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| Program requirements for Care Hub  Updated July 2023 |
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Glossary of key terms

The following is a glossary of key terms used within this document

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| **Term** | **Description** |
| Activity | Includes descriptive information on the objectives, client group and service model that is being funded and includes the performance measures, program and other requirements. |
| Activity Owners | Program areas who are responsible for developing and funding services that are funded through the service agreement. |
| Funded Agency Channel | <https://fac.dhhs.vic.gov.au> is a website that supports the partnership relationship between the funded organisation and the funding department. |
| Organisation / Funded Organisation / Service provider | Organisation is used to define the entity that is funded by the department through a Service Agreement to deliver services on its behalf. |
| Program requirements | A document that details the way in which the services must be delivered in order to meet the funding of the Service Agreement |
| Service Agreement | A contract between the department and an organisation to deliver services on behalf of government.  The Department of Families, Fairness and Housing uses a Service agreement version of the Victorian common funding agreement to fund organisations to deliver services.  Service agreements set out the key obligations, objectives, rights and responsibilities of the organisation in delivering services, and the department in providing funding to the organisation.  The service agreement establishes the standard terms and conditions that apply to all funded organisations and provides organisation-specific information regarding funding and payments in its schedules |
| Service Agreement Requirements | Service agreement requirements document supports the service agreement by outlining the departmental responsibilities, policies and obligations that *all* funded organisations must comply with. |
| My Agency | Is the secure area of the FAC website that is only accessible to registered users  It provides users with quick and easy access to information specific to their service agreements with the Department of Health and Human Services,  My Agency provides:   * organisation specific service agreement information for the current, future and previous financial years * access to payment schedules, invoices and the progress of service agreement variations * e-remittance (payment) advice relating to their service agreement, and * organisation performance reports for funded activities. |

1. Program Requirements
2. **Purpose of program requirements**

This document sets out the program requirements for delivering the Care Hub trial. These are the essential pre-requisites that must be delivered in order to meet the service agreement obligations.

These requirements will assist staff from the Department of Families, Fairness and Housing (the department), community service organisations (CSOs), Aboriginal Community Controlled Organisations (ACCOs) and providers that form part of the Care Hub consortium with implementation and service delivery.

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

It is acknowledged the Care Hub is a new model and practice and processes will be tested and refined through implementation and a commitment to continuous learning. The Care Hub program requirements may be reviewed in recognition of any learnings through implementation or developments in policy, scope, processes and administration.

1. **Legislative and policy context**

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>.
* [Privacy and Data Protection Act (2014)](https://www.legislation.vic.gov.au/in-force/acts/privacy-and-data-protection-act-2014/028) <https://www.legislation.vic.gov.au/in-force/acts/privacy-and-data-protection-act-2014/028>.
* [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>.
* [Program requirements for home-based care 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>.
* Care allowances policy and procedures: Foster care, kinship care, permanent care and additional needs local adoption available through the secure My Agency section on the [Funded Agency Channel](https://fac.dhhs.vic.gov.au/) <https://fac.dhhs.vic.gov.au/>.
* [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 or young person in care, supporting Aboriginal children and young people, case management, Looking After Children and care teams.

#### Roadmap for Reform

On 13 April 2016, the Victorian Government officially launched the Roadmap for Reform (the Roadmap) 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 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 and young people 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 strengthen home-based care and improve outcomes for children and young people in care services and remains the blueprint for how we move forward. Building on the strong foundations and learnings of Roadmap implementation so far, future directions over the next five to 10 years focus on new ‘pathways’ to support. The pathways approach looks at how all parts of the child and family system (The Orange Door, Family Services, Child Protection, Care Services, including Aboriginal Children in Aboriginal Care) connect to work with vulnerable children and families, as well as how the system links to other service platforms.

The Care Hub sits within the *Continuing care* pathway - improving the quality and safety of care and improving experiences and outcomes of children and young people in care.

Further information about the Roadmap is available at [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 out-of-home 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 and young people are safe, resilient and can thrive in culturally rich and strong Aboriginal families and communities.

Service providers must be committed to the vision and objectives of the Agreement, an overarching strategic response to improving the lives of vulnerable Aboriginal children and young people through self-determination.

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>.

1. **Program objectives**

The Care Hub seeks to improve the experience of care for children and young people and respond to a recent inquiry into the Victorian out-of-home care system. The Commission for Children and Young People’s ‘In our own words’: System inquiry into the lived experience of children and young people in the Victorian out-of-home care system was tabled in November 2019. A number of the findings related to the poor experience of children and young people in care including a number of key case tasks and actions not being completed, and limited opportunity for involvement of children and young people in decision making.

The Care Hub will provide the opportunity to test whether in the first few months of care, completing these key tasks and involving children and young people in decision-making improves their experience of care.

#### Aim

The aim of the Care Hub is to:

* improve the experience of care
* increase placement stability
* improve assessment and placement planning
* reduce the use of unfunded and costly care arrangements, particularly for sibling groups.

#### Objectives

The primary objectives of the Care Hub, in partnership with Child Protection and the Aboriginal Children in Aboriginal Care (ACAC) program are:

* to progress a child or young person’s permanency objective
* improving the experience of children and young people entering care and their families and carers, including a focus on improving cultural support and connections for Aboriginal children and families and other diverse communities
* to strengthen cultural identity and connection for all Aboriginal children and young people
* supporting sibling groups to remain together
* reducing time spent in care where possible and ensuring the preferred placement hierarchy is adhered to.

#### Description of the Care Hub

The Care Hub is a multi-disciplinary team providing integrated early assessment, planning and wrap-around supports for children and young people who are first time entrants to care (first time ever or first time in the current child protection involvement). The Care Hub will focus on children and young people that are first time entrants to care requiring intensive short-term support and are expected, as much as can be anticipated, to realise the full benefit of the Care Hub.

The multi-disciplinary team work across multiple placement options including foster and residential care as well as providing outreach supports. The multi-disciplinary services include therapeutic supports, cultural support, mental health, family work, family violence support, parenting assessment and skills development as well as alcohol and drug support services.

The primary objectives are family reunification, minimising the time spent in care and promoting long term placement stability. Where return home is not possible, kinship care options will be explored or supported as the preferred placement type. Where kinship care options are not available, other placement options such as foster care or residential care will be explored. The Care Hub provides short-term intensive and focused support to progress the permanency objective for the child or young person. The average duration of the Care Hub is eight weeks in the placement component and/ or up to 12 weeks with outreach support.

#### Practice frameworks

The following overarching practice frameworks will govern the delivery of the Care Hub.

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 and young people in care. In Victoria, LAC provides the practice framework for considering how each child’s needs will be met, while that child or young person 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 and young people’s sense of identity by ensuring that Aboriginal children and young people are maintained within their own or extended family, community and Aboriginal culture. See Aboriginal child placement principle at [Aboriginal child in care](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 young people in residential care: A commitment across government departments, Victoria Police and residential care providers to reduce the unnecessary and inappropriate contact of young people in care with the criminal justice system. See [Framework to reduce criminalisation of young people 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>.

Strong carers, stronger children: Victoria’s strategy to better support carers to drive improved outcomes for children and young people in care. The strategy is being implemented through a series of actions plans developed in consultation with the sector. Further information is available at [Strong carers, stronger children](https://www.dhhs.vic.gov.au/publications/strong-carers-stronger-children) <https://www.dhhs.vic.gov.au/publications/strong-carers-stronger-children>.

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).

1. **Program Logic and outcomes**

### Outcomes

Over the medium to longer term, the reforming care services initiatives will measure expected outcomes to determine whether the services provided are making a difference for children and young people in care. The tracking of outcomes will enable the department, service providers and the government to better understand the effectiveness of the programs and can be used to drive system and service improvements.

#### Client centred outcomes

The overarching objective of the Care Hub is to achieve the child or young person’s permanency objective. To achieve this objective, the Care Hub will support children and young people to stabilise and build their future through multidisciplinary wraparound supports provided a by a single integrated team.

Key outcomes focus on five domains of functioning in the table below and are aligned with the department’s outcomes framework.

The degree to which children and young people meet the goals in consideration of their age and stage of development will be measured to determine whether the Care Hub is making a difference for children and young people in care.

|  |  |  |
| --- | --- | --- |
| **Outcome Domain** | **Aims** | **Goals** |
| Safety | Children and young people are supported to practice self-care and learn how to keep themselves safe.  Families are supported to keep children and young people safe. | Children and young people have improved positive and safe behaviours.  Children and young people have a reduction in harmful behaviours.  Reduction in absences from care. |
| Managing emotions | Children and young people are supported to understand their emotions and build resilience.  Families are supported to understand these emotions and how to support their child or young person. | Children and young people have improved access and engagement with mental health support.  Children and young people have improved mental health, emotion regulation and impulse control skills. |
| Life skills | Support children and young people to develop and improve skills needed in everyday life.  Support families to improve the life skills of their child or young person. | Children and young people have improved social skills and interactions in the community.  Stronger linkages to service providers and community and social supports. |
| Education/ employment | Link and support children and young people to participate in education and employment opportunities. | Children and young people are engaged in education and/ or employment and are reaching their goals and aspirations. |
| Identity and connection | Strengthen long-term connections to family, culture and community and support children and young people to make sense of their life story. | Children and young people have improved sense of identity.  Aboriginal children and young people have connections to their community and a positive cultural identity.  Children and young people are connected with their cultural and linguistic backgrounds.  Children and 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. |

#### System outcomes

These outcomes relate to the delivery of the service, and whether the model is person-centred and sustainable. These system domains align with the department’s outcomes framework:

|  |  |  |
| --- | --- | --- |
| **Outcome domain** | **Aims** | **Goals** |
| Appropriateness and accessibility | Services can be accessed where and when they are needed.  Access is timely and located within physical reach of service users. | The service is appropriate in meeting the needs of the client group.  Timeliness of service delivery is improved. |
| Inclusiveness | Services are inclusive and respond to culture, identity, circumstances and goals. | Increased engagement and participation by service users in the design and delivery of the service. |
| Efficient and sustainable | Services are designed and delivered for maximum impact, enabling efficiencies in resource allocation and management of complex needs.  Sustainability is enhanced by well-trained and a well-supported workforce. | The service is delivered within budget.  The service is integrated and coordinated in its service delivery.  Reduced demand for unfunded or contingency arrangements. |
| Quality and safety | Services are safe, high-quality and provide a positive experience.  Service users are engaged and participate in the system.  The service is characterised by safe delivery of care, strong leadership, a skilled workforce, risk management, and a culture of continuous improvement and evidence-informed practice. | Improved reported service-user experience of care.  Service delivery is based on evidence-informed practice. |

1. **System and organisational requirements**

### Client group

The target group includes children and young people subject to current statutory child protection intervention and are first entrants to care (first time ever or first time in the current child protection involvement), including sibling groups. Note that priority for access to the model should be first time ever to care entrants, however if there is additional available capacity the model can also be used for children re-entering care. Children and young people in voluntary arrangements are not eligible for referral to the Care Hub.

The Care Hub will focus on children and young people that are first time entrants to care requiring intensive short-term support and are expected, as much as can be anticipated, to realise the full benefit of the Care Hub.

### Guiding principles

The following principles underpin the implementation of the Care Hub model:

* **Child’s best interests:** All decision-making will occur in accordance with the Best Interests Principles in the *Children, Youth and Families Act (2005)* (the Act).
* **Care team approach:**A collaborative care team approach will be adopted in delivering the Care Hub, sharing the responsibility and managing the care and best interests of the child or young person in accordance with the case plan and cultural plan. This approach also requires those involved in supporting the child or young person to understand and consider the impact of trauma on the lives of children and young people in care, and to apply a therapeutic approach in interactions with the child or young person.
* **Culturally safe and inclusive for all children and families**. A culturally safe, trauma informed and inclusive hub for all children and families must be provided by the Care Hub team. For Aboriginal children and families, the Care Hub will support cultural healing and recognise and understand the unique needs, preference, and history of Aboriginal children and families by adjusting models of assessment, planning and support.
* **Creativity:** Thinking needs to be creative, solutions focused, flexible and optimistic in order to identify new solutions and improve placement planning.
* **Collective impact:** The approach to delivering the Care Hub should bring together cross-sector organisations to focus on a common agenda that results in improved outcomes for children in care.
* **Evidence base:** The services a child or young person and their family receive in the Care Hub will be evidence informed and demonstrated to lead to improved outcomes for children and families.
* **Outcomes-focused**: A commitment to establish and monitor outcomes to enable evaluation of the effectiveness of the program and support continuous improvements in service delivery to vulnerable children and young people and their families.  A monitoring and evaluation framework will be developed in collaboration with the Care Hub consortium of providers. The framework will include implementation as well as short-term outcomes. The framework will adapt early learnings to continuously improve and assess the effectiveness of the Care Hub.
* **Connection:** Positive relationships are essential to the success of the Care Hub and should be nurtured and promoted. Where a pre-existing positive connection exists, every opportunity to utilise and enhance that relationship should be explored.
* **Strong Local Area Governance Arrangements.** The Care Hub governance is to build on and align to existing governance structures in Loddon. A Care Hub operational working group is to oversee the delivery and implementation of the Hub, including progress against outcomes. Governance must enable Aboriginal self-determination at all levels and seek the voice of carers and children and young people involved in the Care Hub.

### Consortium requirements

The Care Hub is delivered through a consortium of providers to jointly deliver all elements of the model, with one lead provider.

Each member of the consortium must be a legal entity in its own right and have an organisation record in SAMS2. The lead provider for the consortium must be an active organisation in SAMS2.

Consortium agreements require all members of the consortium governing body to be listed as agreement signatories, unless the governing body has authorised a sub-set of this group to be the only signatories and commit other members to the terms and conditions of the agreement.

If all the organisations are not listed as signatories, then evidence of governance arrangements must be included as an attachment to the Service Agreement.

### Governance

#### Children and Families Reform Implementation Steering Committee

The Children and Families Reform Implementation Steering Committee is responsible for overall oversight of implementation of all the reforming care services initiatives and is the key decision-making body. This is an internal (department) only governance group and includes Deputy Secretaries and other senior representatives from Children and Families division and Community Practice Leadership division.

#### Operations Division Governance

The Care Hub governance will build on and align to existing governance structures in Loddon.

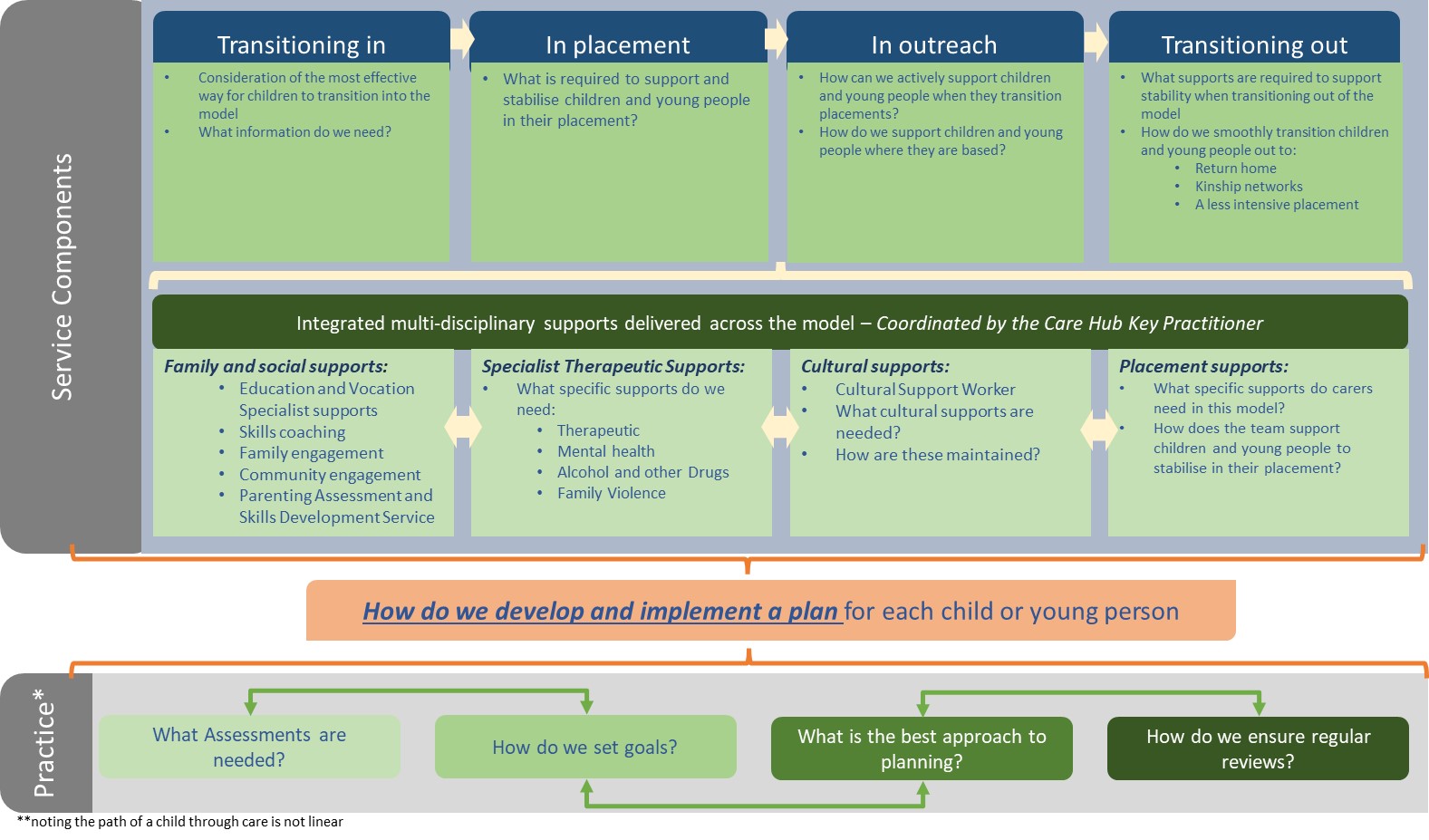
A Care Hub Operations Working Group is to oversee the delivery and implementation of the Care Hub, including progress against outcomes. Governance must enable Aboriginal self-determination at all levels and seek the voice of carers and children and young people involved in the Care Hub.

##### Operations working group

To promote joint involvement in decision-making, all partners in the consortium must participate in the operational working group established to support implementation of the Care Hub and address any issues or risks as they arise.

2. **Operational management requirements**

### Model at a glance



### Operating structure

#### Roles and responsibilities of the department

##### Child Protection or authorised Aboriginal agency

Child Protection or authorised Aboriginal agency will continue to have ongoing statutory responsibility for initiating legal intervention when it is determined that children’s court action is required, implementing court decisions and meeting court requirements.

Child Protection or authorised Aboriginal agency has the lead responsibility for case planning and the overall safety and wellbeing for children and young people in statutory care. Endorsement from Child Protection or authorised Aboriginal agency is required for all placement decisions.

Child Protection or authorised Aboriginal agency will maintain case management responsibility. The Care Hub will operate as an intensive support service alongside child protection and placement processes.

Child Protection or authorised Aboriginal agency will be actively engaged in contributing to and working with the Care Hub in early assessment and placement planning, implementing the case plan, and to ensure the ongoing safety and wellbeing of the child or young person. It is critical that Child Protection or the authorised Aboriginal agency communicate with the Care Hub any changes to the case plan and or other key decisions and court order conditions.

The **Child Protection Navigator** will work with the Care Hub to support referral of eligible children and young people to the Care Hub and enable a smooth transition out of the Care Hub model where stepping down to the Family Preservation and Reunification Response is appropriate.

##### Placement Support Planning

Placement Support Planning encompasses Placement Coordination, kinship engagement team and the targeted care packages team.

**Placement Coordination** will work closely with the Care Hub lead provider. Following a referral for placement, Placement Coordination will consider children and young people eligible for the Care Hub and make referrals to the Care Hub. Placement Coordination will consult with the program lead on the most appropriate placement option in the Care Hub.

Placement Coordination has a key role in early assessment and planning for children and young people in the Care Hub, including in outreach phase.

Referrals may be made to the **kinship engagement team** for kinship finding to assist in identifying possible kinship placement options and or expand the social network of the child or young person. Referrals for kinship finding should occur as soon as possible, following existing policy and processes. See [kinship care](https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/kinship-care) in the Child Protection Manual <https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/kinship-care>.

The **targeted care packages team** should be engaged early as part of placement planning processes where assessed as required. A targeted care package may be considered for the child or young person when planning for Care Hub closure where this meets the eligibility criteria including supporting transition from residential care or preventing entry to residential care. See Targeted Care Packages guidelines for further information 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>.

##### Agency Performance System Support

Agency Performance System Support (APSS) is responsible for managing the contract with the funded agency. APSS will ensure the agency meets the performance targets and obligations, and that client safety and wellbeing needs are met.

APSS are the key contact point between the department and the funded agency and are responsible for transacting funding to the provider.

#### Roles and responsibilities of the Care Hub multidisciplinary team

The multidisciplinary team will work in collaboration to deliver integrated assessment and planning and when working directly with children and young people and their families.

To achieve the aims and objectives of the Care Hub, the multidisciplinary team must work in a coordinated way and bring practice together, avoiding any siloing of practice disciplines.

It is expected there will be crossover in key responsibilities. A summary of the role and responsibilities of the multidisciplinary team is outlined in the table below:

|  |  |
| --- | --- |
| **Role** | **Key responsibilities** |
| Program Manager | * Leads and oversees the day-to-day operation of the Care Hub and is the key contact for the department for any discussions on risks or issues, or performance concerns. * Discuss, receive and assess referrals to the Care Hub. * Identify most appropriate placement option in consultation with Placement Coordination. * Coordinate service offerings in the Care Hub and promote interagency collaboration across consortium entities. * Practice lead for the key practitioners * Ensure services delivery is within the set budget parameters. * Meets the performance indicators aligned with the objectives of the model. |
| ACCO Team Leader | * Recruitment and management of ACCO Community Worker, ACCO Key Practitioner, ACCO Family Worker and Cultural Support Worker. * Lead responsibility for providing cultural advice and advocacy to members of the consortia, in their delivery of services to children, youth and families * Participate in the client selection and intake and compliance processes. * Work collaboratively with DFFH Child Protection and Placement Coordination Unit and members of the consortium. * To work in conjunction with the Program Manager to plan and implement responses in relation to sector and service developments. |
| Key practitioner | * Key practitioner for the child or young person in care providing coordination and one point of contact for that child or young person during their time in the Care Hub. * Provides support to the child or young person consistent with the case plan and cultural support plan for the entire period the child or young person is in the Care Hub. * Works with children, families and carers across different settings. * Works with the multidisciplinary team in coordinating assessments, planning and service delivery to children and young people in the Care Hub. * Makes referrals to services as part of the child or young person’s plan where endorsed by the case planner. * Exit planning. * Coordinates and prepares the assessment document. * Coordinates and prepares the placement plan. * Establishes and coordinates the care team for the duration of the child or young person’s time in the Care Hub. * Implements the plan. * Proactively engages in transition and exit planning for the child or young person, including from the Care Hub placement and from outreach to closure. |
| Family worker | * Works with the child or young person’s family in accordance with the case plan. * Works with the family to support reunification or meaningful contact with the child or young person (dependent on the case plan). * Provides education and practical support to families to enhance parenting skills and capacity. * Provides a coaching and modelling role to enhance parenting skill development and capacity. * Addresses the needs of the parent/s and risk factors impacting the safety of the child or young person. * Works to strengthen the family unit, and the relationship between the child or young person and their family. * Assesses parenting capacity and the needs and strengths of the family and contributes to the consolidated assessment and plan. * Participates in the care team. * Implements the plan. |
| Cultural support worker | * Works with the child or young person and their family to improve connections to community and culture. * Participates in the care team. * Assesses the cultural needs and strengths of the child or young person and their family and contributes to the consolidated assessment and plan. * Support the care team to work with the child or young person in accordance with the cultural support plan. * Implements the plan. |
| Community worker | * Provides place-based and community support to children and young people and their families, strengthening connection to community supports for the child or young person and their family. * Works across different settings to provide support to the child or young person. * Contributes to the assessment and plan. * Assists in promoting life skills, and engagement in education and or employment. * Participates in the care team. * Implements the plan. |
| Therapeutic specialist | * Provides evidence-based therapeutic interventions to support the recovery of the child or young person. * Provides direct face-to-face support to the child or young person and family. * Provides support to the care team in delivering therapeutic responses to the child or young person. * Assesses the therapeutic needs and strengths of the child or young person and their family and contributes to the consolidated assessment and plan. * Participates in the care team. * Implements the plan. |
| Alcohol and drug worker | * Provide support, information and advice about alcohol, drugs and other addictions to the young person and family. * Work with and/ or connect the young person and or parent/s to alcohol or drug supports where required. * Implement evidence-based interventions, treatment plans and rehabilitation strategies. * Navigates alcohol and drug services to assist with longer term support for the young person. * Assesses the needs and strengths of the child or young person and contributes to the assessment and plan. * Participates in the care team. * Implements the plan. |
| Mental health worker | * Provides primary and secondary consultation to the child or young person, parents and the care team. * Provide support to the child or young person or parents to meet their goals, monitor their progress and assist in navigating other health services as required. * Assesses the mental health needs of the child or young person, provides evidence-based interventions and contributes to the consolidated assessment and plan. * Participates in the care team. * Implements the plan. |
| Parenting Assessment and Skills Development Service | * Provide a parenting capacity assessment service, parenting skill development, education and support service. * Work with and/or connect the parent/s to parenting skill supports where required * Implement evidence-based interventions. * Assess the health, development and well-being of vulnerable infants and young children, including an assessment of the parent’s capacity and ability to take on new parenting skills to care for the child and improve their child's outcomes. * Participates in the care team. * Implements the plan. |
| Family Violence Specialist | * Provide support, information and advice about family violence to the young person and family. * Work with and/ or connect the young person and or parent/s to family violence supports where required. * Implement evidence-based interventions. * Navigates family violence services to assist with longer term support for the young person and their parent/s. * Assesses the needs of the child or young person and their parent/s and contributes to the assessment and plan. * Participates in the care team. * Implements the plan. |
| Administration support | * Provides administrative support functions for operation of the Care Hub. |

#### Care Hub foster carers

Foster carers provide day-to-day care in a safe and nurturing environment as a good parent would to children and young people placed in their care. Care is provided in the carer’s own home or for the sibling placement, may be in a rented property.

The increased financial support available to Care Hub foster carers reflects the greater skill level and expertise, requirements and intensity of level of care that will be provided to children and young people in the Care Hub placement.

Care Hub foster carers will be committed to achieving the objectives of the Care Hub, including supporting reunification to family where this is the case plan for the child or young person.

Care Hub foster carers are key members of the child or young person’s care team.

#### Care Hub residential carers

Residential carers will provide day-to-day care and supervision to children and young people placed in the residential care home. The house supervisor and key residential care staff are members of the care team.

#### Role and responsibilities of key support services

The best interests principles will remain paramount where the Care Hub intersects with other service providers delivering supports to children and young people in care and their families and carers.

The Care Hub is not intended to duplicate or operate in place of existing services, rather, provides additional intensive wrap-around supports alongside the existing service system.

A commitment to strong partnerships, collaboration and outcomes focussed practice are expectations of service providers funded to deliver supports to children and young people and their families in the child and family service system.

##### Placement providers

Where children and young people are in a placement provided by another service provider not in the Care Hub consortium, it is expected that the placement provider will work in collaboration with the Care Hub to deliver better outcomes and progress the permanency objective for children and young people in care. This expectation is in recognition that the referral to the Care Hub has been endorsed by the case planner and is in the best interests of that child or young person.

The placement provider remains responsible for providing support to its carers and residential care staff.

##### First Supports

Children and young people who are first time entrants to care and placed in kinship care may be eligible for referral for Care Hub outreach supports.

A referral to the Care Hub does not preclude a referral to First Supports for kinship placements likely to be in place three months or longer. First Supports has a different role than the Care Hub and will remain responsible for completing the Part B comprehensive assessment and providing brokerage and or flexible supports to the kinship family where assessed as required. First Supports may be involved up to 12 months with the kinship family whereby having a longer intervention with the kinship family.

The Care Hub will operate alongside supports delivered through First Supports providing short term intensive wrap-around supports, assessment and planning.

Note the Care Hub is not responsible for completing required kinship assessments including the Part A preliminary assessment, Part B comprehensive assessment or Part C annual review. Further information about completing kinship assessments is available in the Child Protection Manual at [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>.

### Care Hub placement

All placement options within the Care Hub are coordinated by the lead provider. There are 12 placements available in the placement component of the Care Hub.

The placement duration in the Care Hub is up to eight weeks at which point the child or person will transition home or to an exit placement (kinship care or existing system placement option) with outreach support and continued access from the Care Hub network for up to 12 weeks. Exit planning should commence at the point of entry to the Care Hub.

The short-term nature of the placement requires targeted and focused interventions by the Hub.

Placement options in the Care Hub will include:

* **Short-term foster care**: Up to two children or young people placed with an assessed and approved foster carer/s. The carer will only provide care for children and young people who are in Care Hub placements.
* **Sibling placement (foster care):** Up to six children and young people from sibling group/s placed with an assessed and approved foster carer/s. This option keeps siblings together when they first enter care. The carer/s will exclusively provide care for children and young people in the Hub in a rented property or in their own home. May be a pool of carer households.
* **Short-term residential care:** Up to four young people placed in residential care. The Care Hub utilises four existing residential care targets (Residential care – 31415). Ideally, this will be in one residential care home, however where this is not possible the targets may be spread across residential care houses.

The targets for the Care Hub placement component are outlined in the table below:

|  |  |
| --- | --- |
| **Sub-Component Type** | **Targets (Daily average occupancy)** |
| Foster care | 2 |
| Sibling placement | 6 |
| Residential care | 4 |
| Total | **12** |

Daily average occupancy in the Care Hub will be continually monitored as part of testing of the Care Hub model. Any concerns or issues related to occupancy in the Care Hub and proposed solutions will be discussed through operational governance structures.

#### Care Hub placement carers

**Foster carers** will be assessed and approved following existing mandatory processes. See the [*Program requirements for home-based care in Victoria*](https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services) for more information <https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services>. The lead provider will ensure that foster carers participating in the Care Hub are appropriately skilled and capable and understand the objectives of the model. Carers participating in the Care Hub are expected to fully participate and be committed to achieving the objectives of the Care Hub approach.

The provision of a stand-by allowance and level 5 care allowance is in recognition of the complex needs of children and young people entering the Care Hub and additional day-to-day costs of caring, additional expectations, higher intensity support, and greater experience and skill level required of carers participating in the Care Hub.

The successful service provider may engage appropriate carers on a roster basis to provide the short-term foster care and or sibling placements in the Care Hub.

Foster care will be delivered in accordance with the *Program requirements for home-based care in Victoria*.

For **residential care**, the Care Hub model will utilise existing residential care staff to provide supervision and support to young people in the residential care placement component of the Care Hub.

Residential care will be delivered in accordance with the *Program requirements for residential care services in Victoria*.

More information about program requirements can be found 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>>.

### Care Hub outreach

The Care Hub includes an outreach component where the multidisciplinary team will deliver place-based and community supports to the child or young person. The supports are attached to the child or young person rather than geographically based. In situations where a child or young person has moved away from the area and the distance can reasonably be considered impractical for Care Hub delivery to continue, Child Protection and the Care Hub will consider the most appropriate approach to ensuring the child or young person and their parent’s needs are met in their new location. In these situations, the Care Hub will support a smooth transition for the family.

The Care Hub Key Practitioner will coordinate the supports to be delivered to the child or young person and their family in the outreach component. As with the placement component, the focus of the outreach component is reunification.

More specifically the supports may include:

* Education and vocational supports
* Skills coaching
* Family engagement support
* Community engagement support
* Access therapeutic specialist
* Access to a mental health worker
* Access to a drug and other drugs worker
* Specific cultural supports where relevant
* Family Violence Specialist
* Parenting Assessment and Skills Development Service

The required supports will vary depending on the child or young person being referred into the outreach only component of Care Hubs.

A child or young person will continue to receive supports through the Care Hub when exiting the placement component of the Care Hub for up to 12 weeks.

Children and young people referred straight to the outreach component will receive support from the Care Hub for up to 12 weeks.

The maximum of children or young people that can access outreach supports at any one time is 44. Note this includes children and young people that have transitioned from the placement elements of the Care Hub model.

### Care Hub practice

#### How the Care Hub works

The Care Hub is expected to apply a relational approach to support the practice of working with children, carers and families.

#### Relational approach to practice and Best Interest Case Practice Model

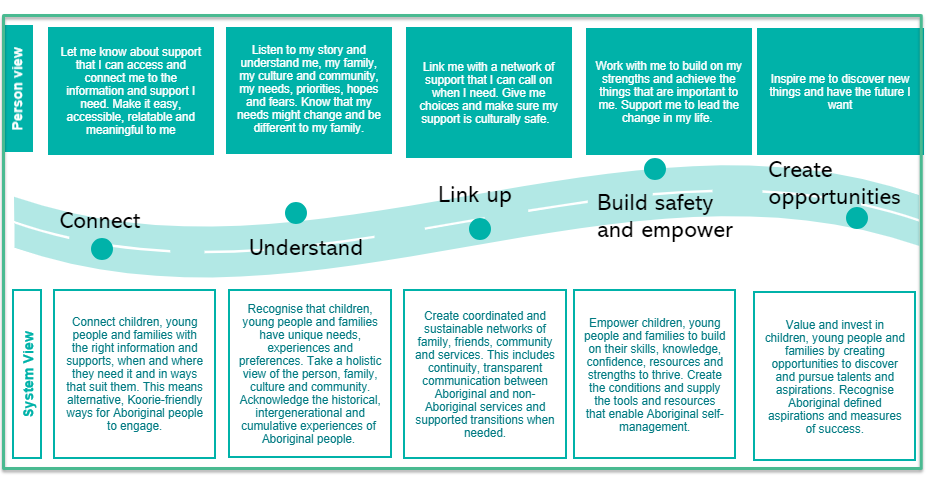
The relational approach was developed in consultation with children and families and the sector through Roadmap for Reform. The relational approach prioritises collaboration between children and their carers and families and skilled practitioners to achieve change. It recognises children and their families and carers are the experts in their experience and practitioners and services bring knowledge skills, strategies and resources to affect change.

The relational approach includes five key elements:

* **Connect** – Children, young people and their carers and families with the right information and supports, when and where they need it and in ways that suit them.
* **Understand** – Recognise that children, young people and their carers and families have unique needs, experiences and preferences. Take a holistic view of the person, family, culture and community. Acknowledge the historical, intergenerational and cumulative experiences of Aboriginal people.
* **Link up** –Create coordinated and sustainable networks of family, friends, community and services. This includes continuity, transparent communication between Aboriginal and non-Aboriginal services and supported transitions when needed.
* **Build safety and empower** –A strengths-based planning and response supports children and their carers and families to build on their skills, knowledge, confidence, resources and strengths to thrive. Provide the right mix, sequence and intensity of supports and interventions to achieve outcomes.
* **Create opportunities** –Value and invest in children, young people and families by creating opportunities to discover and pursue talents and aspirations. Recognise Aboriginal defined aspirations and measures of success.

Young people, and their carers, families and practitioners told the department that this is what and how they want the work that services do with them described. The relational approach supports a less clinical and more relational way of working, ensuring they receive the right support, at the right time. Although *Figure 1* is shown as linear, the relational approach in practice is not, it is cyclical and iterative.

Figure 1 – Relational Approach to Support



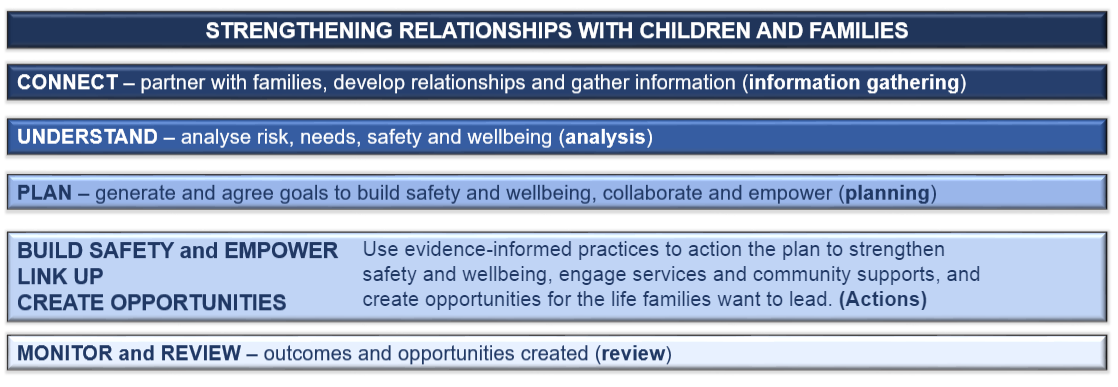
Service providers are expected to align to the Best Interests Case Practice Model (BICPM) as the unifying practice framework for the child and family system in their delivery of the Care Hub. BICPM is currently being refreshed to reflect contemporary evidence-informed best practice, including the relational practice approach, and legislation, policy and service configuration.

The refreshed BICPM will incorporate six important approaches to practice, framed as practice commitments including:

* Child centred and family focused
* Self-determination: culturally safe and responsive with Aboriginal children and families
* Responsive and inclusive practice with children and families from diverse communities
* Trauma and violence informed
* Relational
* Risk astute and strength based.

The diagram below shows how the relational approach elements align with key components of the BICPM.

Figure 2 – Relational practice approach and BICPM



### Evidence-informed practice

The department is committed to a children and families services system that utilises evidence informed approaches that are demonstrated to improve outcomes for vulnerable children and families.

All children, carers and families must be provided services using an evidence-informed approach as part of the Care Hub. Service provision will use evidence-informed interventions, programs or practices that have previously been shown to improve outcomes.

### Working with Aboriginal children and young people

Aboriginal-specific models and or approaches within a framework of Aboriginal self-determination should be considered in working with Aboriginal children and young people in the Hub, including direct client based work and when assessing the needs and strengths of Aboriginal children and young people and their families and recommending solution focused supports.

“Aboriginal organisations have developed a deep knowledge of how to work with, and what works for, Aboriginal families and community. Across Victoria, there are many examples of programs and services that have been developed by Aboriginal organisations that speak to the priorities of their local communities” (Wungurilwil Gapgapduir: Aboriginal children and families agreement, page 32).

In demonstrating evidence-based approaches, “Aboriginal evidence should be based on the ‘Aboriginal family way’ of being and doing.[[[1]](#footnote-2)i]. An Aboriginal learning system – one that supports and shares Aboriginal ways of building and sharing evidence..” (Wungurilwil Gapgapduir: Aboriginal children and families agreement, page 32)

1. **Client care requirements**

### Care Hub assessment and planning

The Care Hub will undertake early and intensive assessment and planning to inform decision-making to support and promote placement stability for all children and young people referred to the Care Hub, including for placement and outreach, or outreach only.

The Care Hub provides a time-limited option while assessment of needs and strengths occur. Assessment and planning are intrinsically linked and should support placement stability for the child or young person.

The assessment should identify any universal, intensive or specialist supports required for the child, young person and or their family and these should be outlined in the plan.

Assessment and planning will occur concurrently and completed within four weeks of referral to the Care Hub, including for Care Hub placement and outreach, or referral straight to the outreach component.

It is critical the multidisciplinary collaborate to deliver an integrated assessment and plan.

#### Assessment

Assessment is an ongoing process and should occur through engagement with the child or young person and their family and focus on both needs and strengths.

The multidisciplinary network will mobilise to deliver early and intensive assessment and supports to the child or young person and their family. Where possible, the child or young person and their family will be supported to reunify, or an alternative placement option will be identified.

Multidisciplinary assessments will include the use of evidence-based assessment tools and will identify needs and strengths of the child or young person and their family from the perspective of that discipline. The assessment should consider the need for additional specialist assessment.

The multi-disciplinary assessment will use evidence-based approaches that lead to coordinated support to the child or young person and their family that is solution focused through exploration of:

* the child or young person’s development needs using the Looking After Children (LAC) domains:
  + Health
  + Emotional and behavioural development
  + Education
  + Family and social relationships
  + Identity
  + Social presentation
  + Self-care skills
* cultural connectedness
* parenting capacity
* family and environment factors.

Given the number of partners in the Care Hub, all assessment information will be captured in one assessment document by the Care Hub Key Practitioner. The assessment will consolidate the assessment information from the multidisciplinary team into one document and will guide planning for the child or young person. The assessment should inform the supports the child or young person and the family require in the short, medium and longer term and may include universal, intensive or specialist supports.

For children and young people entering the Care Hub in a sibling group, assessment will occur relevant to each child or young person in that sibling group.

Multidisciplinary assessments will include the use of evidence-based assessment tools and will identify needs and strengths of the child or young person and their family from the perspective of that discipline. The assessment should consider the need for additional specialist assessment and should be referenced in the plan.

The assessment will inform placement planning for the child or young person and the development of the plan and will be completed within four weeks of referral acceptance to the Care Hub.

The assessment template is at **Appendix B**. The Care Hub Key Practitioner is responsible for consolidating the multidisciplinary assessment information into the document. The Care Hub multidisciplinary team is responsible for owning the combined report. The Care Hub Program Manager is responsible for endorsing the assessment.

Note agencies may choose to use other assessments tools however must ensure that at a minimum the information gathered is in line with the assessment template at **Appendix B** and is consolidated into a Care Hub plan for each child or young person.

#### Planning

Planning will take into consideration the case plan, views and wishes of the child or young person and their family, and assessments of needs and strengths of the child or young person and their family. The provider will complete a plan for children and people in the Care Hub, capturing the needs of the child or young person and sibling groups as a whole. The plan will focus on the best interests of the child or young person and make recommendations for future planning and support with the aim of promoting placement stability. For sibling groups, the plan will include how contact will be supported, facilitated and maintained.

Plans will be culturally specific and reflect the child or young person’s cultural plan.

Plans will be developed in consultation with the care team and include actions based on recommendations informed by the multidisciplinary assessment.

The Care Hub plan aims to:

* centralise the wishes and aspirations of the child or young person and their family
* bring together a single support plan for the child or young person
* incorporate and integrate the role of all professionals involved
* incorporate actions required following assessments completed during the assessment phase.

For sibling groups, one plan can be developed however the plan must capture the individual needs of each child or young person as well as the sibling group as a whole.

The Care Hub plan template is available at **Appendix** **C**. The Care Hub Key Practitioner is responsible for ensuring the document is completed. The Care Hub Program Manager is responsible for endorsing the plan.

The multidisciplinary network will work collaboratively to implement the goals as outlined in the plan.

To enable planning, the lead provider will:

* Facilitate Care Team Meetings with all professionals and the carer.
* Develop a plan with the Care Team for the child or young person’s living arrangements.

Planning will align with the following:

* Place the best interests of children and young people at the heart of decision-making.
* Early planning leads to better outcomes for children and young people.
* The preferred option for children and young people is return home or where this is not possible, placement in kinship care.
* Developing good practice and clear avenues for meaningful contact where siblings cannot be placed together.
* For Aboriginal children and young people, establishing and maintaining connection to culture, family, community and land to develop cultural identity and to promote healing from past experiences.
* Use of culturally informed practice that recognises that culture is significant to identity and sense of self.
* Seeking, listening and considering opinions and wishes of children and young people.
* Assisting children and young people to identify family, social and community members to increase and support personal networks and to explore placement opportunities.
* Relevant and transparent information gathering, sharing and management for better assessment and placement matching.
* Relevant legislative and policy contexts.

##### Planning for sibling groups

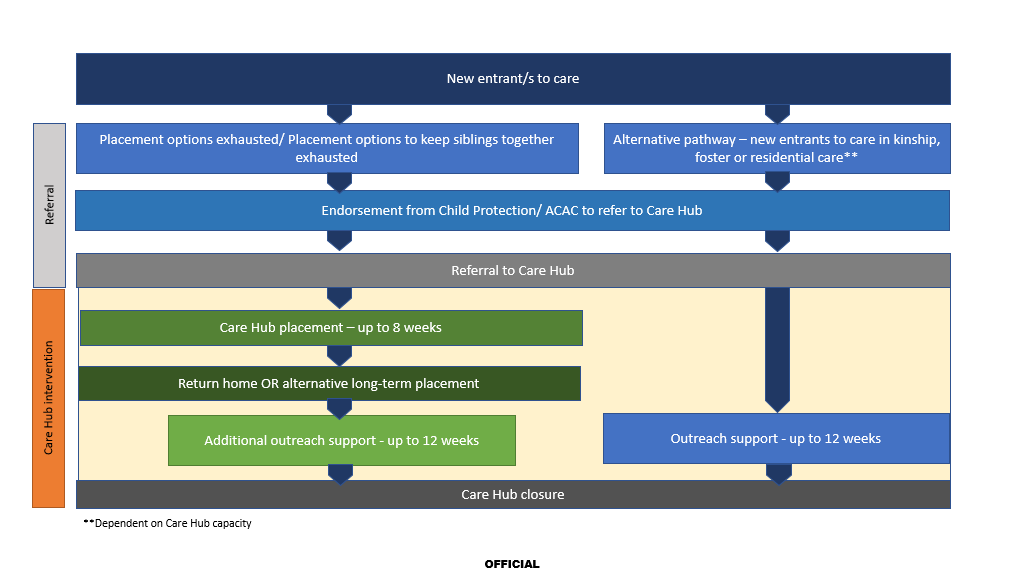
The Care Hub will mobilise to identify and support existing family networks to promote and sustain sibling connections wherever possible.

Regular and quality contact is critical to maintaining connections where siblings cannot be placed together on exit from the Care Hub placement. Placement planning for sibling groups that cannot be placed together will include how contact will be facilitated and maintained. This information must be captured in the plan.

1. **Practice requirements**

### Referral pathways

#### Conceptual overview of referral pathways



#### Referrals

Referrals may be for Care Hub placement and outreach, or outreach only.

Referrals should only be considered for children and young people that are expected, as much as can be anticipated, to realise the full benefit of the Care Hub model. In this regard, referrals should be considered in the context of the intent of the Care Hub to provide intensive wrap-around supports that will mobilise to reunify the child or young person with family wherever possible, or support placement stability where that child or young person cannot return home.

Care Hub supports run parallel to supports delivered by placement providers.

##### Referral for Care Hub placement

Referrals for Care Hub placement also includes outreach support. Referrals are for children and young people who are first time entrants to care including sibling groups. Kinship care and foster care options must be exhausted prior to any referral to the Care Hub placement. Where the only placement option is to separate the sibling group, these children would be eligible to be referred to the Care Hub placement component.

Where a child or young person requires a care services placement, child protection or authorised Aboriginal agency will make a referral for placement to Placement Coordination as per the current operating processes.

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.

Placement Coordination will consider whether the child/ren or young person/s are eligible and suitable for the Care Hub based on the client group and whether the intent of the Care Hub aligns with the case plan for the child or young person. All referrals to the Care Hub placement component are made through the Placement Coordination with consultation and endorsement from Child Protection or authorised Aboriginal agency (case planners).

Placement Coordination will determine the eligibility and prioritisation for referrals to the Care Hub. Placement Coordination will consult with the Care Hub service provider lead about the referral and the most appropriate placement type for children and young people referred to the Care Hub placement.

Referrals to the Care Hub will enable purposeful discussion and consultation between Child Protection or authorised Aboriginal agency, Placement Coordination and the lead provider. Wherever possible, referrals into the Care Hub placement should occur as soon as possible to avoid children and young people experiencing an emergency placement before entering the Care Hub. Where this is not possible, referrals should be discussed and reviewed within 12 hours or next eight business hours to enable flow of referrals into the program.

In general, the Care Hub will not accept after hours placement referrals however first time entrants to care may include children and young people that have been placed in care out of business hours through after-hours services in emergency arrangements such as a retainer placement. A referral after hours to the Care Hub placement may be considered for sibling groups who would otherwise be separated.

The department may raise as a service delivery issue and enter into discussions with the provider about their ability to deliver the service if there are any concerns about the number of rejected referrals into the service taking into consideration the circumstances under which the provider declined referrals.

Referrals for Care Hub placement must be made through CRIS to CRISSP.

##### Referral for Care Hub outreach component

Children and young people may be referred for the outreach component to receive access to multidisciplinary supports through the Care Hub where the intensive supports would enable reunification. Referrals for Care Hub outreach component is dependent on capacity, with children and young people in the Care Hub placement the priority for outreach support.

Eligibility for referral to the outreach component includes children and young people in the following care arrangements and short term intensive support offered by the Care Hub would likely enable reunification with the child or young person’s family:

* Children and young people including sibling groups who are first time entrants to care and placed in kinship care.
* Children and young people who are first time entrants to care and placed in foster care (including the Circle Program).
* Children and young people who are first time entrants to care and are placed in residential care.
* Children and young people who are first time entrants to care placed in kinship or foster care and assessed as at risk of entry to residential care. Intensive support from the Care Hub would support reunification and divert the child or young person from residential care.

Where the child or young person is currently placed in kinship care and is eligible for referral to the Care Hub outreach component, Child Protection or the authorised Aboriginal agency is responsible for the referral to Care Hub outreach. Child Protection or authorised Aboriginal agency, in collaboration with Care Hub, are responsible for working with the kinship carer/s to inform them of the referral and purpose of the Care Hub.

If the kinship care placement is to remain beyond Care Hub involvement, it is expected that a referral will be made to First Supports.

For children and young people who are first time entrants to care and placed in foster care or residential care and eligible for referral to the Care Hub outreach component, the referral will be completed by Placement Coordination with endorsement by the case planner.

Referrals to the Care Hub for children and young people who are first time entrants to care and placed in foster care or residential care should be discussed with the placement provider, including provision of information about the objectives of the Care Hub and how the multidisciplinary team will work with the child or young person and carer/s.

Referrals for eligible children and young people should be made to Care Hub outreach within three business days of the child or young person entering care. The referral must be endorsed by Child Protection or authorised Aboriginal agency.

Referrals for Care Hub outreach must be made through the Part A Preliminary assessment.

##### Identifying referrals

The operations division will establish a mechanism to identify children and young people that meet the criteria for referral to the Care Hub. The Child Protection Navigator will be included in this process.

Referrals should be discussed and reviewed within 12 hours or next eight business hours to enable flow of referrals into the program.

Referrals for outreach only may be increased where the Care Hub placement does not maintain 100 per cent daily average occupancy. This is to ensure maximum use of the Care Hub resources.

### Referral intake meeting

The lead provider will initiate a meeting within three business days to discuss the referral into the Care Hub. This discussion will include confirmation of the permanency objective to guide assessment and planning, the individual needs of the child or young person and any risk issues.

Participants in this meeting will include:

* Members of the Care Hub multidisciplinary team
* Consultation with Placement Coordination as required
* Child Protection or authorised Aboriginal agency
* Placement provider
* All care team members.

#### Case management arrangements

Due to the time-limited nature of the Care Hub and early stage of child protection intervention, overall case management responsibility will remain with Child Protection or authorised Aboriginal agency and will not be contracted.

The Care Hub will operate as an intensive service running parallel to Child Protection or authorised Aboriginal agency key processes and actions. The Care Hub Key Practitioner will deliver supports and services to the child or young person and family, coordinate service delivery by the multidisciplinary team, arrange and lead care teams, and facilitate transport and contact arrangements. The Care Hub Key Practitioner will also work alongside the placement provider within the Care Hub or other service provider where the referral is for outreach only.

Child Protection or authorised Aboriginal agency will maintain responsibility for case planning, investigation and assessment of a report under the *Children, Youth and Families Act 2005* and all court-related reports and activities. Child Protection or authorised Aboriginal agency are required to be engaged and participate in care teams and planning for children and young people in the Care Hub.

### Integrated multi-disciplinary supports

The multidisciplinary collaboration combines expertise from different sectors to provide integrated and comprehensive services for children and young people and their families. Whilst each discipline may work from different theoretical underpinnings, it is an expectation that the multidisciplinary team work together to integrate practice to deliver supports to the child or young person and their family.

Any issues or concerns regarding the collaborative practice of the multidisciplinary should be discussed through the established governance framework in the division.

The specialist supports continue at the same level for the duration of the Care Hub until the function/s are transitioned to another service or no longer needed. Support is stepped back as other services step up and the child or young person transitions out of the Care Hub program. This may include the allied health provider/s part of the Care Hub continuing to provide a service to the child or young person and or their family through its usual service delivery.

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

#### Multidisciplinary team and Care Hub home-based care

Care Hub home-based care includes the Care Hub short term foster care (two targets) and Care Hub sibling placement (six targets).

The multidisciplinary team will deliver supports to children and young people in these placements based on the goals in the plan. The foster care provider will continue to deliver support functions to foster carers delivering these placements. The Care Hub will work with the carer in relation to their role in supporting the permanency objective and plan for the child or young person.

The Care Hub will have a practitioner who acts as the main point of contact for the child or young person in the Care Hub home-based care placement.

#### Multidisciplinary team and Care Hub residential care

The multi-disciplinary team will deliver supports to children and young people in the Care Hub residential care placement based on the goals in the plan.

The residential care provider will maintain staff supervision and support functions. The Care Hub Key Practitioner will be the main point of contact for the child or young person in the Care Hub residential care placement.

### Care team

The Care Hub Key Practitioner will convene care teams for all children and young people in the Care Hub. The care team will include:

* Care Hub Key Practitioner
* Professionals from the multidisciplinary team
* Consultation with Placement Coordination representative as required
* Child Protection or authorised Aboriginal agency representative
* Placement case worker (where applicable)
* The child or young person’s parents (unless there is a good reason not to include them)
* Primary carer/s or key residential care staff
* Other persons who play a significant role in caring for the child or young person.
* While a child is not usually a member of their own care team, because a care team comprises the people who are responsible for the child’s good care, older children may be members of their care team, particularly those who are over 15 years and are planning for leaving care.

Care teams will occur weekly for children and young people in the Care Hub. This may transition to fortnightly where the child or young person has progressed through the outreach component, and this timeframe is considered appropriate based on the needs and circumstances of the child or young person.

The care team must include for discussion at each meeting placement planning and options for each child or young person particularly those in the Care Hub placement or short-term care arrangement.

Where a child or young person transitions to an alternative placement delivered by a different service provider, roles and responsibilities must be clearly defined with the new placement provider.

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.

#### Requirements for placement planning for Aboriginal children and young people

Where reunification is not possible, placement of an Aboriginal child or young person must comply with the Aboriginal child placement principle:

* As a priority, wherever possible, the child must be placed within the Aboriginal extended family or relatives and where this is not possible other extended family or relatives.
* If, after ACSASS consultation, placement with extended family or relatives is not feasible or possible, the child may be placed with –
  + an Aboriginal family from the local community and within close geographical proximity to the child's natural family
  + an Aboriginal family from another Aboriginal community
  + as a last resort, a non-Aboriginal family living in close proximity to the child's natural family.
* Any non-Aboriginal placement must ensure the maintenance of the child's culture and identity through contact with the child's community. Ensure ACSASS is consulted.

#### Kinship finding

Dependent on the case plan, referrals for kinship finding should be made as soon as possible. It may be prudent to include the divisional Kinship Engagement Manager or member of the area-based kinship engagement team in Care Team Meetings to enable early access to kinship care expertise and efficient referral into the team where required.

The need for a referral for kinship finding should be determined at the 72-hour placement meeting to enable early engagement with the kinship engagement team. Kinship finding may be recommended where there is likelihood of further entrenchment in the care system; there are kinship networks that require further exploration; and or further exploration of family networks is required.

The Kinship Engagement Manager or area-based Kinship Engagement Coordinator should be consulted on capacity of the kinship engagement team and timeframe for allocation.

Referrals for kinship finding should be made using existing processes, including referrals to the Aboriginal kinship finding program.

### Outreach support

Outreach support is available for children and people on transition from a Care Hub placement or eligible children and young people referred to outreach support. As with the placement component, the focus of the outreach component is reunification.

Outreach enables place-based support from the Care Hub network. The supports are attached to the child or young person rather than geographically based. In situations where a child or young person has moved away from the area and the distance can reasonably be considered impractical for Care Hub delivery to continue, Child Protection and the Care Hub will consider the most appropriate approach to ensuring the child or young person and their parent’s needs are met in their new location. In these situations, the Care Hub will support a smooth transition for the family.

The Care Hub network will jointly implement the plan that has been developed in respect of the child or young person.

The Care Hub Key Practitioner will coordinate the supports delivered by the multidisciplinary network during the outreach phase. Outreach support is not restricted to a single role in the model and could be any or all multi-disciplinary staff as needed to support the child or young person.

Outreach will be provided for up to 12 weeks at which time the child or young person will exit from the Care Hub model.

#### Outreach support to children and young people in kinship care

Child Protection or authorised Aboriginal agency must discuss the purpose of the referral to Care Hub outreach with the kinship carer/s which will include an explanation of roles and responsibilities. This may include a joint visit by Child Protection or authorised Aboriginal agency and the Care Hub Key Practitioner to facilitate this conversation.

#### Outreach support to children and young people in foster care

The Care Hub lead provider will discuss the referral to Care Hub outreach with the placement provider. It is expected that the placement provider discusses the purpose of the referral with the foster carer in the first instance. Following this initial conversation, a joint visit between the placement provider and Care Hub Key Practitioner is recommended to explain roles of each service including the objectives of the Care Hub.

The placement provider will continue to provide support to the foster carer.

#### Outreach support to young people in residential care

The Care Hub lead provider will discuss the referral to Care Hub outreach with the placement provider. It is expected the placement provider will advise key residential care staff of the referral to the Care Hub.

The allocated case manager will discuss the referral with the young person. This may include a joint visit by Child Protection or authorised Aboriginal agency and the Care Hub Key Practitioner to facilitate this conversation.

#### Care team and outreach support

A care team meeting will be convened within 72 hours of the child or young person’s transition home or into their new placement and will include the new placement provider and/or the child or young person’s parent/carers.

Following this initial meeting, care team meetings in the outreach component will continue to occur weekly unless the care team assess that fortnightly meetings are more appropriate based on the child or young person’s needs and circumstances.

The Care Hub Key Practitioner 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 child or young person’s and care team goals, actions to achieve the goals, who is responsible and by when.

### Improving the experience of care

The Commission for Children and Young People’s ‘In our own words’: System inquiry into the lived experience of children and young people in the Victorian out-of-home care system was tabled in November 2019. The report made 43 findings and 17 recommendations to the Victorian Government following consultations with over 200 children and young people in or with an experience of care.

A number of the findings related to the poor experience of children and young people in care including:

* Poor compliance with legislation and principles to support Aboriginal children and young people in care
* Limited opportunities for children and young people to participate in significant decisions
* Lack of face-to-face contact with a worker
* No or limited involvement of children and young people in meetings
* No case plan
* Views and wishes of children and young people rarely sought or recorded in case plan
* Views of children and young people not sought on placement decisions and no explanation of placement decisions.

#### Care Hub and improving the experience of care

There are a number of key tasks and actions that need to occur when a child or young person is placed in care, including in the first three months of placement. To improve the experience of children and young people in care, the Care Hub and Child Protection or authorised Aboriginal agency will work together to ensure these key task and actions occur.

Completion of the following tasks/actions will occur for all children and young people in the Care Hub. Evidence must be recorded in the child or young person’s CRIS client file.

Responsibility for the task/actions may be the service provider or Child Protection/ authorised Aboriginal agency. For further information and advice on roles and responsibilities, visit the [Child Protection Manual](file:///\\internal.vic.gov.au\DHHS\HomeDirs7\emcc0901\Documents\Care%20Hub\Child%20Protection%20Manual) <https://www.cpmanual.vic.gov.au/>.

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| **Key task/action** | **Timeframe** | **Responsibility** |
| Consultation with ACSASS if the child or young person is Aboriginal. | Evidence of consultation prior to the child or young person is placed in care, or where this would result in unreasonable delay, as soon as possible after placement. | Child Protection |
| Evidence of discussion with the child or young person before or early in the placement to include their understanding of why they are in care and arrangements such as for contact, schooling and recreation. | Discussed with the child or young person at the time of placement. | Child Protection or authorised Aboriginal agency/ Service provider |
| Necessary items for the child or young person have been obtained, such as clothing, cots, car seats. | At the time of placement. | Child Protection or authorised Aboriginal agency |
| Kinship options explored. Referral for kinship finding where required. | Kinship care explored before other placement options pursued.  For purposes of the Care Hub and subject to the case plan, consider a referral to the kinship engagement team for kinship finding. | Child Protection or authorised Aboriginal agency |
| Case plan completed and provided to the child and parents. | Within 21 days of substantiation of the concerns | Child Protection or authorised Aboriginal agency |
| Cultural plan prepared and implemented by the care team in respect of an Aboriginal child or young person. | Given to the Senior Advisor – Aboriginal Cultural Planning within 16 weeks of entering care. | Child Protection or authorised Aboriginal agency |
| Obtain key documents for the child – including Medicare number, confirm the child has a birth certificate – if not, confirm if the birth has been registered. | As soon as possible.  Clear record on CRIS to indicate if child has a birth certificate and if it has been sighted.  Medicare number obtained as soon as possible upon entry to care. | Service provider |
| Essential Information Record (EIR). | Within 14 days of placement commencement | Service provider and placement provider |
| Looking After Children (LAC) Care and placement plan (up to age 14 years) or LAC 15+ care and transition plan. | Initial plan focussing on immediate needs completed within the first two weeks. | Service provider and placement provider |
| Care team established | Required for every child in care.  Established as soon as possible. | Service provider |
| School/early childhood service informed in writing the child is in care (If not engaged in school and should be, contact the LOOKOUT education support centre.) | Within one week of placement | Child Protection or authorised Aboriginal agency/ Service provider |
| Aboriginal Family Led Decision Making (AFLDM) | Where the child or young person is Aboriginal, AFLDM convenor notified within 24 hours of substantiation decision. Initial discussion and referral completed within 48 hours of notification.  Where appropriate to support preparation or review of a case plan, notification made to the AFLDM convenor, and initial discussion and referral completed within 48 hours of notification. | Child Protection or authorised Aboriginal agency |
| Medical / health needs assessed, and any necessary assessments or reviews have occurred. | Within one month of placement commencement. | Service provider |
| Evidence of a Maternal Child Health Nurse recorded for infants under two years. | Within month to inform the health needs assessment. | Service provider |
| Evidence the views of the child or young person have been obtained at key decision-making points and in the development of plans related to their safety and wellbeing. | Completed according to the required timeframes of each key decision-making point. | Child Protection or authorised Aboriginal agency/ Service provider |

### Care Hub placement transition out

Wherever possible and dependent on the case plan, reunification between the child or young person and their family will be supported by the Care Hub. Planning will include consideration of supports necessary to maintain the child or young person safely in the home environment.

At the first opportunity, and when in the relationship building phase where it is appropriate to do so, the Family Worker will explore the possibility of reunification as an option (where it is appropriate to consider) or other possible kinship options.

Where return home is not in the best interests of the child or young person at this time, alternative placement options aligning with the permanency objective should be explored as soon as possible to enable smooth transition from the placement component of the Care Hub program.

The Family Worker will explore with families what their wishes and feelings are for the care of the child or young person and ensure these are captured. When family and kinship options for a longer-term placement have been exhausted and/or are not appropriate, the Family Worker will continue to work with families, keeping them informed and involved, where appropriate, in any alternative plans for the child or young person’s care.

Where the child or young person will transition to a kinship placement, assessments of kinship carers will occur according to business as usual processes. For further information see the Child Protection Manual and [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>.

Where the child or young person will transition to an alternative placement, the Care Hub Key Practitioner will work with the child or young person, and the kinship carer or new placement provider to prepare them for the placement transition.

Referrals to programs such as First Supports should be made according to existing business rules and processes.

Note the Care Hub is intended to provide a short-term placement option only while the Care Hub team mobilises to provide early and intensive intervention. Extensions to the Care Hub placement must only occur in exceptional circumstances and should not be used as a mechanism to address placement demand issues. Any exceptional circumstances should be discussed through care team processes, and any extension to the Care Hub placement endorsed by the case planner.

The Child Protection Navigator will work with Care Hub management to identify families leaving the Care Hub who are eligible for and would benefit from the Family Preservation and Reunification Response.

### Care Hub case transition and closure

A transition planning meeting will be held no less than two weeks prior to case closure by the Care Hub.

The transition planning meeting will require the participation of:

* The Care Hub multidisciplinary team
* Child Protection or authorised Aboriginal agency
* Consultation with Placement Coordination as required
* The placement provider, where applicable
* The case manager.

The transition meeting should discuss plans for transition of roles and responsibilities, any outstanding tasks or actions, and further supports that may be required.

Where it is assessed the child, young person and or their family would benefit from further supports on exit from the Care Hub, any required referrals should be made prior to Care Hub case closure by the Care Hub Key Practitioner, with endorsement from Child Protection or authorised Aboriginal agency.

The Care Hub closure report (**Appendix D**) must be completed and submitted to Child Protection at point of closure.

### Unplanned exits

Despite the best efforts of the program there will be children and young people who have unplanned exits from the Care Hub. These exits will occur for a number of reasons and will be recorded as part of information to inform the evaluation.

#### Preventing unplanned exits from the Care Hub placement

Children and young people identified as at risk of an unplanned exit from the Care Hub placement will be notified to the relevant Child Protection or authorised Aboriginal agency worker as soon as difficulties begin to arise. Every reasonable effort will be made to support the placement and all parties, including the child or young person (where appropriate), Child Protection/ authorised Aboriginal agency, Placement Coordination and lead agency, should contribute to these discussions.

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 child or young person and potentially allow the child or 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 Care Hub placement, wherever possible the child oryoung personcancontinue receiving support from the Care Hub through outreach support in the child or young person’s alternative placement if the following two criteria are met:

1. The child or young person has expressed a desire for this to occur.
2. The service has capacity to support this arrangement. Decisions regarding service capacity will be undertaken in partnership between the lead agency, consortia entities, and the department. All decisions regarding capacity will account for: the number of children and young people in both the Care Hub placement component and outreach placement components comparative to funded targets, likely new referrals, and staffing considerations.

If both of these criteria **are met** the service will continue to support the child or young person and where appropriate their family, in a similar manner to ‘planned’ exits. This should include all appropriate facets of the service.

If these criteria are **not met** the Care Hub lead provider will ensure that a thorough handover is completed with Child Protection or authorised Aboriginal agency and the new service provider. This handover will include an outline of the key supports for that child or young person in their new placement, and the status of the child or young person’s assessment and plan. The guiding principle of this transition is flexibility.

1. **Flexible funding guidelines**

### Care Hub structural supports

To support the needs of children and young people, carers and the stability of the placement, supporting components include:

* Flexible brokerage
* Rental support for the sibling placement
* Financial support for carers (Care Hub placement carers only).

#### Flexible brokerage

A key component of the Care Hub is the availability of flexible brokerage to enable providers to tailor supports to the child or young person’s needs, and/or to support and maintain the placement. Flexible brokerage can be used to cover activities with the child or young person as well as placement and client expenses usually funded through the existing system. The use of the brokerage should be aligned with the *State-wide client support funding framework* and achieving the case plan objectives.

The provider will be allocated a block of funding that can be used flexibly to purchase required supports. Amounts over $5,000 for a specific item or service will require approval by the Manager, Placement Support Planning or relevant delegate in the division.

The provider will complete and submit the flexible funding acquittal template at **Appendix A** to the relevant Agency Performance System Support Advisor (APSS) at the end of each quarter.

Any unspent flexible brokerage at the end of the financial year will be recouped by the operations division.

#### Rental support

Rental support is available to support the sibling placement option in the Care Hub. This placement option can be provided in a house that is rented or in the carer’s own home.

Private rentals will be the responsibility of the provider to arrange, including utilities connections and payments, purchasing and replacing goods in the home and any repairs. For department owned properties, repairs will be arranged through existing processes and all other costs will be met by the provider.

The provider will be allocated block funding for rental support. Expenditure against the rental support funding must be recorded in the flexible funding acquittal template and submitted quarterly to the relevant APSS advisor.

Any unspent rental support funding will be recouped by the operations division at the end of the financial year.

#### Financial support for carers

Financial support is available for foster carers providing the placement options in the Care Hub.

##### Care allowance

Carers will receive the level 5 care allowance level (pro-rata) per child or young person in their care, provided upon placement in the Care Hub of a child or young person only. The level 5 care allowance is provided in recognition of the increased expectations of foster carers in participating in the Care Hub model, complexity of children and young people referred to the Hub and the associated increased day-to-day costs of caring, and greater level of skills and experience required.

The care allowance is provided upon placement of a child or young person with an assessed and approved foster carer in the short-term foster care or sibling placement in the Care Hub and ceases when the child or young person leaves the placement.

Although included in the total funding of the Care Hub model, the care allowance is not included in funding to the provider through SAMS2. The care allowance is paid centrally by the Care Allowance Helpdesk and should be transacted through business as usual processes. Whilst the processes are the same, specific policy directions for the Care Hub trial is that foster carers providing Care Hub home-based care will receive the level 5 care allowance.

In accordance with current business processes, the provider is responsible for commencing and ceasing the care allowance. Placement Coordination is responsible for approving the level 5 care allowance.

The operations division should ensure the provider is set up with the ability to register carers in Oracle and submit care allowance forms electronically through CRISSP.

For further information on administering care allowances, see *Care allowance policy and procedures: Foster care, kinship care, permanent care and additional needs local adoption* in the secure My Agency section on the [Funded Agency Channel](https://fac.dhhs.vic.gov.au/) for further guidance <https://fac.dhhs.vic.gov.au/>. Department staff should visit the department’s intranet at [Financial support for home-based carers](https://intranet.dhhs.vic.gov.au/financial-support-home-based-carers) <https://intranet.dhhs.vic.gov.au/financial-support-home-based-carers>.

##### On-call allowance (Care Hub sibling placement only)

Funding for an on-call allowance will be transferred to the provider as block funding and paid to carers providing the sibling placement and only when they are available to provide care.

The on-call allowance is $30,000 per annum to be paid pro-rata to foster carers in the Care Hub when on-call.

Expenditure against the on-call allowance funding must be recorded in the flexible funding acquittal template and submitted quarterly to the relevant APSS advisor.

Unspent on-call allowance funding will be recouped by the operations division at the end of the financial year.

### Flexible funding acquittal

The provider will be required to record and acquit against the flexible funding component monthly in Service Delivery Tracking and manually in the acquittal template on a quarterly basis (**Appendix A**). This flexible funding is an aggregation of the flexible brokerage, on-call allowance and rental support. The service provider will report against funding expended against these components as one item.

To report against each funding line, the manual template provides information on items purchased, and number of children, families and/ or carers supported through each of the flexible funding streams. This information will be used to support the evaluation.

The manual template must be completed and submitted to the relevant APSS advisor at the end of each quarter. Unspent funds at the end of the financial year cannot be maintained by the service provider and therefore will be recouped by the operations division.

1. **Data Collections and reporting requirements**

### Evaluation requirements

The Care Hub is in scope of a lapsing evaluation and will include a process and implementation evaluation.

The service provider and partners must participate in evaluation activities.

The evaluation will draw on a number of data and information sources.

The evaluation will adhere to the mandatory requirements for evaluation of lapsing programs of more than $5 million, as described in the Performance Management Framework for Victorian Government departments. This will include the following elements:

* **Justification / problem:** the evidence of continued need for the program and role for government in delivering this program.
* **Effectiveness:** the evidence of the programs progress towards its stated objectives and expected outcomes, including alignment between the program, its output (as outlined in BP3), departmental objectives and government priorities.
* **Funding / delivery:** whether the program has been delivered within its scope, budget, expected timeframe, and in line with appropriate governance and risk management practices; what were the challenges in the delivery of the program and how these were addressed.
* **Efficiency:** whether the department has demonstrated efficiency and economy in relation to the delivery of the program.
* **Risk:** what would be the impact of ceasing the program (e.g. service impact, jobs, community) and what strategies have been identified to minimise negative impacts.
* **Further funding:** a reassessment of funding required to deliver the program using data collected through service delivery; whether the initial funding allocated reflects the true cost of the program, including what level of efficiencies could be realised.

Additional evaluation questions will relate to the design and elements of the Care Hub model and its objectives.

### Monitoring

Monitoring is an integral element of the evaluation to provide information about how the Care Hub is performing to assist with:

* Tracking progress against the objectives and expected outcomes
* Identifying opportunities for improvement or adjustment in service delivery
* Learning from delivery of the Care Hub to apply to future programs.
* Monitoring will include process monitoring and outcome monitoring.

Performance measures and implementation monitoring focus areas may be refined during testing of the Care Hub and practice learnings.

#### Implementation monitoring

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| **Focus of monitoring** | **Indicator** |
| Delivery of intended program activities | Number of referrals received  Daily average occupancy in Care Hub placement  Daily average occupancy in outreach component  Number of completed assessments  Number of completed plans  Flexible funding expended and items purchased  Foster carers available to accept placements |
| Variations to the design or scope of the Care Hub | Modifications made to the Care Hub model |
| Governance arrangements and processes | Operational governance established  Working group established  Number of meetings |
| Risk management | Escalation point established |
| Staffing and recruitment | Number of staff recruited |
| Interagency partnership | Clear shared purpose  Roles and responsibilities and expectations are clearly defined  Clear structures for shared decision-making and resolving issues  Clear examples of collaborative action |

#### Outcomes and benefits

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| **Focus of monitoring** | **Indicator** |
| Progress against the goals and objectives of the Care Hub | Evidence sibling groups are remaining together  Evidence the permanency objective is being progressed  Evidence children and young people are returning home sooner  Evidence of reduced time spent in care  Evidence of reduced placement movement  Evidence of strengthened cultural connection for Aboriginal children and young people  Evidence of improved experience of care |
| Comparative measures | Compare progress against objectives against experience of similar cohort of children and young people not in the Care Hub |
| Evidence the problem issues are being addressed | Reduction in use of contingencies or unfunded arrangements for sibling groups  Evidence of progress against the permanency objective  Evidence of improved placement planning  Evidence of improved placement stability |
| Feedback on program benefits | Client perceptions of the model  Carer perceptions of the model  Staff perceptions of the model |

### Performance indicators

Key performance measures will assist in highlighting progress towards the program objectives and to account for funding arrangements.

Quantitative data will be extracted from CRIS and CRISSP, Service Delivery Tracking, and through manual reporting. Qualitative information will be obtained through formal and informal processes such as meeting minutes, interviews, surveys and feedback.

To support monitoring and evaluation of the model, it is critical that all information is input into CRIS and CRISSP according to current placement and support business processes and requirements, Service Delivery Tracking, and manual records.

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| **Indicator** | **Measure** | **Performance** | **Source** |
| Establishment of referral pathways | Number of referrals to the Care Hub | 100 per cent | CRIS/SP |
| The target cohort will be referred and accepted into a Care Hub placement | Daily average occupancy | 100 per cent | Service Delivery Tracking  CRIS/SP |
| The target cohort will receive support from the multidisciplinary network through the outreach component | Daily average number of clients | 100 per cent | Service Delivery Tracking  CRIS/SP |
| Flexible brokerage will support the needs of children and young people referred to the Care Hub | Flexible brokerage expenditure | Not applicable | Flexible funding acquittal template  Service Delivery Tracking |
| An assessment by the multidisciplinary team will occur for every child or young person referred to the Care Hub | Number of assessments completed | 100 per cent | CRIS/SP |
| A plan will be completed for children and young people referred to the Care Hub | Number of plans completed | 100 per cent | CRIS/SP |
| Key case tasks and actions will be completed | Case task and actions required in the first three months of care are completed | 100 per cent | CRIS/SP |

### Reporting

#### Service Delivery Tracking

The Care Hub has been included in scope for Service Delivery Tracking. Note there will still be a manual reporting requirement for the flexible brokerage, on-call allowance and rental support to assist in monitoring types of items or services purchased.

The Service Delivery Tracking process involves organisations accounting for monthly service delivery against their Service Agreement target. This ensures that both the organisation and the department have a shared view of service delivery in a timely and regular manner. This supports organisations in managing their progress towards meeting agreed targets and assists the department to manage its reporting commitments.

The organisation that is the lead in the consortium receives the funding from the department and as such is responsible for acquitting the targets for the consortium.

Reporting for a particular month has to be completed by the tenth day of the following month. For example, the June data will need to be submitted by 10 July.

Key Performance Outcome Measures (KPOMs) have been created for Care Hub sub-activities including:

* Home based care complex: Daily average occupancy
* Outreach support: Daily average number of clients
* Expenditure (Brokerage, on call allowance, sibling house support): Amount expended in the reporting period against the aggregation of these flexible funding streams.

Further information is available at [Service Delivery Tracking](https://fac.dhhs.vic.gov.au/service-delivery-tracking) <https://fac.dhhs.vic.gov.au/service-delivery-tracking>. Alternatively, the service provider should speak to the relevant Agency Performance and System Support advisor.

#### Evaluation data

The service provider is expected to complete the manual Care Hub evaluation template on a monthly basis to support the lapsing evaluation. The information collected includes quantitative and qualitative data. The information must be de-identified prior to submission.

The template must be completed monthly and submitted to the operations division.

The information collected will be used to inform the evaluation of the Care Hub.

**1.11 Supporting documents**

* Appendix A: Care Hub flexible funding expenditure acquittal template
* Appendix B: Care Hub assessment
* Appendix C: Care Hub plan
* Appendix D: Care Hub closure report

1. Maggie Walter, Karen L. Martin and Gawaian Bodkin-Andrews (eds), 2017 Maggie Walter ‘Doing Indigenous Family’ in *Indigenous Children Growing Up Strong*, Palgrave MacMillan. [↑](#footnote-ref-2)