Care and Funding Planning for Children in Out-of-Home Care
Consultation Paper

Background

It is intended that out-of-home care reforms will strengthen the individualised, child-centred care planning process. The foundation for this is a new funding model that will systematically consider the complexity of needs of children in out-of-home care, and more accurately allocate resources to support these children in their care arrangements.

To support this funding model, the purpose and role of care planning in the Western Australian out-of-home care system is being reviewed. Importantly, this review is occurring in the context of the release and implementation of the Department's updated Permanency Planning Policy.

This is a consultation paper to provide a platform for discussion and policy decision-making. Feedback to be provided by email by close of business 18 September 2015 to OOHCReform@cpfs.wa.gov.au

Other consultation and information papers related to out-of-home care reform can be found at www.dcp.wa.gov.au/ChildrenInCare/Pages/OOHCReform

Current care planning process

The Western Australian out-of-home care system's current individualised planning process is referred to as 'care planning'. Care planning is a well-established, legislated and effective mechanism for planning with children in out-of-home care and their families.

The *Child and Community Services Act 2004* (The CCS Act) and the corresponding Casework Practice Manual (CPM) entry 10.3 *Care Plans – Including Review and Modification* outline that a care plan must:

a. Identify the needs of the child;
b. Outline the steps and measures to be taken in order to address those needs; and
c. Set out decisions about the care of the child including:
    i. Decisions about placement arrangements;
    ii. Decisions about contact between the child and a parent, siblings, or other relative of the child or any other person who is significant in the child's life.

In addition to the legislative requirements, *Care Planning Policy 2012* (see attachment 1) outlines that the care plan should also include:

a. the overall goal;
b. the views and wishes of the participants expressed during any meeting(s);
c. a proposal to meet culture and identity requirements for the child;
d. the care planning decisions; and
e. a brief rationale for the decisions.

In practice the care plan is developed between the child (where age and development appropriate), carer, child protection worker, and other informal and professional supports. Children aged 5-17 can have their views represented using the Viewpoint tool.

Future individualised planning for children

The following points, which are not discussed in the current care planning policy, underpin a proposed refocus of the care planning process:

1. Care planning with a care arrangement focus;
2. Integrating care planning and funding planning;
3. Care team approach; and
4. Renewed focus on natural, community and universal supports.

Care planning with a care arrangement focus

The permanency planning policy reflects the wealth of research (Osmond and Tilbury, 2012; Tilbury and Osmond, 2006) that demonstrates that better life outcomes for children occur when early decision-making is undertaken to provide children with stable, long-term care arrangements (whether with family or long-term out-of-home care).

Children do not heal from trauma in isolation; rather healing occurs in the context of adults that support and nurture them. A child exists in the context of the family or people that are caring for them. In this sense, the life outcomes of a child in out-of-home care, are intertwined (and perhaps indistinguishable) with that of their care arrangement.

Importantly, with the significant increase in relative carers, as well as Aboriginal children in care – and the structural disadvantage that frequently accompanies these children and families – the needs of care arrangements are often as complex as the children that are placed in them.

However, the current care planning policy is silent on care planning as a way of planning and implementing support for children in their specific care arrangement.

In line with the revised permanency planning policy, it is proposed that the focus of future care planning should be clarified as identifying and supporting the needs of the child in their specific care arrangement. Care planning would determine:

1. What the needs of that child in that care arrangement are; and
2. What is required to support the child in that care arrangement.

Needs identified, and supports, strategies and resources employed, would align to supporting the stability (and 'permanency' for children in permanent out-of-home care) of that child in that specific care arrangement. It is envisaged that this care arrangement focus will better align the system to support the needs of Aboriginal children, and children in relative care settings, where a broader family focus is crucial to achieving care arrangement stability.

Importantly, identification of needs and employment of strategies and supports for the child in their care arrangement will continue to be guided by the child's permanency trajectory (ie whether reunification is being considered and/or progress, or whether that child is to remain in a permanent out-of-home care arrangement).

Examples that illustrate the care planning refocus include:

- High needs of child in a care arrangement – an experienced carer caring for a child with low functioning autism. Although the carer is identified as having a high level of capacity, the child's needs are so significant that the carer seeks extra in-

home support during bathing times to assist in the maintaining the care arrangement. The care planning focus is on enabling the high needs of the child to be met through what is required to support the child in the care arrangement.

- Capacity of carer in care arrangement – an elderly grandmother caring for a child who is not assessed as having high needs, however due to the age of the carer a broader care arrangement focus must be taken to support the long-term needs and well-being of the child. As reunification is still being considered for that child, the care planning process focuses on how the child's biological parents can assist in the support of the Grandmother as a parallel to progressing reunification.
- Nature of care arrangement – a non-relative carer who is caring for a sibling group, who individually are not assessed as having high needs that would warrant regular respite, may still require regular support or respite based on the number of children being cared for.

It is acknowledged that this broader care planning focus is often employed in practice. However, an alignment and clarification in policy will further embed this practice.

Consultation point one: That the purpose of care planning is refocused to identify and support the needs of the child in their specific care arrangement.

Integrating care planning and funding planning

The Western Australian out-of-home care system will adopt a more individualised approach to funding children in care arrangements through the identification of child complexity and need, and increased allocation of resource at a local level.

The current care planning process and practice typically separates the functions of planning and resourcing. This can result in provisional or non-specific care planning decisions being made that are dependent on future access to resources. This separation can also lead to important planning decisions being made independently by stakeholders external to the care planning process (internal and external to the Department). An example of this separation of care planning and funding planning is that the care planning process for a child with high needs typically occurs on a separate 'planning cycle' to application/renewal of special needs loading or placement reviews of 'high needs placements'. This current separation of planning fragments the planning process, potentially leading to fragmented decision-making, as well as increasing the administrative and time burden of workers and carers.

The reforms in the disability sector are an example of integrated care and funding planning for vulnerable people in the Western Australian context. Although there are differences between this sector and child protection, it is a worthwhile starting point for exploring individualised planning for vulnerable people. Annexure A provides a brief overview.

With the proposed new out-of-home care funding model systematically assessing all children via a complexity assessment tool[1], and then applying a level of resource to children with increased complexity, it is proposed that the future care planning process integrates care planning with funding planning. Individual children will then have an

[1] Further consultation will occur on the CAT.

integrated holistic individual plan that captures their current situation, and considers case planning and resourcing simultaneously.

It is envisaged that this integration of care and funding planning will promote increased cooperation, collaboration and transparency in decision-making and resource allocation for children and care arrangements.

Annexure B provides a visual diagram of 'early thinking' in the integration of care planning and funding planning.

Consultation point two: That care planning and funding planning are integrated.

Care team approach

As discussed above, children in out-of-home care, and the care arrangements that they are cared for under, frequently present with complex needs. Often there are numerous people and supports engaged with that child and care arrangement to provide assistance, support or treatment. As a care arrangement supports the needs of a child; a 'care team' supports the needs of the child in the care arrangement. Having this 'team' of people sharing information and expertise to make integrated and informed decisions is the most preferable way that care planning occurs.

With the alignment of care planning decisions with resourcing decisions, it will be even more integral that this 'care team' are present and involved to enable informed decisions to be made in the child's best interests. Carers, family members, universal services and other professional supports, will need to be present and informing the process to create an integrated plan for the child in their care arrangement for the next 12 months (or until next plan is required). Even more so, with the integration of funding into the care plan, it is envisaged that a care team will have an increased sense of ownership and responsibility in care planning decisions.

Consultation point three: That the Care Planning policy and CPM entries are updated to include practice directions about a 'care team' approach to planning.

Renewed focus on using naturally occurring supports

Drawing on natural, community and universal supports is an important factor in assisting children to develop identity. Naturally occurring supports can be present in the child's biological family, their care arrangement, within their community connections, (such as a school), and universal supports, such as those provided by government and community agencies. The Department's Signs of Safety Framework and Permanency Planning Policy support the use of natural, community and universal supports to embed children further in their care arrangement and community, to assist to 'normalise' a child's experience.

Irrespective of the benefits for children in using natural supports, it will be an important practice focus in the implementation of the new care arrangement funding model. This funding model will potentially release resources and funding to care arrangements where previously access was limited or non-existent. Within this new funding context,

the risk of workers and care arrangements seeking professional supports in the first instance must be mediated. A renewed focus on identifying and employing naturally occurring supports (also identified in '*Respite'* consultation paper) will be an imperative practice 'touchstone' in the transition.

Consultation point four: That an articulated focus is placed on identifying and employing naturally occurring supports to support children in their care arrangements.

Draft future care planning process

The below proposed process provides early indicative thinking as to a future integrated care and funding planning process. This early thinking is provided to promote discussion and consultation.

The steps include:

1. The Complexity Assessment Tool (CAT) is completed by a worker prior to the care planning meeting. The tool will consider the complexity of the child's needs based on a triage of their behaviour, health and development. This will inform the most appropriate level of care (that is, the resources that are reasonable and necessary to best support the success of that care arrangement) for a child.

2. The needs of the child in their care arrangement, together with what is required to support the child in the care arrangement will be explored by the care team through the care planning process.

3. Funding planning will be integrated into care planning decisions across the nine dimensions that must be made. Increased consideration will need to be given to the naturally occurring supports available to support those planning decisions.

4. It is envisaged that Assist (Department database) will auto populate the resource decisions into a separate Funding Plan.

5. Child protection workers can then allocate resource from the funding plan until the next care planning process occurs.

Annexure B reflects a holistic view of the individualised planning process.

It is noted that should the Department commit to an integrated care and funding planning model proposed above, the viability and expense of embedding this process into Assist may be a limitation. This process is currently being explored.

References

Osmond, J. and Tilbury, C. (2012) Permanency Planning Concepts. Children Australia, 37, p100.

Tilbury, C. and Osmond, J. (2006) Permanency Planning in Foster care: A research review and guidelines for practitioners Australian Social Work, 59, 3, pp265 -280.

Annexure A

Individualised planning of children in the disability sector in Western Australia

The National Disability Insurance Scheme My Way (NDIS My Way) and National Disability Insurance Scheme (NDIS) were launched in July 2014 as the Western Australian trial sites for individualised planning. The WA NDIS My Way website outlines the embedded key features:

- a more intensive, individualised planning approach;
- local decision-making and funding allocations to better respond to individual needs;
- greater flexibility, choice and control to access supports and services based on people's individual strategies and goals identified in their plans, rather than being limited by existing block-funded programs;
- linking individuals to natural support networks such as family, friends, neighbours and local community groups; and
- strong partnerships between the government and the community sector.

The WA NDIS My Way planning process involves developing a person centred, individualised plan, across several dimensions, which explores natural networks, community supports, and local connections. The plan's development is facilitated by a My Way Coordinator (Disability Services Commission employee), and occurs through meetings with the individual, family, and significant others exploring goals with the focus of 'what is a good life for me'. The plan then incorporates the unfunded and funded strategies that underpin the process to achieve that person's particular goals.

Where funded supports are necessary, a sector-wide pricing framework supports the acquisition of services that varies in levels depending on the intensity of the need. The underlying principle of the plan is what is reasonable and necessary to support the needs of that individual to live 'a good life'. Funded resource is then approved via delegation levels within the Disability Services Commission.

Prior to the introduction of these trial sites, the vast majority of disability funding was allocated via gaining access to 'block funded' services in the community services sector', or via individual application to the Disability Services Commission.

Annexure B

Child Information Form

Complexity Assessment Tool (CAT)

Care Plan

6. Recreation and Leisure

6.1 The identified recreation and leisure needs of Jimmy are:

a. Jimmy would like to learn to skate
b. Jimmy would like to play football
c. Jimmy would like to learn to swim

6.2 The care planning decisions and steps to meet Jimmy's recreation and leisure needs are:

a. Cousin Bob will take Jimmy to skate park to teach him to skate.	$0
b. Carer to enrol Jimmy in football and purchase required gear.	$0
c. Aunty Flo to enrol Jimmy in swimming lessons. Due to Jimmy's intellectual disability a support worker will be required to support swimming lessons as Aunty is afraid of water.	$800

7. Emotional and Behavioural

7.1 The identified emotional and behavioural needs of Jimmy are:

7.2 The care planning decisions and steps to meet Jimmy's emotional and behavioural needs are:

Cost model embedded into Assist

Level 2

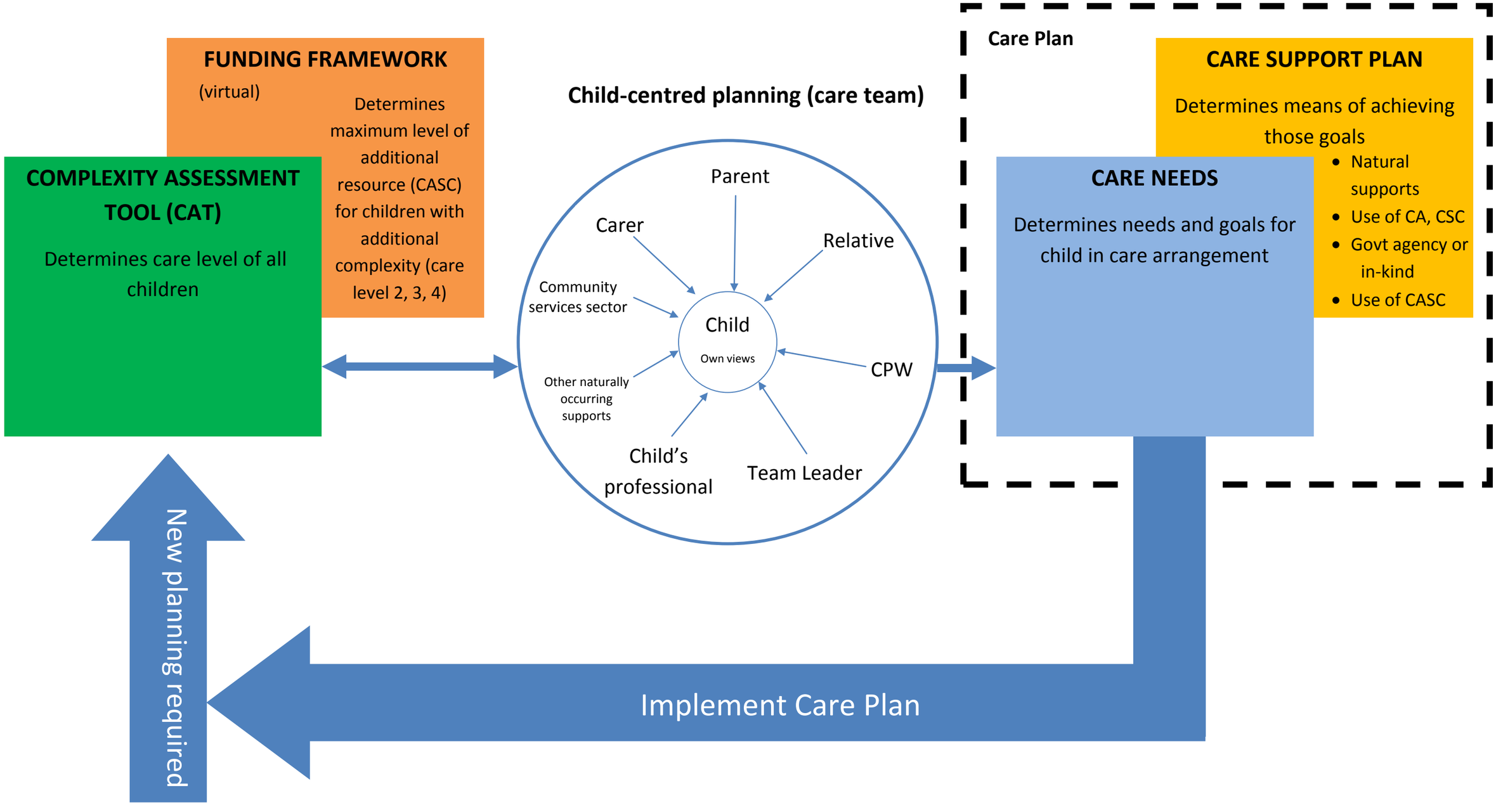
Support Worker costs $20 per hour X 40 hours =
Total cost $800

Funding/Service Plan

Funding/Service Plan

	Cost
1. Safety $x	
2. Care Arrangements $x	
3. Health $x	
4. Education $x	
5. Social and Family Relationships $x	
6. Recreation and Leisure	$0
Skating – natural supports, no funds required	$0
Football - funded through Caring Allowance	$800
Support Worker	
7. Emotional and Behavioural Development $x	
8. Identity and Culture $x	
9. Legal $x	
Total:	$800

Annexure C


FUNDING FRAMEWORK
(virtual)
Determines maximum level of additional resource (CASC) for children with additional complexity (care level 2, 3, 4)
COMPLEXITY ASSESSMENT TOOL (CAT)
Determines care level of all children
Child-centred planning (care team)
Parent
Carer
Relative
Community services sector
Child
Own views
CPW
Other naturally occurring supports
Child's professional
Team Leader
Care Plan
CARE SUPPORT PLAN
Determines means of achieving those goals
Natural supports
Use of CA, CSC
Govt agency or in-kind
Use of CASC
CARE NEEDS
Determines needs and goals for child in care arrangement
New planning required
Implement Care Plan