



Government of Western Australia  
Department for Child Protection  
and Family Support

# Building a Better Future

Out-of-Home Care Reform in Western Australia

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April 2016





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# MINISTER'S FOREWORD

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The State Government is committed to supporting children and young people to reach their potential and become active and contributing members of the Western Australian community.

This is a special challenge when dealing with children and young people in the care of the Department for Child Protection and Family Support (the Department). At 1 January 2016, the Department had parental responsibility for 4,547 children and young people. Each of these children and young people have suffered trauma, and have specific needs that require tailored care in a safe, supportive and stable environment.

Out-of-home care in Western Australia is facing a number of ongoing challenges. There are more children in out-of-home care than ever before, and the needs of these children are now more complex and challenging.

Similarly, our way of caring for these children has changed. There are far less children living in residential care settings, with the majority of children now living with their extended family. For those children who can't live with family, it is of fundamental importance that we support maintaining a connection between them and their family and culture.

To meet these challenges, we must evolve the out-of-home care system to continue to provide the high quality care that these children so richly deserve.

The strategies outlined in *Building a Better Future: Out-of-Home Care Reform in Western Australia* will further develop a care system that improves the lives of the state's most vulnerable children.

Together we can build a better future for our most vulnerable children and those who care for them.

Hon Andrea Mitchell MLA  
**MINISTER FOR CHILD PROTECTION**

# DIRECTOR-GENERAL FOREWORD

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I am delighted to release the *Building a Better Future: Out-of-Home Care Reform in Western Australia*.

The purpose of this plan is to outline how the Department's current resources and workforce, as well as future expenditure, will be invested over the next five years to better meet the needs of children in the out-of-home care system.

Out-of-home care is the option of last resort. Supporting parents to care for their children in a safe environment is always the first priority for the Western Australian child protection system.

However, when children do enter out-of-home care, there is a fundamental community responsibility to provide these children with care that supports them to live the best lives possible.

Out-of-home care in Western Australian is going through an immense period of change. There are more children in care than ever before, with children more likely to come into care earlier, and remain in care longer. More children in out-of-home care now live with family than in any other care-type. Most strikingly, Aboriginal children now represent the majority of children in out-of-home care.

As a child protection jurisdiction, we must rise to meet and overcome these challenges. 'Doing things as we have always done', will not achieve the outcomes we seek. This is the premise on which the out-of-home care reforms are built.

Importantly, these reforms are occurring in the context of the *Royal Commission into Institutional Responses to Child Sexual Abuse*. The key lessons from our past, will inform the way that we provide safe and high quality out-of-home care for vulnerable children into the future.

This plan is aligned with the *National Framework for Protecting Australia's Children 2009–2020* and is committed to achieving the priorities outlined in the *National Standards for Out-of-Home Care*. Central to achieving this, will be to build on the shared out-of-home care standards outlined in *Better Care, Better Services*, that were developed in partnership between the community services sector and the Department.

I would like to acknowledge the efforts of the numerous Department staff that have been involved in the development of this plan. I am proud of the work you have undertaken. I also acknowledge the community services sector and other government agencies. It is only with our shared efforts that these vulnerable children will truly have improved lives. I look forward to working with you together to implement these reforms.

I thank the carers of children in the out-of-home care system, who not only open their home, but who support and nurture these children to reach their potential. It is through your tireless efforts that these children have improved life outcomes. This plan is focused on better supporting you in this most important of roles.

Finally, I recognise the children living in the out-of-home care system. I have heard your voices, and I have listened to your voices. This plan is directed at improving your future.

As Director-General, I am committed to delivering these reforms over the next five years. I have every confidence that with the support of the current and future governments, we will continue to deliver an out-of-home care system that these children deserve.

Emma White  
DIRECTOR-GENERAL

# GLOSSARY OF TERMS

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**Aboriginal community controlled organisation (ACCO)** - An incorporated Aboriginal organisation, initiated, based and governed by the local Aboriginal community to deliver holistic and culturally appropriate services to the Aboriginal community that controls it.

**Assist** – The client database system used by the Department for Child Protection and Family Support.

**Better Care, Better Services Standards** - The standards framework developed and adopted by out-of-home care providers in Western Australia for children in out of home care.

**Care arrangement** - The organisational arrangement that provides out-of-home care for a child. An out-of-home care arrangement can include a family care or foster care arrangement, as well as residential-based care arrangements.

**Care arrangement support cost (CASC)** - The additional cost used to support the child in their care arrangement, with direct reference to the child's particular complexity and needs. The CASC replaces special needs loading, some elements of case support costs and special purpose funding.

**Care team** - The group of identified people who hold a shared responsibility for the planning and implementation of strategies and services to support a child in their care arrangement.

**Carer contribution** - The financial and other contributions that carers provide to a care arrangement.

**Caring allowance** - The financial allowance paid to carers to compensate them for their time and resources used to raise a child. The caring allowance replaces the current carer subsidy and elements of case support costs.

**Charter of Rights for Children in Care** - The agreed rights of children in out-of-home care in Western Australia.

**Child support cost** – Costs relating to items and activities that may be incurred by nature of raising a child in out-of-home care. Child support costs are held by the child's case manager. Child support costs replace elements of case support costs.

**Community sector organisation (CSO)** – A non-government organisation providing out-of-home care services.

**Community services sector** - The collection of non-government organisations that provide the community with services that meet a broad range of needs, including out-of-home care.

**Cultural competence** – Knowledge, awareness and skills that supports people to work effectively in cross-cultural situations.

**Department for Child Protection and Family Support (the Department)** - The Western Australian Government Department that provides and funds a range of child safety and family support services to Western Australian individuals, children and their families.

**Independent oversight** - Those processes initiated, controlled, conducted and accountable independent of the Department.

**Extraordinary child support costs** - costs required to support a child's needs in extraordinary circumstances. The extraordinary child support cost replaces the remaining special purpose funding.

**Family care** - An out-of-home care arrangement with a person(s) who is a 'relative' as defined in the *Children and Community Services Act 2004*. Family care replaces the term 'relative care'.

**Foster care** - A non-family care arrangement where child(ren) are cared for in a place that is the carer's primary residence.

**Foster Care Partnership** – The framework that forms the foundation for the Department's approach to working with family carers and foster carers.

**Foster Carer Panel** - A panel of suitably qualified and experienced people, who consider all foster carer assessments undertaken in Western Australia and make a recommendation to approve or not, based on whether there is sufficient evidence that the competencies have been met.

**Leaving care** - The planning processes that begins for a child in care when they reach 15 years of age.

**National Standards for Out-of-Home Care** – The national quality standards that all Australian states and territories are required to measure, monitor and report on for children in out-of-home care.

**Needs Assessment Tool (NAT)** – The tool that will be embedded into the Assist database that will provide more consistency in the identification of children's needs.

**Outcomes Framework for children in Out-of-Home Care in Western Australia** - The framework developed to monitor, measure and regularly report on the outcomes achieved for children living in out-of-home care.

**Out-of-home care (OOHC)** - The provision of care arrangements outside the family home to children who are in need of protection and care, through the application of the *Children and Community Services Act 2004*.

**Out-of-home care sector** - The government and community services sector agencies that provide care arrangements for children living in out-of-home care.

**Oversight** - The systems, actions, processes and procedures that act to audit, monitor and regulate activities so that they are undertaken correctly and legally.

**Permanency planning** - The case management principle and practice used to provide children in out-of-home care with safe, continuous and stable living arrangements, lifetime relationships and a sense of belonging, whether through safe reunification with parents, other family members or another appropriate person.

**Permanent care** - The phase of out-of-home care where a final court decision has been made for a child to remain in the long-term or permanent legal care of the Department, or people other than their biological parents.

**Permanent foster carer** – A foster carer whose role it is to care for a child when a decision has been made for them to live permanently out of their parent's care (permanent care).

**Placement administration costs** – The cost for community sector organisations to provide out-of-home care including, but not limited to, the provision and support of carers, staff recruitment and support and administrative costs.

**Rapid Response** – A Cabinet-endorsed strategy recognising the specific and complex needs of children in care and allowing for co-ordination across government to provide for those needs as a priority.

**Residential care** – A non-family care arrangement where a child(ren) is cared for in a place that is not the carer's primary residence. Residential care typically operates on a rostered basis and cares for children with complex and intense needs.

**Reunification** – The process by which the Department returns a child(ren) in out-of-home care to the care of their parents.

**Short-break support** - The term given to the various strategies by which a carer is supported to have a break from their caring responsibility. Formerly known as "respite care".

**Significant other carer** – A carer who is not a family member of the child, but has a demonstrated enduring relationship with a child and/or their birth family.

**Structural disadvantage** - The disadvantage and inequality that exists for certain groups in the community by nature of their class, gender, race/ethnicity or other demographic.

**Temporary care** - The phase of out-of-home care where no final court decision has been made for the long-term legal care of a child.

**Temporary foster carer** – A foster carer whose role it is to care for a child where no final decision has been made for their legal care future (temporary care).

# EXECUTIVE SUMMARY

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Most Western Australian children grow up in a family that protects and cares for them. They experience home as a place of love, where they can safely grow, explore and learn about the world.

For some children, however, home is not a safe place. In the most unsafe of circumstances, and as a last resort, the Department for Child Protection and Family Support (the Department) will take action to remove these children from their homes to protect them from suffering further harm and neglect. On behalf of the Western Australian community, the Department takes on parental responsibility and care of these children.

The purpose of out-of-home care (OOHC) is to provide children with stable and nurturing care that enables them to heal from the trauma they have suffered so they can thrive. A core part of this care, is to support children to develop and maintain long-lasting relationships with their biological family, carer family and other safe and nurturing people. The desired outcome is for these children to be adults who are able to reach their full potential and contribute to the Western Australian community.

In the last 10 years there have been significant changes in the Western Australian community and the OOHC system, such as population growth and increasingly complex behaviour of children entering care. This has put pressure on the OOHC sector's ability to consistently deliver stable and healing care for these vulnerable children.

Currently there are 4,547<sup>1</sup> children living in OOHC in Western Australia. This figure has more than doubled in the last 10 years. The majority of children in OOHC are now Aboriginal (52%), with 44% of all children living with family carers<sup>2</sup>.

The Department has worked in partnership with the community services sector to develop a suite of reforms to adjust to these changes and pressures. The reforms outlined in *Building a Better Future: Out-of-Home Care Reform in Western Australia* (OOHC Reform Plan) will realign and reorientate the focus of the OOHC system, including the service system, standards and legislation.

Our objective now and always is to provide the best possible OOHC to the children in our care.

Developing a system that is **driven by a focus on the needs of a child** will occur through implementing:

- *temporary and permanent phases of care and carer-types;*
- a *Needs Assessment Tool* to improve consistency in identifying the needs of children;
- an *individual resourcing model* that will systematically and accurately apportion resources to children based on their individual needs, with a much greater focus on outcomes achievement;
- *whole-of-system matching of children and carers* according to individual and permanency needs;
- a *Care Team Approach* to improve the support provided to children and carers;
- measures to '*normalise*' the *childhood experience of children in OOHC*;
- strategies to improve support for *family carers*; and
- strategies to improve support for *children who are leaving, or who have left care*.

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<sup>1</sup> All statistics are as at 1 January 2016, unless otherwise stated.

<sup>2</sup> Family carer replaces the term 'relative carer' as described in reform action 23.

Developing a **coordinated and flexible service system** with capacity will be achieved through:

- *refocusing expenditure* into strategies and services that will support meeting child protection outcomes;
- *reforming market-design and contracting of the community services sector* to support more innovative, flexible and efficient service delivery;
- *baselining and benchmarking costs* to support a sustainable system; and
- regular measurement of the performance of the system through an *Outcomes Framework for Children in Out-of-Home Care in Western Australia*.

Further developing a **safe system that is accountable to high quality standards** will occur through:

- implementing strategies to support *consistent high-quality foster carer standards* including aligning carer competencies; implementing a cross-sector Foster Carer Panel; consistent preparation training; and measures to improve cultural competency of foster carers;
- implementing *shared standards for residential carers*;
- Reviewing and updating *Better Care, Better Services* into two parts: safety and quality standards.
- *increasing independent oversight* of the OOHC system through the Ombudsman Western Australia monitoring safety standards;
- improving *consistency, rigour and independence in managing allegations of abuse in care* (including exploring implementation of a reportable conduct system); and
- supporting a more *accessible child complaints system*.

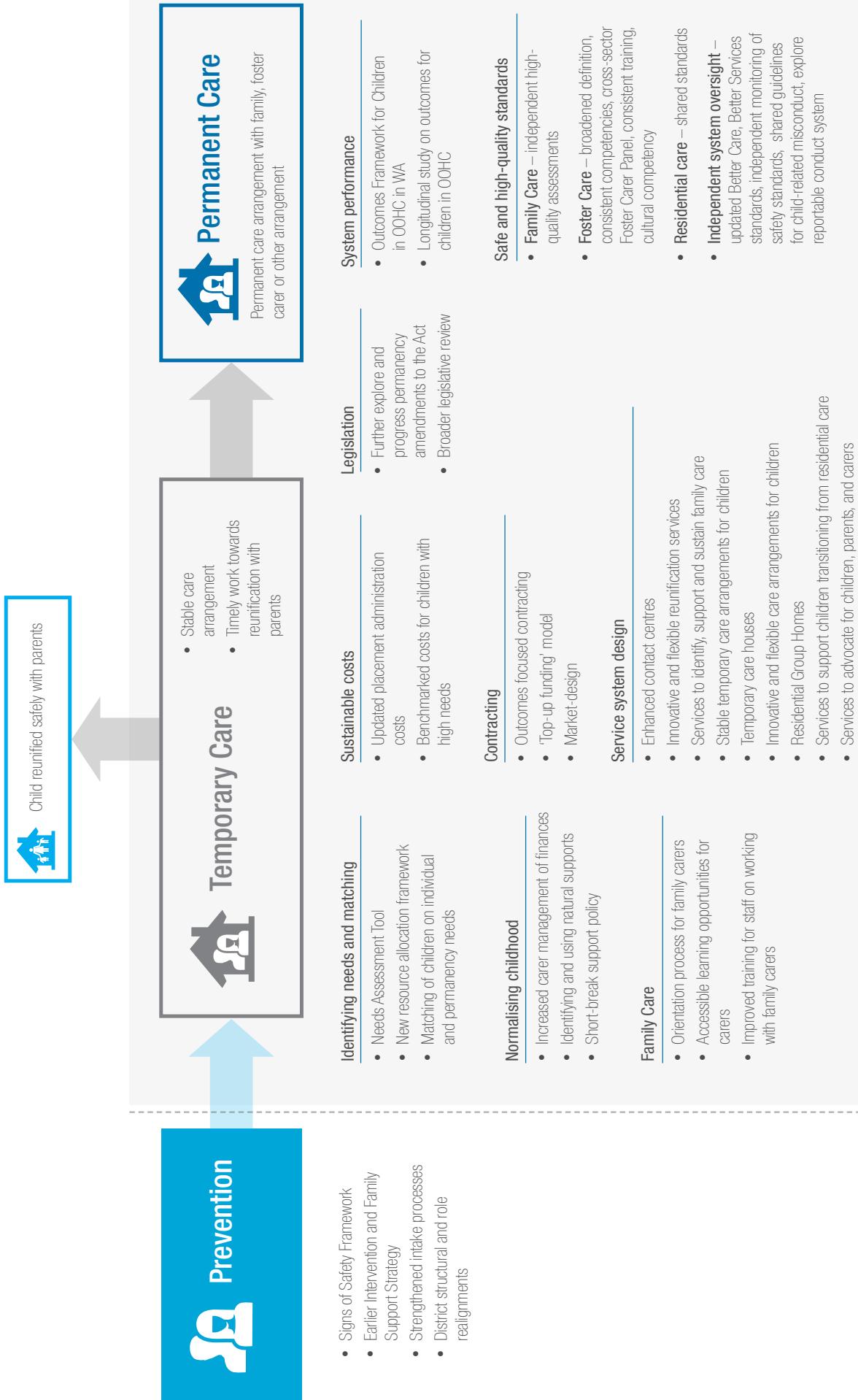
Developing a **legislative framework that supports the best outcomes for children** will occur through:

- further exploring and progressing amendments to the *Children and Community Services Act 2004* (the Act) which prioritise early permanency decision-making for children in OOHC; and
- *legislative reviews* that will further focus the Act on delivering the best outcomes for children.

This wide-ranging reform package will be incrementally implemented over five years beginning in April 2016.

Details of the timelines for implementation of the reforms are provided under specific reforms, and are combined in Appendix A.

## Out-of Home Care Reform

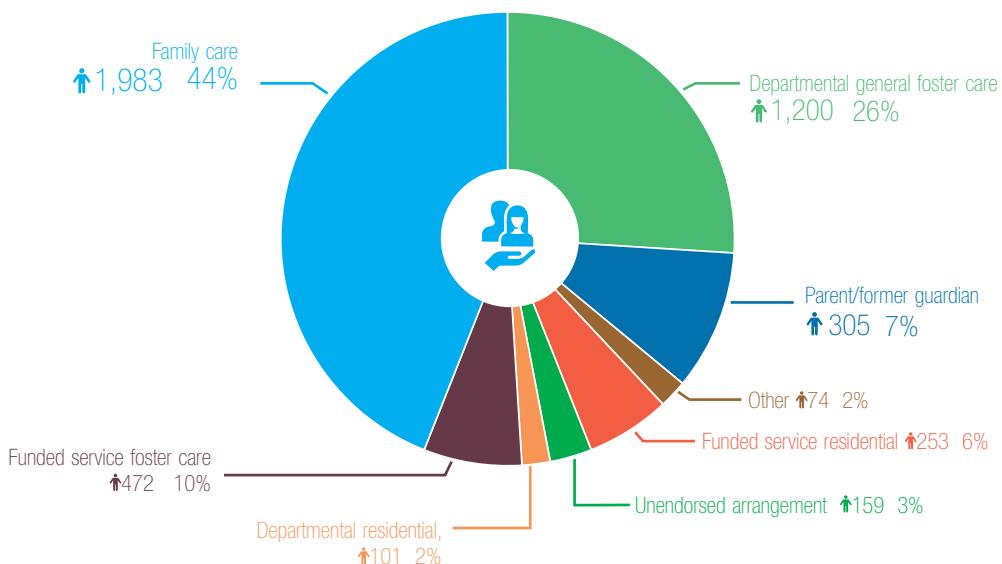


# OUT-OF-HOME CARE IN WESTERN AUSTRALIA

Remaining with parents who provide a safe, caring and stable home environment is always the best option for children. All of the OOHC reforms are based on and support this fundamental premise.

However, when a safe environment does not exist, and is unable to be put in place, it is a core responsibility of the community to provide safe, loving and stable care for these children. On behalf of the community, the Department provides care for these children in a range of family care, foster care and residential care arrangements (Figure 1). Currently, there are 4,547 children placed in OOHC.

**Figure 1 – Children in OOHC by placement type**



The provision of care that nurtures and heals to vulnerable children who have experienced trauma requires a special system. It is a system that demands deep accountability to children, parents, carers and the community, and also one that must operate with flexibility and responsiveness to meet the ever changing individual and system needs.

The benefits to the community of providing a high-quality and therapeutic OOHC system are considerable. Research demonstrates the significant economic benefit in supporting children in OOHC to heal from trauma, so that they can be functioning and contributing adults in the Western Australian community.

Research and practice knowledge also tells us that children who experience the following three features while in care, are more likely to achieve improved life outcomes:

- **Early certainty and stability** – early, permanency decisions for children - whether reunification with parents or permanent OOHC - provides certainty and stability from which a better future can be built.
- **Safe, healing, and supported care** – trauma-informed and skilled carers who are supported in their role, provides the best opportunity for children to heal.

- **Enduring relationships** – developing and maintaining deep birth family, carer family and community connections, supports a child's identity and sense of belonging.

It is the consistent presence of these features that determine a high-quality and therapeutic OOHC system.

At any given time, all of these fundamentals are present for children in the Western Australian OOHC system. Many children in OOHC have a stable and therapeutic care experience, with many enduring safe relationships with adults, which supports them to grow into happy and contributing individuals.

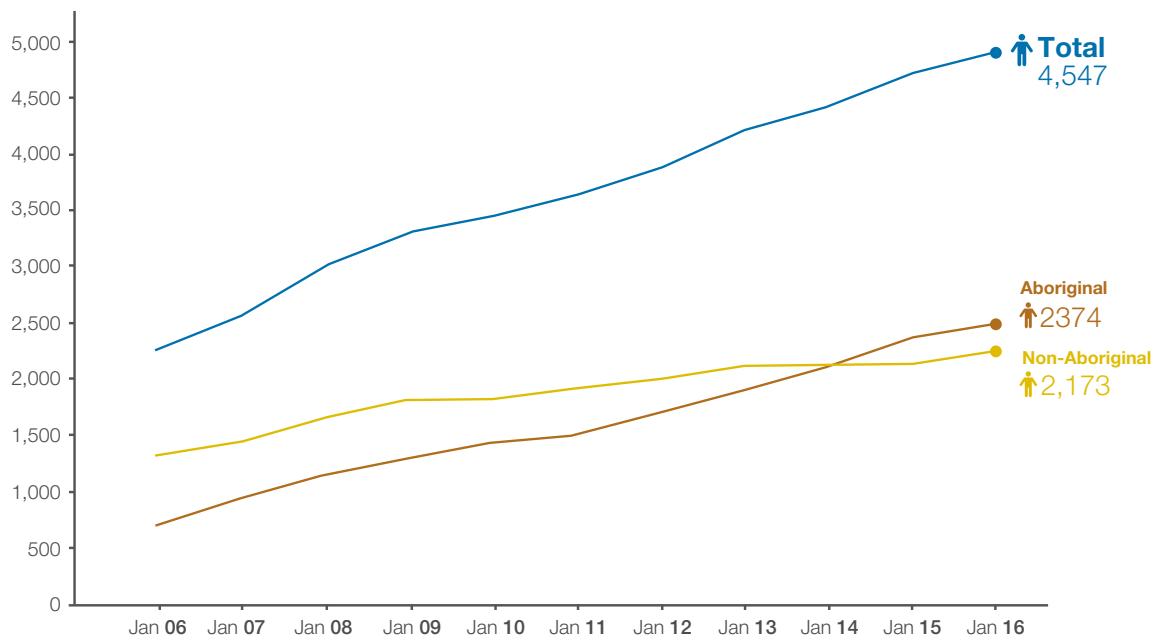
What is missing in Western Australia, however, is a system that consistently delivers all these elements for all children.

Achieving this consistent high-quality care and support for children is the driving purpose of the OOHC reforms.

Led by the Department, the Western Australian OOHC sector – including children, parents, carers, the community services sector and government agencies – has undertaken an in-depth analysis of the current OOHC system.

In reviewing the Western Australian OOHC system, a number of trends and pressures have been identified. While the rate of growth of children entering care has slowed, the total number of children continues to rise (Figure 2). Children are coming into care earlier and remaining in care longer; children are now most likely to live with relatives; children's needs are more complex and intense; and there are significant financial sustainability issues (Appendix B outlines trends and pressures in more detail).

**Figure 2 – Growth of children in care since 2006**



Aboriginal children are vastly over-represented in OOHC. While representing only 6.3% of the child population in Western Australia, Aboriginal children represent 52% of children in out-of-home care. Further, the rate of growth of Aboriginal children in out-of-home care is significantly higher than non-Aboriginal children. Since January 2011, the number of Aboriginal children in out-of-home care has grown by 55%, compared to 14% for non-Aboriginal children.

Shaped by historical and evolving societal views, government policies and legislation, OOHC in Western Australia has increasingly become divided into 'programs' and 'categories' – each with their own purpose, definitions, processes, accountabilities and oversight. This leads to a less flexible out-put focused system that, at its worst, fails to prioritise the needs of children.

For the OOHC system to consistently provide all children with stable, high-quality and connected care, the system must evolve to meet these pressures.

The OOHC Reform Plan outlines significant changes in the composition of the OOHC system, including:

- **the system focus** – a system that is driven by the needs of the child;
- **the service system** – a coherent, flexible and sustainable service system that delivers the outcomes desired;
- **the standards** – a safe system, with high-quality standards; and
- **the legislation** – a legal framework that supports the best outcomes for children.

While the reasons for children requiring OOHC, and the motivations of people willing to provide care may vary, connecting children with safe, stable and healing care arrangements remains the central purpose of the OOHC system. The reforms outlined in this report will drive the system to meet the unmet and emerging challenges and lead to better outcomes for those children who need to come into OOHC.

# ABORIGINAL CHILDREN AND FAMILIES IN THE CHILD PROTECTION SYSTEM

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Aboriginal people in Western Australia have a complex history with the OOHC system, originating with the large-scale, government-led removal of Aboriginal children from their family throughout the twentieth century. Known as 'the Stolen Generation', this deeply traumatic part of Australia's recent history resonates and manifests itself in every Western Australian Aboriginal family today.

The past practices of working with Aboriginal children and families have contributed to the vast over-representation of Aboriginal children and families in the child protection and justice systems. Likewise, Aboriginal children in Western Australia are less likely to be able to read, attend school, complete year 12 and be employed<sup>3</sup>.

For the Department and the Aboriginal community, there is a shared challenge of acknowledging our history and choosing to move forward together. There is a shared goal to work together to develop and deliver policies, practices and services that are culturally competent and effective in meeting the needs of Aboriginal children, families and communities. Most importantly, however, there is a shared responsibility to keep Aboriginal children safe and with their communities.

Providing care that supports Aboriginal children to heal from the trauma they have suffered, while keeping them deeply and intimately connected to their family, community and culture, is a defining challenge for all members of the OOHC sector.

The work required to achieve this is already well underway. The Earlier Intervention and Family Support Strategy (detailed in the next section) and OOHC Reform Plan outline a range of measures to focus service delivery on reducing the over-representation of Aboriginal children in OOHC, and to better support these children who are in OOHC.

The focus of this work will be further strengthened through the implementation of the Aboriginal Services and Practice Framework 2016-18 (ASPF). The ASPF outlines how practices, structures, funding, policies and the workforce must be specifically tailored to meet the needs of Aboriginal children, parents, families and community. Importantly, the ASPF outlines the ongoing imperative of partnership with the Aboriginal community in designing and delivering child protection services.

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<sup>3</sup> Earlier Intervention and Family Support Strategy Discussion Paper, February 2016

# OUR CHILD PROTECTION PRIORITIES

Often when the Department first has involvement with children and families, their lives are filled with uncertainty and instability. The Department becomes involved with families for reasons such as drug and alcohol use, family and domestic violence and mental health issues, all of which can create a chaotic, unstable and unsafe environment for children.

The focus of the Department is to provide purposeful and timely intervention with families to create lasting safety, stability and certainty for the child. Research into child development shows that there is limited time to bring this stability to a child's life before permanent emotional harm occurs which leads to poor life outcomes.

The Department's approach to child protection is guided by a permanency of care hierarchy, outlining the prioritisation of desired outcomes (Figure 3).

The primary focus is always to support families to provide a safe and nurturing home for children. In the vast majority of cases this is achieved. Only when it is not possible for a child to stay at home safely, and only as a last resort, does the Department seek to provide OOHC for children.

When a child enters OOHC, the priority immediately shifts to reunifying the child with their parents. Reunification must be achieved in a timely manner to support the best life outcomes for the child.

It is only after timely reunification is assessed as not possible, that long-term OOHC is sought, to provide the child with the safety and stability they require..

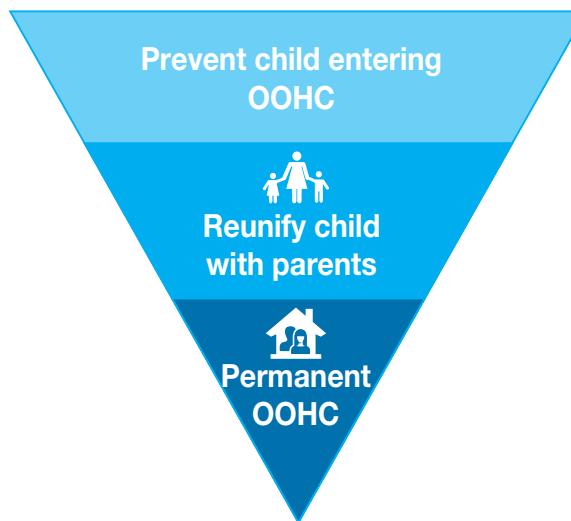
## Our first priority: preventing children entering out-of-home care

It is always the Department's first priority to prevent children entering out-of-home care, where possible. Where it is safe, it is in the best interests of children to be brought up with their parents in their own community. The Department achieves this with the vast majority of children and families (Figure 4). The Signs of Safety Child Protection Practice Framework guides the Department's work.

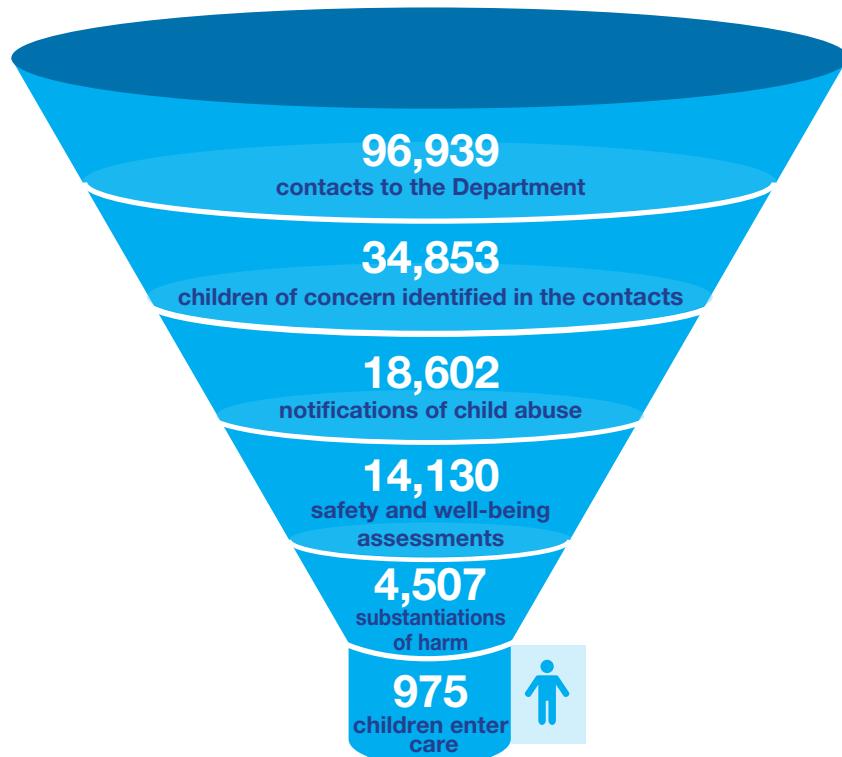
Balancing investment in preventing children entering OOHC, with that of the fundamental responsibility to provide high-quality, safe care arrangements to children already in government care, is a constant challenge for child protection systems. The balance must be reviewed regularly, with resources reprioritised and reinvested within the system when necessary.

The child protection system will be further strengthened by targeting services to those most-at risk children and families to prevent children entering OOHC. A specific focus will be on reducing the rate of Aboriginal children entering OOHC.

**Figure 3 – Permanency-of-care**



**Figure 4 – Snapshot of child protection activity 2014/15**



The *Earlier Intervention and Family Support Strategy* (EIFSS) is the essential precursor to the OOHC reforms. This strategy outlines the more effective use of Department resources to prevent children entering OOHC. Community services sector funding, and Department programs such as Parent Support, Best Beginnings, Youth and Family Support and Strong Families, will be reorientated to focus more exclusively and effectively on preventing children from entering OOHC. THE EIFSS will commence implementation from July 2016.

Complementing the EIFSS will be a number of district workforce structural and role changes that will improve the Department's ability to prevent children entering out-of-home care.

Reform action	Implementation Date
1. Implement <i>Earlier Intervention and Family Support Strategy</i> .	From July 2016
2. Implement workforce changes to improve the Department's ability to prevent children entering OOHC.	From July 2016

## **Our second priority: reunifying children with parents**

When a child is taken into care, an immediate process of determining the long term future of that child begins. This decision is referred to as ‘permanency planning’ for a child – where a determination must be made about whether a child returns home, or whether they remain in long-term out-of-home care.

Timely decision-making is the most effective way of supporting stability and certainty for children. The longer a child is waiting in temporary care for a permanent decision to be made, the worse their life outcomes are likely to be.

The Department’s permanency planning policy focuses workers on making early, permanency-of-care decisions for children. Training in the permanency planning process has been provided to all child protection workers to reinforce this as core practice. All the reforms outlined in the OOHC Reform Plan will support a system that is more clearly structured around the permanency planning process.

With a particular focus on Aboriginal children and families, a number of specific strategies will be implemented that will support and strengthen reunifying children with their parents as quickly as possible. Contracting reform and service system design (outlined in the OOHC Reform Plan) and a range of Department workforce changes will improve the Department’s ability to provide timely, responsive and flexible services to support the reunification of children with their families.

Ultimately, however, if reunification is not able to be achieved within a reasonable timeframe, the best remaining option for children is to be in a permanent, stable and therapeutic care arrangement with a family or foster carer, with many enduring safe relationships. Achieving this for children who require OOHC care is the central focus of the reforms outlined in the OOHC Reform Plan.

# DEVELOPMENT OF OUT-OF-HOME CARE REFORM PLAN

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## Time-line

The development of the OOHC Reform Plan has been a two year process that has involved all stakeholders in the OOHC system (Appendix C).

## Understanding the needs of the out-of-home care system

### Research

An extensive review of out of-home care, including literature reviews, jurisdictional scans and research into best practice, has been undertaken to inform in-depth understanding of the current operation of the OOHC system, from which to build the reforms.

### Reviewing the cost of raising a child in out-of-home care

A contemporary understanding of the cost to raise a child in OOHC is vital.

The Department sought and received independent advice from the University of Queensland on the 'cost of raising a child in out-of-home care in Western Australia'. The University of Queensland's analysis adopted the 'basket of goods approach' and took into account the 'vulnerability factors' typically associated with children in OOHC, such as increased education, health and therapeutic needs.

The updated information of the cost of raising a child in OOHC in Western Australia will be used to inform the allowance that carers receive for supporting children in OOHC.

### Profiling the needs of children in out-of-home care

Building on the cost of raising a child in OOHC, a foundation exercise to profile the needs of children in OOHC has been undertaken. Using a tool developed in collaboration between the Department and the community services sector, the needs of 1300 children (29% of children in the OOHC system) were identified and profiled against the nine dimensions of well-being as used in the care planning process.

This exercise provides a foundation understanding of the needs of children currently in OOHC, and the services that are required to address these needs. The information gathered will inform the further development of the OOHC system.

### Reviewing the Department's workforce

As with any human service agency, it is the people who deliver, and support the delivery of statutory services that drive the achievement of outcomes. The Department's *People Development Framework* and *Aboriginal Services Framework* outline the process and strategies for developing and supporting staff and carers to deliver

effective services. Workforce leadership and development will continue to be a priority in the Department's *Strategic Plan 2016-19*.

The composition and organisation of the Department's workforce (structures and role) must reflect the outcomes the Department is seeking to achieve. A full review of the Department's structures and job roles has been undertaken, including service delivery districts, other service delivery units and centralised support services. This has included an audit of the response to 85 children from their first interaction with the Department to the provision of OOHC.

The findings from these reviews will drive realignments to district structure and central support services, as well as refocusing some job roles, to more effectively, consistently and efficiently deliver and achieve child protection outcomes. A number of workforce realignments have already begun, including the integration of the standalone *Fostering and Adoptions Services* into other areas of the Department's work, which will facilitate an increased focus on relationship based support for carers.

## Consultation

Listening to the collective knowledge and skill of consumers, their advocates and service providers in the child protection system has been integral to developing a road map for the future of OOHC in Western Australia. The Department has undertaken significant consultation with children, consumers, carers, the community services sector, government agencies and the wider community (Table 1). Indeed, many aspects of these reforms have been developed in partnership with the community services sector and other government agencies. The views of these stakeholders will continue to inform the implementation of the reforms.

**Table 1 – Summary of consultations for OOHC reform**

Cross-sector working groups (March – Nov 2014)	6
Submissions to Strategic Directions discussion paper	49
Consultation papers released	8
Cross-sector working groups (June – November 2015)	3
Forums/workshops held with stakeholders	20
Presentations and feedback opportunities	90
Submissions to OOHC Reform Legislative Amendments consultation paper	41

# REFORMING OUT-OF-HOME CARE IN WESTERN AUSTRALIA

## Child-focus – developing a system that is driven by the needs of the child

Child focused OOHC identifies the needs of a child and builds the system around them. A range of reform actions will be implemented to focus the system on identifying the individual and permanency needs of children, and then moving resources to meet these needs. The result will be more children in stable care arrangements with resources to support their healing, and strong and enduring relationships with people who care for them.

### Permanency Phases: Temporary Care (under two years) and Permanent Care (after two years)

The Department's permanency planning policy focuses on making early, permanent decisions for children.

When a child is in OOHC, the first permanency priority is always to safely reunify children with their parents. If this is not possible within a reasonable timeframe, the next best option is a permanent care arrangement with a family carer, foster carer or other care arrangement.

To continue the focus on early permanent decision-making through purposeful case planning, clear articulation of a child's place in their permanency journey will be implemented.

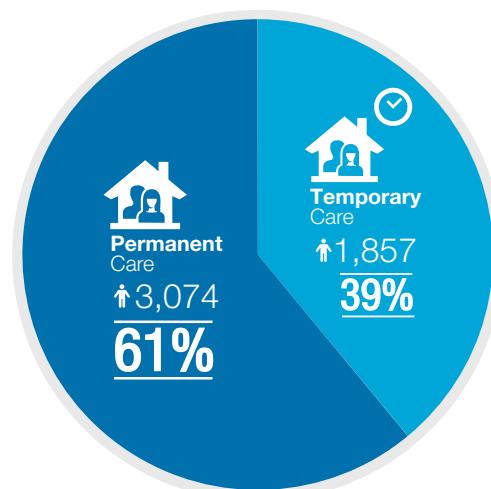
A child's permanency journey in OOHC will be described in two phases:

- 1. Temporary Care** – The phase of OOHC care where no final court decision has been made for the long-term legal care of a child. This will include children who are in Provisional Protection and Care or under a Protection Order (Time-Limited).
- 2. Permanent Care** – The phase of OOHC where a final court decision has been made for a child to remain in the long-term care of the Department, or people other than the child's biological parents. This includes children who are under a Protection Order (until 18); Protection Order (special guardianship); or an Adoption Order.

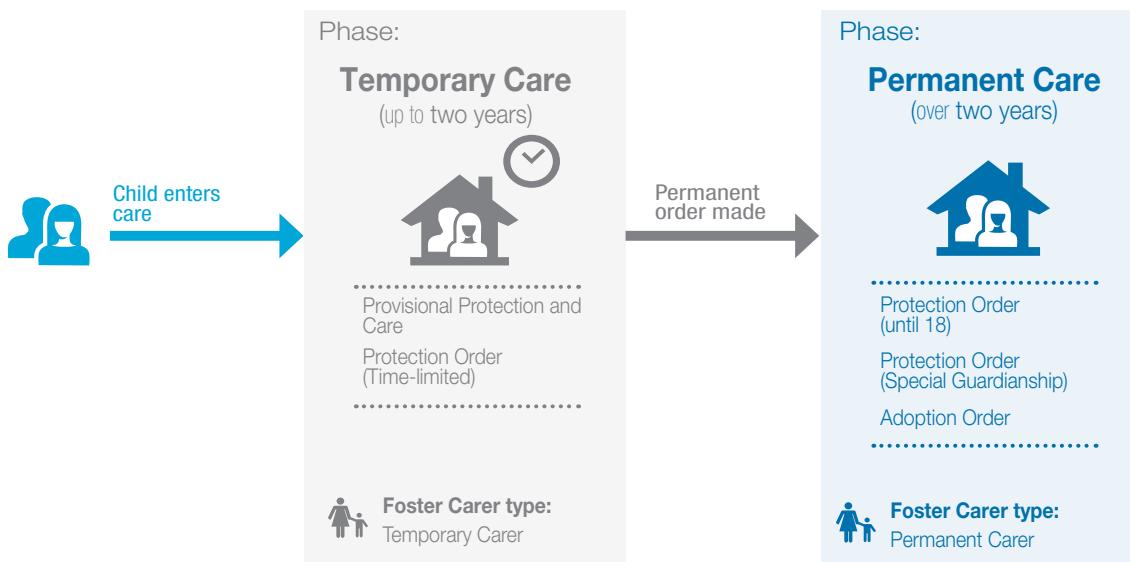
Figure 5 demonstrates the two phases with the current children in OOHC (including children under SGO).

With future legislation reform under consideration (see 'legislation reform' section), temporary care is likely to describe children who have been in care less than two years, and permanent care is likely to describe children who have been in care more than two years (Figure 6).

**Figure 5 – Temporary and Permanent care**



**Figure 6 – Permanency phases**



Reform action	Implementation
3. Implement temporary and permanent phases of care for children.	July 2016

### Carer-types

When a child enters out-of-home care, it is their carers who are at the front-line of responding to the trauma they have suffered. Carers support the initial emotional, physical and other needs of children, as well as supporting their understanding of why they are in OOHCA.

The role of a foster carer is intrinsically linked to where a child is in their permanency journey. For children in temporary care, a carer can play a central role in supporting a child through the reunification process, through providing emotional and practical support. For children in permanent care, a carer's role will have increased focus on supporting a child to develop and maintain deep and enduring relationships.

When the permanency needs of children are more transparent and better articulated, carers will have increased understanding of their current and future role in a child's life.

To support this, foster carers will be categorised as:

- **A temporary foster carer** – whose role it is to care for a child where no final decision has been made for their legal care future (temporary care); and
- **A permanent foster carer** – whose role it is to care for a child when a decision has been made for them to live permanently out of their parent's care (permanent care).

While the required competencies for temporary and permanent foster carers will be the same, the different roles, expectations and responsibilities for each carer-type will be clearer, allowing for carers to be more fully informed when they begin the care of a child.

To support carers to fully understand their caring role, recruitment and communication to potential foster carers will be aligned to these categories.

Carers will be able to provide both temporary and permanent roles for children, such as beginning as a temporary carer for a child, and subsequently becoming the child's permanent carer.

All foster carer types (including pre-adoptive carers and prospective adoptive parents) will be amalgamated into these categories.

Given the different relationship between a family carer and a child, no distinction will be made for family carers.

Reform action	Implementation
4. Implement temporary and permanent carer-types.	Jan 2017

### *Permanent carers*

The current community perception is that foster care is temporary. Carers often communicate the grief that they and their biological children experience when a child leaves their care and their relationship is severed. For many prospective carers, this perception of foster care as temporary, is enough to prevent them applying to become a carer.

In contrast to this community perception, however, there is a great need for permanent foster carers.

The Department has attempted to recruit people willing to provide permanent care by creating a standalone Home-for-Life program that links children who require permanent care with approved carers.

While the Home-for-Life program has had some success, a siloed program forms the perception that permanent, stable out-of-home care only exists in the Home-for-Life program. As a program managed outside of the service delivery districts, this has hampered the expansion of the concept of permanent care and permanent carers as a ready option for all children in OOHC. To address this, and complemented by the other OOHC reforms that support permanency planning, the Home-for-Life program and permanent carers will be devolved into service delivery districts.

Specific actions will also be undertaken to recruit and support permanent carers. This will also include continuing work with the Department of Commerce to support parental leave for carers (family carers and permanent foster carers) who assume the permanent care of a child.

The adoption and foster carer training and assessment processes will also be stream-lined into one pathway, allowing easier connection of pre-adoptive parents with children in care. This is essential to support more sectors of the community into providing foster care.

The OOHC Reform Plan also outlines a range of actions (needs identification, more accurate resourcing, improved matching on permanency needs, legislation change and others) that increase the Department's ability to provide and support permanent care arrangements for children and carers.

The Department will implement an enhanced communication and advertising strategy to inform the public about opportunities to provide permanent care to children in the out-of-home care system.

Reform action	Implementation
5. Home-for-Life program will be amalgamated into districts.	December 2016
6. Streamline prospective adoption and foster carer training and assessment processes.	January 2017
7. Continue work with Department of Commerce for permanent carers to receive parental leave.	Ongoing
8. Develop and implement recruitment campaign for carers, with a focus on permanent foster carers.	From 2016

## Consistent identification of needs of children

Planning for a child in their care arrangement necessarily begins with accurate and clear identification of the needs of a child. This includes a child's:

- *Individual needs* – including behavioural, health, emotional, cultural and other needs specific to the child's functioning and well-being.
- *Permanency needs* – including if reunification is being pursued, or a permanent care arrangement is required.

A current limitation of the OOHC system is the inconsistency in the way that needs of children are identified and assessed. Information on child need is captured by workers through 'free-text' forms such as case notes and care plans. While this is valuable and accurate information, it leads to the following difficulties:

- gaining an overall picture of a child's needs;
- identifying an appropriate carer to meet the child's individual and permanency needs;
- accurately determining appropriate resources required to support a child's needs;
- tracking changes in a child's needs over time; and
- identifying system needs through aggregation of child information.

A *Needs Assessment Tool* (NAT) will be embedded into the Department's Assist database to increase the consistency and quality of information recorded by workers to inform case planning and care decisions. The NAT will support workers to articulate needs of children from 'drop-down menus'. Supporting a simplified system, the information captured through the tool will be linked to existing Department processes that capture and document the significant information and issues in a child's life.

With full implementation of the NAT, the Department will have much improved ability to:

- plan for individual children and track their outcomes overtime; and
- identify system needs and plan investment to meet these needs.

Reform action	Implementation
9. Implement <i>Needs Assessment Tool</i> (NAT)	October 2016

## Meeting the individual needs of children - resourcing

### *New Out-of-Home Care Resource Allocation Framework*

All children in OOHC have needs and require supports above those of other children in the community. Having a framework that can accurately, consistently and flexibly apportion resources to support children and their carers is vital to a high-quality OOHC system.

A new resource allocation framework will be implemented into the OOHC system (Figure 7).

**Figure 7 – Out-of-home care resource allocation framework**



The resource components included in the framework are defined as:

*Placement administration costs* – The cost for community sector organisations to provide out-of-home care including, but not limited to, the provision and support of carers, staff recruitment and support and administrative costs.

*Caring allowance* – The financial allowance paid to carers to compensate them for their time and resources used to raise a child. The caring allowance replaces the current carer subsidy and elements of case support costs.

*Child support costs* – The costs relating to items and activities that may be incurred by nature of raising a child in out-of-home care. Child support costs are held by the child's case manager. Child support costs replace elements of case support costs.

*Carer contribution* – The financial and other contributions that carers provide to a care arrangement.

*Care arrangement support cost* – The additional cost used to support the child in their care arrangement, with direct reference to the child's particular complexity and needs. The CASC replaces special needs loading, and some elements of case support costs and special purpose funding.

*Extraordinary child support costs* – The costs required to support a child's needs in extraordinary circumstances. The extraordinary child support cost replaces the remaining elements of special purpose funding.

Reform action	Implementation
10. Implement new out-of-home care resource framework	From July 2017

### *Individual resourcing*

Supported by an improved method of identifying a child's individual needs through the NAT, and the new resource allocation framework, in time the system will have the ability to more systematically and accurately, individually apportion resources to those children who have more complex and intense needs.

After a period of use and starting with a pilot in the high needs programs, the NAT will be integrated with a cost-framework (supported by costing benchmarks) which will, where necessary, support the allocation of further resources to support a child's particular needs. This further resource will be referred to as the *care arrangement support cost* (CASC). This will be particularly important for family care arrangements, who can be disadvantaged by the current resource allocation system.

Where a CASC is assessed as appropriate, this resource can be used flexibly and innovatively, including:

- increased resource provided to the carer through the caring allowance; and
- purchase of goods or services to support the care arrangement.

Reinforced by the principles of outcomes focused contracting reform (outlined below), the CASC will support the Department and community sector organisations to provide innovative and flexible care arrangements that meet the specific needs of children. This will include arrangements that support siblings staying together, and for keeping children in their community.

In recognition that the needs of children in OOHC and their care arrangements change over time, this resource allocation needs to be regularly reviewed.

The high needs pilot will be supported through a standard Request For Quotation (RFQ) template, and a greater focus on outcome identification and achievement for these children.

Reform action	Implementation
11. Pilot NAT with CASC cost framework (children in high needs programs). (Phase 1)	October 2016
12. Explore integration of NAT with CASC cost framework for other children. (Phase 2)	From January 2018

### *Matching children and carers*

As with all relationships, not all children and foster care families fit well together. The importance of early and effective matching of a child with a carer who can meet their individual and permanency needs is crucial to lasting care arrangements that will lead to improved outcomes for that child. Poor matching can lead to multiple care arrangements and further trauma for a child.

Currently, child protection workers are required to identify placements for children through a linear pathway (Figure 8a). A child protection worker seeks to identify care arrangements for a child in their own Department district, followed by other districts, and then through community sector organisations. Without knowledge of other care arrangements available in the OOHC system, a child protection worker is limited in their knowledge of care options available that might best 'fit' that child.

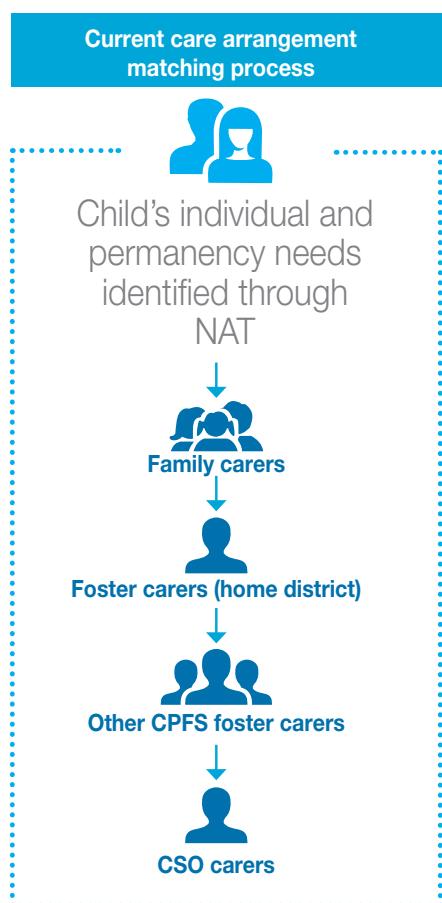
As part of the new model, once a child protection worker is unable to locate a suitable relative or foster carer

in their own district, all remaining care arrangements in the Western Australian system will be considered via a Central Referral and Matching Team (CRMT) (Figure 8b). Improvements in information technology will allow real-time consideration of care arrangements in the community services sector and other Department district offices. This will improve the ability of the Department to provide early matches of children with carers who can meet their individual and permanency needs.

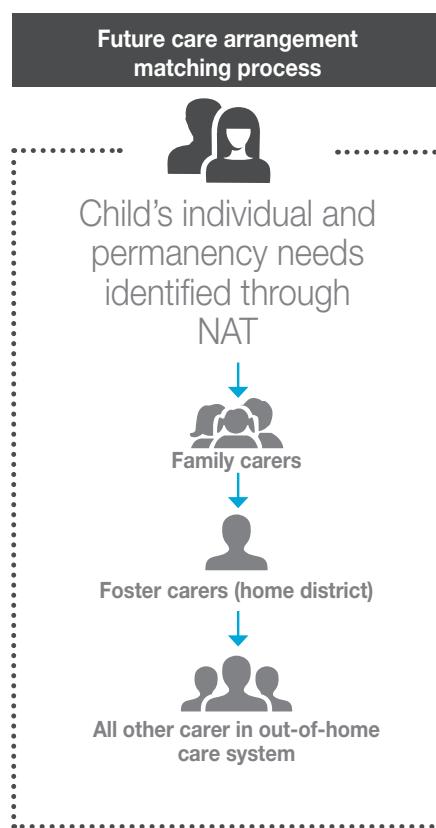
Importantly, this will improve the ability of the Department to link Aboriginal children with Aboriginal carers.

Supporting the devolution of the Home-for-Life program, it is envisaged that this strategy will particularly support matching children who require permanent care arrangements, with carers who are seeking to care permanently for a child.

**Figure 8a**



**Figure 8b**



After a period of implementation of these new arrangements, the Department will explore how technology (such as a 'real-time' whole of system carer database) can further assist in matching children with the best possible care arrangement for them.

Reform action	Implementation
13. Broaden the current role of the Central Referral Team to include a matching function of children with all available carers.	October 2016

14.	Implement policy and information technology changes so that children can be better matched on their individual and permanency needs, including improved knowledge of community sector organisation real-time occupancy.	October 2016
15.	Explore technology options to assist in whole-of-system matching of children with care arrangements.	January 2018

## Care Team Approach

On a day-to-day basis, it is carers who make the difference for children in OOHC. Carers give their time, effort and energy to improve the lives of these children. It is an enormous responsibility assumed by carers, and an immense expectation placed on them by the community.

The *Foster Care Partnership* has been instrumental in underlining the importance of carers, as well as the shared role of carers and the Department in improving the lives of children.

Evaluation of the Foster Care Partnership and ongoing feedback from carers, however, demonstrates that there is a need to further strengthen the framework to best meet the needs of children.

The *Foster Care Partnership* will evolve into a *Care Team Approach*. All children in OOHC will have an identified care team, comprising a group of people important to the child and carer (Figure 9). In supporting the child and carer, the care team will be guided by the question, “what is required to support the child in this care arrangement?” The care team will then hold a shared responsibility for supporting and meeting the needs of that child in their care arrangement.

The role of the care team will be to support the child and carer by:

- identifying the needs of the child in their care arrangement;
- developing steps and measures to meet the needs identified;
- identifying any obstacles to overcome or resources required to meet the needs of the child; and
- holding a shared responsibility for the implementation of measures to meet the immediate and long-term needs of the child.

**Figure 9 – Care Team Approach**



Reform action	Implementation
16. Review and evolve the Foster Care Partnership to include a <i>Care Team Approach</i> .	October 2016
17. Implement tools to assist children, carers and care team members in the practice of the <i>Care Team Approach</i> .	October 2016

### 'Normalising' a child's experience in care

Aspects of the life of a child in OOHC will always be different from that of a typical child in the community. However, opportunities exist to support children in OOHC to have a more normal childhood experience.

#### *Increased carer management of finances*

Foster carers have long advocated for increased responsibility for child related expenditure as a way of normalising a child's life. Currently, the funding for a number of activities for children in OOHC, such as recreation and leisure activities, are managed by a child's case manager, and not paid directly to the carer through the subsidy. This often results in frustration for the carer in relying on approval by a case manager before being able to purchase everyday goods and services for a child. This also leads to a potential increase in stigma for the child as a 'foster child', as well as an increased administrative burden for the Department and community sector organisations.

Supported through an increased caring allowance, carers will have greater responsibility for managing the resources of a child in their care. The following activities will be paid directly into the caring allowance:

- sport and recreation;
- school fees, books/equipment and uniforms;
- extracurricular activities; and
- child gifts.

Given the alignment of the caring allowance with the cost of raising a child in OOHC in Western Australia, this caring allowance rate will be considered the sector-wide minimum that a carer must be remunerated.

To support this increased responsibility for carers, the frequency of some elements of the caring allowance will be altered, coinciding payments with significant due dates:

- a fortnightly amount for basic needs;
- a fortnightly amount for pocket money;
- a quarterly amount for extracurricular activities in line with school terms;
- a quarterly amount for clothing;
- an annual amount for school uniforms; and
- an annual amount for education.

Adjustments will be made to the age brackets to better reflect the transition years in schooling: 0–5 years; 6–11 years; and 12–17 years.

Reform action	Implementation
<p>18. Implement new caring allowance and child support costs (state-wide), including:</p> <ul style="list-style-type: none"> <li>• new caring allowance rate as sector-wide minimum;</li> <li>• increased cost activities in caring allowance;</li> <li>• amended age brackets for caring allowance; and</li> <li>• amended payment frequency for caring allowance.</li> </ul>	July 2017

### *Natural support networks*

Most children in the community are supported and nurtured not just by their parents, but also by extended family members and friends. Babysitting, family get-togethers and sleep-overs all provide opportunities for the child to develop life-time relationships with safe adults, as well as providing parents with an opportunity for a break from their caring responsibilities.

For children in OOHC, the relationships between themselves, their extended carer family, and their biological family are often complicated by 'being a child in care'. Too often, this guides workers to use formal unknown supports when assistance is needed, reducing the ability of children in OOHC to have normal childhood experiences.

Natural supports, such as the child's biological family, their carer's family and community supports (such as friends, sporting coaches etc) provide a sense of identity and belonging for children that professional supports cannot provide. For children in OOHC, it is often these natural support networks that endure and develop into supportive adult relationships long after professional networks have ceased. This is particularly the case, for children and their siblings. Having a biological family and a carer family should extend, not limit, the number of safe, nurturing relationships a child has.

Improving the identification and utilisation of natural support networks will be vital to the success of the care team approach. Increased emphasis will be given to identifying and utilising members of the child's biological family, the carer's biological family and other naturally occurring supports. Linked to the child's phase of care (temporary or permanent), these supports may form vital parts of a child's reunification plan, and for supporting the child's ongoing development.

The Department will revise recruitment, assessment and training processes to encourage family and foster carers to identify and prepare potential members of their family and network to take on support roles at the initial stages of becoming carers, and reinforce this during periodic carer reviews.

One of the barriers for carers and workers exploring and utilising natural support networks is the perceived need for onerous screening of these people. Clearer and more accessible practice guidance will be provided to guide carers and workers.

Reform action	Implementation
19. Implement revised foster carer assessment and review (Department) that identifies natural supports for carers.	January 2017

20.	Implement clear practice guidance and tools to support localised carer and child protection worker decision-making on risk assessment and screening requirements for using natural support networks.	October 2016
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### *Short-break support*

Respite is a vital and necessary support mechanism for children and carers. Children in care often have complex and challenging behaviour, and it is essential that carers are able to 'care for themselves' in order to care for these children.

However, because of the complex and changing needs of children in OOHC, the way that respite is used and the type of respite that is provided, must be considered carefully and on a case-by-case basis. One child may feel secure enough with their carers that they experience over-night respite as a fun experience, while another child may experience it as a rejection by their carer family. Likewise, one child may be experiencing intense symptoms of trauma and is unsettled, while another child may be settled and stable.

Currently, the Department has a policy that entitles all carers to five days respite per month (without interruption of the caring allowance). This policy focuses workers and carers to use one form of respite (overnight stays), and can lead to workers and carers overlooking other forms of support that may better meet the child's needs while still providing the carer a break.

The Department will develop and implement a respite policy that considers the needs of each child in their individual circumstances. This policy will support practice directions to utilise naturally occurring supports where appropriate, to enable a child to have a more normal childhood experience. To support the refocus, the Department will move away from using the term 'respite' in favour of the term 'short-break support'.

Formal over-night respite options will remain an important and available strategy to support care arrangements.

Reform action	Implementation
21. Replace the term 'respite' with 'short-break support'.	October 2016
22. Develop a short-break support policy and practice directions to redefine and broaden the current concept of respite.	October 2016

### *Family care*

More children now live with family carers than any other care type. Recognising the inherent benefits of family care, legislation and policy has driven an increase in the proportion of children living with family. Aboriginal children (47%) are more likely to live in family care than non-Aboriginal children (40%).

Many Aboriginal carers have indicated that they do not view themselves as 'relative carers', but simply as 'family'. The term 'family care' and 'family carers' will therefore replace relative care, to more accurately represent this type of care. Significant others such as neighbours and family friends will continue to be referred to as 'significant other carers'.

*In 2006, 36% of children in OOHC lived with relatives.*

*In 2016, 44% of all children in OOHC live with relatives.*

Reform action	Implementation
23. The term 'family care' and 'family carers' to replace 'relative care' and 'relative carers'.	July 2016

The nature of a relationship between a child, family carer and the Department is fundamentally different to that of a foster carer. Unlike foster carers, family carers often volunteer to care by necessity and obligation. Also, by their very nature of being family, family carers often have a complex relationship with the child's parents. As a result, strategies to support family to provide safe and high-quality care to children also need to be different to foster carers.

The Department will implement a number of policy, funding and workforce changes to increase the support provided to family carers. This includes procuring services, as resources become available, to identify and support family carers (Appendix D). Procurement will have a particular focus on supporting Aboriginal family carers, including services that support Aboriginal family carers to overcome issues of structural disadvantage, such as a lack of housing, to care for their family.

Further strategies will include developing more inclusive assessment and review processes for family carers; making information and learning opportunities more timely and accessible for family carers; developing peer networks for family carers; and enhancing training to child protection workers to provide improved support to family carers.

Reform action	Implementation
24. Amend the Family Carer Assessment policies and processes to be more inclusive, understandable and appropriate.	July 2017
25. Enhance the training modules and programs to staff conducting family carer assessments and working with family carers.	July 2017
26. Individual learning and development plans for family carers to be reviewed formally as part of annual reviews.	July 2017
27. An orientation process for family carers to be implemented. The orientation process will include: <ul style="list-style-type: none"> <li>• a family carer resource pack;</li> <li>• an induction/orientation process for family carers for each district; and</li> <li>• accessible preparation training to be offered to all family carers.</li> </ul>	July 2017
28. Ongoing and accessible learning opportunities to be provided for family carers. This includes the development of peer support networks.	July 2017
29. As resources become available, refocus and increase funding expenditure to support family carers.	January 2018

## Care leavers

### Becoming independent young adults

Young people leaving OOHC care at the age of 18 are some of the most vulnerable and disadvantaged people in the community. There is, however, a positive correlation between quality preparation and support for young people transitioning from care arrangements and improved life outcomes.

The Department's *Leaving Care Policy* reflects the importance of early and collaborative planning for children to transition into adulthood. To further support the implementation of this policy, the Department will strengthen and focus the support services available to children who are leaving care.

Reform action	Implementation
30. The caring allowance will be extended to the end of the calendar year that a young person turns 18 years of age, when the child is in their final year of study.	July 2016
31. As resources become available, strengthen procurement of services to support children leaving care.	January 2018
32. Further explore amendments to the Act to include priority service provision by Government agencies to young after they have left care until the age of 25.	2017

### Protection order (special guardianship)

Protection orders (special guardianship) [SGOs] are intended to provide stable, long term arrangements that remain in place until a young person reaches 18 years of age. A SGO transfers full parental responsibility for the child or young person to nominated Special Guardians. Special Guardians have all the duties, powers, responsibilities and authority by law, that birth parents have in relation to their own children.

*There are 522 children on a SGO in Western Australia. 50% of these children are Aboriginal. 64% of SGOs involve children living with family.*

The Department recognises, however, that the needs of children and carers on SGOs will change and evolve over time. The needs of a child when a SGO is granted at the age of two are likely to be very different by the time the child is eight. There needs to be readily accessible services to support these children and carers. As resources become available, the Department will seek to procure services from the community services sector to provide information, advocacy and support for children and carers on SGOs (Appendix D).

To further support children and carers on a SGO, through legislation change, the Department will seek for Government agencies to continue to prioritise services for children on SGOs (see legislation reform).

Reform action	Implementation
33. As resources become available, procure services from the community services sector to support SGO arrangements.	January 2018
34. Further explore amendments to the Act to be made to include priority service provision by Government agencies to children on SGOs until the age of 18.	2017

## The service system – a coordinated, flexible and sustainable service system with capacity

For care to truly focus on the needs of the child, the service system - that is the group of services that form OOHC service delivery - must reflect the outcomes sought for children. The service system must be flexible and responsive in order to adapt to the continually evolving needs of children and their care arrangements.

### Service system design

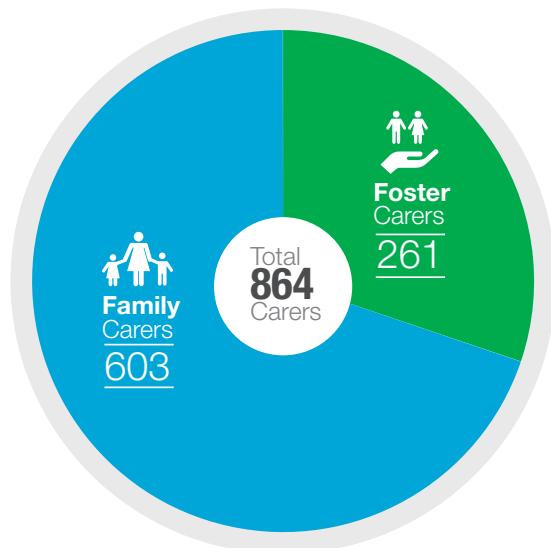
As part of the development of OOHC reforms, a review of the current OOHC service system has been undertaken. Like every complex system, as new and emergent needs appear, information recording improves and best practice develops, the services that comprise a service system must evolve to meet the current system needs.

Since the most recent significant review of OOHC (Ford Review 2007), the proportion of family carers (Figure 10), and children living with family carers now exceeds that of foster carers, yet the Department funds almost no services that support family carers. Likewise, as the permanency planning policy has been implemented, the need for more stable temporary care options, as well as permanent carers has become more evident.

With finite resources, it is imperative that the service system is reflective of the current needs of the system. As well as the aspects already discussed in the OOHC Reform Plan, the Department will implement a service system that includes the following elements (Appendix D):

- state-wide expansion of enhanced contact centres;
- procurement of innovative and flexible reunification services, including in-home practical support;
- provision and primary support of family care;
- procurement of services to identify, support and sustain family care;

**Figure 10 – Carers approved in 2015**



- procurement of stable temporary care arrangements for children;
- transforming some existing Family Group Home assets to short-term 'Temporary Care Houses' for the assessment and stable care of children entering OOHC;
- procurement of innovative and flexible care arrangements for children in regional and remote areas to support children remaining in their community;
- provision of Residential Group Homes to support older children with complex needs;
- procurement of services to support children transitioning from residential care; and
- procurement of services to advocate for children, parents, and carers.

Reform action	Implementation
35. Implement actions to develop realigned out-of-home care service system.	Ongoing

Several other key points in the redesign of the service system are outlined below:

#### *Therapeutic models of out-of-home care*

The provision of OOHC by the Department is grounded in the trauma-informed models of *Circle of Security*<sup>4</sup> and *Sanctuary*<sup>5</sup>. These models guide how carers and Department workers support children to heal from the trauma they have endured.

Currently, other than the Family Group Home program, there is no formal expectation for community sector organisations to articulate and demonstrate the therapeutic model that they utilise in their provision of OOHC. Importantly, despite having no formal expectations placed upon them, most community sector organisations employ well-established and effective therapeutic models of OOHC. Into the future, through the tendering process, all organisations will be expected to demonstrate the evidence-based therapeutic model that underpins their provision of OOHC.

Reform action	Implementation
36. Community sector organisations seeking to provide out-of-home care must demonstrate the evidence based therapeutic model that underpins their provision of out-of-home care.	January 2018

#### *More effectively meet the needs of Aboriginal children and families*

Currently the provision of services by the community services sector to Aboriginal children and families is

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<sup>4</sup> Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2013). *The Circle of Security Intervention: Enhancing attachment in early parent-child relationships*. New York, NY: Guilford Press.

<sup>5</sup> Sandra L Bloom (2005), *The Sanctuary Model of Organisational Change for Children's Residential Treatment, Therapeutic Community: The International Journal for Therapeutic and Supportive Organisations* 26(1): 65-81

disproportionately low. With the community services sector providing a key response in prevention, reunification and provision of OOHC, this anomaly must be addressed if outcomes for Aboriginal children are to be improved.

To facilitate this increased service provision to Aboriginal children and families, and recognising that service provision by Aboriginal people for Aboriginal people is appropriate and effective, the Department will strategically support the growth of Aboriginal community controlled organisations (ACCOs). The long-term goal is for Aboriginal children and families to be supported by Aboriginal carers and workers, supported by Aboriginal organisations.

When living with family is not possible, the next best option is for Aboriginal children to remain living with their community or in their 'country'. Recruitment and provision of foster care in regional and remote Western Australia (particularly in the Goldfields, Pilbara and Kimberley) is difficult. This is problematic for children (with the majority being Aboriginal) in out-of-home care who do not have safe family care in their community. The only option available for many of these children is residential care, or to leave their community. As part of service system redesign, the Department will explore the procurement or provision of innovative models of foster and residential care in regional and remote areas of the state, to support more children remaining in their community.

Reform action	Implementation
37. Explore the implementation of targets for provision of out-of-home care and other services to Aboriginal children and families (consultation pending).	January 2018
38. Explore the provision of contracts in out-of-home care to partnerships involving ACCOs.	January 2018
39. As resources become available, procure innovative models of foster care in regional and remote areas, to support children remaining in their local community.	January 2018

#### *Shared funding with other Government agencies*

Children and carers in the OOHC system are often being supported by multiple Government agencies. This is particularly so for children with the most complex needs. The Department will actively work with agencies such as Disability Services Commission, Mental Health Commission and Department of Corrective Services to identify opportunities to provide joint funding to better support these children and carers.

Reform action	Implementation
40. Actively seek opportunities to partner with other government agencies to provide joint-funding for children in out-of-home care.	Ongoing

### *Delegated case management*

In 2013, the Department and the community services sector undertook a pilot project involving the transfer of case management for a small number of children to the community services sector. While parental responsibility of the child remained with the Department, the community sector organisation was responsible for the day-to-day decision-making such as school enrolment and allocation of resources for the child in their care arrangement.

The pilot project has been formally evaluated, and a number of key improvements have been identified as required before any significant expansion of the project can occur. Lessons from other jurisdictions demonstrate the need to have an effective and efficient model of delegated case management before expanded implementation.

The OOHC reforms will lead to significant changes in the community services sector, which will require focus and effort from both the Department and the community services sector. It is important that the combined resource and efforts of the OOHC sector are focused on implementing these reforms. The delegated case management pilot will therefore not be expanded at this time.

### *Contracting reform*

The Department's partnership with the community services sector is a critical part of delivering an OOHC system that improves the life outcomes for children in OOHC. To best enable this partnership to be sustainable, productive and effective, key reforms in the way the Department engages with, and funds the community services sector, are needed.

A preliminary scoping report into the Department's expenditure in the community services sector has been completed, with a particular focus on service effectiveness, service efficiency, and alignment of funding to target groups. The analysis provided in this report is in line with the Government's *Delivering Community Services in Partnership Policy* and provides the platform for contracting reform.

### *Outcomes focused contracting*

The Department's method of contracting is complex and prescriptive. Currently, the Department organises contracts for services within one of 46 service groups. Many of these 46 service groups are based around specifically defined service types, often limiting service provision to specific, narrowly defined service models.

The Family Group Home service group, which defines a specific service model to meet the needs of children with complex needs (group care of four children in a residential setting for a maximum of two years) is an example of this. In this example, contracting for a specific service model has led to some of the following issues:

- inflexibility in service provision (contracts requiring service provision of care to children for two years only, irrespective of if they are stable in this placement); and
- impeding of innovation (inability to evolve the care arrangement to meet the changing needs of children).

Such a prescriptive approach can limit the ability of the community services sector to meet the needs of the child and family, and ultimately deliver the desired outcomes. The role of contracting must be to facilitate, and not constrain, the ability of organisations to innovate and support better outcomes for children and families.

To support flexibility and innovation to meet the needs of children, families and carers, it has been proposed (subject to consultation) that the Department amalgamate the current 46 service groups into a small number of strategic service outcome clusters. These strategic service outcome clusters would be broad, enabling the Department and community services sector to determine flexible strategies to meet the needs of children and families. In out-of-home care, this would see increased use of innovation and flexible strategies focused on meeting the outcomes defined under the Outcomes Framework for Children in Out-of-Home Care (below section).

It is also proposed that the Department align the start and cessation of contracts under strategic service outcome clusters, and link it to a five year contracting cycle. This will support the Department and community services sector to undertake holistic analysis and planning for community need.

Funding for OOHC services will be aligned for recontracting to occur in January 2018.

Reform action	Implementation
41. Subject to consultation, amalgamate the current 46 service groups into a smaller number of strategic service outcome clusters. Subject to consultation, align the start and cessation dates of contracts under strategic service outcome areas.	July 2016
42. Align all OOHC contracts for recontracting in January 2018.	January 2018
43. Explore integrating incentives (financial and others) to support care arrangements that enable siblings to remain living together.	January 2018
44. Explore 'recognition payments' to community sector organisations for carers that transition to Special Guardianship Orders.	January 2018

### *Top-up' funding*

Currently, a small percentage of community sector organisations receive recurrent OOHC funding to a level that supports their sustainability. The sustainability of a number of other community sector organisations is reliant on a mixture of smaller recurrent blocks of funding and non-recurrent, individually tendered care arrangements. This has led to some of the following issues:

- some recurrently funded organisations continually not meeting occupancy requirements;
- some recurrently funded organisations not having the capacity, capability or incentive to provide care for children with more complex needs;
- very high cost for individually tendered care; and
- a number of organisations providing small and unsustainable levels of OOHC.

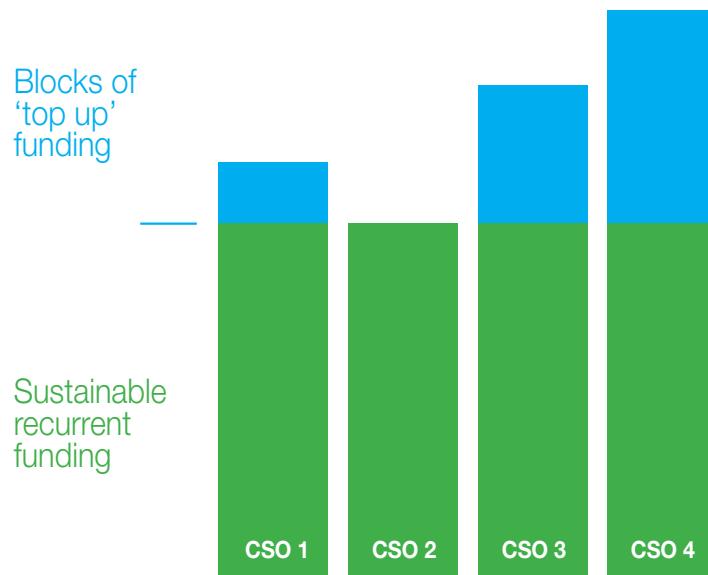
*There are 14 community sector organisations that receive recurrent funding to provide OOHC. Only four organisations are recurrently funded to provide more than 50 care arrangements per year.*

Within the available resources, the Department will provide a sustainable level of recurrent funding (placement administration costs) to a higher number of community sector organisations providing OOHC. This will support the ‘economies of scale’ for more organisations. This may lead to realignment of existing recurrent funding.

Recurrent funding will require organisations to provide a minimum number of care arrangements. Organisations that have the capacity to provide care arrangements over and above the sustainable funding foundation will have the opportunity to do so through the provision of ‘top up packages’ of funding (Figure 11). If ‘top-up’ services aren’t being provided, funding will be retracted to the sustainable foundation level.

Through mechanisms embedded in contracting, funding will be further retracted below the sustainable recurrent level if services are consistently not being delivered.

**Figure 11**



Reform action	Implementation
45. Within the current available resources, provide a level of sustainable, recurrent funding to more community sector organisations.	January 2018
46. Implement system of ‘top up’ funding.	January 2018
47. As resources become available, continue to grow the provision of recurrent out-of-home care funding to the community services sector.	Ongoing

### *Cost of providing out-of-home care*

Over time, and as new models of care have developed, significant variance has grown in the cost of providing OOHC in Western Australia.

As the needs of children have become more complex, increased support to meet their needs is required. Similarly as the ability of organisations to meet these needs increases, the importance of determining benchmarked costs to support a financially sustainable system becomes more evident.

The Department (supported by PricewaterhouseCoopers) has been working with the community services sector to determine appropriate and sustainable costs for the provision of OOHC. This includes determining:

- appropriate and sustainable costs for providing care arrangements in the community services sector (placement administration costs); and
- appropriate and sustainable benchmarked costs for provision of care to children with more complex needs (care arrangement support costs).

Once this work is completed, these costs will be embedded into the Department's resource framework.

Reform action	Implementation
48. Implement realigned placement administration costs into contracting requirements.	January 2018
49. Implement benchmark costs for provision of care to children with more complex needs (care arrangement support costs).	January 2018

### *Out-of-home care demand model*

The Department will continue to work with the Department of Treasury to develop a new demand model that reflects the new OOHC resource allocation framework. With the implementation of the NAT, it is envisaged that over time, the Department will be able to demonstrate the growth in demand for children of different complexities of need. A funding model for the Department's residential group home program will be included in this work.

Reform action	Implementation
50. Determine new out-of-home care demand model with Department of Treasury (including growth of residential group homes).	Ongoing

### *Outcomes Framework for Children in Out-of-Home Care in Western Australia*

Understanding the performance of a system is essential to an effective, well-functioning service system. Currently, Western Australia does not systematically record and report 'cohort outcomes' for children in OOHC. Without knowing the outcomes for children, it is difficult to measure the performance of the OOHC system in improving the lives of children.

An *Outcomes Framework for Children in Out-of-Home Care in Western Australia* (Outcomes Framework), which has been designed in partnership with the community services sector, will be implemented to provide annual objective measures of the effectiveness of the OOHC system (Appendix E).

Capturing information from the Viewpoint survey (undertaken by children), the Assist client database and other government agency data available to the Department, six outcome areas have been developed within the Outcomes Framework:

- 1. Safe and stable** – Children live safely in a stable care arrangements.
- 2. Healthy** – Children have strong physical, social and mental health.
- 3. Achieve** – Children attend, participate and achieve in quality education.
- 4. Belong** – Children develop and retain a deep knowledge and understanding of their life-history and identity.
- 5. Included** – Children are included by the systems that support them.
- 6. Future life outcomes** – Children leave care equipped with the resources to live productive lives.

At an individual child level, outcome identification and achievement will be linked to these outcomes.

At a system level, the Outcomes Framework will measure the effectiveness of the OOHC reforms in improving the lives of children, and will provide opportunity for continual action-learning and improvement in the OOHC system.

This Outcomes Framework is a starting point, and the Department will continue to seek ways to improve capture of information, with the following indicators prioritised for exploration in the future:

- Indicators relating to infant mental health.
- Indicators relating to sibling placements and improved measures around family contact.
- Further measures to support Outcome 5 – Included.

Reform action	Implementation
51. Implement the <i>Outcomes Framework for Children in Out-of-Home Care in Western Australia</i> .	May 2016

#### *Life outcomes for children after care*

The most effective way to determine whether the OOHC system has supported children to have improved life chances is to capture the life outcomes for children well after they have left care.

The Department will undertake a longitudinal study into the outcomes for children at the age of 25 in partnership with Curtin University, Telethon Kids Institute and the Ministerial Advisory Council on Child Protection. Utilising the information from the *Data-linkage Project*, which captures information of an individual's interactions with other government agencies including health, corrective services and housing, the OOHC system's long-term performance can be evaluated.

Reform action	Implementation
52. Undertake longitudinal post-care outcomes research project.	To commence April 2016

### Consistent language

As OOHC has evolved, so has the language used to describe it. The meaning of such phrases as 'residential care' has become specific to organisations, and has led to misunderstandings and inconsistencies. The Department will publish a glossary to support a common understanding for the service system to operate.

Reform action	Implementation
53. Publish a glossary on the Department's website to support consistent use of language in the out-of-home care sector.	July 2016

### Ongoing consultation and engagement with the community services sector

Significant consultation and engagement between the community services sector and the Department has occurred in the development of the OOHC reforms. Both the Department and community services sector have learned lessons about ways to have clear and meaningful engagement.

To learn from these lessons, the Department and community services sector will work together to develop a framework for future consultation and engagement.

Reform action	Implementation
54. The Department and community services sector to develop a framework for future consultation and engagement.	July 2016

## The standards - a safe system that is accountable to high-quality standards

The Department cares for children in out-of-home on behalf of the Western Australian community. It is imperative that the Western Australian community has confidence that these children are cared for safely in high quality care arrangements. Appropriate 'checks and balances' must be in place to provide a system that prioritises safe and high quality care of children above all else. A range of reforms will be implemented to improve these checks and balances, as well as the independent monitoring of OOHC.

### Family care

The first care option for all children in out-of-home care is to live with family. This priority for children living with family, however, does not overtake the fundamental importance of these carers being safe and able to provide quality care.

Structural mechanisms will be implemented to support assessments of family carers to be high quality and independent of the case worker and of high-quality standard.

Reform action	Implementation
55. A senior child protection worker who is not the case manager for the child should conduct the family carer assessment.	July 2017
56. Explore processes for more independence (external to the case management) in the approval process of family carers, to support high quality carer standards.	July 2017

## Foster care

The Department and community sector organisations provide foster care (Figure 12). All children in care, irrespective of service provider, care type or location, should be cared for by people who have been assessed and approved to a consistently high standard.

The OOHC system has the competing pressures of an increase in numbers of children entering OOHC, and the continuing difficulty in recruiting foster carers. As foster carers get harder to recruit and retain, there must be safeguards to preserve high standards of care.

**Figure 12 Foster carer applications approved in 2015**



### *Broadening definition of foster carer*

The OOHC system has typically relied on two clearly defined models of care: volunteer foster care and residential care. However, in recent years, additional models of providing care have evolved, leading to uncertainty about what models are considered foster care or residential care. This is an issue, as the different models have different accountabilities and oversights (such as foster carer competencies). The new models have included:

- carers looking after children in homes owned or rented by agencies (sibling groups, remote settings, children with complex needs);
- carers providing care on a rotating basis (e.g. children have two sets of carers coming into their home 3 days on, 3 days off); and
- carers who are engaged by community sector organisations as employees (rather than volunteers).

To support greater clarity, the definition of foster carer will be revised to: "a non-family care arrangement where child(ren) are cared for in a place that is the carer's primary residence." Irrespective of how they are engaged by an organisation (volunteer or employee), if a foster carer meets this definition, they will be required to undergo and be approved against a competency based foster carer assessment.

While the revised definition of foster care will clearly define the majority of care arrangements, the possibility exists that some models of care will not sit 'cleanly' within the definition. In these instances, the Director General of the Department will determine what models are considered foster care.

Reform action	Implementation
57. Broaden the definition of foster care to 'a non-family care arrangement where child(ren) are cared for in a place that is the carer's primary residence.'	From January 2017

### *Foster carer assessment*

An anomaly currently exists whereby community sector organisation foster carers are not required to be assessed and approved against the competencies as outlined in the *Children and Community Service Regulations 2006* (the Regulations). Changes will be made to *Better Care, Better Services* (BCBS) standards to require all foster carers in Western Australia to be assessed and approved against the regulated competencies.

Reform action	Implementation
58. Amend <i>Better Care, Better Services</i> standards to clarify that all foster carers must be assessed and approved against the regulated competencies.	January 2017

### *Foster carer approval standards*

To further support consistent high-quality standards, a cross-sector *Foster Carer Panel* will be implemented that will consider the approval standards of all foster carers in Western Australia (Figure 13). An independent chair will lead a panel comprised of Department and community services sector representatives (including specific Aboriginal representation). Members will be selected through an Expression of Interest process, and will serve a time-limited term on the panel.

The role of the foster carer panel will be to consider each foster carer assessment and provide endorsement. Final approval will continue to rest with the organisation. The panel will also have the task of identifying cross-sector trends and issues to support continuous improvement.

In phase two, and as part of the 2017 review of the Act, the Department will consider measures to further strengthen consistent high quality foster standards. This will include exploration of a single point for approval and revocation of carers. There will also be consideration of the types of decisions and outcomes in relation to

carers, such as revocation, that may be linked to the Working with Children (Criminal Record Checking) Act 2004.

**Figure 13 - Cross-sector Foster Carer Panel**



Reform action	Implementation
59. Establish a cross-sector Foster Carer Panel.	January 2017
60. Evaluate effectiveness and efficiency of Foster Care Panel.	From November 2017

#### *Foster carer preparation training*

Completion of the Department's *Fostering with Skill and Care* training (preparation training for prospective carers) is mandatory for all metropolitan based Department foster carer applicants prior to providing care to children. However, there is no requirement for Department foster carers in the country and foster carers from community sector organisations to undergo specific preparation training. While in practice the vast majority of all foster carers receive preparation training, the content is varied and inconsistent.

All foster carer applicants will be required to complete the approved preparation training prior to approval as a carer. Recognising the importance of in-person, group training, all applicants who reside within the metropolitan area will be expected to attend the face to face preparation training delivered by the Department's Learning and Development Centre. Flexible learning options will be available to foster carers living outside the metropolitan area.

Reform action	Implementation
61. All foster carer applicants be required to complete the approved preparation training prior to approval as a carer. Metropolitan foster carers to attend in-person training.	January 2017

#### *Maintaining high-quality foster carer standards*

As required by Better Care, Better Services standards, the Department and community sector organisations all have ways of reviewing the competencies of foster carers.

However, there is no overarching mechanism to support the maintenance of foster carer standards after their initial approval. While the Department and community sector organisations conduct annual reviews of the carers they manage, there is no whole-of-system process that reviews the standards of carers across the sector.

As part of the evaluation of the Foster Carer Panel, consideration will be given to expanding the role of the panel to evaluate samples of annual foster carer reviews (Figure 13).

Reform action	Implementation
62. Explore inclusion of a sample of annual carer reviews for consideration by the cross-sector Foster Carer Panel.	November 2017

### *Culturally competent foster care*

Aboriginal children comprise the majority of children in OOHC. The development of a strong and secure cultural identity is integral to the well-being of these children.

As outlined in the Act, the Aboriginal child placement principle, prioritises the placement of Aboriginal children with members of their family, members of their community, and then with an Aboriginal or Torres Strait Islander person. As at June 2015, 66% of Aboriginal children in OOHC were placed in compliance with the first three elements of the child placement principle.

For those Aboriginal children who are not placed in accordance with the first three elements of the Aboriginal child placement principle, it is the responsibility of the OOHC sector to support foster carers (the vast majority of whom are non-Aboriginal) to be culturally competent to facilitate the cultural identity of these children.

The Regulations will be altered to include an extra competency that foster carers are able to support the cultural needs of children. This will also be a recognition that all children have a culture that requires development and nurturing.

Reform action	Implementation
63. Add competency requiring foster carers to demonstrate their ability to support the cultural needs of children. Appropriate training and practice directions to be provided to staff to support implementation.	From January 2017

### *Residential care*

Similar to foster care, models of residential care have evolved over time. To support clarity, the definition of residential care worker will be, 'a non-family care arrangement where child(ren) are cared for in a place that is not the carer's primary residence.'

As with foster care, the Department and community sector organisations are responsible for the recruitment, selection, training and support of residential care workers. Unlike foster carer competencies, however, there are no shared standards that people who provide residential care must be assessed against. Organisations employ residential care workers through varying job descriptions. To support consistency of standards, cross-sector standards will be developed for residential care workers.

Reform action	Implementation
64. Develop and implement cross-sector shared standards for residential care workers.	July 2017

## System oversight

The standard of quality of OOHC provision in the Western Australian system is currently monitored for compliance against the Better Care, Better Services standards. Developed by the Department and community services sector in 2006, monitoring of an organisation's adherence to these standards is undertaken by the Department's Standards Monitoring Unit.

With the Department providing and funding services, and also regulating standards of OOHC in Western Australia, a perception of a conflict-of-interest exists. The Department will improve the independent monitoring of the OOHC system to remove this perception.

*In 2015, Standards Monitoring Unit and independent assessors monitored OOHC provided by seven Department districts, services from 11 community sector organisations and eight Residential Group Homes (including Secure Care)*

### *System oversight of out-of-home care*

Better Care, Better Services standards will be reviewed and updated. This will provide an opportunity to demonstrate the alignment of Western Australian safety and quality standards to the *National Standards of Out-of-Home Care*.

In the review, BCBS standards will be divided into two sections: safety standards (part 1) and quality standards (part 2) (Table 2):

**Better Care Better Services Part 1: Safety Standards** – Safety standards in Better Care, Better Services will be reviewed and enhanced. Where appropriate, these standards will align with the Commissioner for Children and Young People's guide. All organisations providing OOHC will be required to meet these safety standards to continue to provide OOHC.

**Better Care Better Services Part 2: Quality Standards** – The standard of quality OOHC provision will continue to be monitored against Better Care, Better Services.

The Department's Standards Monitoring Unit will continue to monitor part 1 (safety) and 2 (quality) of the reviewed and updated Better Care, Better Services standards.

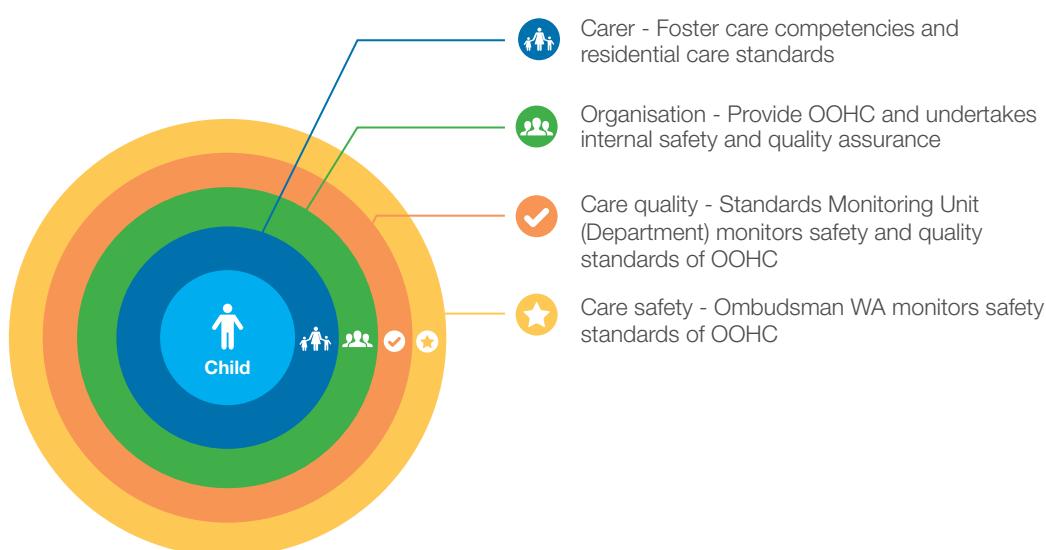
To improve independence of oversight, the Ombudsman of Western Australia will also monitor all organisations (Department and community services sector) against part 1 (safety) of the reviewed and updated Better Care, Better Services standards (pending Government approval to request the Ombudsman to undertake this function).

**Table 2 – System oversight of OOHC**

Responsibility for monitoring	Standards type	Standards name	Scope of monitoring
Department for Child Protection and Family Support (Standards Monitoring Unit)	Safety and quality standards	Better Care, Better Services: part 1 and 2	Individual services/programs
Ombudsman WA	Safety standards	Better Care, Better Services: part 1	Whole organisation

Figure 13 demonstrates the various layers of system oversight in the future Western Australian OOHC system.

**Figure 13 – Layers of oversight in OOHC**



Reform action	Implementation
65. Review and update Better Care, Better Services standards, creating part 1 (safety) and part 2 (quality).	From July 2017
66. Implement independent monitoring role of Ombudsman Western Australia (pending Government approval).	From January 2018
67. Demonstrate alignment of Better Care, Better Services to <i>National Standards of Out-of-Home Care</i> and publish on the Department's website.	July 2017

#### *Child-related employee misconduct*

A range of policies and procedures exist for managing safety and wellbeing concerns of a child or young person in the care of the Department, when the person alleged responsible is a Department or community sector organisation employee.

A review of these processes has highlighted several key areas of concern, including:

- inconsistencies in the way that child-related employee misconduct is identified, assessed and resolved;
- variations in the level of independent oversight (external to community sector organisations and the Department) of individual cases of child-related employee misconduct;
- the ability of an employee to move from one organisation to another (either Department or community sector organisation) with multiple investigations and concerns about their interactions with children; and
- no central place where information about individuals found to have engaged in child-related employee misconduct are recorded.

The implementation of the updated Better Care, Better Services standards will reflect a significant milestone in increasing the rigour and consistency in dealing with child-related employee misconduct. With part 1 of the standards independently monitored, these standards will require organisations to have:

- a code of conduct that includes clear guidelines for safe and appropriate behaviour with children;
- robust policies and procedures to investigate and respond to child complaints and worker misconduct; and
- demonstrate timely responses to concerns or allegations made of a child being mistreated, abused and/or neglected.

To complement this, to support the increase of consistency in the first instance, cross-sector guidelines will be developed and implemented for responding to child-related employee misconduct.

In phase two, and pending State Government approval and funding, the Department will also explore a trial reportable conduct system for people working with children in out-of-home care. This may see an independent Reportable Conduct Unit:

- reviewing and quality assuring all investigations of child-related employee misconduct for organisations providing OOHC, with the authority to recommend changes to investigation processes and outcomes; and
- recording and monitoring the names and outcomes of child-related employee misconduct.

As part of this, consideration will be given to the framework necessary so that a reportable conduct scheme may be linked to the *Working with Children (Criminal Record Checking) Act 2004*.

Reform action	Implementation
68. Implement shared guidelines for responding to child-related employee misconduct.	July 2017
69. Explore implementation of a trial <i>reportable conduct</i> system (pending Government approval).	To be determined

### *Child complaints*

A child-safe system is one where children have ready access and multiple avenues to make complaints, outside of the people who provide their care.

The Commissioner for Children and Young People, the CREATE Foundation and the Department are undertaking a consultation with a significant number of children and young people in OOHC care regarding their views on raising concerns and making complaints. This includes exploring their awareness of how to 'speak out', and identifying enabling factors and barriers to raising concerns about issues that affect them.

The outcome of this consultation will inform the Department on how to continue to make its child complaints system accessible to children in OOHC.

Reform action	Implementation
70. Consider amendments to the Department's child complaints process as a result of child consultation process.	January 2017

## The legislation – a legal framework that supports the best outcomes for children

There is overwhelming evidence that early, stable long-term care arrangements for children in OOHC lead to better life outcomes. The earlier that certainty and stability can be brought to a child's life, the better their life is likely to be.

The Department's permanency planning policy aims to focus the OOHC system on making permanency decisions for children as early as possible. The first permanency priority is always to safely reunify children with their parents. If this is not possible, then the next best option is a permanent care arrangement with family or foster carer.

However, although the Department has a clear policy for early permanency decision-making for children, ultimately and correctly, it is the Children's Court that determines if and when permanency decisions are made for children.

While the Act allows for early permanent decision-making for children; it does not sufficiently mandate it. The current legislative framework has seen many children waiting in temporary care for many years without a court decision made about their long-term future. As at January 2016, more than 650 children had been in temporary care for longer than two years without a permanent order.

The Department has recently conducted a consultation on proposed legislation reform to support earlier decision-making for children in OOHC.

As a result of the consultation feedback, the Department has outlined a suite of legislative amendment proposals (Appendix F).

Features of the proposals include:

- 1. Maintaining relationship with family and culture** – increased accountability that children develop and maintain identity and a sense of belonging through connection to family and culture
- 2. Shared responsibility for children** – require government agencies to prioritise services such as housing, education and health to children in care, or have left care, to have access to services they need.
- 3. Timely certainty for children and families** – measures to support earlier permanent decision-making for children.

The consultation has identified further work that needs to be completed before these proposals can be progressed. This work will immediately be undertaken.

Reform action	Implementation
71. Undertake further work to progress legislative proposals that have resulted from the consultation.	2016/2017

### Legislative review

Both the *Children and Community Services Act 2004* and the *Adoption Act 1994* are due for legislative review in 2017 and 2018 respectively. The Department will take this opportunity to consult with the community on a range of further amendments that may improve the focus, accountability and quality of care provided to children.

This will include considering:

- Legislative measures to support consistent high quality carer standards, including single decision-maker for carer approval;
- Legislative measures to support specified adverse outcomes in relation to carers, such as revocation of approval, to be linked to the *Working with Children (Criminal Record Checking) Act 2004*; and
- The allocation of guardianship and case management to community sector organisations.

Reform action	Implementation
72. Undertake legislative review of <i>Children and Community Services Act</i> and <i>Adoption Act</i> .	2017/2018

## CONCLUSION AND NEXT STEPS

The reforms out-lined in this plan will be implemented incrementally over the next five years. Appendix A lists the reforms.

# APPENDIX A – SCHEDULING OF OOHC REFORMS

Reform Action	2016							
	Mar	Apr	May	Jun	Jul	Aug	Sep	
<b>Cross-sector alignment</b>								
Outcomes Framework for Children in OOHC – baseline report								
Publish glossary								
CPFS/CSO consultation framework								
<b>Needs Assessment Tool (NAT)</b>								
NAT (phase 1) – NAT embedded in Assist and case management process								
NAT with High Needs Programs (trial)								
NAT (phase 2)								
<b>Repositioning and matching</b>								
Phases of care – temporary and permanent								
Whole-of-system matching function								
<b>Policy and practice directions</b>								
Short-break support policy								
Natural support network								
Care team approach								
Resource allocation framework								
<b>Foster carer/adoption</b>								
Foster carer definition								
Streamlined training								
Streamlined assessment process (incl carer-types and assessment design)								
Cross-sector Foster Carer Panel								
<b>Family carer</b>								
Assessment, induction, orientation, training, support								
<b>Legislation</b>								
Legislation – actions to progress current legislative proposals								
Cultural carer competency								
Legislation Review (Children and Community Services Act and Adoption Act)								
<b>Oversight</b>								
Better Care, Better Services								
Implement Ombudsman into oversight processes								
Shared guidelines for child-related employee misconduct								
Reportable conduct system (to be determined)								
<b>Funded Services</b>								
Community Services Expenditure Review								
Recontracting OOHC services								

2017

## APPENDIX B – TRENDS AND PRESSURES IN OUT-OF-HOME CARE

The trends and pressures in the out-of-home care system can be summarised as:

<b>Continued growth in numbers of children in out-of-home care</b>	The total number of children in OOHC continues to increase. The number of children in OOHC has risen from 2,477 in Jan 2007 to 4,547 in Jan 2016. Children in care numbers are projected to rise to 5,710 by 2020. The child protection system must implement alternative strategies to reduce the growth and more effectively manage those children already in OOHC.
<b>Over-representation of Aboriginal children in the child protection system</b>	Although Aboriginal children represent 6.7% of the Western Australian child population, they now comprise 52% of all children in OOHC. While the increase in the number of non-Aboriginal children entering OOHC is in-line with population growth, the rate of Aboriginal children in OOHC is growing at a significantly faster rate. The aim must be to reduce the over-representation of Aboriginal children in OOHC, and to support quality and culturally appropriate placements for those in care.
<b>Family care</b>	Family care has become the main means of OOHC provision, accounting for 44% of all children in care. While this has been a positive development, with many benefits for children, these carers and care arrangements require specific and targeted support that is not effectively provided in the current system.
<b>Attracting and retaining carers</b>	Recruitment and retention of family and foster carers willing and able to provide quality care arrangements, and in particular permanent care arrangements, continues to be difficult. Better outcomes for children will only be experienced if more permanent carers can be identified.
<b>Children leaving out-of-home care</b>	While the gross number of children entering OOHC every year is decreasing (reducing approximately 50 children per year for the last three years), the number of children leaving OOHC is also decreasing.
<b>Financial accountability and sustainability</b>	Aspects of the current OOHC system are expensive, not-benchmarked and are experiencing market failure. The Department must implement a range of measures to contain cost, and more equitably apportion funding across the OOHC system.
<b>Increasing complexity of children's needs</b>	There are a growing number of children and young people in OOHC with complex trauma-related needs. The OOHC sector's understanding of what is needed to meet these needs has also improved. These children require both therapeutic support, as well as arrangements that safeguard themselves and the community. Identifying safe, long-term and cost-effective care arrangements for these children remains a difficult balance.
<b>Royal Commission into Institutional Responses to Child Sexual Abuse</b>	The Department's reflection from the lessons of the Royal Commission has highlighted gaps in the regulation and oversight of the Western Australian OOHC system.

## APPENDIX C – TIMELINE OF DEVELOPMENT OF OOHC REFORMS

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November 2013	Formation of a cross-sector Steering Group (Department and community services sector) to consider the OOHC system and how it was meeting the needs of children, parents, carers and families. A number of cross-sector working groups developed preliminary directions for the OOHC system.
December 2014	Release of <i>Strategic Directions in Out-of-Home Care 2015-2020 Discussion Paper</i> for 10 week public consultation. A number of targeted forums were also held with members of the Aboriginal community and consumers of the child protection system.
March 2015	Release of <i>Response to Out-of-Home Care Strategic Directions in Western Australia 2015-2020 Discussion Paper</i> . The process is reconceptualised as a reform, and broadened to include early intervention and prevention.
March – December 2015	Convening of numerous workshops and presentations providing opportunity for input and feedback on OOHC reforms.
June 2015	Formation of three cross-sector working groups to assist in the detailed development of specific reforms.
August - September 2015	Release of a number of community consultation papers relating to aspects of the reform.
September 2015	PricewaterhouseCoopers engaged to support the development of aspects of the new resource framework for OOHC.
October 2015	<i>Growing Together, Learning Together</i> Western Australian OOHC conference attended by 600 workers and carers.
November 2015	Release of <i>Out-of-Home Care Reform - Legislative Amendments Consultation Paper</i> .
November 2015	Needs profiling of 1300 children in OOHC.
November 2015 – February 2016	Workshops with Chief Executive Officers, Financial Directors and Operational Managers of community sector organisations.
March 2016	Release of <i>Building a Better Future: Out-of-Home Care Reform in Western Australia</i> .

# APPENDIX D – SERVICE SYSTEM DESIGN

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## Service system design

Strategy	Strategy statement	Provider		Direction/Expectations
<b>Enhanced contact centres</b>	Provide a site for educative and purposeful contact between children and family that supports reunification.	CPFS		<ul style="list-style-type: none"> <li>State wide implementation.</li> <li>Support reunification through purposeful contact.</li> <li>Site for skill-development for parents and family carers.</li> </ul>
<b>Reunification services</b>	Provide services that reunify children with their birth parents and families.	CPFS	CSS	<ul style="list-style-type: none"> <li>Flexible and innovative models to be responsive to the specific needs of families (including practical parenting support, mother/baby).</li> <li>Increased focus on Aboriginal children and families.</li> <li>Increased provision in country areas.</li> <li>Link to enhanced contact centres where appropriate.</li> </ul>
<b>Family care provision</b>	Provide primary management and support to family carers.	CPFS		<ul style="list-style-type: none"> <li>Service delivery district provision and management of family carers.</li> <li>New resource allocation framework.</li> </ul>
<b>Family care support</b>	Provide services that identify, support and sustain family care arrangements.	CPFS	CSS	<ul style="list-style-type: none"> <li>Provision of services to sustain and maintain care arrangements.</li> <li>A focus on supporting Aboriginal children to remain connected to family, community and 'country'. Includes identifying family carers for children.</li> <li>Innovative models linking Aboriginal family carers to stable housing.</li> </ul>

Strategy	Strategy statement	Provider		Direction/Expectations
<b>Temporary Care</b>	Provide consistent and stable temporary care arrangements to children upon entering out-of-home care.	CPFS	CSS	<ul style="list-style-type: none"> <li>• State wide provision by Department and community services sector.</li> <li>• Minimum number of nights provided for children to support stability.</li> <li>• Temporary care houses <ul style="list-style-type: none"> <li>◦ Identification and assessment of children's needs.</li> <li>◦ State wide provision – at least one house per district.</li> <li>◦ Provision and management by community services sector.</li> <li>◦ Utilising existing Department housing assets (currently used as Family Group Homes).</li> <li>◦ 3-6 month maximum length of stay.</li> </ul> </li> </ul>
<b>Foster care</b>	Provide and support high-quality, foster care arrangements.	CPFS	CSS	<ul style="list-style-type: none"> <li>• Department <ul style="list-style-type: none"> <li>◦ New resource allocation framework.</li> <li>◦ Further implementation of Circle of Security therapeutic model.</li> <li>◦ Change in policies to assist matching child to carer need.</li> <li>◦ Short-break support policy.</li> </ul> </li> <li>• Community services sector <ul style="list-style-type: none"> <li>◦ New resource allocation framework and top-up funding model.</li> <li>◦ Provide flexible/innovative models based on child need (or group of children) need.</li> <li>◦ Explore community sector organisations providing permanent care arrangements.</li> <li>◦ Articulation of therapeutic model employed and proportionate service provision for Aboriginal children (where appropriate).</li> <li>◦ Provision of leaving care services where appropriate.</li> </ul> </li> </ul>

Strategy	Strategy statement	Provider		Direction/Expectations
<b>Residential care provision</b>	Provide residential care for older children with complex behavioural needs	CPFS	CSS	<ul style="list-style-type: none"> <li>• Department - Residential Group Home program <ul style="list-style-type: none"> <li>◦ State-wide provision</li> <li>◦ Focus provision for children that model is most likely to be effective for, namely: <ul style="list-style-type: none"> <li>• children over 10 years;</li> <li>• with a range of complex behaviours and needs;</li> <li>• who are able to live in a group environment; and</li> <li>• who may require significant support to engage.</li> </ul> </li> <li>◦ Develop model for program growth commensurate with children in care population growth.</li> </ul> </li> <li>• Community services sector - residential care <ul style="list-style-type: none"> <li>◦ flexible/innovative models (where appropriate) based on new resource framework.</li> </ul> </li> </ul>
<b>Residential group home transition support</b>	Provide support to children in Department residential group homes to transition to independent living.	CSS		<ul style="list-style-type: none"> <li>• Proactive transition support for children out of residential group homes into independent living.</li> </ul>
<b>Leaving care support</b>	Provide support, information and advocacy to children to promote successful transition out of the CEO's care.	CSS		<ul style="list-style-type: none"> <li>• Proactive transition support for children leaving care.</li> <li>• Particular focus on supporting care leavers to obtain and maintain housing.</li> </ul>
<b>Post-care support</b>	Provide individual and systemic support, advocacy and information for children and carers after transition to permanent order.	CSS		<ul style="list-style-type: none"> <li>• Provide information, linking and advocacy for children and carers on a Protection Order (Special Guardianship).</li> <li>• Provide post-adoption support services as required by the Adoption Act.</li> </ul>

Strategy	Strategy statement	Provider	Direction/Expectations
<b>Advocacy</b>	Support individual and system advocacy for children, parents and carers.	CSS	<p><b>Children</b></p> <ul style="list-style-type: none"> <li>Provide system advocacy for children in out-of-home care</li> </ul>
		CSS	<p><b>Parents and birth families</b></p> <ul style="list-style-type: none"> <li>Provide individual and systemic support and advocacy for parents and birth families.</li> </ul>
		CSS	<p><b>Carers</b></p> <ul style="list-style-type: none"> <li>Provide individual and systemic support and advocacy for family and foster carers.</li> </ul>

# APPENDIX E – OUTCOMES FRAMEWORK FOR CHILDREN IN OUT-OF-HOME CARE IN WESTERN AUSTRALIA

OUTCOME	1 SAFE AND STABLE	2 HEALTHY	3 ACHIEVE
	Children live safely in a stable care arrangement	Children have strong physical, social and mental health	Children attend, participate and achieve in quality education
	LINK TO NATIONAL STANDARD 1	LINK TO NATIONAL STANDARD 4&5	LINK TO NATIONAL STANDARD 4,6,7
	<p><b><i>Children feel safe in out of home care</i></b></p> <p>1.1 Proportion of children who report that they feel safe where they live.</p>	<p><b><i>Children's initial health needs are assessed and identified on entry to care</i></b></p> <p>2.1 The proportion of children who had an initial medical examination within 20 days of entering out of home care.</p>	<p><b><i>Children's education needs are assessed, identified and supported</i></b></p> <p>3.1 Proportion of children at compulsory school age who have a current documented educational plan.</p>
	<p><b><i>Children feel settled in their care arrangement</i></b></p> <p>1.2 Proportion of children who report that they feel settled where they live.</p>	<p><b><i>Children's ongoing physical and mental health needs are assessed, identified and supported</i></b></p> <p>2.2 Proportion of children who have had an annual health check of their physical development.</p> <p>2.3 Proportion of children aged four and older who have had an annual health check of their psychosocial and mental health needs.</p>	<p><b><i>Children are engaged early in learning and development activities</i></b></p> <p>3.2 Proportion of four year old children who participate in early childhood education and child care services.</p> <p>3.3 Proportion of children at compulsory school age who are regularly attending an education program.</p>
	<p><b><i>Children in out-of-home care have as few placements as possible</i></b></p> <p>1.3 The average number of placements per child in the CEO's care on a temporary order (PPC or TL) - per year.</p> <p>1.4 The average number of placements per child in the CEO's care on an until 18 order (permanent) - per year.</p>	<p><b><i>Children are supported to keep healthy</i></b></p> <p>2.4 Proportion of children who report that they get enough help with keeping healthy.</p>	<p><b><i>Children achieve national literacy and numeracy standards</i></b></p> <p>3.4 The proportion of children achieving or exceeding national NAPLAN literacy and numeracy benchmarks.</p>
	<p><b><i>Children are safe from further abuse and neglect in out of home care</i></b></p> <p>1.5 Proportion of children in OOHC who were the subject of child protection substantiation and the person believed responsible was living in the household providing OOHC.</p>		

<b>4 BELONG</b>	<b>5 INCLUDED</b>	<b>6 FUTURE LIFE OUTCOMES</b>
Children develop and retain a deep knowledge and understanding of their life-history and identity	Children are included by the systems that support them.	Children leave care equipped with the resources to live productive lives
LINK TO NATIONAL STANDARD 3, 9, 10, 11	LINK TO NATIONAL STANDARD 2,8	LINK TO NATIONAL STANDARD 13
<b><i>Children's cultural needs are identified and responded to</i></b>  4.1 Proportion of Aboriginal children who have a current cultural support plan.  4.2 Proportion of CaLD children who have a current cultural support plan.	<b><i>Children are included in decision making processes about their lives</i></b>  5.1 Proportion of eligible children who have input into their care arrangements via Viewpoint.  5.2 Proportion of children who report that they feel able to participate in decisions about where they live, their school and learning and their future.	<b><i>Children leave care with a plan for their future</i></b>  6.1 Proportion of young people aged 15 years and over who have a leaving care plan.
<b><i>Children have a connection with family to support their identity and belonging</i></b>  4.3 The proportion of children in out of home care who are placed with family.  4.4 The proportion of children who report feeling close to family members they don't live with.  4.5 Proportion of children who have an ongoing relationship with their biological parents <sup>6</sup> .  4.6 Proportion of children who have an ongoing relationship with their siblings <sup>6</sup>	<b><i>Children are active members of their community</i></b>  5.3 Proportion of children who report that they are encouraged to do things with other people like sport, hobbies or cultural activities.	<b><i>Children leave care with continuing nurturing relationships</i></b>  6.2 The proportion of children who are able to nominate at least one significant adult who cares about them and who they believe they will be able to depend upon throughout their childhood or young adulthood.
<b><i>Aboriginal children are living within their cultural community</i></b>  4.7 Proportion of Aboriginal children in out-of-home care placed in accordance with the first three Aboriginal Child Placement Principles.		<b><i>Children achieve educational milestones</i></b>  6.3 Proportion of young people who complete year 12 or equivalent VET.
		<b><i>Children do not enter juvenile detention while in out of home care</i></b>  6.4 Proportion of children who have entered juvenile detention.

<sup>6</sup> Data will be available for reporting in 2017

# **APPENDIX F – LEGISLATIVE AMENDMENTS CONSULTATION PAPER – CONSULTATION FEEDBACK**

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## **1. Introduction**

In November 2015, the Department for Child Protection and Family Support (the Department) released the *Out-of-Home Care Reform - Legislative Amendments Consultation Paper*<sup>1</sup> (the Paper) for public comment.

The Paper sought to promote community discussion and elicit feedback on whether Western Australia's *Children and Community Services Act 2004* (the Act) is sufficiently supportive of permanency planning. Permanency planning involves planning for timely permanency-of-care decisions for children who enter out-of-home care (OOHC) under the provisions of the Act (children in care).

The consultation was undertaken in the context of wide-ranging reform of Western Australia's OOHC system that is currently underway and being led by the Department in collaboration with the community services sector. In addition to its permanency planning focus, the Paper highlighted options for legislative change to support related aspects of the Department's OOHC reform agenda. These included strengthening shared government responsibility for children in care and reform of the foster carer approval system.

This paper provides a summary of the feedback received in written submissions in response to the Paper's consultation questions.

## **2. Consultation process**

The Paper was released on 24 November 2016 through: placement on the Department's website; direct distribution to over fifty stakeholders; release of a media statement; and subsequent media articles and interviews with the Director General of the Department. The consultation was extended to 16 February 2016 following requests from stakeholders, resulting in a final consultation period of 12 weeks.

In addition to receiving written submissions, briefings and forums were held with specific interest groups, including with the legal sector, parents of children in care and members of the Aboriginal community.

Forty-one written submissions were received from a wide range of stakeholders including carers, private citizens, Department staff and work units, community sector organisations (CSO's), government agencies and the legal sector. Stakeholders represented in the feedback included children in care, parents' groups and professionals.

## **3. Permanency planning**

The Department's Policy on Permanency Planning (the Policy) was first implemented in 2009. The Policy aims to prevent 'drift-in-care' caused by delayed decision-making about children's permanency arrangements and focus interventions with families when changes to support reunification are most likely to occur.

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<sup>1</sup>The paper can be accessed on the Department's website at  
[www.dcp.wa.gov.au/ChildrenInCare/Documents/Legislation%20Consultation%20Paper.pdf](http://www.dcp.wa.gov.au/ChildrenInCare/Documents/Legislation%20Consultation%20Paper.pdf)

Permanency planning involves timely decision-making about a child's long-term care, including the likelihood of a child's reunification with parents, the child's possible need for OOHC and the need for timely long term planning for the child's stability and permanency-of-care. Timely decision-making is important given the overwhelming evidence that early stability and long-term care arrangements for children who enter OOHC leads to better life outcomes: the earlier certainty and stability can be brought to a child's life, the better their life is likely to be.

Consistent with underpinning principles in the Act, the Policy's first preference is for safe reunification of children with their parents. If reunification is not possible or in the child's best interests, the next best option is permanent care with other family, followed by permanent care with another appropriate carer.

It is noteworthy that a number of submissions strongly associated 'permanency' with children's permanent placement in OOHC rather than with a process of timely and accountable decision-making regarding a child's permanency-of-care, whether achieved through reunification as the preferred option or a child's need for long term OOHC. The considerable variation in feedback regarding the concept of 'permanency' and 'permanency planning' indicates the need for continuing sector education and training on this critical aspect of state child protection intervention.

## 4. Brief summary of responses

The following list provides a brief 'high-level' summary of responses to proposed legislated amendments:

- Strong support for an Act that recognises and promotes children's need for certainty, continuity, stability and permanency.
- Varying support for implementing maximum timeframe's for children to have a non-permanent order.
- Broad support for re-naming of Court orders to more simply and clearly reflect their purpose.
- Strong support for increasing the legislative accountability of the Department to the application of the Aboriginal and Torres Strait Islander child placement principle.
- Strong support for increasing the legislative accountability of the Department to support a child to develop and maintain connections with their family (particularly siblings) and culture.
- Broad support for more timely protection proceedings.
- Strong support for increased legislative underpinning for a whole-of-government approach to services for children in care.

## 5. Consultation questions and summary of responses

### *Underpinning principles*

#### **Consultation question**

1. *Should the underpinning principles of the Act give more emphasis to the importance of permanency for a child in OOHC?*

## **Responses**

- There was strong recognition of children's need for certainty, continuity, stability and permanency, and broad support for strengthening the underpinning principles and timely permanency-of-care decisions once children enter care.
- Views about the merits of the various terminologies ('stability', 'continuity' and 'permanency') varied, with some concerned that an emphasis on 'permanency' could elevate early permanent placement in OOHC care at the expense of individual children's best interests.
- A number of submissions from the legal sector viewed the existing principles as providing sufficiently balanced guidance about decision-making in children's best interests, including taking into account their need for stability and continuity.

### ***Final proposal***

After consideration of submissions it was decided that the suite of proposed amendments would have the effect of making the Act sufficiently supportive of permanency planning without amending the terminology in the underpinning principles to emphasise permanency.

#### *Timeframes for protection order (supervision)*

##### **Consultation question**

2. *Should the maximum period for a supervision order be reduced from 24 months to 12 months, with the possibility of up to a further 12-month extension?*

#### **Summary of responses**

- Submissions on supervision order timeframes varied: a number considered 12 months long enough for families and the Department to be operating under a supervisory context and considered it would motivate families to address their issues; while others held that 12 months was insufficient to address complex problems and would increase families' stress and result in non-engagement.
- Many reflected that a consecutive period of three years under a protection order (supervision) (in varying periods of an initial order or extension) would be sufficient time for parents to address issues and, if longer was required, it is likely that a different order would be more appropriate.

### ***Final proposal***

It is proposed to retain the maximum period for an initial order at 24 months. It is proposed to reduce the maximum period that an extension of a supervision order may be granted, from 24 months to 12 months.

## *Timeframes for protection order (time-limited)*

### **Consultation questions**

3. *Should the maximum allowable period of a time-limited order be changed from two years to 12 months?*
4. *Should there be a limit placed on the number of times the Department is able to apply for extension of a time-limited order?*
5. *Should criteria for an extension be linked to circumstances where the Court is satisfied that reunification is viable and progressing?*
6. *Should the total cumulative time a child can be in OOHC without a permanent order be limited to 24 months?*
7. *If so, upon an application by the Department, should the Court also have discretion to make a time-limited order that goes beyond the 24 months total cumulative time if considered to be in the best interests of child?*

### **Summary of responses**

- Reducing the length of a protection order (time-limited) and providing maximum timeframes for children to be without a permanent order received the most feedback. This varied significantly with assertions made that the timeframes proposed were reasonable, too short or not long enough. Others argued that the concept of imposing permanency planning timeframes should be abandoned and that flexibility should be maintained in all circumstances to allow for the best interests of individual children.
- The majority of submissions that opposed timeframes did so on the basis that services may not always be available for parents, and that two (or three) years was insufficient time for parents to make lasting behavioural change.
- The overwhelming majority of submissions supported linking extensions of protection orders (time-limited) to circumstances where reunification is viable or progressing, citing that such measures would increase the accountability of both the Department and families in relation to reunification, and provide timely certainty for children who are unlikely to be reunified.

### **Final proposal**

In light of the feedback, the proposal to reduce the maximum periods allowable for time-limited orders, including extensions, has been amended and replaced with a 2-year limit on the amount of time a child can be in OOHC without a permanent-order application, unless special circumstances exist which warrant extending the time limit to 3 years. It is also now proposed that the Court retain discretion to extend a time-limited order in special circumstances, not just limited to an application from the Department.

## *Naming of orders*

### **Consultation questions**

8. *Do the names of the current protection orders adequately reflect the status and purpose of the orders?*
9. *Should any of the names change and, if so, what should they become and why?*

### **Summary of responses**

- There was broad consensus that the names of the current protection orders do not adequately reflect their purpose and a simpler and clearer alignment between the purpose and name of the orders would be beneficial for children, young people and families. However, suggestions for changes varied widely.
- A number of submissions did consider the current names to be adequate and commented that whatever the name, the effect and intent of an order will always require explanation to children and parents.

### ***Final proposal***

Deferred for further consideration during the 2017 statutory review of the Act.

## *Maintaining connections to family and culture – child placement principles*

### **Consultation questions**

10. *Should the Act be strengthened to ensure that, before the Court makes a permanent order, it must be satisfied that the Aboriginal placement principle has been applied in the child's best interests?*
11. *Should the Department be required to demonstrate its application of the Aboriginal placement principle in the reports it provides to the Court?*
12. *Are there other options that should be explored?*

### **Summary of responses**

- Submissions overwhelmingly supported greater Department accountability for developing and maintaining children's connection with culture and family, including a requirement to demonstrate its application of the Aboriginal and Torres Strait Islander child placement principle and guidelines for placing culturally and linguistically diverse (CALD) children.
- Submissions from Aboriginal agencies argued that the Department's application of the child placement principle is inadequate, while other submissions suggested that the application of the principle is given preference to the detriment of the safety and wellbeing of children in the current system.

### ***Final proposal***

It is proposed the Department be required to demonstrate to the Court how it has or will apply the Aboriginal and Torres Strait Islander child placement principle or the CALD placement guidelines. The Department's reports to the Court will also need to be accompanied by a plan for maintaining the child's culture and identity.

## Hierarchy of permanent care

### Consultation questions

13. Should the legislation set out an order of priority for orders which the Department and/or the Court must consider?
14. If so, what should the order of priority be?

### Summary of responses

- Many submissions supported a hierarchy of permanent care with overwhelming agreement that remaining with or reunifying with parents should be the first priorities where possible.
- There was a strong consensus view that permanency decisions and the type of order relevant for a child, if any, should be determined on the basis of the child's best interests rather than an inflexible adherence to a priority of court orders.

### Final proposal

It is proposed that a new principle is introduced to set out a preferred hierarchy for children's permanent care (rather than a hierarchy of types of protection order), starting with reunification with parents, followed by permanent care with family or a significant other, and ending with permanent care with another appropriate person. This would build on the principles already underpinning the Act that preventing children from entering care is the preferred way of safeguarding and promoting their wellbeing..

## Timeliness of proceedings

### Consultation question

15. Should the Act be amended to strengthen provisions for expeditiously dealing with protection proceedings? If so how?

### Summary of responses

- Many submissions supported introducing stronger requirements for more timely protection proceedings as it is seen that delays in court processes are often parent-focussed rather than child-focussed. A common concern was that decisions on children's future which are drawn-out over a significant length of time are likely to be detrimental to them.
- The pressures on Court resources were consistently raised and a number of legal submissions cautioned against expediting proceedings at the expense of a close examination of all issues in the child's best interests, and also emphasised resource implications.

### Final proposal

Rather than introducing more prescriptive provisions to expedite court proceedings, it is proposed that existing provisions are strengthened to refer to the possible harmful effects of delayed proceedings on children, including in section 145(3).

## Contact provisions

### Consultation questions

16. Should the legislation be amended to indicate that the level of contact a child is to have with his or her birth family should reflect the priority of meeting permanency objectives?
17. If so, should amendments require that SGO contact conditions be demonstrably in line with the permanency objective for the child?

### Summary of responses

- The majority of submissions strongly argued that contact should occur in the best interests of each individual child without being constrained by legislation and without reduced contact being linked to the granting of a permanent order. Responses indicated the importance of birth family contact as it relates to children's identity formation, and noted the particular significance of maintaining sibling relationships.
- A few responses noted contact can be destructive for some children and impair their capacity to form a strong identity with their carer family.
- Parent groups suggested court-ordered contact for all order types would provide all parties with clear parameters and reduce the risk of contact ceasing after permanent orders are put in place. Stories shared by parents illustrated that children's contact with their birth families, in light of multiple placement breakdowns and worker turnover, is often the one consistent feature of their care experience.

### Final proposals

Rather than amendments requiring children's contact with birth family to reflect the permanency objectives for the child, an underpinning principle is proposed to promote children's family relationships so far as is consistent with the child's best interests. Recognition of the often enduring relationships between siblings is also proposed to be included.

The Department will also be required to outline arrangements for promoting children's relationships with family, where appropriate, in the reports it is required to provide to the Court.

## Payments to special guardians

### Consultation questions

18. Should special guardians continue to be able to receive regular carer payments for the duration of their SGO or should payments be limited in some way?
19. Should carer payments cease if a child under the SGO is not residing with the special guardian or receives a Commonwealth Youth Allowance or fulltime income?

## **Summary of responses**

- While most submissions supported carer payments continuing for the duration of an SGO, provided payments were used for the child's support, some suggested means testing and sliding scale payments.
- There was concern that limiting payments may become a barrier to engaging long-term carers.
- Many submissions thought it was reasonable to cease payments when young people are in fulltime employment or receipt of Youth Allowance. However, it was also noted that young people could have a better opportunity to build financial resources before leaving care if carer payments continued alongside other income or entitlements.

### ***Final proposal***

Deferred for further consideration during the 2017 statutory review of the Act.

## *Foster care reforms*

### **Consultation questions**

20. *Do you support legislative amendments which provide for a single decision-maker (such as the CEO of the Department) in respect of the approval and revocation of foster carers?*
21. *If yes, do you support 'portability' of carer approval status for a carer?*
22. *Should a carer be required to report relevant changes in personal circumstances or history to the decision-maker?*
23. *If the CEO is the decision-maker, should a person revoked as a carer be able to seek external review of the CEO's decision?*
24. *Do you have any suggestions regarding possible changes to the existing regulated competencies?*
25. *Which carers should be subject to a legislative carer approval process?*

## **Summary of responses**

- Submissions gave strong in-principle support for greater consistency of assessment and approval processes for foster carers, portability of carer approvals and a requirement for carers' to report relevant changes in their circumstances.
- In relation to the proposal for a single decision-maker in respect of carer approval and revocation, broad support was expressed on the grounds of consistency. However, submissions from CSO's expressed concerns in relation to such amendments, citing industrial relations and human resourcing implications, as well as a concern that CSO's would carry the risks associated with the management of carers without decision-making capacity.

### ***Final proposal***

Deferred for further consideration during the 2017 statutory review of the Act.

## *Shared responsibility for children*

### **Consultation questions**

25. (a) Should the responsibility of government agencies to provide services to children in care be legislated?
26. Could and should a broader approach be taken? For instance, could the provision of services under a legislated framework be expanded to target children at risk of entering care?
27. How else could the concept of Corporate Parenting be expanded upon in the Western Australian context?

### **Summary of responses**

- There was strong support for a whole-of-government approach to services for children in care, with legislation seen as a mechanism to achieve greater accountability and enhance opportunities for children in care. Some support was expressed to broadening this responsibility to including children who may be at risk of coming into care.
- Government agencies were concerned that prescriptive legislation requiring the prioritisation of services to children in care had the potential to conflict with agency policy or legislation, particularly in the context of providing emergency services.

### ***Final proposal***

It is proposed that certain public authorities (to be prescribed in regulations) be required to prioritise services to children in care, on special guardianship orders and care leavers when requested by the CEO, provided this would be consistent with their duties and would not unduly prejudice the performance of their functions.





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