have improved mental health, emotional regulation and impulse control skills (e.g. improved coping and stress management skills).
 |
| Life Skills | We focus on the skills young people need for adult life and work these into the everyday. We meet young people where they are at and concentrate on the small wins towards bigger goals. | * Young people have improved social skills and interactions in the community (e.g. sport, art).
* Young people have the domestic, relationship, personal, financial and time management skills required to successfully transition into a long term placement.
* Young people have strong linkages and positive engagement with Victoria Police and mainstream service providers.
 |
| Education & Employment  | We help young people find their passion and purpose and link them to the education and employment opportunities needed to pursue it. | * Young people are engaged in a day program with education and employment pathways to reach their personal goals.
 |
| Identity & Connection | Whether it’s family, culture or community, we look to strengthen the long-term connections young people will have post care and help them make sense of their life story. | * Young people are supported to begin to address placement stability.
* Young people have an improved sense of self-esteem, identity and optimism about their future.
* Young people remain connected with their cultural and linguistic backgrounds.
* Aboriginal young people have connections with their community and a positive cultural identity.
* Young people feel safe to express their identity; this includes freedom from discrimination and harassment, and freedom to express gender and sexual identity and to practice their culture or religion.
 |

All work is aimed at achieving measurable changes in these areas of the young person’s life to help prepare them to transition to a longer term and less intensive placement option with:

* Family
* Kinship care
* Home based care, or
* Independent living arrangements

**Transition Out Planning Meeting**

A transition planning meeting is held with the identified and endorsed outreach placement provider at the earliest opportunity to start preparing for the transition. Further meetings will be convened on a needs basis to support the transition.

The Transition Out Planning Meeting will require the appropriate participation of:

* Placement Coordination Unit
* Child Protection
* KEYS specialist multidisciplinary team
	+ KEYS Team Leader
	+ KEYS Case Manager
	+ Alcohol and drug Practitioner (where relevant)
	+ Community Engagement Worker
	+ Family Engagement Worker
	+ Education Specialist / Vocational Specialist
* The young person’s new Case Manager (where relevant)
* Lakidjeka (if the young person is Aboriginal)
* Relevant Aboriginal Community Controlled Organisation (if the young person is Aboriginal)

The Transition Out Planning Meeting will particularly consider:

* Roles and responsibilities of service providers in the context of what is in the best interests of the young person and what the young person’s needs and wishes are
* How the young person will be introduced to new care team members (if relevant)
* Strategies to support engagement with the young person
* Continuity of key relationships to be maintained during transition
* How the young person will be supported to continue to build their connection to their identity and culture.

**Transition Out and Support Plan**

Upon conclusion of the Transition Out Planning Meeting, the lead agency of the KEYS partnership will finalise the Transition Out and Support Plan (see details of document in supplementary materials attachment), with consideration given to the Child Placement Principles, as required.

The Transition Out and support plan includes:

* Clarification of what KEYS support will continue in the outreach placement and how these functions will interact with the outreach placement provider
* The young person meeting new care team members and establishing relationships with them
* The young person visiting the placement and familiarising themselves with the home and their bedroom
* Shopping for new items with the young person for their outreach placement
* Overnight stays at the outreach placement
* A graduation from the KEYS residential house
* Meeting with KEYS staff and new care team members to discuss roles and responsibilities and to provide information in relation to assessments and therapeutic models

The specific timing of the transition into the outreach placement component is individualised based on the circumstances of the young person. As a guiding principle the transition will occur over a 2-6 week period.

If the young person does not attend the transition planning meeting, the transition and support plan is to be discussed with the young person and modified based on the young person’s wishes and feelings. The transition plan is required to be endorsed by Child Protection or authorised Aboriginal agency prior to it commencing.

**Care Team Meetings for Transitioning out**

A care team meeting is convened within 72 hours of the young person’s transition to their outreach placement, and will include the new outreach placement provider and/or the young person’s parent/carers. Following this initial meeting, the young person’s care team meetings will continue to occur fortnightly unless the care team feel weekly meetings over the period of transition is more appropriate based on the young person’s needs. The young person’s transition out plan will be discussed and reviewed at each meeting.

The KEYS Case Manager will continue to hold responsibility for convening care team meetings and ensuring all care team members are invited to each meeting, including Child Protection or authorised Aboriginal agency. This responsibility will include the documentation and provision of care team meeting minutes outlining the young person’s and care team goals, actions to achieve the shared goals, who is responsible and by when.

Any differences of opinion are to be discussed respectfully and professionally within the care team in the first instance, and if necessary managed to line supervisors for further discussion where necessary.

## In outreach

The point of transition from the KEYS residential placement into the outreach placement is the first step towards exiting the program for the young person, however the flexibility of the model allows the transition towards closure to occur in a slow and staged manner. The KEYS model does this by allowing the specialist multidisciplinary team to continue supporting the young person in the outreach placement until the core function of their role is transitioned to another service or is no longer needed. This means the young person continues to receive support from KEYS whilst they are supported to engage and increase links with their new outreach placement and within the local community.

Moving out of any home is a major life event and it is common for young people who move out of the family home to have a supported transition where they may return for short periods. KEYS works towards balancing the importance of providing this opportunity with the need to provide other young people with a residential placement. This means:

* An overlapping period of 6 weeks will typically be provided to young people, whereby their bedroom in the residential placement will remain vacant to support this transition.
* This 6 week period will begin once the young person has formally moved into their new outreach placement.
* This allows the young person to return to the residential placement for additional support if needed. This may include attending the house for a meal, utilising the house for respite, and/ or calling in to see staff.
* A review will take place with the young person by the care team after 4 weeks to discuss how the transition is progressing and whether the 6 weeks is an appropriate period of time.
* This period may be extended or reduced through negotiation. Where this occurs the reasons must be documented and support the best interests of the young person.

**Key questions to consider:**

* Who are the young person’s key relationships with?
* What are the young person’s outreach placement goals?
* What are the young person’s concerns in relation to an outreach placement?
* What are the wishes of the young person’s family?
* What is the current case plan direction?
* What are the young person’s accommodation options after they turn 18 and leave care?
* Have all possible outreach placements been explored?
* How can we best ensure the stability and sustainability of the identified outreach placement?

The child or young person will continue to receive in home supports after exiting the placement for up to six months.

The child or young person will receive place-based support from the model when in the outreach component.

The outreach is not restricted to a single role in the model and could be any or all multi-disciplinary staff as needed to support the young person.

Importantly, there is an expectation that supports remain in place until these can be safely transitioned to a mainstream provider and is in the best interest of the child.

## Exiting the Model

KEYS aims to prepare young people to transition into a longer term and less intensive outreach placement with family, kinship care, home-based care or independent living arrangements. Young people are provided with transitional support from the KEYS specialist multidisciplinary team to transfer the skills learned within the residential care placement into their outreach placement to ensure consolidation of skills as well as stability and sustainability of the outreach placement.

## Transitioning Out

Early planning for the safe an effective transition of a young person to their next path is critical. The KEYS program team has the lead on identifying the next path for a child in consultation with Child Protection and Placement Coordination.

KEYS priorities when exploring exit pathways are:

|  |  |
| --- | --- |
| Options  | Detail |
| Family Options | Could include:* Kin or kith
* Birth parents
 |
| Community Options (independent living arrangements) | Could include:* Social housing
* Private rental
* Share houses
 |
| Care Services Placement | Could include:* Home based Care placement
* Lead tenant placement
* Targeted Care Package or other flexible package
 |
| Continued multi-disciplinary support | If the child or young person requires ongoing specialist support the relevant key worker most ensure the child or young person is properly linked into mainstream services. |

The KEYS Case Manager and Program Manager have lead responsibility for coordinating the safe an effective transition of a young person onto their next path.

They are assisted by a dedicated Family Engagement Worker whose broad aims are to strengthen family relationships and to work with the young person’s family, care team and the department to identify and build sustainable long term outreach placements.

The Family Engagement Worker will explore with families what their wishes and feelings are for the long term care of the young person and ensure these are captured. At the first opportunity, and when in the relationship building phase it is appropriate to do so, the Family Engagement Worker will explore the possibility of reunification as an option (where it is appropriate to consider) or other possible kinship options. The North Carolina Family Assessment Scale (NCFAS) is used for all identified family and kinship aftercare placements to inform their viability. Kinship carers will be assessed according to current requirements. See [Kinship care assessment – advice](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/kinship-placement/kinship-care-assessment) <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/kinship-placement/kinship-care-assessment>.

When family and kinship options for a longer-term placement have been exhausted and/or are not appropriate, the Family Engagement Worker will continue to work with families keeping them informed and involved, where appropriate, in any alternative plans for the young person’s longer term care such as home based care and independent living.

Whilst non-residential care funded care placements are available as KEYS outreach placement options, they are not a default option or a fall-back position. They are utilised when it is identified that they are the most suitable option to continue the young person’s progress made in the KEYS resident placement and to further achieve positive outcomes for the young person as they move towards adulthood.



Transition out planning for the young person beyond their involvement in KEYS begins by Child Protection and Placement Coordination identifying possible longer term and less intensive placement options prior to referral.

The scope of this work can include:

* Family options
* Community Options
* Care Services Placement
* Continued multi-disciplinary support

Until a longer-term option is assessed as viable, and has been endorsed by the Child Protection Planner, then dual planning i.e. more than one exit pathway option is to be explored concurrently.

Given KEYS is an 18 month transitional program, planning for closure occurs throughout the KEYS service, and particularly when the young person is in an outreach placement. This means closure is discussed regularly with the young person and within the care team, and these discussion include supporting the young person’s success not only post KEYS but also post-care.

One of the goals of the KEYS service is to support the longevity of the young person’s placement post KEYS. This is addressed via:

* Supporting the young person’s relationship with their family
* A strong emphasis on linking to community
* Developing the young person’s independent living skills
* The provision of continued support in the outreach placement
* Stage step-up step-down closure process

Building these links form the primary focus of the outreach placement and support a smooth and considered closure for the young person.

Closure is a staged process whereby new care team members slowly increase their involvement, and KEYS staff slowly decrease their involvement, allowing for a longer crossover period. This staged transition allows the young person to be set up with longer term community supports that will enable continuity and stability within their placement.

Closure may occur prior to 18 months, however the maximum length of service is 18 months. This is clearly explained to young people throughout their time in KEYS. As with the young person’s placement transition, their closure transition requires flexibility, careful consideration and clarity regarding roles and expectations.

The timing of closure is individualised based on the circumstances of the young person, with consideration to be given to the acknowledgement that closure can be daunting for some young people and may be perceived as a time of loss.

The time of closure allows a space for successes to be celebrated, relevant information passed on and closure marked by an appropriate celebratory event. This ensures that the young person’s time in KEYS is applauded.

**Key questions to consider:**

* What is needed to ensure the long term safety and wellbeing of the young person?
* Does the young person have links to community supports to ensure a smooth transition?
* Are the supports aware of what to do if the risk escalates?
* Has the young person’s life story book been provided to them (if appropriate)?

## Unplanned Exits

Despite the best efforts of the program there will be young people who have unplanned exits from the KEYS service. These exits will occur for a number of reasons however the purpose of these guidelines is to provide clarity in relation to the role of the KEYS staff and service in these situations.

**Preventing unplanned exits**

Potential unplanned exits will be notified to the relevant Child Protection worker as soon as difficulties begin to arise. Every reasonable effort will be made to support the placement and all parties, including the young person, Child Protection, Placement Coordination and lead agency, should contribute to these discussions.

In circumstance that may require a young person to exit the program early, a discussion will occur with the young person’s care team. Additionally, it is suggested that where possible two or three post placement options are considered and assessed. This joint planning will support the care team to be clear in their messaging to the young person and potentially allow the young person to feel that they have more control over their planning.

**Criteria for continuing supports**

In the event of an unplanned exit from the KEYS residential placement, there is a possibility that theyoung personcancontinue receiving support from KEYS in an outreach placement outside KEYS management. This option requires a join decision between the program manager, child protection, the young person and the KEYTS Case manager.

# Integrated Multi-disciplinary supports across the model



The multidisciplinary collaboration combines expertise from different sectors to provide integrated and comprehensive services for young people and their families.

The specialist multidisciplinary team works therapeutically and holistically with the young person to improve outcomes in the areas of safety, managing emotions, education and employment, identity and connection and life skills for the future.

The specialist supports continue at the same level until the function is transitioned to another service or is no longer needed. Support is stepped back as other services step up and as the young person transitions out of the program.

For Aboriginal children and families, the KEYS model will support cultural healing and recognise and understand the unique needs, preference, and history of Aboriginal children and families by adjusting the model based on the individual needs of each family and community.

### Social and Education Supports

|  |  |
| --- | --- |
| **Role** | **Core Functions**  |
| Educational Specialist | * Provide individual specialist education support to young people, including implementing tailored education programs in collaboration with education and vocational providers where possible.
* Building the skills and capacity of the KEYS staffing group to respond to the educational and vocational needs of young people.
* Improved navigation of the education and vocational systems and pathways.
 |
| Vocational Specialist | * Navigation of the vocational support system to create improved learning and employment opportunities for young people.
* Research vocational pathways, assess course suitability, and build vocational networks with Registered Training Organisations.
* Provide direct support for young people to assist them to participate in vocational and employment opportunities where appropriate.
 |
| Skills Coach | * Provide a nurturing, caring and supportive environment for young people.
* Support young people to achieve positive and forward-looking outcomes in a way that is therapeutically informed, culturally appropriate, and based on the best interests of the young person using positive techniques such as role modelling, coaching, ERIC, HEALing Matters, and a Strength Based Approach.
* Implement and assist with the review of individual KEYS Plans for each young person in collaboration with the young person and care team
 |

### Specialist Therapeutic Supports

Integrated therapeutic frameworks are an important component of KEYS and are employed throughout the service. The program is supported by three therapeutic models, which underpin the support provided by the multidisciplinary team. The theories and frameworks that underpin the program structure and shape the intervention with each young person and their family are:

* Healthy Eating Active Living (HEALing Matters)
* Emotional Regulation and Impulse Control (ERIC)
* Strength Based Approach

| **Role** | **Core Functions**  |
| --- | --- |
| Mental Health Clinician | * Positive therapeutic engagement, and direct support of young people as clinically indicated.
* Therapeutic engagement of young people’s carers where appropriate.
* Building the skills and capabilities of the KEYS team regarding the mental health of young people and how to therapeutically respond to them.
* Improved navigation of the mental health system and enhanced pathways for appropriate mental health services.
 |
| Psychiatrist | * Clinical oversight of young people.
* Building the skills of the KEYS managers, mental health clinicians, case managers, and child protection planners to understand and respond to mental health issues of young people.
 |
| AOD practitioner | * Positive therapeutic engagement and direct support of young people.
* Building the skills and capability of the KEYS staffing group regarding the management of AOD issues.
* Navigation and enhanced pathways into the AOD system and assistance to access AOD services.
 |

#### Healthy Eating Active Living (HEALing Matters)

HEALing Matters is a Victorian Government funded online training package and knowledge exchange platform for care services (out of home care) residential workers and carers. Developed by health and psychology researchers at the Health and Social Care Unit, Monash University, the primary aim of HEALing Matters is to improve the eating and physical activity habits, wellbeing and life skills of young people living in residential care.

HEALing Matters uses a trauma informed philosophy to guide carers’ understanding of the link between healthy lifestyle behaviours of young people and improved physical, cognitive, social (interpersonal) and emotional outcomes.  In doing so, HEALing Matters moves beyond a solely behavioural approach to health and wellbeing and recognises that food and physical activity can be powerful ways of demonstrating trust, predictability and the provision of support and care that is attuned to the needs of the young people. It is through this approach that HEALing Matters is seen as foundational in helping young people develop the necessary life skills required before leaving care.

The HEALing Matters program provides residential workers and carers with a valuable professional development opportunity designed to help them not only improve the eating and physical activity habits of the young people they care for but also with other important factors that form part of the day-to-day roles and responsibilities of residential workers and carers. These include how to respond to pain-based behaviour, develop and maintain strong relationships, create a consistent and productive house environment through shaping routines, and how to avoid burnout by taking care of oneself in what can be a very stressful work environment. In addition, HEALing Matters includes a wide range of easy-to-use and practical resources, including recipes, where to find local sporting opportunities, how to encourage incidental exercise, and much more.

The program is delivered by Skills Coaches and House Coordinators who are trained in the program and who have access to ongoing consultation and support from Monash University.

The online training and knowledge exchange platform involves the completion of six core modules:

* **Attunement:** This domain covers strategies to support Skills Coaches and House Coordinators to build a reciprocal relationship with young people where they really get to know the young person, and in turn, the young person gets to know and build trust with staff. Being able to offer personalised care and knowing what is right for a particular young person, will help create a space to explore healthy lifestyle behaviours, non-judgementally.
* **Shaping Routines:** This domain covers strategies to support Skills Coaches and House Coordinators to set consistent routines and expectations for young people.
* **Food For Thought:** How we ‘do food’ and the routines and rituals that this involves interlinks with our values, and how we care for others and ourselves. This domain covers strategies that will help Skills Coaches and House Coordinators use food to create a homely, family atmosphere inside the KEYS home, and help young people learn about their relationships with food.
* **Physical Activity for Thought:** Participation in both structured and unstructured physical and/or recreation activities provides an everyday opportunity to help young people feel connected, to form new relationships and gain a sense of belonging. This domain covers strategies to help Skills Coaches and House Coordinators look for opportunities to help young people build physical activity into their everyday routines
* **Health Literacy:** This domain covers strategies to help Skills Coaches and House Coordinators identify the health care needs of young people in care, as well as behaviour change techniques to help them encourage healthy lifestyle behaviours.
* **Take a Moment for Yourself:**This domain coversstrategies to support Skills Coaches and House Coordinators to reflect on the impact a young person’s behaviour has on their own thoughts and feelings, and identify opportunities to maintain their own physical, mental, and emotional health.

Eight new modules have also been added to the HEALing Matters Training:

1. Understanding Eating Behaviours

2. Sexual Health and Respectful Relationships

3. Oral Health

4. Physical Activity and Disability

5. Healthy eating and Disability

6. Gender and Sexuality Diversity

7. Living Smoke Free

8. Mental Health

### The department expects that within 12 months all staff have completed training modules.

#### Emotional Regulation and Impulse Control (ERIC)

ERIC is a skills-based program which focuses on promoting social and emotional development for young people by supporting helpful Emotion Regulation and Impulse Control skills (Sloan, et al., 2017). The program aims to improve:

* Deficits in awareness and understanding of emotional experience
* Use of effective strategies to control emotions
* Avoidance of emotions (i.e. use of drugs, alcohol or food to cope)
* Ability to engage in goal directed behaviour when distressed

Each domain targets important processes or strategies to help young people build skills in areas that are important for emotion regulation and impulse control.

Through the implementation process the ERIC resources have been limited to focus on two primary domains (emotional literacy and tolerating discomfort) and a co-design process was undertaken to develop a KEYS Emotion Regulation Framework that includes team values, relationship values and boundaries.

Staff are required to be trained in ERIC by Deakin University. The department is managing the contract with Deakin and will facilitate and arrange statewide training as required.

#### Strength Based Approach

According to McCashen (2005) some of the basic concepts of the strengths approach are:

* To bring about change
* To build on an individual’s positive attitudes in relation to their dignity, capacity, rights, uniqueness and commonalities
* To emphasise an individual’s ability to be their own agent of change by creating an environment that enables them to control and direct the process of change
* To create conditions that enable people to identify, value and mobilise their strengths and capacities in the process of change
* Providing resources that complement the existing strengths of the individual
* To identify and address social, personal, cultural and structural constraints to people’s growth and self-determination

Using a strength-based approach the KEYS program recognises a young person’s strengths, abilities and potential and allows the young person to have active participation in decisions that affect their lives. Acknowledging that the young person is the expert in their own lives is recognised and that they play an important role in shaping their future. Encouraging and providing opportunities for success in a safe and supportive environment is core to the KEYS program.

### Aboriginal Supports

To be determined by Aboriginal Community Controlled Organisations.

### Responding to unsafe behaviours

Safety planning is considered an important element of the KEYS program. Effective safety planning involves the identification and documentation of triggers leading to unsafe behaviour by young people.

The development of safety plans, including both a Behaviour Support Plan and a Safety and Stability Support Plan for each young person, is the responsibility of the Case Manager, should be informed by the care team, and requires endorsement by KEYS Program Manager and Child Protection or authorised Aboriginal agency . The implementation of these plans is a joint care team responsibility.

The care team is required to regularly review and update the plans as new information is available. The recommended changes are required to be endorsed by the care team. In exceptional circumstances the Case Manager may update the document if needed urgently prior to consulting the care team.

#### Safety and Stability Support Plan

Each young person is required to have a Safety and Stability Support Plan (may also be referred to as a Crisis Management Plan) on entry into the KEYS placement. A copy of the young person’s existing plan written by their Child Protection Case Manager or Contracted Case Manager will be provided during the transition process once a young person has been formally accepted into the KEYS program. The plan will be refined by the KEYS team within 3 days of the young person entering the KEYS placement, and regularly thereafter, and is a guide to respond in situations when a **young person is in crisis.**

A crisis is when a young person has put him/herself or others at significant risk and when the strategies in the young person’s Behaviour Support Plan have not been effective. Based on the young person’s past behaviour, it is possible to predict the type of behaviour that may escalate into a ‘crisis’ and have a crisis plan in place to assist staff and carers at that time.

Generally, the plan will outline the current situation, high risk behaviours, triggers, therapeutic and trauma informed actions to take to reduce risk of harm, including how to know when the crisis phase is over. High risk behaviours may include:

* Missing from home or failing to return to placement
* Substance use
* Self-harm or suicidal ideation
* Sexual exploitation
* Verbal or physical aggression

#### Behaviour Support Plan

A Behaviour Support Plan is developed within 4 weeks of the young person entering the KEYS placement, in response to behaviours displayed by the young person and with consideration of their behaviour history. These plans provide a holistic picture of the young person’s triggers, phases of arousal, and strategies for responses and de-escalation. It is a tool that supports the development and self-regulation of behaviours, with a focus on **preventing a crisis** rather than responding during the point of a crisis.

The Behaviour Support Plan is an evolving document that is amended and updated as new information or behaviours are considered. At a minimum, the plan should be reviewed every 3 months to ensure the information is still accurate, and the actions are relevant and most appropriate for the young person.

Any significant incident or one that requires use of the Safety and Stability Support Plan (see below) should also trigger a review, and possible modification, of the Behaviour Support Plan.

For further information please refer to the behaviour support planning practice guide and template as well as the Overnight Safety Plan that is available at [Program requirements for out of home care services](https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services) <https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services>

#### Absent from home

Absent refers to when a young person is unexpectedly absent from placement, or absent without authorisation and there are concerns for their safety. When a young person doesn’t return to placement at the designated time, it is called failing to return to placement.

Responses to a young person who has been absent will be dependent on a variety of factors such as the young person’s age, development, risk factors associated with their behaviour when away from placement, and frequency with which they are absent. Understanding and making an assessment of every absence or missing episode is important. There is an expectation that assertive outreach is utilised as an approach.

Staff are to follow the planned response as outlined in the Safety and Stability Support Plan, which will advise of the required actions. This will include when police may need to be contacted to lodge a Missing Person’s Report. During times when there is a significant or heightened risk to the young person, staff may be required to contact the Lead care provider After Hours Service (AHS) for advice and support. At times, Lead care provider AHS may also liaise with the department’s After Hours Child Protection Services (AHCPS). The department will determine if a Safe Custody Warrant is to be sought in order to assist in returning the young person to their placement or another specified location.

For further information please refer to:

* [Missing children and young people](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/critical-incidents/missing-children-and-young-people) on the Child Protection Manual <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/critical-incidents/missing-children-and-young-people-advice>
* Framework to reduce criminalisation of in residential care: A commitment across government departments, Victoria Police and residential care providers to reduce the unnecessary and inappropriate contact of in care with the criminal justice system. See [Framework to reduce criminalisation of in residential care](https://providers.dffh.vic.gov.au/framework-reduce-criminalisation-young-people-residential-care) <https://providers.dffh.vic.gov.au/framework-reduce-criminalisation-young-people-residential-care>.

#### Substance use

No illicit drugs are permitted, under any circumstances, within a KEYS placement. Although it is acknowledged that this may sometimes occur without the knowledge of the staff or the young person may return to the placement substance affected.

All reasonable efforts must be made to discourage and prevent young people from using alcohol and illicit drugs. All young people with any substance use issue must be supported by the KEYS AOD Practitioner. In addition, if a young person is showing signs of distress, stress or trauma that may lead to substance use, they are to be supported by the KEYS mental health clinician and AOD practitioner.

Responses given by staff to substance use should start with the least intrusive strategy and escalate to more complex responses if necessary. All responses should be based on a relational and harm minimisation approach, where appropriate, and duty of care responsibilities to the young person and the safety of staff and others present, as a primary concern. What is considered reasonable will depend on all the circumstances.

Staff are to follow the planned response as outlined in the Safety and Stability Support Plan, which will advise of the required actions. This will include when an ambulance, police and the Lead care provider After Hours Service may need to be contacted for advice and support.

For further information please refer to [Drug](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/children-specific-circumstances/suicide-and-self-harming-advice) and alcohol assessment - advice on the Child Protection Manual: https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/health-medical-and-disability/drug-and-alcohol-assessments-advice

#### Self-harm or suicidal ideation

Young people with trauma histories will sometimes engage in self-harming behaviour and experience suicidal ideation. Where known, this information should be recorded as part of the Safety and Stability Support Plan, with triggers for such behaviour and appropriate responses clearly outlined.

Staff must maintain vigilant supervision of young people. This includes ensuring ongoing awareness in relation to the mental health and wellbeing of young people. If a young person:

* Verbalises a desire or intent to self-harm or suicide (wishing to harm or suicide)
* Is observed self-harming
* Displays the physical indicators of self-harm (including substance affectedness)
* Discloses an attempt to self-harm, or
* Presents as having suicidal ideation (planning or threatening to suicide)

Staff are to immediately provide assistance to the young person and follow the planned responses as outlined in the Safety and Stability Support Plan to guide further required actions. Case Managers, Mental Health Worker the Team Leader or Lead care provider After Hours Service should be made immediately aware of any serious concerns about the mental health of a young person and any major changes in their mental health status. They in turn may seek further support and guidance from AHCPES, Psychiatric Triage or Emergency Services. Child protection must be notified of young people displaying behaviour consistent with a mental health crisis and then referred for specialist assessment and care.

For further information please refer to [Suicide and self-harming – advice](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/children-specific-circumstances/suicide-and-self-harming-advice) on the Child Protection Manual: <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/children-specific-circumstances/suicide-and-self-harming-advice>.

#### Sexual exploitation

Young people in care are at an increased risk of, or vulnerability to, sexual exploitation. Child sexual exploitation involves children being forced or manipulated into sexual activity in exchange for something – money, gifts or accommodation or less tangible goods such as affection or status. The sexual activity and exchange may be seen as consensual, but is based on an imbalance of power which severely limits victim’s options.

Sexual exploitation evidence tier ratings are assessed by Child Protection in partnership with Victoria Police and articulate the severity of risk and strategies to protect the young person.

* **Tier 1:** There is confirmed information of exploitative activity, including dates, times and locations. For example - the identity of person of interest(s) is known or currently being established; or the child discloses sex acts with an adult (sexual exploitation) or a critical incident of sexual assault (such as rape). In this example the identity of the offender is not required.
* **Tier 2:** The child’s behaviour or actions suggest they are being sexually exploited, however further investigation is required to confirm this or identify the person(s) of interest with assistance of Victoria Police Sexual Offences and Child Abuse Investigation Teams (SOCIT).

When identifying young people at risk of sexual exploitation, the Case Manager and key professionals need to establish appropriate strategies to protect the young person and gather and share information. Where known, this information should be recorded as part of the Safety and Stability Support Plan, with appropriate responses clearly outlined.

For further information please refer to [Sexual exploitation advice](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/children-specific-circumstances/sexual-exploitation) on the Child Protection Manual: <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/children-specific-circumstances/sexual-exploitation>.

#### Cyber Safety

Young people in care present with vulnerabilities due to their previous trauma history. It can affect the way that they trust others, in person and online, along with their level of understanding of the potential dangers in all social media applications. It is important for carers to have a level of understanding of social media and cyber safety basics, to be able to educate young people in their care.

Device use (iPads, tablets, game consoles, computers and phones) and the internet are now a part of everyday life. The main message is not to ban the internet or devices from young people, but to be aware of the dangers and educate young people. That way the whole household can remain cyber safe, through continued communication and education.

If required, the Case Manager and other key professionals may need to write up individualised house rules around internet/device use to protect the young person. Where known, this information may be recorded as part of the Safety and Stability Support Plan and/or the Behaviour Support Plan, with appropriate responses clearly outlined.

For further information please refer to the [Australian eSafety Commissioner](https://www.esafety.gov.au/) website: <https://www.esafety.gov.au/>

#### Verbal or physical aggression

KEYS does not accept or condone deliberate violence, in any form, by a young person toward a staff member, or person in the neighbourhood or community as well as other children in a house. Importantly, there is a shared understanding of managing occupational violence for all partners.

The most effective way to respond to behaviours of concern is to be able to **prevent** it in the first place. This includes:

* Getting to know young people individually and increasing positive interactions.
* Providing an environment that helps them talk about concerns, feelings and triggers.
* Seeking to understand why behaviours occur and developing strategies to address them.
* Regular routines and a sense of normalcy, including mealtimes, bedtimes, exercise, creativity and learning.
* Teaching and modelling communication skills, self-care skills and skills in dealing with uncomfortable feelings.
* Referring young people to other sources of support if needed e.g. GP.
* Good information sharing between staff.
* A consistent approach toward the young person, underpinned by good team work and shared decision making.
* A clear understanding of each young person’s behaviour management plans.
* Ensuring a home-like, welcoming environment, free of objects that can be used as weapons, and has safe places to retreat to.

Early de-escalation is important to prevent violent or aggressive behaviours. Responses include:

* Active listening.
* Acknowledging how the young person is feeling.
* Trying to understand what the problem is and what the behaviour is trying to communicate.
* Diversion or distraction e.g. doing an activity together, asking the young person to do a task for you.
* Identifying early warning signs and triggers.
* Staying calm, using respectful language, open body language.
* Understanding the model of escalation and cycle of adolescent violence.

If there are signs the situation is escalating, staff are to follow the suggested response management strategies in the Safety and Stability Support Plan aimed at keeping everybody safe. This will include when to contact the Case Manager and when additional services such as Lead care provider AHS or police may need to be contacted. If anybody is at risk of immediate harm, contact the police and request immediate assistance. Remember, it is not possible to reason with a young person who is in fight or flight because their thinking brain goes offline. When the young person is calm a process of review and repair should occur and if necessary, safety planning to prevent a re-occurrence as well as any required repair actions.

#### Where appropriate, and required, staff and young people can retreat to a safe place where it is not safe to de-escalate.

Please also refer to: Framework to reduce criminalisation of in residential care: A commitment across government departments, Victoria Police and residential care providers to reduce the unnecessary and inappropriate contact of in care with the criminal justice system. See [Framework to reduce criminalisation of in residential care](https://providers.dffh.vic.gov.au/framework-reduce-criminalisation-young-people-residential-care) <https://providers.dffh.vic.gov.au/framework-reduce-criminalisation-young-people-residential-care>.

#### Incident Reporting

All incidents must be reported in line with the department’s Client Incident Management System (CIMS) and relevant lead service provider policy:

* Client incident reporting is required under the [Client incident management system](https://providers.dffh.vic.gov.au/cims) <https://providers.dffh.vic.gov.au/cims> (Client incident reporting is managed by Lead care provider.

Reporting of staff incidents, property damage and client related incidents that fall outside the scope of CIMS is also required via the lead service providers internal processes and procedures.

* Staff employed by health services may also have additional agency incident reporting obligations. For more information please see your supervisor.

# Practice

This section of the guidelines provides an overview of practice in relation to assessment, goal setting, planning and review. It segments and describes the tasks required at each stage sequentially, however each stage overlaps and recurs and may take place simultaneously.

### KEYS Plan

The KEYS Plan is a working document that provides a narrative to the young person’s time in KEYS with particular focus on their progression towards goals. The young person sets their goals within the first 6 weeks of placement and these goals provide the focus for the young person’s time in KEYS.

The KEYS Plan aims to:

* Centralise the wishes and aspirations of the young person
* Bring together a single support plan for the young person based on their goals
* Incorporate and integrate the role of all professionals involved
* Incorporate actions required following assessments completed during the assessment phase
* Provide a central plan containing the goals of the Care Team and the young person

The KEYS Plan is underpinned by the following domains and sets out actions to achieve goals identified by the young person and care team, person responsible and by when:

* Safety
* Managing emotions
* Life skills
* Education and employment
* Identity and connection

The KEYS Plan creates the agenda for all planning opportunities and is formally reviewed every 3 months.

Sub-components



The department has several expectations regarding how service providers will implement this model including:

* The views, wishes and opinions of children and young people will be obtained and considered in decision-making and development of plans relating to their safety and wellbeing.
* Culturally safe and appropriate practices will be used to support Aboriginal children in care.
* Building on expertise from existing therapeutic residential care to provide a more intensive and transitional approach to supporting young people with complex issues.
* Strong integrated multi-disciplinary approach to address young people’s needs.
* Strong and robust partnership arrangement that includes broader service system linkages, such as housing providers to support transition from KEYS.
* Early and strong engagement to support young people leaving care including an effective working relationship with Better Futures.
* Actively working towards the case plan permanency objective.
* Strengthened service response that provides inclusive planning to support individual needs within the model.

The KEYS specialist multidisciplinary team works therapeutically and holistically with the young person to improve their outcomes in the areas of safety, mental health, life skills, education and employment, identity, and connection.

|  |
| --- |
| **SAFETY**The young person is able to keep themselves safe (with support). |
| **MANAGING EMOTIONS**The young person is developing the ability to manage difficult emotions. |
| **LIFE SKILLS**The young person is developing life skills for the future.  |
| **EDUCATION & EMPLOYMENT**The young person is consistently participating in a day program. |
| **IDENTITY** The young person has a coherent life story (including cultural). |
| **CONNECTION**The young person has a positive connection to family, friends and community.  |

The specialist supports continue at the same level throughout the residential placement and outreach placement until the function is transitioned to another service or is no longer needed. The exception is the House Coordinators and Skills Coaches who provide support during the residential placement component only. KEYS support will be stepped back as other services step up and as the young person transitions out of the program.

For any young person not engaged with a specialist multidisciplinary team member, the specialist will continue to attempt to engage and build their relationship with the young person.

KEYS team members have detailed expectations in relation to their direct, indirect and non-client work. Direct client work includes face-to-face contact, telephone calls, video calls, and travel time required for contact.

The core functions and direct service expectations for specialist multidisciplinary team members are summarised below:

| **Role** | **Core Functions**  |
| --- | --- |
| Case Manager | * Leadership of planning and supports needed to achieve positive outcomes for young people.
* Provision of contracted case management functions.
* Building the skills of the KEYS staffing group to respond to young people and the risks presented by their behaviours.
* Navigation of the service system.
 |
| Mental Health Clinician | * Positive therapeutic engagement, and direct support of young people as clinically indicated.
* Therapeutic engagement of young people’s carers where appropriate.
* Building the skills and capabilities of the KEYS team regarding the mental health of young people and how to therapeutically respond to them.
* Improved navigation of the mental health system and enhanced pathways for appropriate mental health services.
 |
| Psychiatrist | * Clinical oversight of young people.
* Building the skills of the KEYS managers, mental health clinicians, case managers, and child protection planners to understand and respond to mental health issues of young people.
 |
| Community Engagement Worker | * Direct support for young people to develop links and interests in the community.
* Direct support for young people to develop age-appropriate independent living and life skills.
* Building the skills of the KEYS staffing group to have the young person be an active member of their community.
 |
| Cultural Support Worker  | * provide consultation on all significant decisions and actions concerning Aboriginal children and young people, including:
	+ ensuring a culturally informed and effective response to:
	+ the protection of Aboriginal young people from harm
	+ the provision of culturally attuned input into risk assessments and intervention for Aboriginal children and young people
	+ the provision of assistance to Aboriginal young people and families to better understand the reasons for child protection’s
	+ the provision of information and advice on the child’s family and community, suitable local support services and community networks for the purpose of referral
	+ aiding identify and involve in the young persons extended family and community members in decision making and case planning
	+ providing input into the cultural plan for an Aboriginal child in care and assist with its implementation.
 |
| Family Engagement Worker | * To strengthen the relationship between the young person and their family.
* To support family reunification (prioritisation is given to young people where this is their case plan).
* Building the skills of the KEYS staffing group regarding working with families.
 |
| AOD practitioner | * Positive therapeutic engagement and direct support of young people.
* Building the skills and capability of the KEYS staffing group regarding the management of AOD issues.
* Navigation and enhanced pathways into the AOD system and assistance to access AOD services.
 |
| Educational and vocation Specialist | * Provide individual specialist education support to young people, including implementing tailored education programs in collaboration with education and vocational providers where possible.
* Building the skills and capacity of the KEYS staffing group to respond to the educational and vocational needs of young people.
* Improved navigation of the education and vocational systems and pathways.
* Navigation of the vocational support system to create improved learning and employment opportunities for young people.
* Research vocational pathways, assess course suitability, and build vocational networks with Registered Training Organisations.
* Provide direct support for young people to assist them to participate in vocational and employment opportunities where appropriate.
 |
| House Coordinator | * Leadership and facilitation of a nurturing, caring and therapeutic home environment for young people.
* Coordination of service delivery, and practices used in the residential house to achieve positive and forward-looking outcomes for young people.
* Direct management, leadership and coordination of Skills Coaches, including regular supervision and proactively managing challenges and disputes.
* As part of the Leadership Team, implement and review the individual KEYS Plan for each young person in collaboration with the young person and the care team.
 |
| Skills Coach | * Provide a nurturing, caring and supportive environment for young people.
* Support young people to achieve positive and forward-looking outcomes in a way that is therapeutically informed, culturally appropriate, and based on the best interests of the young person using positive techniques such as role modelling, coaching, ERIC, HEALing Matters, and a Strength Based Approach.
* Implement and assist with the review of individual KEYS Plans for each young person in collaboration with the young person and care team
 |

## Assessment

A comprehensive multidisciplinary assessment consistent with the seven developmental domains in the Looking After Children (LAC) Framework is completed for each young person who enters the program. The assessment process is coordinated by the Case Manager and requires input from all members of the care team in various parts of the assessment.

The multidisciplinary assessment includes the use of evidence-based assessment tools and identifies needs that arise from a young person’s difficulties, as well as needs that arise from a young person’s strengths and aspirations. The assessment also considers the need for additional specialist assessment, which may include health, occupational therapy, and speech and language assessments.

It is recognised that assessment is an ongoing and evolving process, revealing additional information over time through dialogue with and observation of the young person, and considers information from a wide variety of sources such as the young person’s case plan, cultural support plan, family, and key people in their life including the care team.

Given the number of program partners, all significant information is captured within one KEYS Assessment. This central assessment document allows staff from all partner agencies to access the main information across the domains of:

* Safety
* Managing Emotions
* Life skills
* Education & Employment
* Identity & Connection

The KEYS Assessment aims to centralise assessment information from the specialist multidisciplinary team into one working document and guides planning with the young person.

Outlined in the table below are the more detailed individual assessments undertaken by the team in addition to the KEYS Assessment. Each individual assessment informs the multidisciplinary KEYS Assessment, which is considered the primary assessment.

**Table 1. Multidisciplinary Assessments**

|  |  |  |
| --- | --- | --- |
| **Document**  | **Timeframe**  | **By who**  |
| KEYS Assessment  | Within 6 weeks, reviewed every three months  | Input from the entire care team coordinated by the Case Manager |
| Spidergram | Within 6 weeks, reviewed every three months | Input form Care Team and young person. Coordinated by Case Manager |
| **Physical health**  |
| Medical assessment  | Within 3 months of placement and then annually, or as required | Case Manager |
| Dental assessment  | Within 3 months of placement and then annually, or as required | Case Manager |
| Optical assessment  | Within 3 months of placement and then annually, or as required | Case Manager |
| Hearing assessment  | Within 3 months of placement and then annually, or as required | Case Manager |
| Other specialist assessments as required | As required | Case Manager |
| **Cultural** |
| * Cultural plan including genogram
* Other assessment to be determined by ACCO
 | Within sixteen weeks of the child entering care | Cultural Support Worker and Care Team  |
| **Mental health**  |
| Health of The Nation Outcomes Scale – Children and Adolescents (HoNOSCA) | Within 6 weeks, reviewed every three months | Senior Mental Health Clinician |
| The Strengths & Difficulties Questionnaire (SDQ) | Within 6 weeks, reviewed every three months | Senior Mental Health Clinician |
| Clinical Risk Assessment | Weekly  | Senior Mental Health Clinician and Consultant Psychiatrist |
| **Education**  |
| Education Assessment  | Within 6 weeks, then every 4 months | Education Worker |
| Educational needs assessment  | As required | Case Manager, Education Support for Kids Model worker and Child Protection  |
| **Family** |
| Contact schedule (or what has occurred) | Within 6 weeks, reviewed every three months | Family Engagement Worker and Child Protection Practitioner  |
| Genogram  | Within 6 weeks, reviewed every three months | Family Engagement Worker  |
| **Identity and community engagement**  |
| Ecomap  | Within 6 weeks, reviewed every three months | Community Engagement Worker  |
| **Life skills**  |
| Living skills assessment  | Within 6 weeks, reviewed every three months | Community Engagement Worker  |

**Key questions to consider:**

* How have the assessments informed the service we provide?
* What strengths were identified through the assessments, and how can we build on these?
* What focus areas were identified through the assessments, and how can we build on these?
* Are all care team members, including the case planner, aware of the outcome of all assessments?
* Are there any specialist assessments that need to be undertaken to gain further information?

## Goal Setting

### Young Person Directed Goals

The Community Engagement Worker works alongside the young person to develop Specific, Measurable, Achievable, Realistic and Timely (SMART) goals they wish to achieve throughout their time in the program. The young person goal setting tool is designed to break goals down into small, achievable steps along the way to a bigger goal. Each step is defined so it is clear when the young person has achieved each step, and each step can be positively reinforced.

For example:

* Step 1: Get learners book (starting out)
* Step 2: Learn road rules (on my way)
* Step 3: Apply for learners permit (making progress)
* Step 4: Sit theory test (almost there)
* Step 5: Get learners permit (made it)

The young person may wish to choose one goal or a couple of goals to work towards at any one time.

The goals are designed to be underpinned by the following domains:

* Safety
* Managing emotions
* Life skills
* Education and employment
* Identity and connection

The Community Engagement Worker coordinates the work, and involves other team members, the young person and family in achieving the goal. The Community Engagement Worker and young person review progress towards goals when they meet, including what is working well, what got in the way, next steps and by when.

The young person’s goals are also incorporated into the centralised KEYS Plan with actions the care team is taking to support the young person to achieve those goals, and are reviewed in fortnightly care team meetings.

### Care Team Directed Goals

The Case Manager completes a spidergram scaling tool in collaboration with the care team once a month in care team meetings to assist with progressing and updating the KEYS plan. The spidergram tool is designed to guide the focus of goals set by the care team based on the degree to which the care team agree the young person is progressing towards the following:

* Safety: The young person is able to keep themselves safe (with support).
* Managing emotions: The young person is developing the ability to manage difficult emotions.
* Life skills: The young person is developing life skills for the future.
* Education and employment: The young person is consistently participating in a day program.
* Identity: The young person has a coherent life story (including cultural).
* Connection: The young person has a positive connection to family, friends and community.

The young person’s case manager also works alongside the young person to complete the spidergram scaling tool once a month prior to the same care team meeting. This provides an opportunity to gauge the young person’s view of their overall progress across the five domains and to have a follow up discussion with the young person if there is a discrepancy in scores.

The aim of this process is to inform the goals set by the care team in the centralised KEYS Plan. For example, if the care team ‘strongly disagree’ with the statement ‘the young person is able to keep themselves safe with support’, then safety goals with actions to achieve those safety goals are established and incorporated into the KEYS Plan.

**Key questions to consider:**

* What are the young person’s goals and aspirations for their time in KEYS and beyond?
* How is the care team working to help achieve these goals?
* What are the strengths and capabilities of the young person and their family and how are they being reinforced when setting goals?
* Has goal planning occurred as a care team, based on shared assessments and analysis?

## Planning

Based on the KEYS Assessment, a comprehensive KEYS Plan is developed developed. The planning process is coordinated by the Case Manager and requires input from all members of the care team. All elements of planning take into consideration:

* The goals and aspirations of the young person
* The wishes of the family
* Assessments undertaken, and
* The case planning direction of DFFH and the current court order.

#### Aboriginal children and young people

The local partner Aboriginal Community Controlled Organisation (ACCO) is consulted and involved in planning for all Aboriginal young people and families throughout the KEYS service, including at the point of referral. The specific involvement of the relevant ACCO is individualised for each young person during the residential care placement phase and differs depending on the wishes of the young person and their family as well as the type of placement the young person transitions into during the outreach phase.

#### Police

It is recommended that the KEYS local program and local Victoria Police work towards an Integrated Partnership Model which aims to provide an inter-agency, cross sectorial, coordinated response to young people in the program to reduce the incidents of criminal behaviour. The partnership aims to support young people to develop positive relationships with Police outside times of crisis, to minimise the use of Police in situations where there is no immediate danger to young people or staff, and to apply restorative justice approaches when standardised processes need to be actioned to reduce further contact with Police and the criminal justice system in the long term.

To support these aims, KEYS staff and each young person’s care team liaise and work collaboratively with Victoria Police, and in particular the Sexual Office and Child Abuse Investigation Team (SOCIT) and Youth resource Officers (YRO’s). YRO’s regularly visit the homes of young people to develop and consolidate their relationships.

Police involvement can continue unchanged when the young person transitions into their outreach placement if the young person remains within the same geographic area. In circumstances where the young person moves out of the catchment area, discussions will occur between Victoria Police, the care team, and the young person in regards to transitioning them to a similar Police service.

#### Better Futures

All young people in the KEYS program are referred to Better Futures when they turn 15 years and 9 months as per department guidelines. The direct involvement of Better Futures will be determined based on the needs of the young person. Whilst in the KEYS residential placement it is expected that this support will largely be secondary consultation to the care team.

#### Targeted Care Packages (TCP)

In some cases it may be appropriate for the care team to consider a TCP for the young person and their family. This may be appropriate when the young person transitions into their outreach placement, particularly in cases of family reunification that require support, or at the point of KEYS closure. Eligibility for a TCP is determined by the operational division flexible packages team and any support required for the young person is negotiable based on need and the TCP guidelines. As with any new care team, the transition to a TCP will allow time for a transference of information and building of a relationship.

**Table 2. KEYS Planning**

|  |  |  |
| --- | --- | --- |
| **Document** | **Timeframe** | **By who**  |
| KEYS Plan | Within 6 weeks, reviewed 3 monthly  | Input from entire care team including Child Protection, coordinated by the case manager. This then forms the plan for the young person and is implemented by all members of the care team.  |
| Case Plan  | As required  | The Case Plan is completed by Child Protection with input from Case Managers. The final document is endorsed by Child Protection. |
| Support & Stability Plan (Crisis Management Plan) | Within 3 days, reviewed weekly | Case Manager in partnership with the young person, Senior Mental Health Clinician, Child Protection, House Coordinator and Key Worker. |
| Behaviour Support Plan | Within 4 weeks, reviewed 3 monthly | Case Manager in partnership with the young person, Senior Mental Health Clinician, Child Protection, House Coordinator  |
| Cultural Support Plan | Within 16 weeks of the child entering care, reviewed annually; or as indicated by the ACCO CEO; or following a significant change in the case that changes the cultural needs of the child. | Case Manager in partnership with the young person, their family, and care team members including Child Protection Worker, VACCA, Lakidjeka Aboriginal Child Specialist Advice and Support Service (ACSASS) Worker and endorsed by the Aboriginal Community Controlled Organisation (ACCO) CEO and DFFH Case Planner. |
| Essential Information Record | Within two weeks of commencing the placement. Update whenever new information obtained and check that it is still up to date at least 6 monthly. | Case Manager and House Coordinator  |
| Care and Placement Plan (under 15 years old) or 15+ Care and Transition Plan (15 years or older) | Completed within the first two weeks of placement. | Case Manager and House Coordinator  |
| Review of Care and Placement Plan (under 15 years old) or 15+ Care and Transition Plan | Reviewed at least every 6 months | Case Manager and House Coordinator  |
| Assessment and Progress Record | Should be commenced as soon as the possible after the placement is established, then annually thereafter. | Case Manager and House Coordinator  |
| Clinical Review Form | Reviewed every 91 days  | Senior Mental Health Clinician  |
| Treatment and Recovery Plan | Reviewed every 6 months | Senior Mental Health Clinician |
| Person of Interest register | Data is entered as new information is gathered and this is monitored daily. All new information is passed on to SOCIT / Victoria Police. | House Coordinator |
| Sexual Exploitation time line | Data is entered as new information is gathered and this is monitored daily. All new information is passed on to SOCIT / Victoria Police. | House Coordinator |

**Key questions to consider:**

* Have the young person’s goals been incorporated into the KEYS Plan and Transition Out Plan?
* Do all care team members know what the young person’s KEYS Plan and Transition Out Plan is?
* How does the information in the KEYS Assessment inform planning?
* Do all secondary plans reflect the young person’s goals?

## Review

The KEYS Assessment, KEYS Plan and Transition Out Plan are the central documents for all young people in KEYS. They are developed within 6 weeks of the young person entering the program and are reviewed every 12 weeks thereafter. A closure report is required at the completion of the program.

Both the KEYS Plan and Transition Out Plan are designed to create the agenda for all planning opportunities, to ensure the young person’s goals and aspirations are central to all planning and that goals are considered in reference to the KEYS Assessment.

Reviews should be undertaken in both a formal and informal manner to ensure treatment is adaptive and timely. Discussions and visits with the young person and family also form a primary means of review.

The following meetings provide a formal opportunity for review:

### Daily Action Plan Meetings

The purpose of Daily Action Plan Meetings is to review any critical incidents or presenting concerns and develop an action plan with assigned responsibilities for the day. The meeting is brief and action-oriented, lasting typically 15 minutes per house. The meeting is convened by the Case Manager and attended by all KEYS multidisciplinary team members as well as Child Protection.

### Clinical Review Meetings

Clinical Review Meetings are held both on a weekly basis and every 91 days by the health service contracted in the model.

### Weekly

Weekly Clinical Review Meetings are chaired by the Consultant Psychiatrist and require the participation of the:

* Consultant Psychiatrist
* Senior Mental Health Clinician
* Case Manager
* KEYS Child Protection Practitioner (recommended)
* KEYS Team Leader or Program Manager
* cultural support worker where the child is Aboriginal
* Other professionals the Senior Mental Health Clinician feels are appropriate e.g. AOD Practitioner, CEW, House Coordinator.

The purpose of the meeting is to review the mental state, risk, and progress of the young person, in addition to developing a treatment and action plan. The Consultant Psychiatrist holds clinical governance and approves all treatment and action plans developed. The treatment and action plan are recorded in CRIS and attached to the Case Plan.

The Senior Mental Health Clinician presents 2-4 young people each week with the option of raising additional young people as a ‘hot spot’ or ‘risk’ in the Clinical Review Meeting.

The following review structure is in place:

* Review of mental state, risk, progress of the young person, treatment, and action plan

**91 Day**

Every three months, an in-depth Clinical Review Meeting is held for each young person.

Prior to the meeting, the Senior Mental Health Clinician completes the Outcome Measures Form and Clinical Review Form, and these assessments provide the basis of the conversation.

The Clinical Review Form is reviewed and approved by the Consultant Psychiatrist during the Clinical Review Meeting. This formal review is documented in the KEYS Assessment document, with Monash Health providing the scores and interpretation of both the Outcome Measures and the Clinical Review Forms.

# Reporting and Monitoring

The below also provides the key performance outcome measures.

#### Key performance measure 1: Placement - Daily average occupancy

|  |  |
| --- | --- |
| **Aim/objective** | To monitor the daily average number of children and young people in KEYS residential care placement.  |
| **Target** | The performance measure target is provided in the Service Agreement.  |
| **Type of count** |  Non-cumulative  |
| **Counting rule** | Number of placement days in the reporting period, divided by number of days in the reporting period. The placement days includes the first day (i.e. the day the child enters placement) and excludes the last day (i.e. the day the child departs from placement, noting the placement is still allocated to a young person for up to six weeks whilst they are transitioning out). For example: 1 child, placed for 29 day = 29 placement days 3 children, placed for 31 days = 93 placement days 10 children, placed for 28 days = 280 placement days No. of placement days used in June quarter = 402 (29 + 93 + 280) Total days June quarter = 91  |
| **Data source(s) collection** | Service Delivery Tracking (SDT)  |
| **Definition of terms** | Daily average number is the equivalent number of clients per day during the reporting period (e.g. June quarter = 91days). Placement refers to the accommodation provided in KEYS.  |

#### Performance measure 2: Percentage of total exits from placement that are planned

|  |  |
| --- | --- |
| **Aim/objective**  | This performance measure provides information required to plan placement transition for a young person prior to their exit from the residential care placement.  |
| **Target**  | 100 per cent  |
| **Type of count**  | Non-cumulative  |
| **Counting rule**  | Number of exits where the exit was planned  |
| **Data source(s) collection**  |  Care services (out of home care) |
| **Definition of terms**  | Exit refers to when the placement ends and the client leaves the placement. Placement refers to the accommodation provided in KEYS. Planned (exits) means the case planning process which ensures that exits from placements are planned.  |

#### Key performance measure 3: Outreach support – Daily average occupancy

|  |  |
| --- | --- |
| **Aim/objective** | To monitor the daily average number of children and young people in KEYS outreach.  |
| **Target** | The performance measure target is provided in the Service Agreement.  |
| **Type of count** |  Non-cumulative  |
| **Counting rule** | Number of outreach placement days in the reporting period, divided by number of days in the reporting period. The outreach placement days includes the first day (i.e. the day the child enters placement) and excludes the last day (i.e. the day the child departs from placement). For example: 1 child, placed for 29 day = 29 placement days 3 children, placed for 31 days = 93 placement days 10 children, placed for 28 days = 280 placement days No. of placement days used in June quarter = 402 (29 + 93 + 280) Total days June quarter = 91  |
| **Data source(s) collection** | Service Delivery Tracking (SDT) Requires the agency to monitor through in-house reporting |
| **Definition of terms** | Daily average number is the equivalent number of clients per day during the reporting period (e.g. June quarter = 91days). Outreach placement refers to the outreach supports provided in KEYS.  |

#### Data Collection

The reporting requirements for this service are:

| **Data collection name** | **Data system**  | **Data set**  | **Reporting cycle** |
| --- | --- | --- | --- |
| Care services (Out of Home Care) | CRIS/CRISSP  | CRIS/CRISSP  | Quarterly |
| Service Delivery Tracking (SDT) | My Agency/SAM  | SAMS/Service delivery tracking data set  | Monthly |

### Service outcomes – performance measures

Key performance outcome measures relate to the objectives of the model.

A range of key service delivery components and participant’s progress against service objectives will be monitored. Quantitative data will be extracted from CRIS and CRISSP and qualitative information will be obtained through formal and informal processes such as service provider data collection, and interviews and feedback.

In addition, implementation and fidelity monitoring will include:

* Number of referrals into the model.
* Daily average occupancy in the placement component.
* Number of KEYS Plans completed and implemented.
* Assessments undertaken, and links made to broader specialist supports, such as disability supports.
* Confirmation in CRIS/SP that key case tasks and actions have occurred.
* Client progress across key outcome areas.

The department will also gather and examine the following variables as part of evaluating the success of the model:

* The exit points of all children and young people and how long the exit points are sustained.
* Any further reports to Child Protection and the timeframe for when these occurred following exit from the model.
* Number of sibling groups in alternative care arrangements (comparative data).

## Monitoring

KEYS will be subject to ongoing monitoring by the operations division to review fidelity against the model and achievements against its objectives.