

Placement Coordination and Placement Planning Manual

This document may also be downloaded from the Department of Human Services web site at:

www.dhs.vic.gov.au

Manual last reviewed: 14/12/2012

Contents

Background.....	3
1. Referral process	4
2. After hours (AH) placement services.....	6
3. Caregiver reimbursement	8
4. Placement change	11
5. Placement in jeopardy	11
6. Placement planning meetings	12
7. Cross Divisional placements	12
8. Voluntary placements	14
9. Placement closure	15
10. Contingency arrangements	15
11. Leaving care arrangements.....	16
12. Specialised placement requirements.....	17
13. Children with high support needs	18
14. Joint clients	18
15. Care teams and Looking After Children (LAC) Framework Requirements	19
16. Failure to access a residential bed.....	20
17. Respite.....	21
18. Carer approval panel	22
19. Carer verification checklist (CVC).....	22
20. Quality of care concerns	23
21. Incident reporting	23
22. Program requirements.....	24
23. Information recording.....	25
24. Flexible funding.....	26
25. Health and education assessments.....	27
26. Principal practitioners and placement planning	28
27. Bushfire preparedness	28
28. Dispute resolution	29
29. Tailored care package (TCP)	29

Background

Purpose of the Manual

The Placement Coordination and Placement Planning Manual (the manual) is intended to provide guidance in relation to the processes and procedures required for PC practitioners to fulfil their roles and responsibilities outlined in the Placement Coordination and Placement Planning (PC&PP) Framework. The manual sits within the broader DHS framework, including the Statutory and Forensic Services Design Branch and broader Services Design and Implementation Group, Divisions, and community service providers.

How to use Manual

The manual is designed to work as a quick reference document outlining required PC processes and procedures with links available for guidelines, policy and other supporting documents for further information.

The first column of the manual table, *Context*, provides a general DHS context for each area outlines DHS expectations and outcomes as per area of activity.

The second column of the manual table, *Practice guidelines and advice*, outlines responsibilities and considerations specific to the PC Practitioner.

The third column of the manual table, *Supporting documents*, provides electronic links, including guidelines and policy documents, and refers to the PC&PP Framework, which works in partnership with the manual. Electronic links are available on the DHS intranet unless otherwise noted. Please note that if links may break, in which case the manual user will be required to locate the document using the intranet search function.

The manual focuses on PC roles and responsibilities that are consistent across Divisions. Where not specified, roles and responsibilities may vary.

PC practice following the DHS Restructure

The manual represents current policy and directives as of December 2012. These will be periodically reviewed and revised as appropriate.

Questions and comments

For questions and comments regarding the manual, please contact the Statutory and Forensic Services Design, Out of Home Care Unit.

Context	Practice guidelines & advice	Supporting documents
1. Referral process		
<p>Referral to PC for Placement The PC practitioner is to ensure that all required information is provided on the placement referral document. This may require follow up with the CP Practitioner for further information or clarification of information several times.</p> <p>Placement type will be guided by information provided by CP Practitioner which will outline the needs and behaviours of the child.</p> <p>All considerations detailed in the PC Placement Planning Principles (See Framework) should be referred to in order to maximise outcomes for children in care.</p> <p>Referral from PC to CSO/Placement Matching The PC practitioner translates the child's needs into placement requirements.</p> <p>This may require extensive negotiation, creative use of resources and/or provision of particular support into the placement.</p> <p>At times placement matching may be required very suddenly or a desired placement may not be available. In these circumstances best efforts should be made to appropriately match a child to a placement within available resources.</p>	<p>PC will be informed by the CP Practitioner of a placement requirement and preferred placement option.</p> <p>The CP Practitioner is to generate a referral via CRIS by completing a placement referral document.</p> <p>PC practitioner is to ensure that the CP Practitioner has explored all kinship options prior to completing the referral.</p> <p>PC practitioner is to ensure that all required information, including LAC fields, has been provided by the CP Practitioner. PC will classify the support level required for the child based on the information provided by CP and in negotiation with the CSO (See Caregiver reimbursements). If there is further information required, the PC practitioner is to seek this from the CP Practitioner.</p> <p>PC staff to classify all children who enter the OOHC system according to the HBC categorisation. This is determined by the referral document information and discussions on the child and their circumstances.</p> <p>Once a placement referral is received, the PC practitioner is to ascertain placement vacancies within the OoHC sector by making contact with sub-Divisional CSOs.</p> <p>Approval for placement must be endorsed by the CP Area Manager.</p> <p>When an appropriate placement is located, and a Caregiver Verification Checklist is provided by the CSO, the PC coordinator submits the referral to CSO via CRIS. CSO is to accept referral via CRISSP to create the placement. PC to confirm placement details with the CP Practitioner</p> <p>The Caregiver Reimbursement Level is to be negotiated between the PC practitioner and CSO. PC manager approval is required.</p> <p>It is the responsibility of PC to coordinate a 72 Hour Care and Placement meeting (held within 72 hours of placement commencement) which is</p>	<p>PC&PP Framework:</p> <p>Section 2.1.2: PC Practitioner Roles and Responsibilities, PC&PP Framework</p> <p>Section 3: Required Skills of the PC Practitioner, PC&PP Framework.</p> <p>Section 4.3: Child Development, Abuse and Trauma and Brain Development, PC&PP Framework.</p> <p>Section 5: PC Placement Principles, PC&PP Framework.</p> <p>Section 6.1.1: Referral, PC&PP Framework.</p> <p>Section 6.1.2: Placement Matching Factors, PC&PP Framework.</p> <p>Section 6.4.1- Caregiver Reimbursement, PC&PP Framework.</p> <p>Section 7: Out of home care system, PC&PP Framework.</p> <p>Section 8: Key Relationships, Roles and Functions, PC&PP Framework.</p> <p>CRIS links: CRIS CP - Create & Submit Placement Referral March 2012 (Word 685.5 KB)</p>

Context	Practice guidelines & advice	Supporting documents
	<p>chaired by the CSO responsible for the placement. The purpose is to ensure information that was not provided in the referral document is discussed with key stakeholders. This meeting completes the referral process.</p>	<p>CRIS CP - PC Workspace</p> <p>Update information HBC funding model 2012</p> <p>Children, Youth and Families Act 2005 Section 10: Best Interests Principles, Section 12, 13, 14: Additional decision making principles for Aboriginal children</p>
2. After hours (AH) placement services		
<p>The process for after-hour placement referral differs in metro and rural sub-Divisions.</p> <p>After hours in metro sub-Divisions The Central After Hours Placement Service (CAHPS) operates from 4.45pm to 2.00am on weekdays and 8.00am-2.00am on weekends and public holidays.</p> <p>Following this time the Central After Hours CP Emergency Service (AHCPEs) undertake placement coordination responsibility until 9:00am the next business day.</p> <p>During the after hours periods CAHPS/AHCPEs may receive referrals for placement from metropolitan sub-Divisions (CP Programs, Regional PCs, Streetworks Outreach Service, and Central After Hours Bail Placement Service.)</p> <p>After hours in rural sub-Divisions Each rural sub-Division has responsibility for managing all placements within their sub-</p>	<p>Referrals in metro sub-Divisions Each metro area PC is responsible for ensuring that CAHPS is provided with current information regarding their sub-Division's placement occupancy and vacancies by close of business each day.</p> <p>The metro area PC will, until 5.00pm, progress a placement referral as far as possible if the request for placement is made prior to 4.45pm.</p> <p>From 5.00pm metro area PCs may contact CAHPS directly to transfer requests made after 4.45pm, and to negotiate whether transfer of work in progress regarding requests made before 4.45pm is possible.</p> <p>From 5.00pm metro area CP practitioners with a client in need of a placement may contact CAHPS directly.</p> <p>For new placement referrals post 5.00pm:</p> <ul style="list-style-type: none"> • The CAHPS worker will complete the placement referral on CRIS. • The AHCPEs worker will complete the referral manually and provide details to the Divisional CP practitioner to place the referral on CRIS on the next business day. <p>When seeking a placement the CAHPS worker will initially seek placement within the area via contacting CSOs with vacancies as identified by the area PC on that day.</p>	<p>PC&PP Framework:</p> <p>Section 2.1.3: Placement of children after hours in metropolitan and rural sub-Divisions, PC&PP Framework.</p> <p>Section 5, PC Placement Principles, PC&PP Framework.</p> <p>Section 6.1.2: Placement Matching, PC&PP Framework.</p> <p>Section 7: Out of home care system, PC&PP Framework.</p> <p>Section 8: Key Relationships, Roles and Functions, PC&PP Framework.</p> <p>CRIS links: CRIS CP 2.15 Release Guides March 2012 (p3)</p>

Context	Practice guidelines & advice	Supporting documents
<p>Division. This includes making the following available to AH services:</p> <ul style="list-style-type: none"> • up-to-date contacts for placement providers and • placement availability prior each weekend. 	<p>The AHCPEs will seek placement after 2.00am via one nominated contact for each PC sub-Division, as per Divisional arrangements.</p> <p>If there is no placement available within that Division, CAHPS/AHCPEs will seek a cross Divisional placement via direct contact with placement providers in other Divisions. The placement arrangement may remain until the following business day when the relevant CP Practitioner and PC are to fulfil the requirements outlined in this document for a cross Divisional placement.</p> <p>CAHPS and AHCPEs will provide a daily update to each Division in relation to after-hours placement activity that has occurred during their respective hours. A case note is to be completed by the CAHPS worker in relation to placement details.</p> <p>Rural sub-Divisions In rural areas the CP Service will directly liaise with OoHC providers in the area to negotiate placement arrangements for children entering OoHC during the after hours period.</p> <p>When a cross-Divisional placement is required during the after hours period, CAHPS may facilitate the placement arrangements, i.e. when a child from rural area is located in a metro area and requires a placement or when the request is for a cross Divisional placement in the metropolitan areas.</p> <p>Contingency arrangements When contingency arrangements are required to ensure the safety of a child or sibling group, CAHPS/AHCPEs or the rural CP Service will arrange this with a set amount of available funds per child. The following day, procedures as per <i>Contingency arrangements</i> will apply.</p>	
3. After hours (AH) placement services		
<p>The process for after-hour placement referral differs in metro and rural sub-Divisions.</p> <p>After hours in metro sub-Divisions</p>	<p>Referrals in metro sub-Divisions Each metro area PC is responsible for ensuring that CAHPS is provided with current information regarding their sub-Division's placement occupancy and vacancies by close of business each day.</p>	<p>PC&PP Framework: Section 2.1.3: Placement of children after hours in metropolitan and rural sub-Divisions, PC&PP Framework.</p>

Context	Practice guidelines & advice	Supporting documents
<p>The Central After Hours Placement Service (CAHPS) operates from 4.45pm to 2:00am on weekdays and 8.00am-2.00am on weekends and public holidays.</p> <p>Following this time the Central After Hours CP Emergency Service (AHCPEs) undertake placement coordination responsibility until 9.00am the next business day.</p> <p>During the after hours periods CAHPS/AHCPEs may receive referrals for placement from metropolitan sub-Divisions (CP Programs, Regional PCs, Streetworks Outreach Service, and Central After Hours Bail Placement Service.)</p> <p>After hours in rural sub-Divisions Each rural sub-Division has responsibility for managing all placements within their sub-Division. This includes making the following available to AH services:</p> <ul style="list-style-type: none"> • up-to-date contacts for placement providers and • placement availability prior each weekend. 	<p>The metro area PC will, until 5.00pm, progress a placement referral as far as possible if the request for placement is made prior to 4.45pm.</p> <p>From 5:00pm metro area PCs may contact CAHPS directly to transfer requests made after 4.45pm, and to negotiate whether transfer of work in progress regarding requests made before 4.45pm is possible.</p> <p>From 5.00pm metro area CP practitioners with a client in need of a placement may contact CAHPS directly.</p> <p>For new placement referrals post 5.00pm:</p> <ul style="list-style-type: none"> • The CAHPS worker will complete the placement referral on CRIS. • The AHCPEs worker will complete the referral manually and provide details to the Divisional CP practitioner to place the referral on CRIS on the next business day. <p>When seeking a placement the CAHPS worker will initially seek placement within the area via contacting CSOs with vacancies as identified by the area PC on that day.</p> <p>The AHCPEs will seek placement after 2.00am via one nominated contact for each PC sub-Division, as per Divisional arrangements.</p> <p>If there is no placement available within that Division, CAHPS/AHCPEs will seek a cross Divisional placement via direct contact with placement providers in other Divisions. The placement arrangement may remain until the following business day when the relevant CP Practitioner and PC are to fulfil the requirements outlined in this document for a cross Divisional placement.</p> <p>If there are no placements available within the Division, cross-Divisionally or through a contingency placement, AH services are to contact the COSI Director.</p> <p>CAHPS and AHCPEs will provide a daily update to each Division in relation to after-hours placement activity that has occurred during their respective hours. A case note is to be completed by the CAHPS worker in relation to placement details.</p>	<p>Section 5, PC Placement Principles, PC&PP Framework.</p> <p>Section 6.1.2: Placement Matching, PC&PP Framework.</p> <p>Section 7: Out of home care system, PC&PP Framework.</p> <p>Section 8: Key Relationships, Roles and Functions, PC&PP Framework.</p> <p>CRIS links: CRIS CP 2.15 Release Guides March 2012 (p3)</p>

Context	Practice guidelines & advice	Supporting documents
	<p>Rural sub-Divisions In rural areas the CP Service will directly liaise with OoHC providers in the area to negotiate placement arrangements for children entering OoHC during the after hours period.</p> <p>When a cross-Divisional placement is required during the after hours period, CAHPS may facilitate the placement arrangements, i.e. when a child from rural area is located in a metro area and requires a placement or when the request is for a cross Divisional placement in the metropolitan areas.</p> <p>As with metro sub-Divisions, if there are no placements available within the Division, cross-Divisionally, or through a contingency placement, AH services are to contact the COSI Director.</p> <p>Contingency arrangements When contingency arrangements are required to ensure the safety of a child or sibling group, CAHPS/AHCPES or the rural CP Service will arrange this with a set amount of available funds per child. The following day, the procedures as per <i>Contingency arrangements</i> will apply.</p>	
4. Caregiver reimbursement		
<p>Caregiver reimbursements provide a contribution towards the costs associated with caring for a child or young person.</p> <p>Caregiver reimbursements are paid from the day DHS agrees to a placement commencing. Payments are made fortnightly by DHS.</p> <p>For Kinship care placements, CP practitioners are responsible for initiating caregiver reimbursements.</p> <p>A Placement Loading is a fortnightly reimbursement to caregivers in addition to the caregiver reimbursement. The loading is paid for the first 6 months of a new placement. This is applicable to the Permanent Care, Kinship</p>	<p>Refer to CRIS CP - Placement: Caregiver Reimbursement Document Guide for instructions about how to initiate Caregiver Reimbursement via CRIS.</p> <p>The PC will receive a caregiver reimbursement report from the Central Caregivers Management Unit. This report requires PC approval for ongoing and new caregiver reimbursement arrangements.</p> <p>PC is also responsible for approving caregiver reimbursements in Oracle each fortnight, as per payment cycle, and for approving any changes to reimbursement that have been negotiated.</p> <p>Classification Level The Caregiver classification level is to be negotiated via the PC and the placement provider upon commencement of placement. The CSS Manager must approve the agreed classification level.</p> <p>Further discussion in relation to classification level may also occur</p>	<p>PC&PP Framework:</p> <p>Section 6.4.1: Caregiver Reimbursement. PC&PP Framework</p> <p>Central Payment of Caregiver Reimbursement-Business Processes Handbook. June 2007</p> <p>Guideline and policy links:</p> <p>CP Manual - Guidelines for central payment of caregiver reimbursements</p> <p>Caregiver reimbursement guidelines</p>

Context	Practice guidelines & advice	Supporting documents
<p>Care and Foster Care (General) and for Local Adoption. Clients whose placement status is voluntary are only eligible where there is CP involvement.</p> <p>The Caregiver Reimbursements Helpdesk is responsible for processing caregiver reimbursements information into the DHS Oracle Financial system. The helpdesk can be contacted via telephone on 1300 552 319 or fax 1300 788 062 or via email at caregivers@dhs.vic.gov.au.</p> <p>Approval of caregivers The CSO Caregiver Approval process is an assessment evaluating the suitability of people caring for children and young people. Children and young people will not be placed with caregivers who have not undergone this assessment.</p> <p>Respite & Caregiver Reimbursement</p> <p>In the circumstances where a child is placed in a respite placement and a primary caregiver is currently receiving caregiver reimbursements, business rules dictate the funding arrangements for the two caregivers, depending on the duration of the Respite placement.</p> <p>For respite up to 7 days, both the respite and the primary caregiver receive reimbursements.</p> <p>For between 8 and 28 days, the respite caregiver and (if authorised by PC) the primary caregiver receive reimbursements.</p> <p>For respite over 28 days, the respite caregiver receives reimbursements and only in extraordinary circumstances does the primary caregiver receive reimbursements.</p>	<p>throughout period of placement if there are changes to the placement circumstances. It is advised that classifications of placements are reviewed regularly with the placement provider.</p> <p>Respite Where the number of respite days required for a care arrangement exceeds 28 days, the PC will be notified from the Central Caregivers Management Unit for co-payment approval. The PC is to discuss the respite arrangements with the CP Practitioner and decide whether to approve continued dual reimbursements for respite. PC should ensure that this arrangement is documented at the next case plan meeting.</p> <p>(See also: <i>Respite</i>)</p>	<p>Caregiver reimbursement questions and answers-Respite.</p> <p>18 years and school attending carer reimbursement policy</p> <p>Carer reimbursement: miscellaneous policy</p> <p>CRIS and other systems: CRIS CP - Placement: Caregiver Reimbursement Document Guide</p> <p>Oracle financials assistance payments manual (PDF 610.9 KB)</p>

Context	Practice guidelines & advice	Supporting documents
<p>Children 18 years + Caregivers of children in home based care who turn 18 years of age and are in full time secondary education or other fulltime vocational training are entitled to continuation of the caregiver reimbursement until the end of the school year i.e. until the end of the Victorian School Term 4, set out by the Department of Education and Early Childhood Development. This applies only to those young people who turn 18 years of age during that year, i.e. the caregivers of a young person who turns 18 in January 2008 and who is due to resume full time secondary education in the school year, will continue to receive reimbursements until the end of the 2008 school year. The reimbursements would not continue into 2009, even where full time secondary studies continue.</p> <p>Reimbursements should be ceased when a young person over the age of 18 years leaves full time education, i.e. where they leave before the end of the school year.</p> <p>Caregivers should continue to receive the same reimbursement they were receiving prior to the young person turning 18 years of age, e.g. any enhanced payments, such as Home Based Care Intensive rates should continue for the duration of the school year.</p> <p>Written confirmation of enrolment at school or an accredited provider must be provided.</p> <p>Full time secondary education is inclusive of:</p> <ul style="list-style-type: none"> • Public and Private Secondary Colleges • Victorian Certificate of Applied Learning (VCAL) • Community VCAL • Vocation and Educational Training (VET) 		

Context	Practice guidelines & advice	Supporting documents
<ul style="list-style-type: none"> TAFE institutions The Centre for Adult Education (CAE) and participating Adult Community Education providers (ACE) for young people who have not completed Year 12 or its equivalent. 		
5. Placement change		
<p>PC practitioners should work with the care team to minimise the number of placement changes for a child in OoHC. Via regular placement monitoring and review strategies, placement breakdown can be minimised.</p> <p>At times placement change can not be avoided and alternative placement arrangements are required. At these times PC undertake to make the change in the most supportive and least disruptive way for the child.</p>	<p>A placement change requires a new placement referral by the CP Practitioner via CRIS.</p> <p>Once the referral is received, the PC practitioner is to discuss alternative placement options with the existing placement provider and CP Practitioner to determine the most appropriate placement type.</p> <p>In the first instance, placement options should be sought by the current placement provider to promote consistency in care provision. If there are no alternative placement options with the current placement provider the PC are to seek other placement options with other sub-Divisional or Divisional OoHC providers.</p> <p>Once another placement is arranged, the PC practitioner should update the caregiver reimbursement details to ensure that the new caregiver receives reimbursement and the previous carer reimbursement ceases.</p>	<p>PC&PP Framework:</p> <p>Section 5: PC Placement Principles, PC&PP Framework.</p> <p>Section 6.1.2: Placement Matching, PC&PP Framework.</p> <p>Section 6.1.3: Placement Monitoring and Review, PC&PP Framework.</p> <p>Section 7: Out of home care system, PC&PP Framework.</p> <p>CRIS links:</p> <p>CRIS CP - PC Workspace</p>
6. Placement in jeopardy		
<p>A child's placement is considered to be in jeopardy when there are concerns that it may break down and another placement will be required. There are various reasons why a placement may be in jeopardy, including the carer's ability to continue to meet the child's needs; the child's behaviours; and/or placement factors which impact on child's</p>	<p>When there are indications that the stability of a placement is in jeopardy the following strategies should be undertaken to avoid placement breakdown:</p> <ul style="list-style-type: none"> The PC practitioner is to immediately discuss issues related to the placement in detail with the CSO and determine whether any short term strategies can be implemented to support the placement whilst the identified placement challenges are considered further with the CSO and CP. This may occur by the PC practitioner attending a care team 	<p>PC&PP Framework:</p> <p>Section 6.1.3: Placement Monitoring and Review, PC&PP Framework.</p> <p>Section 6.4.3: Additional flexible</p>

Context	Practice guidelines & advice	Supporting documents
safety or development.	<p>meeting or arranging a placement planning meeting.</p> <ul style="list-style-type: none"> The PC practitioner is to discuss placement challenges with the care team and possible options to support placement, such as additional training for carer or introducing further supports and services into the placement. Consideration should be given to the child's placement history, system resources and placement opportunities for the child. Additional funding or resources must be approved via the CSS manager. 	funding to support the child and placement. PC&PP Framework.
7. Placement planning meetings		
<p>Placement Planning meetings are convened regularly by the PC to:</p> <ul style="list-style-type: none"> Progress longer term placement options that best meet the needs of the client When issues have arisen in relation to a child's placement and a coordinated response is required. 	<p>Placement Planning Meetings should be convened regularly by PC for longer term placement planning purposes and specifically when:</p> <ul style="list-style-type: none"> A placement is in jeopardy The placement is a contingency arrangement There are other complex factors related to placement. <p>Attendees must include CP, the case manager, and the placement provider. Other professionals may be invited as required, i.e. Principle Practitioner, counsellor.</p> <p>The purpose of the meeting is to review the child's current placement arrangement and any issues which have led to the meeting with the aim of reaching an agreed outcome in relation to the future placement arrangement.</p> <p>A record of meeting outcomes should be made by the PC practitioner in the PC workspace.</p>	<p>PC&PP Framework:</p> <p>Section 5: PC Placement Principles, PC&PP Framework.</p> <p>Section 6.1.3: Placement Monitoring and Review, PC&PP Framework.</p> <p>Section 6.5: Quality and Systems Improvement, PC&PP Framework.</p> <p>CRIS links:</p> <p>CRIS CP - PC Workspace</p>
8. Cross Divisional placements		
Children should be placed in areas local to their family and community of origin to promote their sense of belonging, stability, and family and social connections.	See Guidelines	<p>Guidelines link:</p> <p>Cross Divisional Placement Guidelines</p>

Context	Practice guidelines & advice	Supporting documents
<p>For most children in out of home care their placement arrangements are made within their local community however there are a minority of children who at times may require a cross Divisional placement in order to maintain family relationships or to promote their best interests.</p>		

Context	Practice guidelines & advice	Supporting documents
9. Voluntary placements		
<p>The CP Manual outlines the following in relation to voluntary placements:</p> <ul style="list-style-type: none"> • Placements that result from child care agreements are commonly referred to as voluntary placements. • Voluntary placements are normally a short term solution to identified CP concerns or risks to children, which are not immediate or do not warrant legal intervention. • A voluntary placement is bound by a child care agreement and can only be entered into with the consent of the parents or a young person 16 years or older. • A voluntary placement can only be negotiated with a registered community service. Child care agreements can be either short term or long term, consent is the critical factor, parents or a young person must agree to the placement. 	<p>The voluntary placement of a child into a residential care arrangement is not a preferred placement arrangement for children entering the care system.</p> <p>When there is sufficient evidence to support that a child has suffered or is likely to suffer immediate and significant harm, statutory intervention must prevail and a voluntary placement in residential care is not considered appropriate.</p> <p>A voluntary placement into residential care may only occur for one night and under 'exceptional circumstances' when all of the following factors are identified:</p> <ul style="list-style-type: none"> • A child is in need of a placement and there are no placement options within the community, and • There are no other appropriate home based care placement options, in the sub-Division or neighbouring sub-Divisions, available for the child within the out of home care system, or • The child's presentation is not suitable for home based care and can only be accommodated within a residential care model, and it is considered that CP concerns are not significant and immediate and do not warrant legal intervention at that time. <p>Requirements for a voluntary placement in residential care are:</p> <ul style="list-style-type: none"> • The child is 16 years or older. • There is CP intervention. Community Child Care Agreements will not be accepted in residential care. <p>An example of when a voluntary agreement in residential care may occur is when a child is from interstate, requires a placement overnight, and will be returning to their state of origin the following day, and/or when the child's guardian can not be located at that time.</p>	<p>CP Manual:</p> <p>CP Manual – Voluntary child care agreements</p>

Context	Practice guidelines & advice	Supporting documents
10. Placement closure		
	<p>When a placement ceases, the PC practitioner is to:</p> <ul style="list-style-type: none"> • Confirm with CP that the placement will be closed. • Contact the placement provider and advise them to close the placement. • Ensure that the service provider has closed the placement on CRIS/P. 	
11. Contingency arrangements		
<p>An out-of-home care (OOHC) contingency is an unfunded placement established as a last resort, when no funded placements are available or suitable within a partner sub-Division or neighbouring sub-Division. As such, Divisions incur a budget deficit when establishing these contingency placements.</p> <p>Contingencies are generally required due to the following:</p> <ul style="list-style-type: none"> • Demand: Created when a funded placement is not available at the time the placement decision is being made. • Complexity or sibling contingencies: Established when a funded placement is not suitable to the specific needs of a child. This can include individually tailored placement responses for children with high and complex care needs, additional supports and staffing into the funded placement, or sibling groups. <p>Sub-Divisional contingency arrangements are reported monthly to Central Out of Home Care by a nominated representative in each sub-Division.</p>	<p>Contingency arrangements are to be made for a child in consultation with their care team and with advice and approval from the CSS Manager as arranged within their Division. In addition, the CSS Manager must approve any placement in an unfunded placement established during business hours and must certify that all unfunded placements are required and established to meet the safety needs of children. Further, that all other placement options have been exhausted.</p> <p>Unfunded placements must be made for the shortest time necessary. The maximum duration of placement is 28 days, which can only be extended following further approval by the CSS Manager.</p> <p>Contingency arrangements require ongoing review, at least fortnightly, to ensure that it is meeting the needs of the child and that these needs are still unable to be met within the funded placement system. The PC can drive this process via regular Placement Planning Meetings.</p> <p>In accordance with the Department of Human Services Policy and Funding Plan, the maximum cost of an out of home care placement should not exceed the cost of an RP3 (Residential Care - Complex). In exceptional circumstances the CSS Manager may approve additional supports and services, if explicit consideration of the child's needs demonstrates that is necessary to prevent imminent and critical danger of harm to self or others, and may include:</p> <ul style="list-style-type: none"> • Extreme physical aggression that causes harm • Recurring major self-injurious actions, including suicide attempts • Major property destruction 	<p>Fire risk management in short-term temporary 24-hour staffed residential care facilities, November 2012. (In Draft)</p> <p>Capital Development Guideline 7.7, Fire Risk Management in Community Based Houses, 2008. (available at www.capital.health.vic.gov.au)</p>

Context	Practice guidelines & advice	Supporting documents
	<ul style="list-style-type: none"> • Fire setting • Sexual acting out with aggression • Extreme cruelty to animals • Significant disability requiring one-to-one supervision for the safety of self and others • Other difficulties that present a critical risk of harm to self or others • Extreme risk to the safety of other children, carers and the community. <p>Requirements for temporary housing Houses used temporarily to provide residential accommodation for contingency placements must comply with the department's fire risk management guidelines. Houses to be used for:</p> <ul style="list-style-type: none"> • Less than 6 months, must comply with the current guidelines for short-term use, <i>Fire risk management in short-term temporary 24-hour staffed residential care facilities</i>. Use of these houses require that a client assessment is undertaken on each child and a management plan developed by the Placement Coordination Unit/CP Worker. • Longer than 6 months must comply with <i>Capital Development Guideline 7.7, Fire Risk Management in Community Based Houses (CDG 7.7)</i>. <p>The Divisional or sub-Divisional Fire Risk Management Coordinator will provide assistance in assessing the suitability of potential rental houses, arrange the technical assessments and manage the installation of fire safety measures and equipment.</p> <p>The Divisional Fire Risk Management Coordinator can also provide more information about the fire safety requirements in residential care facilities.</p>	
12. Leaving care arrangements		
<p>Under s.16(1)(g) of the CYFA, CP is responsible for providing or arranging for the provision of services to assist in supporting a person under the age of 21 years to gain the capacity to make the transition to independent living where the person:</p> <p>(i) has been in the custody or under the guardianship of the secretary; and</p> <p>(ii) on leaving custody or</p>	<p>The PC should work closely with the case manager and the care team in ensuring the young person receives all the support required throughout their transition process.</p> <p>PCs undertake a number of important co-ordinating task which facilitate optimum planning for young people in the transition phase including:</p> <ul style="list-style-type: none"> • Maintaining a record of young people who are between 16 and 18 years in their out of home care system. • Convene and resource regular meetings that prioritises these young 	<p>Placement Coordination and Placement Planning Framework Links:</p> <p>Section 5:PC Placement Principles, PC&PP Framework.</p> <p>Section:6.1.3 Placement Monitoring and Review, PC&PP Framework.</p>

Context	Practice guidelines & advice	Supporting documents
<p>guardianship to the Secretary is of an age to, or intends to, live independently.</p> <p>Preparation for leaving care and transitioning to independence starts the moment a child or young person enters care and must be part of the planning process throughout their time in care.</p> <p>When reaches mid to late adolescence more concerted transition planning efforts need to take place. This must occur at least when a young person turns 16 years old. Young people who will be staying in out-of-home care need to be identified at least two years prior to their custody or guardianship order expires.</p> <p>The PC plays a vital role in ensuring that appropriate placement opportunities are identified and integrated planning occurs for all young people from 15 years onwards in out-of-home care.</p>	<p>people between 16 – 18 years for services, brokerage and referrals.</p> <ul style="list-style-type: none"> • Facilitate referrals of young people in out-of-home care to organisations who provide – <ul style="list-style-type: none"> ▪ Springboard: Intensive education and employment support for young people leaving care ▪ Mentoring services ▪ Zero tuition fees for Certificate 1 to Advanced Diploma level ▪ Cradle to Kinder (C2K) • Work with case managers, and case contracting teams, to monitor the development and recording on CRIS of leaving care plans for young people in out-of-home care from the time they turn 16 years of age. • Assist case managers and out-of-home care providers to utilise the Looking After Children 15+ Care and Transition planning tool only available on the DHS Intranet. • Manage transition (leaving care) brokerage applications from CP and CSOs. • In partnership with the sub-Divisional Leaving Care Alliance, monitor the transition (leaving care) brokerage fund. • Assist in the confirmation of eligibility for post care support and zero tuition fees via the discrete PC email address system. 	<p>Section 6.1.4: Leaving Care/Exit Planning, PC&PP Framework.</p> <p>Section 6.4.4: Leaving Care Brokerage, PC&PP Framework.</p> <p>Section 7: Out of home care system, PC&PP Framework.</p> <p>CRIS Links: CRIS CP 2.15 Release Guides March 2012 (p16)</p> <p>Other links: CP Manual – Planning for leaving care FaHCSIA – Transitioning from Out of Home Care to Independence Looking After Children 15+ Care and Transition planning tool</p>
<h3>13. Specialised placement requirements</h3>		
<p>Aboriginal placement principle</p> <p>The Aboriginal placement principle requires CP to consult with the Aboriginal Child Specialist Advice and Support Service (ACSASS) about all reports and significant decision regarding Aboriginal Children.</p> <p>The principle specifies that any non-Aboriginal placement must ensure the child’s connections to their culture and community.</p> <p>The Aboriginal Child Placement Principle is incorporated in the Placement Planning</p>	<p>When a placement is required for an Aboriginal or Torres Strait Island child, the PC practitioner is to ensure with the CP Practitioner that Lekidgika have been notified.</p> <p>When the PC are seeking a placement for the child VACCA are to be initially contacted for placement vacancies unless the sub-Division has other arrangements. If there are no available placements, the PC are to seek a placement from other sub-Divisional placement providers.</p>	<p>PC&PP Framework:</p> <p>Section 5: PC Placement Principles, PC&PP Framework.</p> <p>Section 3.8: Aboriginal child Placement Principle, PC&PP Framework.</p> <p>Section 3.7: Cultural Competence, PC&PP Framework.</p> <p>Section 6.1.2: Placement Matching, PC&PP Framework.</p>

Context	Practice guidelines & advice	Supporting documents
<p>Principles which must be considered when planning a placement for a child into the OoHC system.</p> <p>Specialised models of care Some models of care within your sub-Division's OoHC system will have specific referral requirements, such as Therapeutic Residential Care.</p>	<p>For specialised models of care such as Therapeutic Residential Care, the PC role will be to identify suitable children for the program, coordinate referrals and facilitate a planned entry process.</p>	<p>Section 4.5: Needs of particular groups, PC&PP Framework.</p> <p>Section 6.1.2: Placement Matching, PC&PP Framework.</p> <p>Section 6.1.3: Placement Monitoring and Review, PC&PP Framework.</p> <p>Section 7: Out of home care system, PC&PP Framework.</p> <p>CRIS Links: CRIS CP- Placement Types September 2011</p>
<p>14. Children with high support needs</p>		
<p>Children referred to the PC will often present with special needs. At times the planning and support for these children requires additional time and resource to ensure their needs are met.</p> <p>It is important that the planning and delivery of services to this cohort of children is inclusive of other relevant programs, such as Disability Services, to provide a coordinated and informed response.</p> <p><i>See also: Joint clients</i></p>	<p>For Children with high support needs, PC practitioners are to ensure that thorough information in relation to the child is outlined in the referral documentation completed by CP.</p> <p>When planning for placement, PC practitioners should encourage that the care team engage the necessary specialists to assist in the determination of the most appropriate placement type and placement needs.</p>	<p>Policy documents Children, Youth and Families and Disability Services Operating Framework Supporting integrated practice April 2012 (Contains guidelines for joint practice.)</p> <p>Children, Youth and Families Act 2005 (CYFA) allows for the sharing of information which is relevant to the protection or development of a child.</p>
<p>15. Joint clients</p>		
<p>Disability Services and Out of Home Care / PC are expected to collaboratively provide the</p>	<p>PC will be required to engage with the DS case worker regarding placement planning.</p>	<p>CRIS guidelines CRIS Common client layer Guide</p>

Context	Practice guidelines & advice	Supporting documents
<p>resources that are needed to establish and support a placement that is required for a child with a disability.</p>	<p>The placement should be resourced by the program that initially becomes aware of the requirement for an out-of-home care placement. The expectation is that the child or young person will have immediate access to a placement without delay whilst resources are negotiated.</p> <p>Where ongoing funding arrangements have not been agreed prior to placement commencement, a meeting of representatives of CP, PC, Disability Services and the placement provider should occur within 72 hours or 3 working days of a child or young person with a disability being placed in out-of-home care.</p> <p>CP/PC can reach the relevant DS case worker through the common client layer in CRIS.</p> <p>CP, PC and Disability Services must share information where it is in the best interests of the child and is relevant to providing a service to a child. This may include information about other members of the child's family or people living with the child whose behaviour has an impact on the child.</p> <p>Secondary consultation can be considered at any stage when working with a child and their family. Disability services can provide advice and support about:</p> <p>working and communicating with people with a disability</p> <ul style="list-style-type: none"> • the nature of a disability • the impacts of disability • accessibility issues • the disability service system • target group assessments • priority processes 	<p>for identifying other service contacts in CRIS</p> <p>The Children, Youth and Families and Disability Services Operating Framework Supporting integrated practice April 2012, contains guidelines for joint practice.</p>
<h3>16. Care teams and Looking After Children (LAC) Framework Requirements</h3>		
<p>The care team prompts all parties involved to consider the things any good parent would naturally consider when caring for their own child.</p>	<p>PC may attend care team meetings as a subset of a placement planning meeting; however, PC practitioners should only attend Care Team meetings when:</p> <ul style="list-style-type: none"> • When matters related to placement planning have arisen and require direction from the care team 	<p>PC&PP Framework: Section 6: Placement Coordination Core Functions, PC&PP Framework</p> <p>Section 8: Key Relationships, Roles</p>

Context	Practice guidelines & advice	Supporting documents
<p>The composition of a care team will vary depending on the specific issues and needs of the child and family, however it will always include the CP practitioner, agency placement worker, the child's case manager, the child's carer and parents (as appropriate). The community service organisation (CSO) providing the placement or the kinship placement support is responsible for leading the care team.</p> <p>As part of the planning process, the care team will need to decide who undertakes the specific tasks to ensure that the child's needs are being met whilst in care.</p> <p>Looking After Children is the framework used in Victoria to plan for how a child or young person's needs will be met while they are living in out-of-home care.</p> <p>LAC uses a care team approach to share responsibility and enable those involved in caring for the child to effectively work together to respond to a child's emotional and developmental needs.</p>	<ul style="list-style-type: none"> • The child and/or family members are not present. <p>It is also recommended that all other care team attendee's agree to PC attendance.</p> <p>The PC practitioner may assist the care team to consider:</p> <ul style="list-style-type: none"> • The various placement options for the child based on his/her needs • Consider additional supports to maintain a placement and prevent placement breakdown • Assist in leaving care planning, advising of the services and supports available to assist in this process. <p>If the challenges are significant and require lengthy discussion and consideration, a Placement Planning Meeting arranged by the PC will be more appropriate to address the placement issues.</p> <p>PC does not have access to this area of CRIS. As such it is the responsibility of the CP worker to maintain the LAC records.</p>	<p>and Functions, PC&PP Framework</p> <p>CP Manual: CP Manual – Summary of placement actions and timelines</p> <p>CP Manual – Out of home care: overview of placement of children and young people</p> <p>CRIS and other systems: CRIS LAC Dimensions</p>

17. Failure to access a residential bed

<p>The guidelines provided offer operational direction, timelines and process considerations. All cases must be reviewed carefully on an individual basis</p> <p>Decisions must be made with primary consideration of the young persons needs but acknowledgement of resource availability and the needs of other children requiring placement</p>	<p>The following advice does not apply to Therapeutic Residential Care programs, or for young people in Secure Welfare.</p> <p>When a young person fails to access their residential placement overnight, PC should begin discussions with the case manager at the soonest possible time.</p> <ul style="list-style-type: none"> • Discussion should confirm the young person's absence • Strategies the case manager will undertake to re-engage the young person to placement • Strategies to encourage the young person to remain at placement upon 	<p>PC&PP Framework:</p> <p>Section 6.1.3: Placement Monitoring and Review, PC&PP Framework.</p>
--	---	--

Context	Practice guidelines & advice	Supporting documents
<p>in the out of home care system.</p>	<p>their return</p> <ul style="list-style-type: none"> • A communication strategy. <p>When a young person has not accessed their placement within a residential unit for a period of up to two weeks the PC practitioner is to coordinate a Placement Planning meeting with CP, case manager, placement provider and any other relevant professionals. Ideally, CP is given notice and prepared for the potential closure of a placement.</p> <p>The purpose of the placement planning meeting is to review the placement and future viability of the placement with consideration of the following:</p> <ul style="list-style-type: none"> • Strategies implemented to assist the young person return to placement • The length of time the child has been residing at the placement • The connections the child has with staff and other residents • Any incidents that may have led to the child absconding: <ul style="list-style-type: none"> ○ The child's absconding pattern. ○ The impact of the decision on the child with consideration of their history of abuse and resultant trauma. <p>A decision to cease the child's placement until their return must be endorsed by the CSS Manger following consultation with the CP Team Manager and with the following plans in place:</p> <ul style="list-style-type: none"> • A communication strategy with the child upon their return • A placement plan for the child when they are located or upon their return to placement • The relocation of the child's belongings to a safe place until their return • Strategies to maintain the child in their identified placement upon return. <p>The CP Team Leader can be asked to close the bed by way of endorsement.</p> <p>Custodial Placements</p> <p>When a young person is remanded or sentenced to a custodial centre, placement planning should be considerate of the above guidelines.</p>	
18. Respite		
<p>Respite is a time-limited placement where a child is placed away from the primary caregiver</p>	<p>See caregiver reimbursement for respite caregiver reimbursement processes.</p>	<p>PC&PP Framework:</p>

Context	Practice guidelines & advice	Supporting documents
<p>or current living circumstances.</p> <p>Respite is usually arranged between the CP worker and the placement provider but may be arranged by PC.</p> <p>For each placement, 28 days of respite can be used.</p> <p>In exceptional circumstances where the number of respite days required for a care arrangement exceeds 28 days, applications for further respite days are made to the PC.</p> <p><i>See also: Caregiver reimbursement</i></p>	<p>Where the number of respite days required for a care arrangement exceeds 28 days, applications for further respite days are made to the PC by the placement provider. The PC are to facilitate a process which considers this request in consultation with the placement provider, CP and the care team. Respite arrangements exceeding 28 days must be endorsed by the CSS Manager.</p>	<p>Section 6.1.2: Placement Matching, PC&PP Framework.</p> <p>Section 6.4.2: Respite Care exceeding 29 days, PC&PP Framework.</p> <p>Guideline and policy links:</p> <p>Carer reimbursement questions and answers: respite</p> <p>CRIS guidelines:</p> <p>CRIS CP - PC Workspace</p>
19. Carer approval panel		
<p>The CSO Caregiver Approval process is an assessment evaluating the suitability of people caring for children and young people in Foster Care only. Children and young people will not be placed with caregivers who have not undergone this assessment.</p>	<p>The Caregiver Approval Panel requires a representative from DHS to assist them with their approval process, as such, the PC practitioner may be invited to attend the Caregiver Approval Panel.</p>	
20. Carer verification checklist (CVC)		
<p>The CVC is a quality check mechanism at the point of sub-Divisional Placement Coordination Units (PC) approving the placement of any child in an accredited home based care setting.</p> <p>For every placement request referred to the PC, prior to approval for a placement to proceed, the agency CSO must verify that the Carer:</p>	<p>When arranging a placement for a child: A CVC is required to be completed and signed off by a CSO supervisor / manager and returned to the PC for every placement made.</p> <p>If the CSO supervisor / manager is not available to sign the checklist on the day the placement is made, verbal approval is required and followed with signed checklist on the following working day.</p>	

Context	Practice guidelines & advice	Supporting documents
<ul style="list-style-type: none"> • Is registered on the Electronic Carer Register • Has a current Criminal Record Check reviewed tri-annually • Has a current and valid Working with Children Check • Is accredited to care for the child/sibling group being referred. 	<p>This also applies to placements being made after hours and those respite placements facilitated through PC.</p> <p>The PC is required to:</p> <ul style="list-style-type: none"> ➢ Obtain a copy of the CVC from the agency ➢ Maintain a copy ➢ Make an entry on the CRIS client referral form noting 'CVC is clear and verified by CSO supervisor / manager on /date.' <p>Placements cannot go ahead if there is no clear CVC referenced for the carer household and will only be approved following confirmation that outstanding have been rectified.</p>	
21. Quality of care concerns		
<p>Quality of care concerns are any concern that has the potential to compromise a child or young person's safety, stability and development within a placement. A concern may be about a broad range of issues from minor quality issues through to allegations of possible physical or sexual abuse.</p> <p>The Guidelines for responding to quality of care concerns in out of home care describe a collaborative approach for CP and CSOs when responding to quality of care concerns that are raised in relation to a child or young person in out of home care.</p>	<p>Should a PC practitioner have concerns about a caregiver they are to discuss this with the relevant Local Engagement Officer in the first instance. The Local Engagement Officer who will start the process with the agency inform the appropriate parties as required.</p> <p>If PC is aware that a carer under investigation is registered with multiple agencies, they are required to inform the relevant agencies of the investigation.</p> <p>CSOs coordinate the completion of Caregiver Verification checklist (See <i>Caregiver Verification Checklist (CVC)</i>) for each carer. The checklist will identify if the carer has had the relevant checks and if they are under investigation.</p>	<p>PC&PP Framework:</p> <p>Section 5: PC Placement Principles</p> <p>Section: 6.5 Quality and Systems Improvement</p> <p>Policy and guideline links: Guidelines for responding to quality of care concerns in out of home care</p>
22. Incident reporting		
<p>All departmental staff and the staff of CSOs funded by the department to provide out-of-home care services, must comply with DHS Incident Reporting Instruction March 2008. The instruction provides detailed guidelines for categorising</p>	<p>From a PC perspective:</p> <ul style="list-style-type: none"> • Incident reports in relation to children in out of home care may assist in analysis of a child's placement, identifying placement challenges, patterns, and quality of care concerns. • A PC would only be required to fill out Client Incident Report form if they 	<p>PC&PP Framework:</p> <p>Section 6.5: Quality and Systems Improvement, PC&PP Framework.</p> <p>Policy and guideline links:</p>

Context	Practice guidelines & advice	Supporting documents
<p>incidents and the procedures that apply.</p> <p>In the case of any incident, the first priority is making sure clients and staff are safe. After that, a Client incident report (Part 1-4) is completed by CSO or departmental local-level service providers and faxed to the DHS designated sub-Divisional office. The report includes immediate actions that have been taken and planned follow-up actions.</p> <p>When a client incident report is forwarded to the DHS designated sub-Divisional office, the report is registered in TRIM and allocated a unique Incident Report Document (IRD) number. It is then forwarded to the relevant sub-Divisional manager.</p> <p>Incident reports can contribute to service system improvement by allowing the identification of any trends within the out of home care system which require further consideration and response.</p>	<p>were the most senior witness to the incident or, if there were no witnesses and they were the staff member to whom the incident was reported (Part 1-4 of the Incident Report; Part 5 is completed by the Line manager).</p>	<p>Incident Reporting Instruction March 2008</p> <p>Forms: Incident Reporting Forms - DHS</p>
23. Program requirements		
<p>Program requirements for Home-based Care in Victoria and the Program requirements for Residential Care services in Victoria set out program requirements for delivering out of home care services in Victoria, providing a common benchmark for out of home care practice requirements for the Department of Human Services and community service organisation (CSO) staff to ensure a consistent approach to high-quality service delivery.</p> <p>Program Requirements are used in conjunction</p>	<p>Should a PC practitioner develop concerns about quality issues related to the service provision of a placement provider, they should discuss these concerns with their manager in the first instance.</p> <p>Program and Service Advisors should also be made aware of any quality issues related to the CSO's Program Requirements, as should the Quality of Care Coordinator where issues pertain to Quality of Care.</p>	<p>Policy and guideline links: Program requirements for Home-based Care in Victoria</p> <p>Program requirements for Residential Care services in Victoria</p> <p>Children, Youth and Families Act 2005</p>

Context	Practice guidelines & advice	Supporting documents
with the overarching Department of Human Services Standards (2011) and the Children, Youth and Families Act 2005.		
24. Information recording		
<p>CRIS (Client Relationship Information System) CRIS is the client information and case management system used by CP, Youth Justice, Disability Services, Early Childhood Intervention Services (ECIS) and the Refugee Minor Program.</p> <p>CRIS - PC Workspace The PC workspace has been developed to support the monitoring and recording of a child's placement within CRIS/SP. The workspace improves capacity for PC to monitor placement information, including referral status, as well as streamline the coordinating of placement and services related to daily activity of a client within CRIS.</p> <p>The PC workspace consists of three areas:</p> <ul style="list-style-type: none"> • Workspace - to monitor client placement requirements and capture information about day to day business activities pertaining to a client. • Referrals - to track and monitor the status of placement referrals from CRIS to CRISSP, increasing visibility and ease of monitoring placement referral traffic for a sub-Division. • Placements - provides a list of all active placements to track and monitor, including placements on closed cases. <p>CRISSP (Client Relationship Information System for Service Providers)</p>	<p>See CRIS CP Guidelines for instructions about how to place information into PC workspace.</p> <p>PC practitioners can create casenotes via the PC Workspace. Casenotes are to be made in accordance PC Casenote Guidelines.</p> <p>Case notes will also save in the Note and Documents component at case level and can be filtered on.</p> <p>Refer to Case note guidelines for information re privacy and information sharing.</p> <p>PC practitioners must ensure that addresses and placements for all children in out of home care are correctly recorded in CRIS using the address-check facility.</p> <p><i>See Also: Caregiver reimbursements</i></p>	<p>PC&PP Framework:</p> <p>Section 6.2: Data Information and Recording</p> <p>Section 6.3, Legislative Requirements</p> <p>Section 6.5: Quality and Systems Improvement</p> <p>PC Casenote Guidelines</p> <p>CRIS and other system links:</p> <p>CRIS CP - PC Workspace</p> <p>Oracle financials assistance payments manual (PDF 610.9 KB)</p>

Context	Practice guidelines & advice	Supporting documents
<p>CRISSP is based on CRIS and uses similar functionality. CRISSP is a free, web-based client information and case management system offered to CSOs that are funded to provide services in:</p> <ul style="list-style-type: none"> • CP Placement and Support • Disability Services • Youth Justice • ECIS • Family Services <p>Oracle Oracle Financials is the financial management system used by the PC to verify caregiver reimbursements. Oracle may also be used to review historical reimbursement arrangements and queries in relation to caregivers.</p>		
25. Flexible funding		
<p>The PC have a significant role in ensuring adequate funding is provided for the provision of individual OoHC arrangements. In order to successfully achieve this, the PC are required to maintain ongoing consultation with CP, and OoHC providers, to identify the specific placement needs for children and ensure appropriate funding is provided and processes are followed.</p> <p>Additional flexible funding may be provided to support a care arrangement for a child when his/her needs can not be met within the standard funding model.</p> <p>Additional placement funding may also be tailored around the child's specific needs.</p>	<p>Requests for funds are managed by the PC who make an assessment in relation to the appropriateness of requests, in consultation with the care team.</p> <p>In making decisions, the PC will consider whether identified placement requirements can be met via other available resources and supports.</p> <p>When the PC receive a funding request, approval processes should be followed as per sub-Divisional requirements.</p>	<p>PC&PP Framework:</p> <p>Section 6.4: Funding/Delegation</p> <p>Section 6.4.3 Additional flexible funding to support the child and placement</p> <p>Section 6.4.4: Leaving Care Brokerage</p>

Context	Practice guidelines & advice	Supporting documents
26. Health and education assessments		
<p>The Health and Education Assessment Coordinator will be based in the PC.</p> <p>The Divisional assessments coordinators will lead the development and implementation of the health and education assessment initiative by ensuring that all eligible children and young people in residential care undergo a health assessment and receive the necessary treatment identified, so that their health needs are addressed.</p> <p>The aim of the Health and Education Assessment Initiative is to improve health outcomes for all children and young people currently in or entering residential care by ensuring that they undergo a preliminary health check by a GP, and where necessary, are referred to a paediatrician for a comprehensive health assessment.</p> <p>The initiative aims to provide a coordinated response to identify health issues of children and young people in residential care at the earliest opportunity and subsequently provide them with the required treatment to address these.</p> <p>In close collaboration and partnership with care teams, case managers, CP and medical practitioners (where necessary), the assessment coordinators will oversee and manage the allocation of funding in relation to children and young people accessing health assessments and medical treatment.</p>	<p>PC practitioners are to ensure that the Health and Education Coordinator is informed of children who are entering the residential care system for the first time.</p>	<p>PC&PP Framework:</p> <p>Section 5: PC Placement Principles</p>

Context	Practice guidelines & advice	Supporting documents
27. Principal practitioners and placement planning		
<p>The Principal Practitioner is a specialist role which provides clinical advice and consultation regarding CP practice and service delivery, strengthening the skills and knowledge of CP practitioners and building a child focussed family centred practice culture that integrates evidence from research and critical reflection. The Principal Practitioner will also provide peer support and proactive resources for the Division, increasing skills, knowledge, and practice guidance.</p>	<p>The Divisional Principal Practitioner may be engaged to assist with placement planning, providing support and advice to address complex issues related to the child’s placement needs. The Principal Practitioner can assist placement planning via:</p> <ul style="list-style-type: none"> • The use of research and evidence to provide a strengthened trauma based approach to placement processes. • The use of critical reflection to provide advice when a placement is in jeopardy or has broken down. • Development of strategies within placement. • Identifying specific needs of child when seeking a new placement. 	
28. Bushfire preparedness		
<p>A bushfire survival plan is required for all houses likely to be at some risk from bushfire and grass fires. This includes houses that:</p> <ul style="list-style-type: none"> • Are located in one of the CFA nominated geographic areas (specifically human settlement areas) that the CFA consider are in the Victorian Fire Risk Register extreme risk category (referred to from here on in as the VFRR extreme risk bushfire areas). • Are assessed as facilities/services at risk from bushfire based on Divisional assessment or advice from a fire expert/ authority. <p>Each sub-Division nominates a CP Bushfire Preparedness Representative from the list of Dekho capable staff.</p>	<p>The PC can use the DPCD Land Channel site to determine whether a proposed placement address is in a bushfire prone area and whether, based on the options available, it is the most appropriate placement.</p> <p>Prior and during the Bushfire Season, PC should liaise regularly with the Bushfire Coordinator in their sub-Division.</p> <p>On a regular basis from 1 October through to the conclusion of the bushfire season, the nominated representative obtains CP126R OoHC Bushfire Preparedness report on the Corporate Reporting Tool (CRT). Based on data and identifies:</p> <ul style="list-style-type: none"> • Which client addresses need to be geo-coded in CRIS. • Which clients require current Leaving Early Plans (See Attachment 1 for Leaving Early Plan template) <p>The Representative shares the information with relevant CP workers (Kinship Care) and Agencies (Foster Care) of:</p> <ul style="list-style-type: none"> • Addresses that need to be properly geo-coded using the Quick Address Search (QAS) in CRIS/SP. (See CRIS Guidelines).¹ (The CRT report provides relevant workers in the X column) 	<p>CRIS links:</p> <p>CRIS CP - Bushfire Leaving Early Plan May (Word 247.5 KB)</p>

¹ Contact Talitha Baxter for CRIS technical support

Context	Practice guidelines & advice	Supporting documents
	<ul style="list-style-type: none"> • Clients that require Leaving Early Plans. CP workers (for KC placements) are notified through the creation of a Client Bushfire Leaving Early Plan Alert and Attached template. Agencies are notified via email. <p>If there is no action on notifications regarding geo-coding and Leaving Early Plans by the end of November or within a week of notification for the remained for the Bushfire Season, the sub-Division representative should, notify the CP Director and Agency CEO, copying CP or the agency where relevant.</p>	
29. Dispute resolution		
<p>At times planning for children in care may present with differing views and recommendations by various professionals. When the issue of dispute is likely to impact on the best interest of the child, it is important the issue of dispute is clearly defined, discussed, and resolved in the most suitable way for the child.</p> <p>When seeking resolution to disputes, it is imperative that the child is protected and safe from harm throughout this process.</p> <p>Sometimes this will require referral to a supervisor or manager for professional judgment or more senior expertise, where the issue cannot be satisfactorily resolved.</p>	<p>In the first instance, the PC practitioner should discuss the issues related to the dispute with the person with whom they are in dispute with. If a resolution is not reached, the PC practitioner should discuss the matter with the PC manager and develop a plan to resolve the matter.</p> <p>If a resolution is not resolved at the PC manager level, the PC manager is to manage the matter up to his/her line manager.</p>	
30. Tailored care package (TCP)		
<p>TCPs comprise of funding that sub-Divisions can use to create new and individualised home based care placements with a flexible range of service for children and young people who meet priority for access criteria.</p>	<p>See TCP Instructions, September 2011</p>	<p>CRIS links:</p> <p>TCP Instructions September 2012</p> <p>CRIS CP – Tailored care package</p>

Context	Practice guidelines & advice	Supporting documents
<p>TCPs are attached to the child or young person, which allows flexibility to change the nature of support or placement provider in response to a change in their needs, goals or where they are living. PCs will oversee the allocation and coordination of TCPs.</p> <p>TCPs are a flexible funding approach to creating new and individualised HBC placements for children and young people who meet priority for access criteria. TCPs support greater service coordination and placement planning for improved client outcomes.</p> <p>Placement Coordination Units in each sub-Division will as part of their responsibility in placement system coordination oversee the allocation and coordination of TCPs.</p> <p>The purpose of the panel is to consider the care needs of the client being referred for a TCP and to explore options and opportunities for creating a HBC placement.</p>		<p>referral guide</p>