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| Strong carers, stronger children  Supporting kinship, foster and permanent carers to achieve the best outcomes for children and young people in care |
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Acknowledgements

The Victorian Government proudly acknowledges Victoria’s Aboriginal communities and their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal people as Australia’s first peoples and as the Traditional Owners and custodians of the land and water on which we live and work.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life, and how this enriches our society more broadly.

We embrace the spirit of self-determination, self-management and reconciliation, working towards equality of outcomes and ensuring an equitable voice.

As we work together to ensure Victorian Aboriginal communities continue to thrive, the department acknowledges the invaluable contributions of Aboriginal clients, workforce and communities across Victoria to this work, and we look forward to a continued partnership.

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The strategy was developed in collaboration with sector peak bodies and stakeholder representatives, including Kinship Carers Victoria, the Foster Care Association of Victoria, Permanent Care and Adoptive Families, the Victorian Aboriginal Children and Young People’s Alliance and the CREATE Foundation. The Victorian Government would like to thank these groups for their extensive contribution to the strategy.

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# Minister’s foreword

Victoria’s kinship carers, foster carers and permanent carers make a significant contribution to our society every day. They love and care for some of Victoria’s most vulnerable children and young people. The caring role they take on is critical, and without carers our current children and family service system could not exist. That is why this strategy is so important; we want to ensure that carers are supported to continue providing this invaluable role in our community.

Under the direction of *Roadmap for reform: strong families, safe children*, the Victorian Government has continued to strengthen home-based care and support for carers.However, carers have told us that there is still more work to be done – that their role comes with significant challenges.

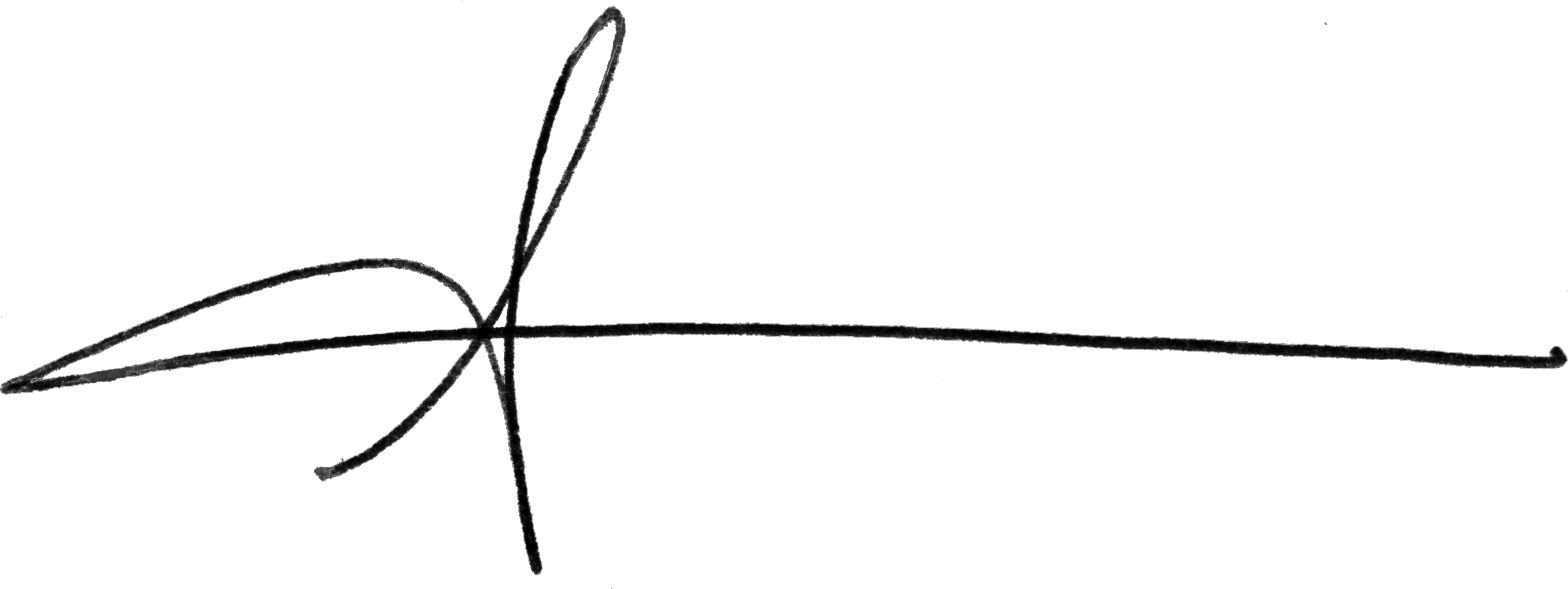
Carers are faced with complex situations, including navigating courts and court orders, the education system, child protection and family contact. They are constantly striving to provide a normal life for a child or young person, despite the circumstances being far from ordinary. In some cases, they report feeling disempowered by the formal care network around them. And this is all while they are providing 24-hour support for the child or young person in their care, helping them heal and build positive relationships.

We need more home-based carers to meet the increasingly diverse and growing needs of children and young people in care. But we also need to make sure the system around carers works and they feel valued and supported.

*Strong carers, stronger children* is the first Victorian strategy for home-based carers and signifies the Victorian Government’s commitment to kinship, foster and permanent carers and the value we place on their role in supporting children and young people.

*Strong carers, stronger children* sets out the Victorian Government’s vision to improve the caring experience for carers and, as a result, for the children and young people they care for. This strategy recognises the unique role and experiences of home-based carers, as distinct from other carers, and builds on the government’s previous recognition of carers through *Recognising and supporting Victoria’s carers: the Victorian carer strategy 2018–22*.

I would like to thank members of the Carer Strategy Working Group and other key stakeholders, including young people and sector representatives, who have contributed to the development of this strategy.



**The Hon. Luke Donnellan, MP**

Minister for Child Protection

Minister for Disability, Ageing and Carers

# Executive summary

In 2016, the Victorian Government launched the *Roadmap for reform: strong families, safe children* to transform Victoria’s children and family services system. Since then, we have implemented a number of substantial reform initiatives to enhance the system architecture, and improve outcomes for vulnerable children, young people and their families.

Victoria’s kinship, foster and permanent carers provide essential supports to our most vulnerable children and young people and are a fundamental part of the children and family service system. This rewarding role also comes with challenges. Carers navigate a complex child and families services system and education system, as well as managing contact with family and other complicated and time-consuming processes. The way the system around them works often makes them feel disempowered and undervalued. This is all while they are working and caring for their own family.

The children and young people coming into care also have increasingly complex needs and require more specialised care responses. With current reforms underway, and acknowledging the challenges experienced by carers, we need to improve the support for home-based carers and the children they care for to make sure that home-based care is sustainable into the future.

*Strong carers, stronger children* details the strategic framework that will guide and inform the direction of home-based care. It acknowledges the challenges faced by carers and articulates a vision for the future, building on the past three years of work under the *Roadmap for reform* to support the vital role of home-based carers.

The strategy was developed through a series of targeted workshops and consultations with carers, community service organisations, Aboriginal community-controlled organisations, peak bodies and young care leavers.

*Strong carers, stronger children* is underpinned by six goals that articulate the Victorian Government's commitment to improve the experience of carers and to support them to provide nurturing and therapeutic care to Victoria’s most vulnerable children. This commitment includes:

* maintaining, where possible, children and young people’s connection to family and culture, and finding appropriate care arrangements that reflect the diverse and changing needs of children and young people in care
* ensuring carers are well-informed and adequately prepared to support the children they care for
* ensuring carers are valued and empowered and are part of the decision-making process
* providing relevant and timely training to enable carers to provide safe, stable, quality and culturally connected care
* enhancing and improving the supports and systems available to carers, and
* facilitating long-term stability for children and young people in care by strengthening lifelong relationships and enabling family preservation and reunification, or providing a permanent placement.

*Strong carers, stronger children* will be implemented over the next five years through a series of action plans that will be developed in close consultation with the sector. As Victoria’s first home-based care strategy, this signals the Victorian Government’s commitment to strengthening Victoria’s home-based care system to improve outcomes for children and young people in care.

## Key elements of the strategy

### Vision

All children live with carers who are supported to create a safe and nurturing home for as long as they need it.

### Principles

* Support children’s development
* Accommodate and celebrate diversity
* Implement evidence- and outcomes-based approaches
* Embed cultural safety and responsiveness
* Facilitate reunification
* Advance Aboriginal people’s self-determination
* Recognise and support carers needs
* Design and implement collaboratively through shared governance

### Goal 1: Finding children a home

Finding a safe, nurturing kinship carer or foster carer and ensuring connection with family is maintained

#### Goal 1 strategies

* Strengthen family-finding capabilities
* Support Aboriginal-led and managed family and carer finding
* Grow a pool of carers to meet the needs of children in care
* Improve the permanent care assessment process
* Review the Foster Care Model
* Learn from alternative models of home-based care
* Enable carers to better facilitate children and young peoples’ connection to family, community and culture

### Goal 2: Preparation for caring

Carers understand their role, are ready and have what they need to care and provide for the specific needs of the children placed with them

#### Goal 2 strategies

* Improve induction to caring, including an awareness of culturally safe care
* Improve consistency and timeliness of information and document sharing where it relates to the day-to-day care of a child
* Provide support to kinship carers to meet a child’s educational and developmental needs
* Provide carers with timely access to peer support before they begin caring for a child, or when is most appropriate

### Goal 3: Valuing, informing and empowering carers

Carers are valued and empowered to participate in decision-making affecting the children they care for

#### Goal 3 strategies

* Increase the focus of workers, agencies and the department on the carer experience
* Empower carers to participate in planning decisions that affect the care arrangement
* Make planning and decision-making processes more transparent and inclusive of carers and young people
* Develop new approaches and embrace new technology to communicate with carers

### Goal 4: Training

Carers are effectively trained to provide safe, stable, quality and culturally connected care

#### Goal 4 strategies

* Continuously improve the suite of training packages so it is comprehensive and contemporary
* Make training more flexible and accessible, including through harnessing new technology
* Develop more tailored training for carers of Aboriginal children and culturally and linguistically diverse children
* Make training more available to permanent carers

### Goal 5: Supporting carers

Carers have access to responsive, high-quality systems of support

#### Goal 5 strategies

* Connect carers with social, peer and community support networks
* Assist carers to navigate supports available for children in their care
* Re-design carer support funding to make it more transparent, timely, flexible and targeted
* Improve telephone/online carer support services
* Explore new respite options, including maintaining connections with extended family and facilitating participation in recreational and sporting activities
* Embrace technology to make family contact easier for all parties

### Goal 6: Stability and permanency

Carers provide nurturing lifelong relationships, enabling family preservation or reunification or providing a permanent care arrangement

#### Goal 6 strategies

* Develop a structured and supportive model for carers where children are transitioning to:
  + their parents through reunification
  + another care arrangement
  + into permanent care
* Improve support for permanent carers, including:
  + transition support
  + training
  + link-ups to universal and specialised services and community and peer support

# Introduction

All children and young people have the right to be safe, to reach their full potential, and to have a sense of belonging so they can thrive. Some children and young people, however, cannot have these needs met by their parents, and need to be looked after by others as part of formal care arrangements.

In April 2016, the Victorian Government launched *Roadmap for reform: strong families, safe children* (the Roadmap), which sets out a long-term blueprint for transforming the child and family system with a renewed focus on:

* earlier intervention and prevention
* reducing vulnerability
* supporting children to reach their full potential.

The Roadmap acknowledges that the children and families services system was ‘failing too many vulnerable children and young people’ (Department of Health and Human Services 2016, p. 1). It recognises that caregivers may not have the resources and capacity they need to meet children’s complex needs, and that children in care have lower health and educational outcomes (Department of Health and Human Services 2016, p. 7).

To address this, the Roadmap outlines a vision for a system that drives early intervention and prevention and supports grandparents, extended family and foster carers and permanent care families to support the best possible outcomes for children who cannot live with their own parents (Department of Health and Human Services 2016, p. 17).

Carers play an invaluable role in caring for vulnerable children and young people. They provide safety, security, stability and build positive relationships. They are also critical members of the team that supports children and young people in care. They provide significant contributions to our society; however, carers continue to report significant barriers to protecting and nurturing the health, wellbeing and long-term outcomes of children and young people in their care.

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| This document, *Strong carers, stronger children*, is a key component of *Roadmap for reform: strong families, safe children* and the Victorian Government’s commitment to transform the state’s child and family services system. It outlines Victoria’s strategy to support the vital role of home-based carers – kinship, foster and permanent carers – in helping Victoria’s most vulnerable children to heal, recover and thrive. |

*Strong carers, stronger children* outlines a set of strategies and actions to improve the experience of carers and, in doing so, achieve a step change in the health, wellbeing and educational outcomes of the children and young people they care for.

# Victoria’s carers and the children they care for

We want Victorian children and young people to grow up in loving, caring and stable families so they can develop into healthy, capable and happy adults.

Some families need extra help to overcome difficulties that affect their parenting and family life. Sometimes, parents are unable or unwilling to keep their children safe at home. In these circumstances, the care services system provides alternative care for children and young people. This includes home-based care (referred to in this strategy as ‘carers’, a term that includes kinship carers, foster carers and permanent carers), as well as residential care.[[1]](#footnote-2)

## About Victoria’s carers

In Victoria, there are around 6,500 kinship and foster carers (AIHW 2018, table S57–58) and permanent carers (Department of Health and Human Services internal data) who open their hearts and homes to children and young people in need of a safe and nurturing home.

On an average day in 2017–18, there were 9,879 children and young people living with kinship, foster and permanent carers. As of 30 June 2018, 94 per cent of children or young people cared for within the care services system were in a home-based care arrangement (Productivity Commission 2019).

Of these, 56.5 per cent lived in kinship care; 16.9 per cent lived in foster care; and 26.6 per cent lived in permanent care (Department of Health and Human Services 2018).

In Victoria, home-based care is the preferred type of care for children who cannot live with their own parents. Home-based carers provide material and emotional support to the children and young people in their care, 24-hours a day, for the period of the care arrangement and, at times, beyond the care arrangement. Kinship, foster and permanent carers are the cornerstone of the care services system.

### Kinship carers

Kinship care is the fastest growing home-based care type in Victoria. As at 30 June 2018, 3,705 households provided kinship care for a child or young person. The average number of children in kinship care has grown by 70.8 per cent in the past five years (Department of Health and Human Services 2018; 2017; 2016; 2015; 2014).

Most kinship carer households cared for one child or young person (67.8 per cent). The remainder cared for between two and four children or young people, with 0.8 per cent of kinship carer households caring for five or more children or young people (AIHW 2018, Table S58).

A Victorian survey of kinship carers in 2015 found that respondents were typically older relatives, mostly grandparents or aunts, and often women. And around 40 per cent of respondents were sole carers (Kiraly 2015, table 3). Survey participants reported they often had their own health issues to deal with, as well as providing care for their partners or parents, and they reported lower household incomes (Kiraly 2015).

Kinship carers can be family members and non-family members who are well-known to the child and family, other than the parents of the child. Kinship care is the preferred type of home-based care under Victorian legislation.

Kinship carers need different supports to other types of home-based carers, due to their different motivations, intentions and experiences. For example, their decision to become a carer may be made quickly during a stressful family crisis involving a grandchild, niece, nephew, cousin or family friend.

They may not have had any involvement with the child protection system and its processes before a child or young person comes into their care. They also often still have a relationship with the parents of the child or young person, which can cause issues during family contact and impact on carers and children’s emotional wellbeing.

Kinship carers are particularly important for Aboriginal children and young people. Early identification of Aboriginal kinship networks helps to build and promote positive cultural and community connections for Aboriginal children in care.

The Victorian Government has implemented a new model of kinship care to identify carers earlier, strengthen community connections for Aboriginal children in care and deliver better, more flexible support for carers.

Kinship care is temporary and ends when the child can safely return home, transition to independent living, or a permanent care order is put in place.

### Foster carers

At the end of June 2018, there were 998 foster care households caring for a child or young person in Victoria (AIHW 2018, Table S57).

The 2016 Foster Carer Census, conducted by the Foster Care Association of Victoria (2016), surveyed 1,346 foster carers, and found that of the respondents to the survey:

* 53 per cent were aged between 46 and 65
* 38 per cent were not in the labour force
* 66 per cent shared caring with a partner
* 15 per cent were previously married or partnered
* 64 per cent were non-Aboriginal Australians from an English-speaking background
* 2.5 per cent identified as having an Aboriginal or Torres Strait Islander heritage.

Foster carers are volunteers who provide care for children or young people when a suitable kinship carer cannot be found.

Foster carers typically make a conscious decision to become carers and go through training and accreditation before becoming a foster carer. Foster carers are supported by an agency, and they generally expect to stay within the care services system and receive multiple children to care for. At times, foster carers also become permanent carers.

Carers of Aboriginal children and young people have additional roles and responsibilities. They are expected to nurture a child’s Aboriginal identity; help to implement their cultural plan; be aware of and enable participation in significant cultural events; and increase their cultural awareness through training and support materials.

The role of foster carers is changing and will likely to continue to evolve. A professionalised, therapeutic model of foster care is emerging to address kinship care growth, challenges in recruiting foster carers and the increasingly complex needs of children entering care.

Foster care is temporary and ends when the child safely returns home, transitions to independent living, or a permanent care order is put in place.

### Permanent carers

At the end of June 2018, there were 3,190 children and young people on a permanent care order, with 1,917 households providing permanent care for a child or young person in Victoria. 1,020 permanent care orders were made between July 2015 and June 2017.

If family reunification is not possible, a permanent care arrangement is established.

While it is preferred that permanent carers come from the child or young person’s family or a kinship care arrangement, permanent carers can also be existing foster carers who have a relationship with the child or young person. Permanent carers can also be someone who hasn’t previously provided kinship or foster care to the child or young person, if they are assessed as a suitable permanent carer.

Permanent carers should be trained and assessed to provide safe and enduring permanent care. They assume parental responsibility for the children and young people in their care and are legally recognised as their parents under the *Children, Youth and Families Act 2005* (CYFA) until the child or young person turns 18. Permanent carers are responsible for long-term decisions about things like education, changes in residence, health and employment, as well as day-to-day care. Many permanent carers continue to provide young people with varying degrees of financial and emotional support well into adulthood, as any parent would.

If a child is under a permanent care order, it does not mean that children and young people do not have an ongoing relationship with their family and community, and where appropriate, their parents.

Under the CYFA the court cannot make a permanent care order for an Aboriginal child with a non-Aboriginal family, unless it has received a report from an Aboriginal agency recommending the order, and a cultural plan is in place for the child. A cultural assessment report is also required to determine the carer's willingness and capacity to keep the child connected to their family, culture and community.

## About children and young people who need care

Children and young people in care have a diverse range of needs and experiences. The care services system needs to be able to respond to these needs, delivering a tailored service response and respecting the diversity and intersectionality of children and young people’s identities.

### From babies to young adults

A large proportion (42.3 per cent) of children enter care before they are five years old. Around 70 per cent of children leave care within two years, either through reunification with their families or through a permanent care order (Productivity Commission 2019, Table 16A.17).

Figure 1: Age of children entering care

The figure shows a fairly even distribution of children's age when entering care.

Source: Australian Institute for Health and Welfare 2018, *Child protection in Australia 2017–18*

### Aboriginal children and young people

In Victoria, there are 1,872 Aboriginal and Torres Strait Islander children in care. As of 30 June 2018, 57.8 per cent of Aboriginal children placed in kinship care in Victoria lived with an Aboriginal kinship carer (AIHW 2018, Table S45).

The Victorian Government is committed to advancing Aboriginal self-determination to improve the health, wellbeing, educational outcomes and safety of Aboriginal Victorians. Increasing Aboriginal self-determination ensures that Aboriginal children and young people are safe, resilient and can thrive in culturally rich and strong Aboriginal families and communities. Aboriginal children have the right to be raised in their own family, culture and community (VACCA 2019).

The Victorian Government supports Aboriginal self-determination in care services through four major initiatives:

* *Wungurilwil Gapgapduir: Aboriginal Children and Families* *Agreement* and strategic action plan
* Aboriginal Children in Aboriginal Care program
* *Transitioning Aboriginal children to Aboriginal community-controlled organisations* guidelines
* Aboriginal Children’s Forum: caring for Aboriginal children

Every Aboriginal child or young person in care is required to have a cultural plan that aligns with their case plan. The child’s kinship or foster carer is a core member of the care team and plays an important role in implementing the cultural plan. A cultural plan is also required for Aboriginal children in a permanent care arrangement with non-Aboriginal carers, when the court makes a permanent care order.

### Children from other culturally and linguistically diverse backgrounds

Around half of all Victorians are either born overseas or have a parent born overseas. Culture is central to a child or young person’s identity. It affects how they connect to others and shapes their sense of self and belonging. Children and young people from culturally and linguistically diverse backgrounds living in care arrangements may need access to community and cultural support to express and understand their culture, language and religion.

### LGBTQI+ children and young people

A child or young person’s sexual orientation, gender identity or intersex status is very personal to them. Carers need to ensure that all children and young people feel safe and accepted while in care, regardless of whether they openly identify as LGBTQI+. Young people or children who identify as LGBTQI+ may need support to access targeted supports and services.

### Children and young people with complex needs

The needs of the children and young people in care are becoming increasingly complex. Children in care have often experienced physical, emotional and sexual abuse, as well as significant disadvantage relating to family violence, parental substance misuse, mental health and social poverty, all of which affect their health and development. These events can traumatise children and young people and have negative impacts on their behaviour (Perry 2006).

Research shows that adversity in a child’s environment, including trauma experienced in utero, can have a negative effect on brain development and is a risk factor for healthy development (Hertzman 2006). Symptoms of trauma and associated challenging behaviours can be present in children of all ages.

Carers may need additional supports, including access to relevant training, specialised advice and respite, to develop their skills and capability to care for a child or young person with complex needs and maintain the care arrangement. The department is currently trialling alternative models of care[[2]](#footnote-3) to better meet the changing needs of children and young people of care.

### Children and young people living with disability

Children and young people in care are more likely to have a disability than the general population. Children with disability may require specific and tailored responses to support their positive development and learning, and to help them recover from trauma. Carers may also require additional supports to ensure they have the skills and capability to care for a child or young person with disability.

The role of the National Disability Insurance Scheme (NDIS) is a major opportunity to improve supports for children with disability in care, build carer capacity and provide services that reduce the lifelong impact of disability.

## Maintaining family and cultural connections

Evidence shows that maintaining a connection to family, community and culture is critical to reducing the trauma associated with removing a child or young person from home. It enables children and young people to heal from past abuse and neglect, supports protective factors and is central to healthy emotional, social and physical development.

A child growing up with a strong sense of cultural identity that is supported and understood by their carers is more likely to feel better about themselves and the world around them.

When children are cared for in a home-based care arrangement, the department, carers and community services organisations and Aboriginal community-controlled organisations work together to ensure the child has an opportunity to connect with community, culture and family.

## Our work so far

Since 2015, we have made many improvements to home-based care, including:

* the new **kinship care model**,which aims to identify kinship networks early, strengthen reunification where appropriate and promote placement stability and quality. It alsoincludes dedicated staff and flexible brokerage to identify kinship networks earlier, provide a dedicated email and phone advice line, and assess and meet carer needs in a timely way
* **Carer KaFE**, which provides free training to support to kinship and foster carers in their role caring for vulnerable children and young people
* **new resources and additional financial support**, including foster care and kinship care handbooks, a Victorian Foster Care Charter setting out the rights and responsibilities of carers, the department and agencies, a new permanent care helpline to assist permanent carers, an improved care allowance for the majority of carers, and flexible funding packages to support permanent carers
* the establishment of **carer advisory groups** (CAGS) to advise on issues for carers, and to identify and implement local improvements to improve the caring experience
* piloting innovative **evidence-based models of home-based care** like **Treatment Foster Care Oregon** for children and young people in residential care or at risk of entering residential care, and **Keeping Siblings Connected,** to support meaningful contact between siblings while in care
* a sector-led foster care recruitment strategy called **Fostering Connections** to boost the number of carers who can meet the diversity of needs of children and young people who need care
* rolling out **Home Stretch** over the next five years to care leavers, to give young people the option of remaining with their carer until the age of 21. The roll out commenced in the first half of 2019.

# *Strong carers, stronger children* strategy framework

The *Strong carers, stronger children* strategy has been developed by carers, for carers. It recognises the unique challenges faced by kinship, foster and permanent carers in meeting the needs of children and young people in care, and in providing a supportive home environment that creates positive outcomes.

It builds on achievements to date to address issues experienced by carers and transform their experience so that all carers are supported, trained, recognised and respected, and the children and young people they care for are better supported to thrive, learn and grow, have their voices heard and reach their potential.

## Principles

From the consultations held over the last 12 months, we have developed eight guiding principles to guide our efforts in improving the experience of carers and resultant outcomes for the children and young people they care for.

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| Support children’s and young people’s development The child’s development is the principal consideration in all policies, decisions and actions. All services, systems, processes and information are designed around the needs of children, their families and carers and their right to safety. Education is central to the development and wellbeing of children and young people. The opinions of children are listened to, respected and responded to. Accommodate and celebrate diversity Children in care are increasingly diverse, including in regard to cultural background and ethnicity, age, gender identity, disability, sexual orientation, religious beliefs and language. Our carers should reflect the diversity of the children they care for. Diversity among carers and children is celebrated and supported. Implement evidence- and outcomes-based approaches Programs and services reflect best practice and respond to contemporary trends and emerging evidence. This includes focusing on providing stability for children and young people in care and working towards permanent care solutions. A focus on the outcomes of children in care drives all our efforts and actions. Embed cultural safety and responsiveness Connection to family, language, community and culture is fundamental to the wellbeing of Aboriginal children and children from culturally and linguistically diverse backgrounds. Cultural needs of children, families and carers are at the centre of all decisions, interactions and practices. Facilitate reunification Carers play an important role in facilitating and supporting family connections and reunification. Carers should play an active role in supporting children and young people to maintain their connections to family, including their siblings, where appropriate. Advance Aboriginal self-determination Self-determination is the guiding principle in Aboriginal affairs, and it is vital for improving Aboriginal peoples’ health and wellbeing. Aboriginal people are best placed to determine, design and deliver services that will meet the needs of Aboriginal children, families and communities. Recognise and support carer needs Carers are recognised and respected as individuals, with equal rights to achieve their unique health, social, education, employment and financial goals as other Victorians. Carers are involved and their needs, preferences and voices are reflected in the design and delivery of services. To support carers to fulfil their role we prioritise their physical and mental health, including social and community connections. Design and implement collaboratively through shared governance The responsibility for improving outcomes for children and families experiencing vulnerability is equally shared between government, then non-government and community sector. This strategy is collaboratively designed and implemented and oversighted through shared governance. |

## Vision

**All children live with carers who are supported to create a safe and nurturing home for as long as they need it.**

This clear, succinct vision statement was developed together with carers, young people with experience living in care, and community services organisations and Aboriginal community-controlled organisations. It means that every child deserves to be safe and connected to their culture and identity, supported to be healthy, learn and grow, and able to live a life they value

This vision is shared by government, care services organisations, peak bodies and carers. It commits us to supporting kinship, foster and permanent carers to create these opportunities for the children and young people in home-based care arrangements, for as long or as short a time as they are in care.

## Goals and strategies for achieving our shared vision

This section outlines what and how we will improve the caring experience to deliver on the strategy’s vision.

There are six goals spanning the carer experience that we will progress through strategies that have been co-designed with carers, young people with experience of care, providers and carer stakeholders.

### Goal 1: Finding children a home

**Finding a safe, nurturing kinship carer or foster carer and ensuring connection with family is maintained**

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| Strategies  * Strengthen family finding capabilities within government, community services organisations and Aboriginal community-controlled organisations * Support Aboriginal-led and managed family and carer finding * Grow a pool of carers, including respite cares, to meet the needs of children, including:   + emergency/short term foster carers   + foster carers able to accommodate sibling groups   + children with complex needs * Recruit a foster carer pool that reflects the diverse backgrounds and cultures of the children who need care * Improve the permanent care assessment process * Review the Foster Care Model to ensure it appropriately supports the changing needs of children and young people in care * Learn from alternative models of home-based care that provide more targeted support for carers and develop their skills and capabilities to better support children and young people in care * Enable carers to better facilitate children and young peoples’ connection to family, community and culture |

When a child or young person is taken into care, the first step is to talk to the child, their family and community about what to do next and who will care for the child. Every effort is made to find a family member or other significant person in the child or young person’s life to care for the child and keep them safe.

We have been changing the way we find family members to care for children and young people, including creating new teams within the department whose work involves identifying potential kinship carers, mentors and respite options for children, and funding a new Aboriginal kinship finding service. We will continue to develop these family-finding capabilities, particularly as family finding becomes embedded in the new model of kinship care within government, community services organisations and Aboriginal community-controlled organisations.

In circumstances where a suitable kinship care arrangement cannot be found, children and young people need to be supported to maintain their connections to family, their community and culture. We commit to supporting carers in their ongoing role to maintain and cultivate family connections for children and young people in care where possible.

We need to better understand the barriers and challenges in recruiting and retaining foster carers. A pool of foster carers who better reflect the diverse backgrounds and cultures of children in care is needed. This strategy also aims to learn from recent initiatives that seek to improve foster care recruitment, such as Fostering Connections. In this context, targeted recruitment efforts must be intensified.

We are continuing to build the evidence from the Treatment Foster Care Oregon model pilot and understand what works. We also need to make sure that the current care arrangement models are contemporary, support best practice and deliver trauma informed care.

### Goal 2: Preparation for caring

**Carers understand their role, are ready and have what they need to care and provide for the specific needs of the children placed with them**

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| Strategies  * Improve induction to caring, including an awareness of culturally safe care * Improve consistency and timeliness of information and document sharing where it relates to the day-to-day care of a child * Provide support to kinship carers to meet a child’s educational and developmental needs * Provide carers with timely access to peer support before they begin caring for a child, or when is most appropriate |

Sometimes family members are asked to become a carer very quickly without much time to prepare. Foster carers are often called upon to provide emergency care for a child or young person. Permanent carers may also not have had previous experience or engagement with the care service system, prior to accepting a permanent care arrangement.

We need to make sure that carers understand their role and are well-equipped to deliver tailored supports to meet the child or young person’s needs, including being able to provide culturally appropriate care. Carers also need to understand their responsibilities when their caring role changes, or if there are broader system and legislative changes that affect their role as a carer.

We need to improve the induction to caring. For new and existing carers, the child protection system can be confusing and hard to understand. Carers need access to information about child protection policies and processes, including assessments and safety screening, court processes, care teams, care allowances, family contact and the respective roles of the different parties.

Foster carers who have previously cared for children may have a better understanding of how the child protection system works, but they still need their foster care agency to provide them with timely and complete information and documentation about the child.

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| Case study: The experience of a foster carer Over the past four years, Fiona[[3]](#footnote-4) has cared for nine young children. Everyone in Fiona’s family is involved in deciding when a child comes into their home. Together they provide the continuous love, affection and support until a kinship carer is found, or the child can return home to their parents.  Fiona’s introduction to foster caring was fast – within an hour of becoming accredited, a newborn baby arrived at her home. She recalls how one young child became the focus of the whole family as they worked together to provide the best support they could.  Through her former professional employment, Fiona became passionate about improving outcomes for Aboriginal children and is often a carer for Aboriginal children. Fiona understands that connection to culture is part of providing care that is in the best interests of the child and is mindful that her everyday approach to caring for young Aboriginal children is culturally safe and inclusive.  Fiona has found gaining access to information has been one of the most challenging aspects of being a foster carer. This includes obtaining birth certificates and Medicare details. She often finds herself spending a lot time advocating for the young children in her care. Fiona sees her role as a foster carer as central to ensuring the young children in her care achieve positive outcomes, but sometimes feels her role is not valued enough.  Despite these challenges, Fiona has relished the experience of foster caring and the unique, positive impact each child has had on her own family dynamic. ‘Fostering has given us so much,’ she says. |

This strategy seeks to ensure that carers have the information they need about the child’s family and background, their habits, their likes and dislikes, as well as documentation such as birth certificates, immunisation records, Medicare numbers and other health details.

We need to ensure that information for carers is clear and easy to understand. All carers who look after Aboriginal children or children from culturally and linguistically diverse backgrounds need to understand the expectations of them in enabling the child’s engagement with the community and culture they are from.

Kinship carers may need extra support to take care of the child or young person and to look after their own wellbeing. This strategy commits to ensuring that kinship carers are provided with supports that reflect their unique needs.

### Goal 3: Valuing, informing and empowering carers

**Carers are valued and empowered to participate in decision making affecting the children they care for**

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| Strategies   * Increase the focus of workers, agencies and the department on the carer experience * Empower carers to participate in planning decisions that affect the care arrangement * Make planning and decision-making processes more transparent and inclusive of carers and young people * Develop new approaches and embrace new technology to communicate with carers |

Carers are fundamental to the children and family services system and provide essential supports to vulnerable children and young people in care. We want to ensure that the integral role carers play in the broader children and family service system is promoted and acknowledged in the wider community.

Caring for a child or young person is a 24-hour role. Carers often perform this role while working and/or caring for their own families.

Carers bring first-hand knowledge, expertise and insight to the needs of children in their care. This strategy supports carers to work collaboratively with social workers and other professionals to make decisions in the child’s best interests. We want all care team members to respect a carer’s role as fundamental in the recovery and support of children in care, to recognise the importance of their role as experts on the child or young person they are supporting and treat them as equals.

We need to lay the foundations that drive cultural and behavioural changes, so that carers have interactions and experiences that leave them feeling empowered, supported and valued.

Sometimes carers can feel that the children and family services system is working against them and the children and young people they care for. This includes through court processes and when decisions are made that the carer doesn’t agree with, or wasn’t included in.

We want decision making to be timely, more transparent and as inclusive of carers as possible. Carers should be able to spend their time looking after the children in their care, rather than advocating for the services and supports they need. Where carers aren’t included in the decision-making process, for example decisions by the Children’s Court, we need to make sure that carers understand why the decision has been made and are provided an opportunity to ask questions.

Some carers are part of carer advisory groups (CAGs), which bring together carers, and representatives from community service organisations, Aboriginal community-controlled organisations, peak bodies and the department, to improve communication and identify challenges and progress local practice improvements. We need to make sure that these types of forums continue to meet the needs of carers, drive service improvements and are representative of all care arrangements.

This strategy aims to improve consistency, reliability and timeliness of information sharing, communication with carers and responses to their requests, such as prompt advice to carers about changes to family contact arrangements. Technology can help with this. We commit to developing new approaches and embracing new technology to communicate with carers in a way that respects the competing demands on their time.

### Goal 4: Training

**Carers are trained effectively to provide safe, stable, quality and culturally connected care**

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| Strategies  * Continuously improve the suite of training packages so its comprehensive and contemporary * Make training more flexible and accessible, including through harnessing new technology * Develop more tailored training for carers of Aboriginal children and culturally and linguistically diverse children * Make training more available to permanent carers |

Carers know they have a key role providing the foundations for future learning and they want training and support to lay the strongest possible foundations for the development of the child or young person in their care.

We want to ensure that all new carers have access to up-to-date, relevant and timely induction training, where possible.

Training should also respond to carers’ needs and help them to support the children and young people in their care. This includes training about trauma, attachment and behaviour that is tailored to the child or young person in their care. With just over 70 per cent of children and young people in the child protection system having experienced family violence (Department of Health and Human Services internal data), a trauma- and violence-informed approach to care is critical.

Children and young peoples’ needs change as they get older, and carers need access to training to best support children and young people during critical life-stage transitions. This includes when children and young people are going through puberty, changing schools and when preparing to live independently. With the extension of the age of care from 18 to 21 through programs such as Home Stretch, we need to make sure that carers are supported to develop the skills and capabilities young people in care need to live independently.

If Aboriginal children are unable to be placed with Aboriginal carers, we need to ensure that non-Aboriginal carers of Aboriginal children receive training that enhances their ability, confidence and understanding of the cultural background and needs of the child or young person in their care in order to provide culturally safe care for the child or young person.

Consistent with our commitment to Aboriginal self-determination, this strategy aims to ensure that training for Aboriginal carers is delivered by Aboriginal people through Aboriginal organisations, where possible.

We also need to make sure that carers are supported to deliver culturally safe care to children and young people from culturally and linguistically diverse backgrounds.

We need to make sure that training is available to carers on an ongoing basis – initial training is not enough. To meet this need, we are increasingly making online training resources available, including through Carer KaFE. However, further content needs to be developed, particularly about supporting children who identify as LGBTQI+. This and other training content should be co-designed and co-developed with agencies, carers and young people in care.

We need to explore different ways of delivering face-to-face training, including training in small groups, self-paced learning and some one-on-one delivery. Quality and consistency are important, and where possible training should be nationally accredited.

### Goal 5: Supporting carers

**Carers have access to responsive, high-quality systems of support**

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| Strategies  * Connect carers with social, peer and community support networks * Assist carers to navigate supports available for children in their care * Re-design carer support funding to make it more transparent, timely, flexible and targeted * Improve telephone/online carer support services * Explore new respite options, including maintaining connections with extended family and facilitating participation in recreational and sporting activities * Embrace technology to make family contact easier for all parties |

Carers need support to help children and young people recover, develop and thrive. Support should recognise carers’ needs, the 24-hour nature of their role and the challenges in balancing court processes, contact visits and family life. Support should be informed by evidence and ultimately, help to reduce stress in their lives.

While many carers share their role with their partners, not every carer does. We also know that women generally perform the majority of caring in families. We need to make sure that the supports available to carers acknowledge this and are tailored to meet the individual needs and circumstances of every family.

Supports should also consider how to facilitate carers’ engagement with their local community and employment opportunities, driving improved social and wellbeing outcomes for carers and children and young people in their care.

We need to make sure that carers are able to access services for the children in their care more easily. If children and young people in care do not receive the supports they need, this can impact on the stability of the care arrangement.

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| **Case study: The experience of a kinship carer**  Julie[[4]](#footnote-5) and her family have known Adrian[[5]](#footnote-6) on and off his entire life – his dad and Julie’s partner are cousins. From a young age, Adrian and his sister spent weekends with their family and stayed overnight at their house on many occasions.  After a while, Julie lost touch with Adrian and his family, until Julie got a call that Adrian was living in residential care.  Immediately, Julie volunteered as Adrian’s kinship carer. She felt strongly that he needed to be with people who would love and care for him and would consider him part of their family. After about six months, Adrian became embedded as a part of their family.  Since coming into their family and moving schools to be closer to Julie’s home, Julie has seen Adrian’s self-esteem, emotional and behavioural regulation progress enormously. Adrian’s skills have improved and with this, his self-confidence. In the past year, he has learnt to ride a bike, he is reading and has started writing.  Adrian sees his mum three times a week, with support from MacKillop Family Services and the department. Julie feels the phrase ‘it takes a village to raise a child’ is very apt. Adrian is surrounded by a good team who are all committed to his wellbeing.  On reflection, Julie would have loved to have known and better understood the extent of Adrian’s behavioural challenges. She would have liked to engage in trauma-informed counselling when Adrian first came into their family – having example scenarios and guidance on how to respond would have helped her a lot.  Julie doesn’t know how long Adrian will be with her family. There is a constant sense of uncertainty about Adrian’s time with them, especially around court visits. As a result, their family plans only last as long as the next court date, which is usually about three months.  Julie says, ‘It’s going to hurt a lot when Adrian goes home, but it’s the price I’m willing to pay to provide him with a nurturing environment.’ |

We need to ensure that carers receive emotional support or counselling from professionals when they need it. This is particularly important during critical events such as the loss of a child, significant behavioural challenges, or transition events such as starting primary school, moving into secondary school, or moving out of home.

Assistance provided to carers by agencies or the department may include direct help, or resource kits to find and access health, legal, financial, education and housing services. But it also may be personalised coaching, advice and support with therapeutic, trauma- and violence-informed care, including out‑of‑hours support. While much of this support already exists for carers, this strategy commits to doing more.

LOOKOUT Education centres also provide vital supports to carers, and children and young people in care to improve and support educational outcomes and provide advocacy to enable children and young people to participate fully in school life.

This strategy seeks to build on existing carer peer support groups, while also making use of digital platforms to build online communities and feedback forums. Peer support can help carers form bonds and a sense of belonging and shared experience, and it can help ease the strain on relationships. It can also give carers access information and knowledge about caring for vulnerable children and young people.

This strategy commits to exploring new respite options. Access to respite care is a significant support for carers, enabling them to take a rest when they need it. Flexible respite options acknowledge that self-care looks different from person to person.

This strategy commits to embracing technology, improving communication and logistics, and looking at family contact visits to make this process easier for all parties. Family contact visits can be a stressful time for everyone, especially if difficult relationships exist. Helping these visits run as smoothly as possible goes a long way to reducing stress associated with family contact.

We need to make sure that the systems engage with are efficient and consider their role and commitments as a full-time carer. Sometimes existing process can inhibit a carer from doing ordinary things with the child or young person in their care, such as going away for the weekend or on holiday.

Financial support is also critical. There are a range of financial supports available for carers, including the care allowance, which contributes to the day-to-day costs incurred of caring for a child or young person, and universal services that all children can access. Through broader children and family system reforms, we are identifying opportunities to better connect families to universal and specialist services to create enduring care arrangements.

In response to direct feedback from carers, this strategy commits to reviewing and re-designing carer support funding to make it more transparent, flexible and to better meet the needs of the children and young person in care.

### Goal 6: Stability and permanency

**Carers provide nurturing lifelong relationships, enabling family preservation or reunification or providing a permanent care arrangement**

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| **Strategies**   * Develop a structured and supportive model for carers when children are transitioning to:   + their parents through reunification   + another care arrangement   + into permanent care * Improve support for permanent carers, including:   + transition support   + training   + link-ups to universal and specialised services and community and peer support |

Wherever possible and when safe to do so, children and young people in care will return to live with their family. In most cases, this happens within the first six months. While we work with parents to enable the children to return to their care as soon as is safely possible, carers play a key role by helping the child and their parents prepare for the return home.

The end of caring may bring about a mix of complex emotions, from grief to sadness, relief, guilt and shock, especially if a carer has been caring for a child or young person for a long time. We recognise that support for carers is critical during this process too.

To address these issues, this strategy will develop a more structured and supportive model to assist carers while a child or young person in their care returns to the care of their parents through reunification, to another care arrangement or into permanent care.

We need to make sure that carers are able to easily develop and capture memories for the child or young person in care. This supports continuity of care, particularly if a child or young person lives in several different care arrangements, throughout their time in care.

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| Case study: The experience of a permanent carer Caring for children has been part of Tracey’s[[6]](#footnote-7) life purpose for as long as she can remember. Tracey’s year 12 yearbook picked her as the person most likely to become a foster carer. Her journey to becoming a permanent carer began about three years ago when she became a foster carer.  Tracey first met Sarah[[7]](#footnote-8) as a newborn baby who came into their foster family on a reunification order. Sarah needed significant medical attention from those early moments of life – 24-hour monitoring, multiple operations, and a stable and nurturing home environment. Tracey indicated early on that they would welcome Sarah into their family in a permanent care arrangement. The process took two years.  For Tracey, the process to a permanent care arrangement has been one of the more challenging parts of being a carer – it took a long time until court made a decision that reunification was not in Sarah’s best interests. Difficulties in obtaining personal documentation for Sarah, a Medicare number and associated administrative processes have also been frustrating.  Despite the challenges, Tracey says caring for Sarah is the most rewarding thing she has done in her life. Tracey has seen significant progress in Sarah’s development – she is running, communicating and confident. And Sarah has encouraged Tracey to seek out new experiences – Tracey enrolled in a children’s writing course at university and wrote and published a children’s book teaching Sarah about her life history. |

We know that the transition from foster or kinship care to permanent care is lengthy, complex and can involve new processes. The legal process for granting permanent care could be better integrated with the process for determining the level of carer funding support. Carers can experience financial stress if permanent care is granted before funding arrangements are finalised. We commit to streamlining and improving how we assess prospective permanent carers.

We recognise that permanent carers often continue to need support, for example with issues resulting from the trauma experienced by the children they care for. Flexible funding provided through the sector and a new permanent care helpline are available for permanent carers, but feedback from carers suggests that broader support is needed. As part of delivery of this strategy, we will explore models of support for permanent carers.

# Next steps

Delivering on the vision and goals of the carer strategy will require sustained effort over time across all government agencies, community services organisations and Aboriginal community-controlled organisations. Together, we commit to doing things differently in order to drive significant, long-lasting change.

## Implementation through action plans

This strategy will be implemented over the next five years to 2025 through a series of three rolling action plans at fixed intervals of 12 to 18 months. The first action plan will be implemented from 2020 and will include some foundational actions that lay the necessary groundwork for future action plans.

This flexible and phased approach will ensure that future action plans respond to outcomes achieved, system changes, new challenges and priorities, and emerging evidence, innovation and opportunities.

## Joint governance

This strategy will be implemented within a robust accountability framework. The Roadmap Implementation Ministerial Advisory Group will oversee the implementation of the strategy, including the delivery of the action plans, and inform the evaluation of its impact and effectiveness. The Carer Strategy Working Group, under the auspice of the Roadmap Implementation Ministerial Advisory Group, will oversee and support the initial implementation of the strategy and design and delivery of the first action plan. The Carer Strategy Working Group will also inform other pieces of work related to this strategy, when appropriate.

Members of the Carer Strategy Working Group include carers, young people formerly in care, members of the carer peak bodies (Kinship Care Victoria, Foster Care Association of Victoria, Permanent Carers and Adoptive Families), community services organisations and Aboriginal community-controlled organisations and departmental professionals.

## Measuring our progress and success

The six goals that align with this strategy’s vision must drive our actions. An evaluation and monitoring framework will be developed to correspond with the implementation of the first action plan and include indicators aligned with the goals of this strategy, along with a baseline assessment and targets. This evaluation framework will be an important accountability tool to maintain momentum, make progress and focus our effort on what works.

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# Appendix A: Glossary

**Aboriginal**: refers to Aboriginal and Torres Strait Islander people.

**Aboriginal Children in Aboriginal Care:** the program name for s. 18 of the CYFA*.* This section of the Actallows the Secretary of the department to authorise the principle officer of an Aboriginal agency to take on specified functions and powers for an Aboriginal child or young person on a protection order typically held by the Secretary.

**Aboriginal Children’s Forum: caring for Aboriginal Children**: held quarterly at different locations around the state, the Aboriginal Children’s Forum works in partnership to address issues facing Aboriginal children, young people and their families. Membership includes Aboriginal community leaders and experts involved in the delivery of child and family services for Aboriginal children and young people.

**Care services**: encompasses kinship care, foster care, permanent care and residential care. Formerly called out-of-home care, the Department of Health and Human Services now refers to this group of services as care services. Legislation, such as the *Children, Youth and Families Act 2005* and many community services providers still use the term out-of-home care.

**Child/children**: in this framework ‘child’ or ‘children’ refers to those aged under 18 years.

**Child abuse and neglect**: Child abuse and neglect (also known as child maltreatment) refers to any non-accidental behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or young person. Child maltreatment can be in the form of:

* physical abuse
* emotional maltreatment
* sexual abuse
* exposure to family violence
* neglect (where families cannot or will not meet their child's physical, emotional, social, educational and safety needs).

**Child protection system**: the Department of Health and Human Services has a statutory responsibility under the Children, Youth and Families Act to provide child protection services for children and young people in Victoria under the age of 17 years in need of protection or, when a protection order is in place, children under the age of 18 years. The child protection system includes investigation, protective interventions and protection orders, which result placing a child into a care arrangement.

***Children, Youth and Families Act 2005*:** the legal framework that governs child and family services and provides for the protection of children in Victoria.

**Cultural assessment report:** assesses a prospective non-Aboriginal permanent carer’s capacity to keep an Aboriginal child connected to their family, culture and community. This is a requirement under the CYFA.

**Cultural plan**: a cultural plan is a requirement under the CYFA for an Aboriginal child placed in out-of-home care that is aligned to the child's case plan. It sets out how an Aboriginal child is to remain connected to his or her Aboriginal community and Aboriginal culture.

**Foster connections:** a sector-led foster care recruitment strategy to boost the number of carers in Victoria

**Home-based care**: encompasses kinship care, foster care and permanent care and is used to describe the form of care provided to a child in an alternate home-like environment other than their own.

**Keeping Siblings Connected:** provides dedicated care arrangements to create the best chance for sibling groups to be placed together and support for meaningful contact between siblings while in care.

**LGBTQI+:** lesbian, gay bisexual, transgender, queer or questioning and intersex

**Permanent care order:** a type of order made by the Children’s Court which gives parental responsibility to a person other than the child's parent or the Secretary. The order remains in force until the child's 18th birthday or until the child marries, whichever occurs first.

**Permanency objective:** Section 166 requires every case plan to include a permanency objective. The permanency objectives are listed in s. 167, in order of preference as determined appropriate in the best interests of the child:

1. family preservation – ensuring a child who is in the care of their parent(s) remains in care of the parent
2. family reunification – ensuring that a child who has been removed from care of their parent(s) is returned to the care of the parent. There are requirements for reunification to occur within 12 months, and in limited circumstances up to 24 months.
3. adoption – placing the child for adoption under the *Adoption Act 1984*
4. permanent care – arranging a permanent placement of the child with permanent carer(s)
5. long-term out of home care – placing the child in a stable, long-term arrangement with specified carer(s), or another suitable long-term arrangement.

**The Orange Door**: a free service for adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children.

**Transitioning Aboriginal children to Aboriginal community-controlled organisations:** the gradual transfer of case management of all Aboriginal children and young people on contractible orders in care to Aboriginal Community Controlled Organisations by 2021.

**Treatment Foster Care Oregon:** was developed as an alternative to institutional, residential, and group care placements for children and youth with severe emotional and behavioural disorders.

***Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement* and strategic action plan**: A triparted partnership between the Aboriginal community, government and community services organisations and strategic action plan that seeks to address the over-representation of Aboriginal children and young people in the child protection and care services system.

1. Residential care is outside the scope of this strategy. [↑](#footnote-ref-2)
2. These include the Treatment Foster Care Oregon model and professionalised models of care. [↑](#footnote-ref-3)
3. Name changed. [↑](#footnote-ref-4)
4. Name changed. [↑](#footnote-ref-5)
5. Name changed. [↑](#footnote-ref-6)
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