EARLY CHILDHOOD AGREEMENT FOR CHILDREN IN OUT-OF-HOME CARE
APPENDIX 7:

CONTACTS

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FOREWORD

Participation in high-quality early childhood services makes a significant difference to all children’s lives, especially those who are vulnerable\(^1\). While children in out-of-home care (OOHC) are among the most vulnerable in our community, many are not accessing key early childhood services.

These children are at significant risk of being more developmentally vulnerable than their peers when starting school, which can in turn lead to poorer health and educational outcomes across their life course\(^2\). To improve access to services for children in OOHC, we need to understand and address barriers to their participation and engagement. It is our collective responsibility to ensure these children are given all possible supports to mitigate the trauma and dislocation they have experienced at such a young age.

The scale of the problem is significant; in Victoria, over one third of substantiated cases of child abuse are of children aged four years and under, and more than 40 per cent of affected children in this age category are admitted to care and placed on protection orders. Even more concerning, Aboriginal children in Victoria are around ten times more likely to be the subject of substantiated abuse or neglect, and eleven times more likely to be in OOHC compared with non-Aboriginal children\(^3\). The Early Childhood Agreement for Children in Out-of-Home Care was first developed in 2014 as a shared commitment by the Victorian Department of Education and Training (DET), the Department of Health and Human Services (DHHS), the Municipal Association of Victoria (MAV) and Early Learning Association Australia (ELAA) to support young children in OOHC to access key early childhood services. This now reflects a key purpose of the Early Years Compact between DHHS, DET and MAV (the Compact), which is the overarching framework governing the planning and provision of early childhood services in Victoria.

An independent review of the Agreement undertaken in 2016 recommended that it be broadened to include Aboriginal and Community Service Organisations. The parties to the Agreement now include the Victorian Aboriginal Child Care Agency (VACCA), the Victorian Aboriginal Children and Young People’s Alliance (the Alliance), the Centre for Excellence in Child and Family Welfare (the Centre), Community Child Care Association (CCC) and Victorian Aboriginal Educational Association Incorporated (VAEAI). The need for a stronger integration with health has also been recognised and is reflected in the addition of key health partners including the Vic Tas Primary Health Network Alliance (VTPHA) and the Victorian Healthcare Association (VHA). The Agreement has also been updated to emphasise the importance of data sharing and monitoring and reflect policy and legislative changes.

The Agreement complements the Out-of-Home Care Education Commitment, which outlines the shared guiding principles and relevant responsibilities for supporting children and young people in the school system.


‘The scale of the problem is significant; in Victoria, over one third of substantiated cases of child abuse are of children aged four years and under, and more than 40 per cent of affected children in this age category are admitted to care and placed on protection orders.’
ENDORSEMENT

We, the undersigned, on behalf of our respective departments and organisations, endorse the Early Childhood Agreement for Children in Out-of-Home Care (the Agreement). The Agreement reflects the shared commitment of the early childhood sector to children who are placed in OOHC. It outlines the requirements and responsibilities of all parties to collaborate to ensure these children have access to high quality early childhood education and care experiences. We commend the Agreement to all early childhood service providers, local government co-ordinators and case managers who work with vulnerable young Victorians.

Gill Callister, Secretary
Department of Education and Training

Kym Peake, Secretary
Department of Health and Human Services

Kerry Thompson, Chief Executive Officer
Municipal Association of Victoria

David Worland, Chief Executive Officer
Early Learning Association Australia

Dr Leanne Beagley
Chair, Victorian and Tasmanian PHN Alliance
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Karen Heap, Chairperson
Victorian Aboriginal Children and Young People’s Alliance

Deb Tsorbaris, Chief Executive Officer
Centre for Excellence in Child and Family Welfare

Julie Price, Executive Director
Community Child Care Association

Tom Symondson, Chief Executive Officer
Victorian Healthcare Association

Geraldine Atkinson, President
Victorian Aboriginal Education Association Incorporated

Muriel Bamblett, Chief Executive Officer
Victorian Aboriginal Child Care Agency
1.0 INTRODUCTION

Out-of-home care (OOHC) provides placement and support services to children and young people who have been assessed to be at risk by Child Protection, or where their parents are unable to care for them for a period of time.

Children in OOHC come from a range of backgrounds and cultures and will have varying experiences of harm and trauma in their lives. OOHC placements vary in duration from overnight to several years, depending on the individual circumstances of the child.

The constant movement of children in and out of care presents significant challenges for the services and practitioners that support them. In recognition of the differing needs of children, a range of placement types have been developed, including:

- **Kinship care**, where the placement is with the child’s extended family, friends or existing social network.
- **Home-based care**, such as foster care, or other placement options which occur within a family environment.
- **Residential care**, which provides care for a small number of children by paid staff, usually in a home but sometimes in a purpose-built facility.

**OUR VISION FOR CHILDREN IN OUT-OF-HOME CARE**

All young children in OOHC in Victoria are supported to reach their potential through engagement with Maternal and Child Health (MCH) Services and high-quality early learning programs. They are given age appropriate, diverse and nurturing experiences that enrich their childhood and lay the foundation for success at school and beyond.

**GUIDING PRINCIPLES**

The following principles guide the delivery and implementation of this Agreement:

- Every child is an individual and should be treated as such and have their voice heard.
- All partners share responsibility to work together with carers and community service providers in the best interests of children.
- Service provision for Aboriginal children is driven by the principles of Aboriginal self-determination and self-management.

**Parties to the Agreement**

The Agreement is based on a shared commitment between:

- **Department of Education and Training (DET)**
- **Department of Health and Human Services (DHHS)**
- **Municipal Association of Victoria (MAV)**
- **Early Learning Association Australia (ELAA)**
- **Victorian Aboriginal Child Care Agency (VACCA)**
- **The Victorian Aboriginal Children and Young People’s Alliance (the Alliance)**
- **Victorian Aboriginal Education Association Incorporated (VAEAI)**
- **Centre for Excellence in Child and Family Welfare (the Centre)**
- **Community Child Care Association (CCC)**
- **Vic and Tas Primary Health Network Alliance (VTPHNA)**
- **Victorian Healthcare Association (VHA)**

DET, DHHS and the local government (represented by the MAV), who together provide stewardship of Victoria’s early years system through the Compact, are committed to improving outcomes for all children and particularly those who are vulnerable.

Through this Agreement DET, DHHS and local government will work with key sector peaks and stakeholders to prioritise and support the learning, development, health and wellbeing of young children in OOHC through access to high quality early childhood education and care experiences.

For further details on each of the parties to the Agreement, see **Appendix 3: Details of Parties to the Agreement**.
Purpose of the Agreement

The Agreement has a focus on universal services, particularly Maternal and Child Health (MCH) including Enhanced MCH and Victoria’s funded kindergarten programs.

The added focus on primary healthcare services supports children and young people in their early years and develops a strong foundation for their lifelong engagement with health.

These services are free for children in OOHC, and provide core foundations in health, development and learning. All children, regardless of their circumstances, have the right to access these services. Children in kinship care are eligible to participate in Supported Playgroups, which are now available in all local government areas (LGAs).

The Agreement also acknowledges the benefits of participation in long day care, family day care, community playgroups and other forms of early learning that are not funded by the Victorian Government.

Formal and high-quality early childhood education and care services can be highly beneficial for young children in OOHC who are not yet old enough to access Early Start Kindergarten.

The supports appropriate for children in OOHC will vary according to their circumstances, and the services available within the area in which they are placed. The processes outlined in this Agreement recognise that the needs of each individual child must be identified and the child connected with the most appropriate services.

The importance of addressing the needs of specific groups, including Aboriginal children, newly arrived migrants and children with disabilities or developmental delays, is acknowledged.

It is intended that, through application of the approaches described in this Agreement, children in permanent care placements also have access to additional support if this is requested by their carer.

The Agreement applies to:

- Children in OOHC and who are subject to statutory orders or voluntary child care agreements, and
- Children placed on a Permanent Care Order (but who are no longer involved with DHHS), with consent from their carers.

Although the Agreement focuses on children in OOHC, all parties share a strong commitment to support engagement and participation in Early Childhood Education and Care (ECEC) and MCH services of all Aboriginal children and vulnerable children such as those who are known to Child Protection authorities.

Wherever possible, the principles and processes outlined in this Agreement should be applied for all vulnerable children.

The Agreement applies to partners and the services they deliver or support, including, but not exclusively:

- Local government
- MCH Services, including the Universal MCH program, the Enhanced MCH program and the MCH Line
- Early childhood education and care services providing funded kindergarten
- Supported Playgroup providers
- Approved kinship carers, accredited foster carers and residential carers
- Child Protection practitioners
- Case managers delivering Aboriginal Children in Aboriginal Care (ACAC)
- Community Services Organisations (CSOs)/ACCO contracted case managers and care managers
- LOOKOUT Centres and designated support workers across Victoria
- The Koorie Education Workforce (KEW)
- Primary care, primary health care, and public acute health providers
- Divisional DHHS and regional DET staff.
**Agreement outcomes**

The outcomes that partners to this Agreement will be working towards are:

1. All young children in OOHC are engaged in MCH services and referred into an Enhanced MCH program if not already engaged with a Universal MCH program or when additional support is required.
2. All children in kinship care and their carers are engaged in Supported Playgroups or Koorie Supported Playgroups.
3. All children in OOHC are engaged in a teacher-delivered early learning program from age three as a key part of their education journey.
4. All children in OOHC enrolled in kindergarten have their learning and developmental progress assessed and documented from age three, and discussed regularly with carers, in accordance with the Children Services Act 1996 and the Education and Care Services National Law Act 2010 (Cth).
5. The early learning programs and services that children in OOHC receive are culturally safe, appropriate and respectful.
6. Wherever possible, children in OOHC are supported to remain at an ECEC service where they are settled and have nurturing relationships with educators.
7. Engagement with children and their families is sustained when they return from an OOHC placement.
8. Kinship, foster and permanent carers are provided with practical supports to assist children in their care to maintain engagement in kindergarten and other services.
9. Local strategies are put in place in all areas of Victoria to assist vulnerable children such as those in OOHC to access and participate in early childhood services.
10. Children in OOHC who require specialist health care are identified and referred to the appropriate service.
11. Children and young people are supported to develop an engagement with health services that will support them through their lifespan.
12. Trauma-informed practice capacity building is undertaken by organisations providing services to children who are in OOHC.
13. The child development and education workforce within Aboriginal Community Controlled Organisations (ACCOs) is further developed to support children in OOHC.
2.0 WHY THIS AGREEMENT IS NEEDED

Vulnerable children in out-of-home care

Victoria has around 10,300 children and young people living in OOHC at any one time. Of these children, around 2,000 are aged from newborn to five years.

The children live away from their parents in a range of alternative care arrangements, including with relatives and kinship carers, foster carers and permanent carers, and in residential care units with rostered care staff. Some children stay in OOHC for only a few days or weeks, while others are in OOHC for many years. The majority of children in OOHC are placed with kinship carers who may have more complex support needs than other types of carers.

Each child entering OOHC comes with their own unique strengths and difficulties. Evidence from various sources suggests that children in care – even upon first entry to care – may present with a range of significant behavioural, emotional, medical and physical needs that reflect their history of abuse, neglect and disadvantage.

There is significant evidence that indicates that the care infants receive in the first 1,000 days of their life is critical to the long-term positive life outcomes. There is also a link between early exposure to abuse and neglect with “increased likelihood of cognitive and language difficulties, lower educational attainment, unemployment, poverty, homelessness, becoming victims or perpetrators of violence in later life, early mortality, heart disease, diabetes, liver disease, cancer, depression, anxiety, eating disorders, obesity and suicide”. Reducing health inequities and ensuring the best start to life for everyone, irrespective of their background, is in the best interests of the community.

The first four years of life is a critical period for the child’s learning and development. A young child’s environment can significantly impact upon their brain development and later life outcomes. A positive early learning environment can play a critical role in improving the child’s life trajectory.

Victorian research has demonstrated that when seeking to improve the learning and development outcomes of children, particularly for those from disadvantaged backgrounds, the challenge is to ensure these children are participating in high quality programs early enough and at a sufficiently high intensity to make a major difference.

Diversity of children in out-of-home care

Children in OOHC come from a diverse range of backgrounds. This Agreement focusses on three key groups of children in OOHC that have been identified as most vulnerable: Aboriginal children, children and families from diverse cultural and linguistic backgrounds, and children with disabilities or developmental delays.

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ABORIGINAL CHILDREN IN OOHC
Aboriginal children are significantly over-represented in OOHC in Victoria. Despite Aboriginal people representing less than one per cent of the state’s population, Aboriginal children account for more than 20 per cent of all children in care. Between 30 June 2005 and 30 June 2018, the number of Aboriginal children in OOHC rose from 526 to 2,206.

As at 30 June 2018, there were approximately 750 Aboriginal children aged under five years in OOHC.

The Aboriginal Child Placement Principle (the Principle) is an agreed standard to guide the placement of Aboriginal children in OOHC. The Principle aims to enhance and preserve Aboriginal children’s sense of identity by ensuring that they maintain strong connections with their families, communities and culture.

CHILDREN AND FAMILIES OF DIVERSE CULTURAL AND LINGUISTIC BACKGROUND
Children and families from culturally and linguistically diverse (CALD) backgrounds – in particular, refugee children in OOHC – have important linguistic, cultural and religious considerations. These needs include access to interpreters, information in appropriate languages and cultural supports for families and children.

Refugee parents can face stresses associated with the experience of torture and trauma, changes to family roles, separation from or death of family members, language difficulties and different cultural expectations about behaviour. These issues can be prevalent where notifications of abuse have been substantiated. For these reasons, trauma-informed practice training is invaluable for workers supporting refugee families and children.

The challenge of parenting across cultures is often a major cause of stress for migrant families. Cultural differences can lead to confusion and misunderstandings, particularly in relation to issues such as how affection is shown, discipline and physical punishment, gender roles, independence and responsibility.

CHILDREN WITH DISABILITIES OR DEVELOPMENTAL DELAYS
Children with disabilities or developmental delays are over-represented in OOHC. The prevalence of disability among children entering OOHC for the first time is 15.4 per cent, more than double the rate of disability within the overall population. The compounding effects of abuse or neglect of a child with a disability or developmental delay are profound.

Early support and intervention for a child with a disability is critical to helping them reach their potential. A range of supports and information is available to enable services to provide health and education for young children with a disability.

The National Disability Insurance Scheme (NDIS) has an Early Childhood Early Intervention (ECEI) approach that connects the child’s carers with an early childhood partner organisation that will help them to access the supports that are required to help the child to participate in the community and achieve their goals. See Appendix 4: Supports and subsidies available for children in out-of-home care for further information.

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2 Department of Human Services, 2012, Aboriginal Child Placement Principle, Advice 1433
3 Cultural diversity and children’s wellbeing. Kids Matter, p 2
4 Victorian Child and Adolescent Monitoring System (VCAMS) at 16/3/2011, 20.3 Children in out-of-home care
The value of high-quality early childhood services

To ensure children in OOHC have rewarding experiences that enrich their childhood and lay the foundation for success at school and beyond, it is vital they have access to high-quality early childhood services. Victoria offers a range of high-quality services to support children in OOHC, including MCH services, Supported Playgroups and kindergarten.

MATERNAL AND CHILD HEALTH

Victoria’s MCH service is recognised nationally and internationally for its strong service provision. It promotes the prevention, early detection and management of physical, emotional or social factors affecting young children and their families.

MCH services are free for all Victorian children. MCH services can be provided through the Universal MCH program, the Enhanced MCH program and the MCH Line.

The Universal MCH program provides ten Key Ages and Stages (KAS) consultations. The KAS consultations are a schedule of contacts for all children and their families from birth to school entry. They include an initial home visit, and consultations at 2, 4 and 8 weeks, 4, 8, 12 and 18 months, and 2 and 3.5 years of age.

All children benefit from engaging with the Victorian MCH service in the first years of life. However, connections to the service for children in OOHC can be complicated by a range of factors, including placement instability once children are in protective care.

Additional information, support and anticipatory guidance are required to ensure that the carers of children in OOHC are able to connect and continue engagement with local MCH services. This includes improved information sharing processes.

SUPPORTED PLAYGROUPS

There is a growing body of evidence that participation in a Supported Playgroup run by a skilled and qualified worker, using evidence-based practice, has a positive impact on children’s learning and social and emotional development.

Children living in families experiencing disadvantage are at risk of poorer learning and development outcomes due to lower parental/carer education and resources. These children are also less likely to participate in ECEC services.

Supported Playgroups, which are now available in all LGAs of Victoria, aim to achieve the following outcomes:

- disadvantaged children have improved learning, development and wellbeing outcomes through improved parent/carer-child interaction in the early home learning environment
- parents and carers develop their parenting skills and confidence to support their children’s learning and development
- families are supported to transition into other community supports such as community playgroups or to more intensive early childhood or specialist services.

KINDERGARTEN

All children should participate in a kindergarten program in the year before school. There is clear evidence of the benefits of earlier and sustained engagement in a high-quality early learning program from age three for all children, but especially for children from vulnerable and disadvantaged backgrounds.

High quality early learning benefits vulnerable children by improving their cognitive, social, emotional and behavioural development. These children have often experienced trauma, due to abuse, neglect, parental separation, adaptation to new environments, needing to form frequent new relationships with carers, separation from siblings, changes to parental contact and multiple placement breakdowns.

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15 ibid, p67
The benefits of early learning are equally apparent in the shorter term, through supporting a successful transition to school, and in longer term outcomes in education and employment. Children from a disadvantaged background who attend kindergarten demonstrate much better levels of attainment when beginning school compared to those with similar backgrounds who do not attend preschool. Coping well and adjusting to changes during the transition to school has been found to be associated with future academic achievement, stable peer relationships and better school attendance and completion.

The quality of early childhood services matters. While high-quality ECEC has been linked to longer-term gains for children aged 0-3 years, low-quality ECEC has been linked to poorer language development. The quality of an early learning program and the qualifications of the educator are critically important.

Funded kindergarten services in Victoria are progressively being supported with School Readiness Funding. Like student-based funding for schools, this funding is targeted based on educational disadvantage as calculated using parent occupation and education data. School Readiness Funding enables services with higher levels of disadvantage to access resources that can enhance program quality, with a particular focus on language and social and emotional development.

This can include engagement with allied health professionals such as speech therapists and psychologists, as well as capacity building for teachers and educators in their practice and pedagogy.

See Appendix 4: Supports and subsidies available for children in out-of-home care for more information.

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16 Above n 2, p82.
3.0

HOW WE SUPPORT OUR VULNERABLE CHILDREN

Policy and legislative foundations

The Children, Youth and Families Act 2005 (CYFA) is the legislative foundation for the protection of children and young people in Victoria, and for the provision of community services to support children, young people and their families, promoting safety, wellbeing and development.

The CYFA outlines a set of best-interest principles that organisations involved in child and family services and the Children’s Court must consider when taking any action or making any decision (see Appendix 5: The Children, Youth and Families Act 2005 for further information).

These principles require that child and family services keep children and young people safe from harm, protect their rights and promote their development in culturally, age and gender appropriate ways.

The principles establish a clear basis for all elements of the service system to work together to ensure the best possible outcomes for children in OOHC.

Like all children, those in OOHC have a right to be protected, cared for and educated in a way that maximises their life opportunities.


The National Standards for out-of-home care, established in 2011, state that children and young people in OOHC should have their rights respected and should be treated in accordance with the CRC. The National Standards focus on key factors that influence better outcomes for children and young people living in OOHC.

Three standards relate to education, health and wellbeing:

- **Standard 5**: Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way
- **Standard 6**: Children in care access and participate in education and early childhood services to maximise their educational outcomes
- **Standard 7**: Children up to at least 18 years are supported to be engaged in appropriate education, training and/or employment

\(^1\) The four core principles of the CRC are: non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child.

The 2013 *Victorian Charter for Children in Out-of-Home Care* states that a child or young person in care has a right to be provided with the best possible education and training.


Part of the response of the Victorian Government was the establishment of the *Child Safe Standards*. These are compulsory minimum standards for all Victorian ECEC services and schools, to ensure they are well prepared to protect children from organisational abuse and neglect.

Following the Betrayal of Trust report, the Victorian Government also passed legislation in February 2017 to introduce a *Reportable Conduct Scheme*, which requires all kindergarten and child care services from January 2019 to bring allegations of reportable conduct by employees to the Commission for Children and Young People.

In October 2016, the Commission for Children and Young People tabled two reports on Aboriginal children in OOHC22. These reports drew upon evidence from Taskforce 1000, which investigated the over-representation of Aboriginal children in OOHC and critically reviewed the case plans and circumstances of 980 Aboriginal children.

The two reports made 133 recommendations that promote cultural safety and connection for Aboriginal children in OOHC and access to Aboriginal-specific education services and mainstream schooling.

The Victorian Government accepted all recommendations in full, in part or in principle. In 2016, DET released *Marrung: Aboriginal Education Plan 2016–2026*.

Marrung is a ten-year integrated plan that supports improved learning and development outcomes for Koorie Victorians, including those in OOHC, across early childhood, school training and skills and higher education.

### Information sharing

In the best interests of children in OOHC, and to safeguard the privacy of individuals, the parties to this Agreement recognise that sharing information relating to individual children must form part of a collaborative approach. Information about individual children must be considered on a case-by-case basis and be treated sensitively and confidentially. Professionals across the service system must comply with relevant privacy laws.

In addition, the sharing of more general information and data (e.g. the numbers, location and age of children in OOHC and rates of participation in early childhood services at a local or regional level) will be critical for the ongoing implementation, monitoring and further development of the Agreement.

Outside of any specific provisions about reporting or sharing information under the *Children Youth and Families Act 2005* (Vic), information about a child and young person and their family can be shared in accordance with applicable privacy and health records legislation (including the *Privacy Act 1988* (Cth), the *Privacy and Data Protection Act 2014* (Vic), the *Health Records Act 2001* (Vic) and the *Family Violence Protection Act 2008* (Vic)).

Organisations bound by the *Privacy Act 1988* (Cth) are required to take certain steps in response to any data breach, including notification of the breach to affected individuals, in accordance with the *Notifiable Data Breach Scheme*23.

Early childhood services, case managers, care managers, carers, and other members of the care team are permitted to collect and share information relevant to the safety and development of a child in accordance with the CYFA.

The *Children Legislation Amendment (Information Sharing) Act 2018* amends the *Child Wellbeing and Safety Act 2005* to create the Child Information Sharing (CIS) scheme.

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22 Commission for Children and Young People (2016), ‘Always was, always will be Koori children: Systemic Inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria’ and ‘In the child’s best interest: Inquiry into compliance with the intent of the Aboriginal Child Placement Principle in Victoria’.

Commencing in September 2018 for a first phase of organisations, the CIS will enable information sharing between authorised professionals (including out-of-home care, family services and maternal and child health services) to promote children’s wellbeing and safety.

A second phase of implementation will occur in 2020, when most education and health services will be included. The CIS scheme will help to improve early identification, intervention and prevention by enabling universal, secondary and tertiary services to work together to form a comprehensive picture of risks and needs for children and young people. The reform is also intended to promote shared responsibility for children’s wellbeing and safety across the system. For more information about the CIS scheme see https://www.vic.gov.au/childinfo-sharing.

Transition – a period requiring special consideration

Transition to school or to early childhood services can be a stressful time for any young child because it involves significant change, such as adjusting to new routines, environment and forming new relationships with adults and peers.

This period can be particularly challenging for children in OOHC who may have already been required to change home and ECEC services many times due to changes in their circumstances or living arrangements. Children in OOHC may have also experienced some degree of trauma through abuse or neglect, and separation from family members.
Such experiences may impact upon the child's sense of trust, their ability to form new relationships and to cope with new settings and situations. Having highly skilled ECEC professionals who can identify children presenting with trauma and integrate a trauma-informed approach into their practice is critical for better outcomes for these children.

There is much that carers, families, education and child protection staff and others can do to collaboratively support children in OOHC during transition periods. All children should feel supported, and have a positive experience with people who care about them, and where they are encouraged and likely to succeed.

**TRANSITION FROM HOME TO ECEC AND BETWEEN ECEC SERVICES**

A child in OOHC has much to gain from regular attendance in a high quality ECEC service. However, the child and their carer, whether a grandparent or other relative in kinship care, or a foster carer, are likely to require support to facilitate the child's enrolment and ongoing attendance and engagement in the service.

This could commence with the MCH nurse and the child's case manager initiating discussions with the family and carer about how best to help prepare the child to enter an ECEC service. Support may be needed with the process of enrolment in a service including assistance with administrative processes and supported visits to the ECEC service as part of the settling in process.

Subsequent follow-up will be required by the case manager with the child and the family or carer once the child has commenced at the ECEC service.

Research shows that vulnerable children who are assisted with the transition from home to ECEC services have better outcomes than if transition support is delayed until they start school. Carers, family, child protection workers, case managers and ECEC professionals should incorporate the transition points into the child's care plan and work together to provide optimal support to the child during transition periods. KESO's should be involved where the child has been identified as being Aboriginal.

As well as being a valuable developmental and support for children, parents and carers in their own right, Supported Playgroups are a proven ‘soft’ entry point into formal ECEC services. MCH nurses can refer children in OOHC to Supported Playgroups, and playgroup facilitators can in turn help ensure these children are enrolled in Early Start Kindergarten.

Well planned and supported transitions between early childhood services are also critical. This could involve transition from one ECEC service to another, or from a less formal service (e.g. a Supported Playgroup) into a more formal early learning setting. In each case, planning should be put in place to ensure the child and carers understand and are prepared for the new arrangements, including session times and transport requirements. The transition between early childhood services should be arranged in accordance with the relevant information sharing protocols.

**TRANSITION TO PRIMARY SCHOOL**

A positive start to school, leading to a strong and ongoing connection with school, has been identified as a factor that can disrupt cycles of social and economic disadvantage, and can build resilience among children. Starting school is a major life transition for children, and their experiences during this transition can have longer-term impacts on their ability to cope with change.

A successful start to school is linked to future positive school outcomes, both academically and socially. Children in OOHC may face additional challenges during their transition to school due to their life circumstances.

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If transition to school occurs while a child is in OOHC, the child’s care team should work closely with the school (and KESO where the child has been identified as Aboriginal), ECEC service and the child’s carers to ensure that all practical arrangements are in place for the commencement of the school year. This includes all enrolment processes, purchase of uniforms and stationery and timely applications for any additional supports the child may require and be eligible to receive.

Before a child starts primary school, schools should liaise with the ECEC service to ensure that the service completes an online Transition Learning and Development Statement (TLDS) as outlined in Transition: A Positive Start to School Resource Kit. These statements help teachers to get to know the children entering their classes before they start, and to plan for each child’s learning and development.

For Aboriginal children transitioning to primary school, a local ACCO along with the appropriate KESO should contribute to the online TLDS and it should be informed by the cultural plan. Some Aboriginal children come with a cultural story and some without. The integration of cultural support plans and the TLDS is vital for the transition into school and sharing of information between professionals and the development of Koorie Education Plans.

If a child in OOHC has not attended an ECEC service, the case manager should contact the enrolling school as early as possible to work with the school in developing a transition plan that is tailored to the child.

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4.0
**WORKING TOGETHER TO ACHIEVE OUTCOMES**

**Priority actions**

For the next three years, partners to the Agreement commit to the following priority actions to support the achievement of the Agreement outcomes:

- Implement a communication strategy that promotes the importance and availability of high quality, teacher delivered early learning to carers, families, Child Protection practitioners, and CSOs, ACCOs and MCH.
- Improve the accuracy and timeliness of participation data for children in OOHC, including:
  - attendance at MCH Key Age and Stage visits
  - regular attendance data for children in funded kindergarten.
- Support funded kindergarten providers to ensure a comprehensive individual learning and development plan is maintained for every child in OOHC and this is shared with carers, families and other relevant professionals in accordance with the Children Services Act 1996 (Vic) and the Education and Care Services National Law Act 2010 (Cth).
- Consolidate a system of regular, timely and secure notifications to local government when each child enters care, including a secure system at each local government for receipt and management of notifications.
- Work with long day care providers to promote the availability of accessible and affordable kindergarten places (Early Start Kindergarten and year before school) in long day care services.
- Develop and implement strategies to ensure that kinship, foster and permanent carers have the resources, supports and information they need to maintain engagement with the services children in their care need.
- Create opportunities to build the capacity of the early childhood learning and development workforce within ACCOs to support children in care.
- Develop the capability within MCH data systems to record and maintain accurate data on the current and historical OOHC status of children receiving MCH services.

**Targets and Measures**

An action plan to measure progress towards achieving the following targets will be overseen by the Central Implementation Group (CIG).

Regional and area level data will form a key part of governance and accountability at this scale. We will know we have succeeded when we have achieved the following targets in three years:

- Double the number of three-year-old children in OOHC in Early Start Kindergarten (for 15 hours a week), using 2018 data as the baseline.
- 95% participation* of children in OOHC in the year before school in kindergarten.
- 100% of children who enter OOHC are up-to-date with the immunisation schedule within six months of their initial assessment (excepting approved exemptions).
- 100% of children who have entered OOHC are referred to a health service for a comprehensive health assessment and ongoing care management for any physical, mental or oral health issues identified. This information is documented in a health, wellbeing and safety plan that can be shared with other services involved in the care of the child.
- 100% of children in OOHC transitioning from kindergarten to prep have a Transition Learning and Development Statement.

The CIG may agree during the duration of the Agreement to identify other measures, noting the priority action above to improve the measurement of participation of children in OOHC in MCH and kindergarten.

*Participation refers both to enrolment and regular attendance, noting that at the time of the development of this Agreement there is no systematic collection of attendance data for kindergarten.
5.0

ROLES AND RESPONSIBILITIES

Collaboration, accountability and capacity building

All parties will work together in the best interests of the child by:

- Understanding each other’s roles and responsibilities and working in a collaborative and proactive way.
- Sharing accountability for delivering on the Agreement’s outcomes, supported by improved collection, reporting and monitoring of participation data.
- Actively promoting the Agreement and its importance amongst staff, member organisations, funded service providers and stakeholders.
- Sharing information about children and their needs in a timely manner.
- Improving the documentation and dissemination of knowledge across the early childhood service system about effective practice to support children in OOHC.
- Ensuring all appropriate referrals are made and followed up.
- Proactively addressing barriers to children’s participation and engagement in early childhood services.
- Ensuring compliance, where required, with the Child Safe Standards and Reportable Conduct Scheme.

Roles and responsibilities for partners to the Agreement

DEPARTMENT OF EDUCATION AND TRAINING

State-wide functions

- Support governance through co-chairing the CIG for the Agreement and reporting progress to the Compact Steering Group and Board.
- Facilitate and oversee regional governance arrangements.
- Lead the collection, linkage, analysis, monitoring and reporting of key data sets, in collaboration with DHHS.
- Drive policy and program development to support access and participation of vulnerable children in universal and targeted services, particularly funded kindergarten.
- Work with partners to develop and trial innovative strategies for improving participation and outcomes.
- Facilitate accurate and timely state-wide information sharing with DHHS, MAV and local government regarding children and young people in OOHC.
- Lead the review and evaluation of the Agreement, in collaboration with DHHS.

Regional functions

- Nominate and maintain designated contacts in each Area to oversee the implementation process at the divisional and area level and help respond to any local issues that arise.
- With regional and local partners, establish and support governance, implementation, monitoring and communication arrangements aligned to the Early Years Compact structures.
Nominated Regional Contacts

Nominated contacts should be proactive in supporting and facilitating the implementation of the Agreement, including:

- Establishing local and regional arrangements for feedback and reporting.
- Promoting the Agreement to early childhood service providers.

Key areas of focus should include:

- Strengthening relationships between local councils, CSOs providing OOHC services and early childhood service providers.
- Coordinating and promoting formal and informal learning and training opportunities.
- Facilitating information sharing that contributes to assessment and planning for effective service provision and outcomes.
- Ensuring professional development in Aboriginal cultural inclusiveness and competence is available for service providers.
- With partners in DHHS and local government, developing local area action plans for implementing and monitoring the Agreement.
- Collecting and distributing DET and local government data to partners to support implementation.
- Proactively working with the Child Protection (CP), CSO or ACAC case manager to increase awareness and access to targeted supports and subsidies (e.g. Early Start Kindergarten, Kindergarten Fee Subsidy, Kindergarten Inclusion Support packages and Early Childhood Intervention Services).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

State-wide functions

- Support governance through co-chairing the Central Implementation Group for the Agreement and reporting progress to the Compact Steering Group and Board.
- Facilitate and oversee regional governance arrangements.
- Lead the collection, linkage, analysis, monitoring and reporting of key data sets, in collaboration with DET.
- Drive policy and program development to support access and participation of vulnerable children in universal and targeted services including MCH and Supported Play Groups. Note that responsibility for MCH and Supported Playgroups was transferred to DHHS in January 2019 as a machinery of government change.
- Work with partners to develop and trial innovative strategies for improving participation and outcomes.
- Facilitate accurate and timely state-wide information sharing with health partners, DET, MAV and local government regarding children and young people in OOHC.
- Lead the review and evaluation of the Agreement, in collaboration with DET.

DHHS OPERATIONAL DIVISIONS

Divisional Deputy Secretaries

Nominate and maintain designated contacts in each Division to oversee the implementation process at the divisional and area level and help respond to any local issues that arise (nominated contacts are likely to be area director or their delegates).

Nominated Divisional Contacts

Nominated contacts should be proactive in supporting and facilitating the implementation of the Agreement, including:

- Establishing local and regional arrangements for feedback and reporting.
• Promoting the Agreement to case managers, carers and contracted CSOs.

Key areas of focus should include:
• Strengthening relationships between local councils, CSOs providing OOHC services and early childhood service providers.
• Coordinating and promoting formal and informal learning and training opportunities.
• Setting up mechanisms that can promote information sharing.

Child Protection divisions
• Ensure notifications are provided to the designated local government contact in the placement LGA on a fortnightly basis of all young children entering care or changing a placement in that area. This applies for all children placed in any local government area, and is the responsibility of the child protection office where the case is allocated.
• Child protection practitioners or case managers delivering ACAC.

Child Protection practitioners or case managers delivering ACAC
Immediately following notification
The case manager is responsible for liaising with the designated local government contact to seek relevant information and discuss whether:
• The child is appropriately engaged with MCH services.
• The child is enrolled and supported to attend the most appropriate quality early childhood education and care services in the local government area.
• Where eligible, the child is engaged with a Supported Playgroup
• Facilitate access to pre-purchased places through contact with eligible service providers.

The case manager should make every effort to ensure the child is enrolled in and attending the identified services, and update relevant information on the education screen in the client’s record.

Ongoing tasks
• Seek advice from the local government contact to address any difficulties encountered in enrolment or attendance.
• Provide early childhood services with relevant background and change of status information.
• Provide information about a child’s change of placement or other relevant status changes to the local government contact.

• Maintain an up-to-date record of relevant information on the education screen in the client’s CRIS record with details of MCH/ECEC enrolments and attendance and the local government contact details.

This includes consideration of early childhood education and care in case planning processes.

All ACAC (VACCA) roles and responsibilities are the same as those for DHHS.

MUNICIPAL ASSOCIATION OF VICTORIA - LOCAL GOVERNMENT RESPONSIBILITIES
• Act on the completed notification (including the carer’s details) received from DHHS and record in the Child Development Information System details of each child, or update details of the child if they are already in the system.
• Provide support and information to the carer/CP case manager to organise access for the child to attend appropriate early childhood services, including enrolment processes for funded kindergarten program.
• Complete the quarterly reports for the local government area on actions taken to support the Agreement.
• Engage with DHHS, DET and other partners to the Agreement through local area governance groups to ensure children in OOHC are accessing the services they are entitled to, including Supported Playgroup where appropriate.
• Provide a secure email address that DHHS can use to provide notifications of entry, exit and changes to placements.

MATERNAL AND CHILD HEALTH SERVICES
• Identify children in OOHC through the DHHS notification process to local government, and referrals made to the service, and ensure that these children are engaged with MCH, including Enhanced MCH where appropriate.
• Engage, assess and support the health, wellbeing and developmental needs of children in OOHC.
• Make referrals to appropriate additional services based on individual needs.
• Provide advice to carers, CP, CSO, ACAC case managers/workers on local support services and quality ECEC.
• Provide advice on local kindergarten enrolment processes.
• Provide copies of the child’s assessments to the child’s case manager.
• Assist carers to navigate through the services system to meet children’s ECEC needs.

EARLY LEARNING ASSOCIATION AUSTRALIA AND COMMUNITY CHILD CARE ASSOCIATION

ELAA and CCC will support their members to:
• Apply priority of access policies for children in OOHC in line with DET kindergarten guidelines and Commonwealth child care legislation.
• Proactively apply for State and Commonwealth grants and subsidies (including Early Start Kindergarten, Kindergarten Fee Subsidy and Early Start Kindergarten extension grants) to ensure places are free or low cost.
• Accurately enter OOHC status in the DET Kindergarten Information Management System for DET funded kindergarten enrolments.
• Develop and regularly review the Individual Learning Plans in line with the National Quality Framework and Victorian Early Years Learning and Development Framework.
• Deliver services in a culturally safe manner that recognises and respects Aboriginal culture.
• Seek to understand trauma related needs of children in OOHC and tailor learning and development approaches to address these needs.
• Facilitate professional learning of educators to support the engagement and participation of children in OOHC in early childhood education and care, including understanding barriers to participation, trauma-informed practice, attachment theory, child centred practice and strong partnership with families.
• Work collaboratively with carers, CP, CSO, ACCOs and ACAC to set goals, monitor attendance and engagement and manage issues as they arise.
• Provide input into CSO, ACAC and CP Looking after Children plans.
• Provide information to the care team about the progress of the child’s learning, in consultation with the carer.

THE VICTORIAN ABORIGINAL CHILDREN AND YOUNG PEOPLE’S ALLIANCE

• Promote the Agreement to the ACCOs.
• Ensure accountability from other partners of the Agreement.
• Provide guidance and advice to ACCOs to assist in the interpretation of the Agreement.
• Provide advocacy and advice in policy and program development.
• Continue to raise awareness about the conditions that facilitate or hinder access to and participation in early childhood services for Aboriginal children and their families.

VICTORIAN ABORIGINAL EDUCATION ASSOCIATION INCORPORATED

• Promote the Agreement to Multifunctional Aboriginal Children’s Services (MACS).
• Provide guidance and advice to MACS to assist in the interpretation of the Agreement.
• Ensure accountability from other partners of the Agreement.
• Work closely with the designated contacts in each partner organisation to support implementation of the Agreement.
• Provide advocacy and advice in policy and program development.
• Work collaboratively to ensure access to services.
• Support universal services to be culturally inclusive, which prioritises culture and the needs of all children.

THE CENTRE FOR EXCELLENCE IN CHILD AND FAMILY WELFARE

• Provide guidance and advice to CSOs and individual service providers to assist in the interpretation and application of the Agreement.
• Continue to raise awareness about the conditions that facilitate or hinder access to and participation in early childhood services for vulnerable children and their families.
• Work with community service organisations to develop workforce capability to ensure all babies, infants and children are given the best possible access to early childhood services.
• Provide information and training opportunities for practitioners to understand and apply the Looking After Children (LAC) practice framework, which considers how each child’s needs will be met while they are in OOH Care.
• Work closely with the designated contacts in each partner organisation to support implementation of the Agreement.

VIC TAS PRIMARY HEALTH NETWORK ALLIANCE
• Promote the agreement to primary health providers.
• Raise awareness about the conditions that facilitate or hinder access to primary health services for vulnerable children and their families.
• Provide guidance and advice to primary health providers to assist in the interpretation of the Agreement.
• Work closely with the designated contacts in each partner organisation to support implementation of the Agreement.

VICTORIAN HEALTHCARE ASSOCIATION
• Promote the agreement to public healthcare providers, including public hospitals and community health.
• Raise awareness about the conditions that facilitate or hinder access to public health services for vulnerable children and their families.
• Provide guidance and advice to public health providers to assist in the interpretation of the Agreement.
• Work closely with the designated contacts in each partner organisation to support implementation of the Agreement.

OTHER SIGNIFICANT PEAKS AND REPRESENTATIVE BODIES

Foster Care Association of Victoria, Kinship Carers Victoria and Permanent Care and Adoptive Families
Foster Care Association of Victoria, Kinship Carers Victoria and Permanent Care and Adoptive Families are amongst a number of peak bodies who can provide support for carers in Victoria.
These organisations will work with partners to ensure that foster, kinship and permanent carers receive relevant information and support to ensure that children in care are appropriately engaged with Early Childhood Services.

A table outlining the roles and responsibilities of Parties to this Agreement is attached in Appendix 6: Early Childhood Agreement for Children in Out-of-Home Care: Roles and Responsibilities.
6.0 GOVERNANCE AND IMPLEMENTATION

Governance
The Central Implementation Group (CIG) that oversees the promotion and state-wide implementation of the Agreement has been refreshed and strengthened. The CIG will draw on the governance of the Compact in response to the Review’s recommendations to strengthen governance arrangements. The CIG reports to the Compact Steering Group who report to the Compact Board.

The purpose of the CIG is to:
- Drive improved access to and outcomes for quality early childhood education and care services for children in OOHC.
- Oversee the state-wide implementation and promotion of the Agreement.
- Provide a mechanism to map and track/monitor shared accountabilities for implementation of the Agreement.

Responsibilities
The responsibilities of the CIG are to:
- Oversee and steer the implementation of the Agreement, including to establish and maintain a relationship with the Early Years Compact, LOOKOUT centres and the Out-of-Home Care Education Commitment for schools.
- Monitor progress towards increased enrolment in early childhood education and care services, and improved health and wellbeing outcomes for children in OOHC. This includes regular reviews of participation and utilisation data and reporting outcomes to senior executives of the relevant departments and governance committees, including the Compact Board and the Children’s Services Coordination Board.
- Draw on Regional Governance Groups and Local Area Groups to identify and document best practice and policy/design issues that are impacting on the operation of the Agreement, and develop and communicate solutions to these issues.
- Authorise systems development and strategies that improve participation in early childhood education and care services for children in OOHC, including strategies to improve participation of Aboriginal children.
- Identify resources for implementation of the Agreement as required.

Membership
All parties to the Agreement and associated agencies that have a role in case management or provide systemic support for children in OOHC are considered to be members of the CIG.

The CIG may seek to invite additional members, as needed, to ensure the effective implementation of the Agreement. Working groups may also be established to progress specific issues as required.

Processes
The CIG will meet quarterly in advance of the Compact Steering Committee.

Detailed and accurate data will be critical for effective monitoring and review. DET is exploring methods for collecting this data and will work closely with other parties through the CIG to develop data sources and monitoring arrangements to enable accurate measurement of the Agreement’s effectiveness.

It will be important to measure and report on the extent of participation (for example, using data on ongoing attendance and engagement), rather than simply enrolment in early childhood services.

Existing data collected by DHHS, including participation in early childhood education and care at age three and four years, will continue to form part of the suite of data sources.

In addition, links will be fostered with monitoring arrangements for the Out-of-Home Care Education Commitment to measure and better understand for this cohort how participation in early childhood services influences school readiness and success.
Review of progress

The parties to the Agreement commit to conduct a detailed review of the implementation and effectiveness of the refreshed Agreement no later than three years from the date of the launch. This review will be led by the CIG and will include:

- Reviewing all data collected during the Agreement’s operation, including comparison with benchmark data and progress to achieve targets and measures.

- Considering feedback from all parties, including ‘on-the-ground’ feedback provided by DHHS, ACACs, CSOs, local councils, early childhood services and practitioners and carers, gathered during the operation of the Agreement.

- Identifying key policy and design issues to improve application of the Agreement, including strategies for overcoming barriers to participation in early childhood services.

- Examining the potential for broadening the Agreement’s application to include other groups of vulnerable young children.
• Provide information about a child's change of background and change of status information.
• Seek advice from the local government contact imme.
• Ensure the child is enrolled in and attending the identified services, and update relevant information.
• Facilitate access to pre-purchased places through contact with eligible service providers.
• Where eligible, the child is engaged with a Supported Playgroup.
• The child is appropriately engaged with MCH Enhanced MCH where appropriate.
• Setting up mechanisms that can promote information sharing.
• Coordinating and promoting formal and informal learning and training opportunities.
• Strengthening relationships between local councils, CSOs providing OOHC services and carers and contracted CSOs.

Key areas of focus should include:
• Promoting the Agreement to case managers, the local government contact.
• Engaging, assessing and supporting the health, wellbeing and developmental needs of children these children are engaged with MCH, including referrals made to the service, and ensure that notifications are made to the local government, and child protection managers/workers on local support services based on individual needs.
• Identifying children in OOHC through the DHHS and is the responsibility of the child protection office where the case is allocated.
• Complete the quarterly reports for the local government area on actions taken to support children placed in any local government area, this applies for all young children entering care or changing a placement LGA on a fortnightly basis of all children placed in any local government area.
• Provide advice on local kindergarten enrolment or other relevant status changes to the client’s CRIS record with details of MCH/ECEC information on the education screen in the Child Development Information System.
• Provide advice to carers, CP, CSO, ACAC case managers/workers on local support services for DHHS.
• Engage with DHHS, DET and other partners to access the services they are entitled to.
• Maintain an up-to-date record of relevant background and change of status information.
• Provide advice on local kindergarten enrolment or other relevant status changes to the client’s CRIS record with details of MCH/ECEC information on the education screen in the Child Development Information System.
• Provide advice to carers, CP, CSO, ACAC case managers/workers on local support services for DHHS.
• Engage with DHHS, DET and other partners to access the services they are entitled to.
• Maintain an up-to-date record of relevant background and change of status information.
Nominated Regional Contacts

Nominated contacts should be proactive in supporting and facilitating the implementation of the Agreement, including:

• Establishing local and regional arrangements for feedback and reporting.
• Promoting the Agreement to early childhood service providers.

Key areas of focus should include:

• Strengthening relationships between local councils, CSOs providing OOHC services and early childhood service providers.
• Coordinating and promoting formal and informal learning and training opportunities.
• Facilitating information sharing that contributes to assessment and planning for effective service provision and outcomes.
• Ensuring professional development in Aboriginal cultural inclusiveness and competence is available for service providers.
• With partners in DHHS and local government, developing local area action plans for implementing and monitoring the Agreement.
• Collecting and distributing DET and local government data to partners to support implementation.
• Proactively working with the Child Protection (CP), CSO or ACAC case manager to increase awareness and access to targeted supports and subsidies (e.g. Early Start Kindergarten, Kindergarten Fee Subsidy, Kindergarten Inclusion Support packages and Early Childhood Intervention Services).
• Proactively working with the CP, CSO, or ACAC case manager to facilitate access for children to pre-purchased places.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

State-wide functions

• Support governance through co-chairing the Central Implementation Group for the Agreement and reporting progress to the Compact Steering Group and Board.
• Facilitate and oversee regional governance arrangements.
• Lead the collection, linkage, analysis, monitoring and reporting of key data sets, in collaboration with DET.
• Drive policy and program development to support access and participation of vulnerable children in universal and targeted services including MCH and Supported Play Groups. Note that responsibility for MCH and Supported Playgroups was transferred to DHHS in January 2019 as a machinery of government change.
• Work with partners to develop and trial innovative strategies for improving participation and outcomes.
• Facilitate accurate and timely state-wide information sharing with health partners, DET, MAV and local government regarding children and young people in OOHC.
• Lead the review and evaluation of the Agreement, in collaboration with DET.

DHHS OPERATIONAL DIVISIONS

Divisional Deputy Secretaries

Nominate and maintain designated contacts in each Division to oversee the implementation process at the divisional and area level and help respond to any local issues that arise (nominated contacts are likely to be area director or their delegates).

Nominated Divisional Contacts

Nominated contacts should be proactive in supporting and facilitating the implementation of the Agreement, including:

• Establishing local and regional arrangements for feedback and reporting.
APPENDICES

APPENDIX 1
ACRONYMS

APPENDIX 2
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APPENDIX 3
DETAILS OF PARTIES TO THE AGREEMENT

APPENDIX 4
SUPPORTS AND SUBSIDIES AVAILABLE FOR CHILDREN IN OUT-OF-HOME CARE

APPENDIX 5
THE CHILDREN, YOUTH AND FAMILIES ACT 2005 (VIC)

APPENDIX 6
EARLY CHILDHOOD AGREEMENT FOR CHILDREN IN OUT-OF-HOME CARE: ROLES AND RESPONSIBILITIES

APPENDIX 7
CONTACTS
APPENDIX 1: ACRONYMS

ACAC  Aboriginal Children in Aboriginal Care
ACCO  Aboriginal Community Controlled Organisation
CALD  Culturally and linguistically diverse
CCC   Community Child Care Association
CCYP  Commission for Children and Young People
CIG   Centre Implementation Group
CIS   Child Information Sharing
CP    Child Protection, a unit of the Department of Health and Human Services
CRC   Convention on the Rights of the Child
CRIS  Client Relationship Information System (DHHS)
CRISSP Client Relationship Information System for Service Providers (DHHS)
CSO   Community Service Organisation
CYFA  Children, Youth and Families Act 2005
DET   Department of Education and Training
DHHS  Department of Health and Human Services
EC    Early childhood
ECEC  Early childhood education and care
ECEI  Early Childhood Early Intervention
ECIS  Early Childhood Intervention Services
ELAA  Early Learning Association Australia
ESK   Early Start Kindergarten
KEC   Koorie Education Coordinator (DET)
KESO  Koorie Engagement Support Officer (DET)
KEW   Koorie Education Workforce (DET)
KIM   Kindergarten Information Management System
KPSA  Koorie Preschool Assistant
MAV   Municipal Association of Victoria
MCH   Maternal and Child Health
NDIS  National Disability Insurance Scheme
OOHC  Out-of-Home Care
PSFO  Preschool Field Officer
TLDS  Transition Learning and Development Statement
VACCA Victorian Aboriginal Child Care Agency
VAEAI Victorian Aboriginal Education Association Incorporated
VTPHNA Vic Tas Primary Health Network Alliance
VHA   Victorian Healthcare Association
VEYLD Victorian Early Years Learning and Development Framework
APPENDIX 2: GLOSSARY

Aboriginal Community Controlled Organisation (ACCO)

An Aboriginal organisation governed by the local Aboriginal community, delivering holistic and culturally appropriate services to Aboriginal people, children and families.

Care manager

Care managers are sometimes referred to as key workers and can be residential care workers, foster care agency workers or kinship support service workers.

Care managers have responsibility for a child or young person’s day-to-day care, including ensuring their needs are met in the areas of education, health, wellbeing, identity and relationships. Care managers coordinate the care planning process and attend case planning meetings and educational support meetings.

Care team

A care team is the group of people who jointly plan for and support the care of a child or young person in OOHC. The care team is led by the care manager.

The team work together to determine and undertake the tasks that parents ordinarily do to provide good care for a child or young person. The care team develops and reviews the care and placement plan and contributes to the case planning process. The care team for an Aboriginal child should include an Aboriginal representative. A representative from the child’s service should also attend care team meetings where possible.

Carer

Carers include foster carers, kinship carers, residential carers and permanent carers. Carers provide direct day-to-day care for children and young people. They provide the primary relationship through which children and young people can feel secure, develop and grow.

Case manager

The person responsible for implementing the child’s statutory case plan. While case management is most commonly undertaken by CP, case management of children/young people subject to a Children’s Court order can be contracted to a CSO or ACCO.

Case plan

A plan, required under legislation, prepared at substantiation that abuse or neglect has occurred, that guides assessment, planning, and action by case managers and others involved in the life of a child subject to protective intervention. The plan is succinct and high level and is based on the Best Interests Case Practice Model.

Child

In this Agreement a child is defined as a person who has not yet commenced school.

Community Service Organisation (CSO)

A CSO is an appropriately qualified organisation contracted by government to provide case and care management for children in OOHC. CSOs may also provide support to carers.
Cultural plan

A cultural plan is one part of a holistic approach to planning for Aboriginal children and young people in OOHC. A cultural plan is a legislative requirement for every Aboriginal child in OOHC. The care team prepares, implements, and reviews the cultural plan.

Where an Aboriginal child is placed with a non-Aboriginal organisation, an Aboriginal adult from the local area should attend this meeting to support the cultural plan around the local needs. While the Case Manager (CP, ACAC provider or contracted agency) has the responsibility for the cultural plan created for the child, the care team is expected to lead and ensure completion of the plan.

Early Years Compact

The Compact is a high level, overarching commitment between the DET, DHHS and local government as represented by MAV that aims to lift outcomes for young children and families by improving the joint planning, coordination and data and information sharing processes between the three parties.

Foster care

Temporary care of children by trained, assessed and accredited foster carers. Victorian foster carers play a vital role in our community, providing a safe and nurturing home to children and young people who cannot live with their birth family.

Koori or Koorie

A term denoting an Aboriginal person from Victoria or southern New South Wales. However, this term for the purposes of Victorian government documents is inclusive of all Aboriginal and Torres Strait Islander people, especially when used in a program or policy title.

Koorie Education Workforce

DET employs Koorie Engagement Support Officers (KESOs) and Koorie Education Coordinators (KECs). The role of this dedicated workforce is to build the capacity of DET funded services and schools to better engage with Aboriginal learners and communities. They are available to provide expert advice and support regarding culturally inclusive strategies to improve engagement and student performance.

Koorie In Home Support/Home Based Learning (Koorie IHS/HBL)

Koorie IHS/HBL is available to all families with children identified as Aboriginal from pre-birth up to school entry. The purpose of Koorie IHS/HBL is to build parent capacity and wellbeing to produce a positive impact on the early learning and development of their children through programs that are evidence-based and culturally safe.

Koorie Preschool Assistants

KPSAs support Aboriginal children and their families to access and participate in kindergarten with the support of community-based organisations. KPSAs provide advice and practical support to kindergartens to assist them to deliver programs which are respectful to the cultural beliefs and practices relevant for Koorie children, as well as working with Aboriginal families to encourage and assist with enrolment, participation in kindergarten and transition to school.

Kindergarten Information Management (KIM) System

ECEC service providers with a funded kindergarten program enter enrolment information, including care type, indicating if the child lives with their parents, formal kinship, informal kinship, foster, permanent or residential care.

Kinship Carer

Kinship care is the care provided by relatives or a member of a child’s social network when a child cannot live with their parents.
Out-of-home care

A temporary, medium or long-term living arrangement for children and young people who cannot live with their parents and who are on statutory care orders or voluntary child care agreements. Children and young people living in statutory OOHC may be subject to a CP investigation, protective intervention or a Children's Court Order (and have oversight by DHHS). Types of OOHC include kinship, foster, residential, lead tenant and permanent care. Excluded from this definition are children and young people who are in informal care, and who have transitioned from OOHC to adoption or family reunification.

Permanent Care Order

An order made by the Children's Court appointing a specified person or persons as the parent to the exclusion of all others. Following the granting of a Permanent Care Order, CP is no longer involved.

Preschool Field Officer

PSFOs support kindergartens by providing consultation, resources and advice to teachers and families. Any family with a child with additional needs or in OOHC attending a state-funded kindergarten program can access this service. A referral can be made by a parent or kindergarten teacher.

Protective Orders

Children’s Court orders include: Interim Accommodation Order to OOHC, Family Preservation Order, Family Reunification Order, Care by Secretary Order, Long Term Care Order and Therapeutic Treatment Placement Order. Children and young people in statutory OOHC can be living in foster care, kinship care or residential care. For more information see http://services.dhhs.vic.gov.au/caring-children

Transitions

Refers to the main transitional points for children in OOHC in Victoria. Transitions information can be found in guidelines including the Victorian Early Years Learning and Development Framework (VEYLDF) and the Transition to School Resource Kit.

Voluntary Child Care Agreement

An agreement entered into under part 3.5 of the Children, Youth and Families Act 2005 (Vic), whereby the parent retains guardianship but places the child in OOHC.
APPENDIX 3:
DETAILS OF PARTIES TO THE AGREEMENT

Department of Education and Training

DET provides an integrated approach to learning and development through policy and funding for the provision of high-quality early childhood programs and a supported transition for children entering the school system and beyond. DET supports planning for and provision of early childhood services, in partnership with local government and a wide range of community and private service providers.

The Victorian Government provides funding and policies to promote participation in high-quality early childhood education, including kindergarten programs that are inclusive and accessible. DET develops policy and partnerships to support early years learning, including programs to improve participation of vulnerable and disadvantaged children in early learning, such as Best Start, and the Koorie Kids Shine at Kindergarten campaign.

As a partner in this Agreement, DET has committed to identifying children placed in OOHC, and working with its service partners under the Agreement to ensure that children are engaged in universal and targeted early childhood services. DET commits to supporting its service delivery partners in identifying and engaging with children in OOHC, including through capacity building of early childhood services and professionals to assist in identifying and meeting the needs of these children.

Department of Health and Human Services

DHHS leads the delivery of many of the government’s major reforms such as: the prevention of family violence, the transition to the National Disability Insurance Scheme (NDIS) and the subsequent transformation of disability services in Victoria; the implementation of strategies to address the challenges in homelessness services and social housing; building the capability of vulnerable children and families to break the cycle of intergenerational disadvantage; and strengthening the safety and quality of our health services.

DHHS works with community services organisations (CSOs) and Aboriginal community-controlled organisations (ACCOs) to provide a broad range of services and programs, including child protection services, OOHC support services and OOHC placements. The department supports Victoria’s vulnerable children and carers.

DHHS is committed to improving the health and participation of children in OOHC in early childhood programs including MCH and Supported Playgroups. Note that responsibility for MCH and Supported Playgroups was transferred to DHHS in January 2019 as a machinery of government change.

DHHS commits to the implementation and promotion of the Agreement through its child protection workforce, contracted community service organisations, Aboriginal community-controlled organisations and designated carers (kinship, foster and permanent) for children in OOHC.
**Municipal Association of Victoria**

The MAV is the peak body for Victoria’s 79 local councils. The MAV consults with councils and collaborates with the government on issues relating to early childhood education and care, services, funding and policies.

Local government has a key role at the community level in the planning, delivery and funding of support services for children, including vulnerable children in OOHC. Services provided directly by councils include maternal and child health, kindergarten programs and other early childhood education and care and family support services. Councils also act as a key planning and coordination point for early childhood and family services generally.

The MAV has worked with councils to establish local government as the central point of contact by nominating a designated OOHC contact manager in each council to identify appropriate local services for children under school age in OOHC and facilitate access to them. This includes services delivered both by councils and other organisations.

**Early Learning Association Australia**

ELAA is the peak organisation for parents and service providers working to deliver high quality, affordable and accessible early childhood education services. ELAA represents independent kindergartens, cluster managers, long day care services, integrated services and early childhood education and care services. ELAA commits to promoting the aspirations and roles outlined in the Agreement to its members and supporting services, educational leaders and early years educators.

**Victorian Aboriginal Child Care Agency**

VACCA is the lead Aboriginal child and family welfare organisation in Victoria, protecting and promoting the rights of Aboriginal children and young people. The organisation provides programs and services to reinforce Aboriginal culture and encourage best parenting practices, and advise government in relation to child abuse and neglect in the Aboriginal community.

VACCA is a state-wide Aboriginal community-controlled organisation advocating for the rights of Aboriginal children, young people and families, and providing them with services premised on human rights, self-determination, cultural respect and safety.

**Victorian Aboriginal Children and Young People’s Alliance**

The Alliance is a peak voice consisting of 14 Victorian Aboriginal Community Controlled Organisations (ACCOs) involved in providing OOHC services for Aboriginal children. The Alliance plays a key role in advocacy, policy and program development for the needs of Aboriginal children in OOHC. They aim to advocate for, and positively influence the future of, Aboriginal children and young people in Victoria. Victorian Aboriginal Community Controlled Health Organisation Inc. (VACCHO) is the auspice agency to the Alliance.
Victorian Aboriginal Education Association Inc

VAEAI was established in 1976 by local Koorie parents and carers who saw the need for representatives from Koorie communities across Victoria to come together to increase the presence and voice of Koorie people in education decision making. It is an Aboriginal Community Controlled Organisation focused on advocating for Koorie communities through its network of Local Aboriginal Education Consultative Groups (LAECGs) across the state.

As the peak body for Aboriginal education in Victoria VAEAI has a primary role in the development of targeted policies and strategies through its partnership arrangements with state and federal departments. VAEAI gives a lot of support to Aboriginal Early Years programs across Victoria, including Multifunctional Aboriginal Children’s Services (MACS), Koorie In Home Support and Home-Based Learning (IHS/HBL), the Early Years Compact, and the Marrung Aboriginal Education Plan.

Centre for Excellence in Child and Family Welfare

The Centre is the peak body for children and family service providers in Victoria. The Centre plays a key role in advocacy, policy and training in relation to raising awareness about the needs of children in OOHC.

As a signatory to the Agreement, the Centre will provide guidance and advice to CSOs and individual service providers to assist in the interpretation and application of the Agreement.

Community Child Care Association

Established in 1971, CCC is the voice of community-based education and care services in Victoria. Building a strong and responsive sector is at the heart of what they do. CCC is active right across the state, providing leadership and advocacy, working with governments, and supporting education and care services.

Proactive in the evolution of the children’s education and care sector, CCC’s focus is on quality service and outcomes. CCC commits to promote and support the implementation of the Agreement and encourage education and care services across Victoria to provide high quality services to children in OOHC.
Vic Tas Primary Health Network Alliance

The VTPHNA provides a platform for Primary Health Networks (PHNs) to engage in statewide project coordination, work cohesively across the PHN sector and streamline communications and engagement efforts. The Alliance offers a point of contact for stakeholders and partners on issues of state-wide focus and mechanism for state-wide coordination.

Victorian Healthcare Association

The VHA is the not-for-profit peak body supporting Victoria’s public health services to deliver high-quality care. The VHA represents the Victorian public healthcare sector including public hospitals, community health services and public aged care providers.

The VHA provides a unified advocacy and policy development voice to State and Federal governments and other key stakeholders. In addition, the VHA supports its members with the implementation of major system reform and strategic business support.
APPENDIX 4:
SUPPORTS AND SUBSIDIES AVAILABLE FOR CHILDREN IN OUT-OF-HOME CARE

A range of supports and subsidies exist to support children in out-of-home care (OOHC) accessing education and care. It is essential that the ECEC service knows any court orders relating to a child and they are aware of the OOHC status of the child on enrolment.

An overview of the various supports and subsidies is provided below.

Health supports
Optimising nutrition, growth and development, parent-child relationships and home learning environments is essential for improving the health and wellbeing of the whole population. Positive maternal health and wellbeing is a significant enabler to optimal child and infant health, wellbeing, learning and development.

Maternal and Child Health Services (MCH) are free for all Victorian children, and additional services are available through the Enhanced MCH program and other flexible delivery options. Additional supports and guidance are required to ensure that the carers of children in OOHC can connect and continue engagement with local MCH services.

Early Childhood Education and Care subsidies
A range of supports and subsidies exist to support children in OOHC accessing quality education and care. There is specific funding of free kindergarten programs for three and four-year-old children for 15 hours per week, including Early Start Kindergarten grants for three-year-olds and Kindergarten Fee Subsidy or Early Start Kindergarten Extension grants for children in preschool.

The Early Childhood Education and Care (ECEC) service applies for these grants on behalf of the family or carer. It is essential that the ECEC service is aware of both any court orders relating to a child and of the OOHC status of the child at the time of enrolment. The Additional Child Care Subsidy provides up to 50 hours per week free care in a long day care service. It can be used in conjunction with the Victorian Government’s kindergarten fee subsidy and Early Start Kindergarten extension grant. Checking that the kindergarten service has a “funded program” will ensure that the program is delivered by a degree qualified teacher and that it can apply for state grants and subsidies.

There are a number of key documents required for enrolment of children in OOHC in ECEC services, including Carer Authorisation and immunisation histories or immunisation catch-up plans.

Tailored support for children with disabilities or developmental delays
Early Childhood Intervention Services (ECIS) support children with disabilities or developmental delays from birth to school entry. Children in OOHC are given prioritised access to ECIS support.

Victorian funded ECIS are transitioning into the National Disability Insurance Scheme (NDIS), area by area, between July 2016 and June 2019. Parents and families living in the areas that have transitioned to the NDIS are advised to contact the National Disability Insurance Agency if they are seeking ECIS. For more information, including which areas have transitioned to the NDIS, please go to: https://www.education.vic.gov.au/childhood/professionals/needs/Pages/ecisndis.aspx

If services are not already in place, this should be an immediate priority when children with a disability or developmental delay enter OOHC. If services are in place, the NDIS or ECIS service provider should be part of the decision-making process in case planning and the continuation of support.

Tailored support for vulnerable Aboriginal children
Aboriginal children and their families have access to the full range of early childhood services, and to targeted services available to those who need them.
The following programs support engaging Aboriginal children in early childhood education:

- Koorie Engagement Support Officers – promote the importance of learning and development, and facilitate access, participation and engagement of Aboriginal children in learning and development services
- Koorie Preschool Assistants – provide support to Aboriginal children and their families to access and participate in kindergarten
- Aboriginal Best Start – a prevention and early intervention project that aims to improve health, development and learning outcomes for all Victorian children from conception through to school.

When there is a report to child protection authorities about an Aboriginal child, the relevant Aboriginal Child Specialist Advice and Support Service (ACSASS) must be consulted. A key role of the ACSASS worker is to participate in the decision making and, should placement be required, to assist in identifying members of the child’s kinship or community network who may be suitable to provide a placement. Services are operated by the Victorian Aboriginal Child Care Agency (Lakidjeka), and the Mallee District Aboriginal Services (MDAS/ACSASS).

**ABORIGINAL CHILDREN IN ABORIGINAL CARE**

Consistent with the Victorian Government’s commitment to Aboriginal self-determination, DHHS has been working in partnership with ACCOs to implement a new approach called Aboriginal Children in Aboriginal Care (ACAC).

Once a protection order for an Aboriginal child or young person has been made by the Children’s Court, the Victorian Aboriginal Child Care Agency (VACCA) may be authorised to take on the responsibility for the child’s case management and case plan. Work is underway to increase the number of children authorised to attend care facilitated by VACCA and for other Aboriginal agencies to implement ACAC across Victoria. This will enable a greater number of Aboriginal children to be authorised to a Principal Officer of an Aboriginal agency in the near future.

**CULTURAL SUPPORT PLANS**

The *Children, Youth and Families Act 2005* states that a cultural plan is required for every Aboriginal child in OOHC to maintain and strengthen their Aboriginal identity, and encourage their connection to their Aboriginal culture, community and country.

While the DHHS or ACAC case manager retains the legislative responsibility for ensuring that a cultural plan is developed for the child, it is the shared responsibility of all members of the child’s care team to contribute to it.

Relevant information about the child’s cultural support plan should be shared with early childhood education services, including supported playgroups and kindergarten programs. Relevant information may include:

- where the child is from (cultural identity - clan/nation, language group, totem, traditional land or water)
- what the child may like to learn about and connect with (cultural aspirations)
- how the care team and other important people in the child’s life is keeping them connected
- any goals, tasks, information about responsibility, timing and frequency.

A cultural support plan must be completed for each Aboriginal child in OOHC subject to a guardianship order. The cultural support plan incorporates information about the child’s Aboriginal family, community and culture. This information is used to set out culturally appropriate strategies to support the child to remain connected to their family, extended family, community and culture.

The implementation of the *Victorian Aboriginal Inclusion Framework* across departments also aims to make services culturally inclusive and improve access to and inclusion in mainstream services.
Kindergarten subsidies

**KINDERGARTEN FEE SUBSIDY**
The Kindergarten Fee Subsidy allows eligible children, including those in OOHC, to access a sessional kindergarten program in the year before school, free of charge or at low cost.

If the child is in long day care service (where they cannot apply for the Kindergarten Fee Subsidy), or there has been a delay in getting a Health Care Card, the service can apply for an Early Start Kindergarten Extension Grant to ensure that the 15 hours of free or low-cost funded kindergarten each week is available in the year before school.

**EARLY START KINDERGARTEN GRANT**
Early Start Kindergarten is a targeted grant from DET that provides free or low-cost kindergarten to three-year-old children known to CP or from Aboriginal backgrounds, where programs are offered by a qualified teacher. This allows children to access 15 hours of free kindergarten program per week, for the full year it is available in sessional and integrated kindergarten program in stand-alone and long day care centres.

**Commonwealth funds**
The Commonwealth also provides a number of subsidies under the Additional Child Care Subsidy which top up payments in addition to the Child Care Subsidy and provides targeted additional fee assistance to families and children facing barriers in accessing affordable child care in long day care and family day care services.

There are four types of ACCS:

- **Grandparents**: Grandparents in receipt of income support who are the principal carer of their grandchildren.
- **Temporary Financial Hardship**: Short-term increased child care fee assistance for families who are experiencing significant financial stress due to exceptional circumstances.
- **Transition to Work**: Parents transitioning to work from income support.
- **Additional Child Care Subsidy** (Child Wellbeing): Parents and carers who need help with the cost of child care to support children who are considered to be at risk in line with Commonwealth Family Assistance Law.

Children who require care and protection under state child protection laws are considered to be ‘at risk’ for the purpose of ACCS (Child Wellbeing).

Therefore any child subject to an Interim Accommodation Order or protection order under the Children, Youth and Families Act is eligible for ACCS (Child Wellbeing). This includes children who are placed in foster or kinship care.

**FAMILY DAY CARE**
Family day care provides home-based education and care for children within a carer’s home. It includes all-day care, part-time, casual, overnight and outside school-hours care. Carers are not required to be degree qualified.

**CHILDREN WITH ADDITIONAL NEEDS**
There are a number of programs available to support children with additional needs in early childhood education and care services, such as the:

- Preschool Field Officer Program (PSFOs)
- Inclusion support for Commonwealth-funded care
- Kindergarten Inclusion Support packages (KIS)
- Early Childhood Intervention Services
- National Disability Insurance Scheme (NDIS)

KIS packages build the capacity of funded kindergarten programs to support the access and participation of children with disabilities and ongoing high-support needs and/or complex medical needs.

The KIS program may provide:

- Training and consultancy for kindergarten staff to support adjustments, adaptations and modifications of the kindergarten program
- Specialist training for kindergarten staff to meet the individual needs of the child with a disability and ongoing high-support needs and/or complex medical needs
• Minor building modifications (such as ramps and grip rails) supporting the child’s attendance in the kindergarten program and participation in the activities
• Staffing support in the form of an additional assistant who works as a member of the team delivering a program developed by a kindergarten teacher that is inclusive of all children.

**Enrolment supports**

**PRE-PURCHASED PLACES**
The state government pre-purchased places in a number of funded kindergarten programs in areas where there has been high needs. This allows children who enrol late or who are in danger of missing out, to access a place. Vacancies are shared with the Local Government contacts and the Area managers in DET and DHHS.

**CENTRAL ENROLMENT SCHEMES**
Many of the Local Government areas provide central enrolment schemes for the services with kindergarten programs in services in the municipality. The Local Government contact for the Agreement and Early Years Managers can also provide information about the location of early childhood services.

**LOOKOUT EDUCATION SUPPORT CENTRES**
LOOKOUT is a key mechanism for building the capacity of the school and care system to identify and respond to the educational needs of children and young people in statutory OOHC. They are led by experienced school principals and are staffed by multidisciplinary teams of education specialists, allied health professionals, Aboriginal cultural advisors and administrative officers. LOOKOUT provides oversight and monitoring of the Out-of-Home Care Education Commitment (the ‘Partnering Agreement’) for school aged students. LOOKOUT in the early childhood sector will support aspects of the OOHC Agreement. The objective is to increase participation and improve the education and care outcomes for all children in OOHC.
APPENDIX 5:
THE CHILDREN, YOUTH AND FAMILIES ACT 2005 (VIC)

Every child has the right to live a full and productive life in an environment that builds confidence, friendship, security and happiness irrespective of their family circumstances or background.

The Children, Youth and Families Act 2005 (Vic) (CYFA) is a key building block to promote children’s safety, wellbeing and development. The CYFA has a unifying set of best interest principles that community services, Child Protection and the Children’s Court must consider when taking any action or making any decision. These principles require child and family services keep children from harm, protect their rights and promote their development in culturally, age and gender appropriate ways.

The principles guide the case planning process that aims to address the circumstances in which the child or young person came into OOHC, determine the long-term care goals for the child or young person and identify strategies to achieve these goals. Child Protection is responsible for case planning for children and young people in OOHC, however, day-to-day case management may be contracted to a community service organisation.

For more information, visit www.legislation.vic.gov.au
APPENDIX 6:
EARLY CHILDHOOD AGREEMENT FOR CHILDREN IN OUT-OF-HOME CARE: ROLES AND RESPONSIBILITIES

Governance: The Early Years Compact between Department of Health and Human Services (DHHS), Department of Education and Training (DET) and the Municipal Association of Victoria (MAV) is the overarching Agreement that governs the planning and provision of early childhood services in Victoria.

The Central Implementation Group guides implementation, authorises systems development and provides strategies that support Agreement outcomes. The table overleaf outlines the roles and responsibilities of Parties to this Agreement, as well as non-partner peak bodies providing support to carers.

The table should be read in conjunction with the roles and responsibilities outlined in Section 5, Roles and responsibilities.
<table>
<thead>
<tr>
<th>Partners to the Agreement</th>
<th>DHHS / ACAC (VACCA), contracted CSOs, ACCOs of Alliance</th>
<th>DET</th>
<th>Local Government contact Maternal Child Health (MCH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification and enrolment</td>
<td>Fortnightly notification to Local Government contact of children entering OOHC</td>
<td>Regional contact to support Local Government in gaining access to local ECEC and other services when problems arise</td>
<td>Local Government contact to facilitate access to and enrolment in appropriate local MCH/ECEC services (kindergarten, long day care, family day care, occasional care and supported playgroups)</td>
</tr>
<tr>
<td></td>
<td>Case manager to provide relevant, up-to-date and accurate information about children entering OOHC to assist Local Government contact to identify appropriate MCH/ECEC services</td>
<td>Regional contact to proactively work with case manager/carer to assist access to targeted supports and subsidies (for example, Early Start Kindergarten, Kindergarten Fee Subsidy, Kindergarten Inclusion Support packages and Early Childhood Intervention Services)</td>
<td>Local Government contact to facilitate transfer of MCH enrolment data as appropriate (e.g. change in status/location of child)</td>
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<td></td>
<td>Case manager to include in the child’s case plan presentation to, enrolment in, and attendance at MCH/ ECEC services; arranged in partnership with the Local Government contact</td>
<td>Regional contact to provide advice/resources to ECEC services, local councils and DHHS (at appropriate senior level) to support participation of children, including trauma-informed practice</td>
<td>Local Government contact to facilitate access to Enhanced MCH program if family does not engage with the Universal MCH program</td>
</tr>
<tr>
<td></td>
<td>Case manager to work with the carer and Local Government contact to ensure ongoing participation in services</td>
<td>Support funded kindergarten providers to plan use of School Readiness Funding, including benefits for children in OOHC</td>
<td>Local Government contact to ensure MCH Key ages and stages visits and immunisations are up-to-date for age of child. Where appropriate make referrals to specialist health services</td>
</tr>
<tr>
<td>Ongoing engagement, assessments and referrals</td>
<td>Case manager, in partnership with Local Government contact, to maintain case plan with details of MCH/ ECEC enrolments and attendance In accordance with case plan CP worker and carer ensure child’s attendance at ECEC service and MCH Key ages and stages visits</td>
<td>Regional contact to ensure follow-up so a child who leaves OOHC before the age of three is offered Early Start Kindergarten</td>
<td>Local Government contact to work with case manager to ensure that carers have access to information on local MCH/ECEC services</td>
</tr>
<tr>
<td>Support for transitions</td>
<td>Case manager to ensure a transition plan has been developed in conjunction with the school Support child with transition points including changing placements and/or changing ECEC services</td>
<td>Support the Transition: A Positive Start to School initiative through resources including Professional Learning Workshops for new early childhood educators (including OSHC) and new to teaching Foundation school teachers</td>
<td>Local Government and MCH to ensure assessments carried out and referrals to specialist health services are organised as required</td>
</tr>
<tr>
<td>Kindergarten / ECEC services (represented by MAV, ELAA &amp; CCC)</td>
<td>The Centre for Excellence for Child and Family Welfare (Additional non partner peak groups providing support to carers - Kinship Carers Victoria, Foster Care Association of Victoria and Permanent Care and Adoptive Families)</td>
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<tr>
<td>Service providers to take all reasonable steps to make an ECEC place available (including where usual enrolment processes cannot be followed) and where the child is three or more years of age ensure they access Early Start Kindergarten or the Early Start Kindergarten Extension Grant</td>
<td>Carers to support the child’s enrolment and attendance in MCH and ECEC services</td>
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<tr>
<td>Carers to contact services for timely enrolment</td>
<td>The Centre and CSOs to educate carers on the importance of ECEC services and supports and subsidies available including the role of Local Government under this Agreement</td>
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<tr>
<td>Service providers to take all reasonable steps to make a place available at the same ECEC service if a child later returns to care in the same area</td>
<td>Carers to contact their Local Government for information and support where needed</td>
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<tr>
<td>The Centre to work with CSOs to build workforce capability</td>
<td>The Centre to work with CSOs to build workforce capability</td>
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<tr>
<td>Service providers to provide inclusive and culturally appropriate environment and practices, responsive to each child’s needs</td>
<td>The Centre to raise awareness of conditions that support/hinder access to participation</td>
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<td></td>
</tr>
<tr>
<td>The Centre to work with CSOs to build workforce capability</td>
<td>Carers and CSO’s to support children in settling into new learning environments</td>
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<tr>
<td>Service providers to work with carers to support ongoing participation and engagement in ECEC service, to make appropriate referrals to specialist services as required and to promote a stimulating home learning environment</td>
<td>In accordance with case plan Child Protection worker and carer ensure child’s attendance at ECEC service and MCH Key ages and stages visits, immunisations and other specialist services child may be referred to</td>
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<tr>
<td>Develop and regularly review learning and development plans, and complete Transition Learning and Development Statements</td>
<td>Carers to attend regular meetings with ECEC services, including child’s kindergarten service, to understand progress on learning and development</td>
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</tbody>
</table>
APPENDIX 7: CONTACTS

Child Protection divisional offices

After Hours Child Protection Emergency Service
13 12 78
North Division Intake
1300 664 977
East Division Intake
1300 360 391
South Division Intake
1300 655 795
West Division Intake
1300 664 977
West Division Intake- rural and regional
1800 075 599
The DHHS contact page provides more information.

DET regional offices

NORTH EASTERN VICTORIA REGION
General enquiries
1300 333 231
Benalla office
1300 333 231
Glen Waverley office
1300 333 231

NORTH WESTERN VICTORIA REGION
General enquiries
1300 338 691
Bendigo office
1300 338 691
Coburg office
1300 338 691
Greensborough office
1300 338 691
Mildura office
1300 338 691

SOUTH EASTERN VICTORIA REGION
General enquiries
1300 338 738
Dandenong office
1300 338 738
Moe office
1300 338 738

SOUTH WESTERN VICTORIA REGION
General enquiries
1300 333 232
Ballarat office
1300 333 232
Footscray office
1300 333 232
Geelong office
1300 333 232
Horsham office
1300 333 232
Keilor office
1300 333 232
Warrnambool office
1300 333 232
The DET contact page provides more information.

Government Early Years contact details are available at: www.education.vic.gov.au/findaservice

Other Contacts

Commission for Children and Young People
03 8601 5886
Victorian Aboriginal Education Association Inc.
03 9481 0800
Centre for Excellence in Child and Family Welfare
03 9614 1577
Victorian Aboriginal Child Care Agency
03 9287 8800