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| Call for funding submission |
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| Project title | Open Place Transition to New Service Provider | |
| Identifying reference | P16891 | |
| Internet lodgement process | Website address | www.tenders.vic.gov.au |
| Other requirements | Potential organisations should familiarise themselves with the *Tenders VIC* (Victorian Government Tenders System) *Supplier Quick Reference Guide,* in particular the section ‘Submitting a tender response’, available at the above address |
| Submission due | 2.00pm, Thursday 20 February 2020 | |

For clarification on the submissions process or the content of this call for funding submission, contact Errol Hart on 9096 5153 or errol.hart@dhhs.vic.gov.au.

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# Part A: Background and overview

This document has been prepared to assist organisations to prepare and lodge submissions for the Open Place transition to a new service provider.

The Department of Health and Human Services (the department) is seeking a suitably qualified and experienced service provider to provide state-wide support services to people who were in institutional care as children before 1990 (Pre-1990 Care Leavers, also known as Forgotten Australians and Care Leavers[[1]](#footnote-2)). Services must be delivered in ways that are accessible, sensitive to their past experiences and address ongoing and diverse needs.

Submissions from service providers who have previously provided institutional care (out-of-home) will not be considered. Institutions that are participating in the National Redress Scheme and/or who have redress liability are eligible to apply noting that one of the selection criteria is management of conflict of interest and depending on the individual circumstances for the organisation, conflict of interest may not be able to be satisfied.

Key dates are indicated below: \*

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| --- | --- |
| Call for submissions | 16 January 2020 |
| Information session for interested service providers | 1pm, 23 January 2020 |
| Closing date for requests for further information | 2.00pm 13 February 2020 |
| Closing date and time for submissions | 2.00pm, 20 February 2020 |
| Shortlisting to be completed by: | End March 2020 |
| Interviews to be conducted by: | End March 2020 |
| All applicants to be advised of outcome | End March 2020 |
| Service commencement by: | 1 July 2020 |

\* These dates are a guide only to projected timelines. The department will attempt to maintain this schedule but reserves the right to vary all dates.

#### Information Session

The department will hold an information session to clarify this call for funding submission at 1.00pm, 23 January 2020 at 50 Lonsdale Street, Melbourne VIC 3000.

RSVP is essential and nominations to attend must be in writing to errol.hart@dhhs.vic.gov.au by no later than 5.00pm 20 January 2020.

Nominations must include the organisation name and location and the full name of the representative/s attending including confirmation of the primary representative.

The information session will be conducted for the purpose of providing background information only and is intended for parties with an interest in submitting a proposal, not for those with a general interest. Service providers should not rely on a statement made at the information session as amending or adding to this document, unless that amendment or addition is confirmed by the department in writing.

Please note all questions and answers raised at the information session will be made available to all interested service providers.

## Background

The department develops and delivers policies, programs and services that support and enhance the wellbeing of all Victorians.

For further information about the department, refer to the [department’s website](http://dhhs.vic.gov.au/about/) at <http://dhhs.vic.gov.au/about/>.

### Brief description of the division

### The Children and Families Division works to improve outcomes for children, youth and families and improve the quality, safety and effectiveness of Victorian community services.

### The division exercises stewardship functions for Victoria’s child and family service system, developing and delivering policy, program and funding frameworks aligned to government’s priorities and desired outcomes. The stewardship functions extend across earlier intervention services that build family capability and seek to prevent abuse and neglect; child protection services for children at significant risk of harm; child safeguarding services; and care services (out‑of‑home care) for children unable to live safely in the family home.

### The division is strongly focused on reform and service system improvement working closely with service users, service providers, peak bodies and other government partners. It leads the delivery of the Victorian Government’s Roadmap for Reform agenda to transform the child and family service system; and reform initiatives to improve the quality and safety of community services delivered, funded and regulated by the department. The division also lead the response to a number of recommendations of the Royal Commissions into Family Violence and into Institutional Responses to Child Sexual Abuse.

### Brief description of the context

#### Pre-1990 Care Leavers

In 2004, it was estimated 500,000 Australian children experienced institutional care in the 20th century.[[2]](#footnote-3) This includes more than 90,000 Victorian children, of which the department estimated 50,000 were state wards between 1928 and 1989. These children were placed in orphanages, children’s homes and other out-of-home care administered by the state, religious bodies and other charitable or welfare groups.

Through no fault of their own, children were placed in care due to government policies and societal circumstances, including but not limited to: economic stress and social disadvantage; being orphaned; having a single parent; parental mental illness; and domestic violence, abuse and neglect. Many Pre-1990 Care Leavers experienced various forms of abuse during their time in care such as physical, psychological, emotional and sexual abuse, and did not have the benefit of growing up with or knowing the existence of their family members.

The long-term impact of this experience is varied and complex. Whilst Pre-1990 Care Leavers are not a homogenous group, despite their many strengths, it is generally acknowledged the structural disadvantages they typically experienced have contributed to increased poor life outcomes compared to the general population. Ongoing problems can include low levels of literacy and high levels of unemployment, homelessness and imprisonment. Many have a range of health, mental health, social, financial, and educational needs which continue throughout life and into old age. Sadly, many have been lost to premature death, often due to suicide. Older Pre-1990 Care Leavers have growing and complex health needs and may need increased assistance with accessing health services.

Many continue to suffer from loss of identity and family, feelings of abandonment, a fear of authority and a lack of trust and security. Locating and accessing records is very important for many Pre-1990 Care Leavers. However, they can experience a range of issues in this area, including: overcoming freedom of information hurdles and barriers; lack of and/or destruction of personal files; poor quality record keeping; and, upsetting judgemental comments contained in records that would not be acceptable today.

Pre-1990 Care Leavers, the Stolen Generations and Former Child Migrants are distinct groups (although sometimes overlapping) and came into care because of distinct government policies. Although each group has specific concerns and has faced unique challenges, members of these broad groups also share many experiences and characteristics as a result of being separated from family. These children often lived together in the same institutions, regardless of the circumstances of how they came to be in care.[[3]](#footnote-4)

The challenges and complexities Pre-1990 Care Leavers face because of their care experiences have been well documented in numerous inquiries, commissions and reports including:

* [Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children (2004)](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2004-07/inst_care/report/index) <https://www.aph.gov.au/Parliamentary\_Business/Committees/Senate/Community\_Affairs/Completed\_inquiries/2004-07/inst\_care/report/index>
* [Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations (Betrayal of Trust) (2013)](https://www.parliament.vic.gov.au/file_uploads/Inquiry_into_Handling_of_Abuse_Volume_2_FINAL_web_y78t3Wpb.pdf)  
  <https://www.parliament.vic.gov.au/file\_uploads/Inquiry\_into\_Handling\_of\_Abuse\_Volume\_2\_FINAL\_web\_y78t3Wpb.pdf>
* [Royal Commission into Institutional Responses to Child Sexual Abuse Final Report (2017)](https://www.childabuseroyalcommission.gov.au/final-report)  
  <https://www.childabuseroyalcommission.gov.au/final-report>

#### Open Place transition

After extensive consultation with Pre-1990 Care Leavers in 2008, Open Place was established as a program of Berry Street Victoria in 2010. Open Place provides support services to people who spent a minimum of six months in Victorian institutional care as children prior to 1990 (Open Place uses the term Forgotten Australians).

The department currently provides Open Place funding to deliver state-wide services including social support groups in metro and regional areas, records assistance, community education, a metropolitan drop-in centre in Richmond, counselling, coordinated support, brokerage and counselling through the Restore: Victorian Redress Counselling Service (Restore). Open Place also receives funding from the Commonwealth Department of Social Services (DSS) to provide a Find and Connect service and Redress Support Services. At the Commonwealth’s discretion, the successful applicant may also be invited by DSS to apply for funding to deliver these services through a separate process.

Open Place is part of a Records Working Group to support better Pre-1990 Care Leaver to access records. Other members include the department’s Care Leaver Records Service and Archives, Good Shepherd, Care Leavers Australasia Network (CLAN), Anglicare Victoria, OzChild, Connections Uniting Care, Berry Street Victoria, Uniting, Melbourne University Archives, Melbourne City Mission, Mackillop, Adoption Information Services, Kids First, Barwon Child, Youth & Family and The Salvation Army.

In October 2019, Berry Street Victoria announced they will cease to provide this service in June 2020. From October to December 2019, the department undertook a co-design process with Pre-1990 Care Leavers and key stakeholders to inform the establishment of service principles and elements of the future service. A report detailing views of Pre-1990 Care Leavers captured in the consultations is available on [the department’s webpage](https://services.dhhs.vic.gov.au/open-place-transition-new-service-provider) <https://services.dhhs.vic.gov.au/open-place-transition-new-service-provider>

#### Existing service system

Find and Connect

Find and Connect is a DSS funded program provided in each state and territory. Services include: specialist trauma-informed counselling; referral services; peer, education and social support programs; assistance to locate and access records and reconnect with family members. For a list of organisations funded to provide this service, see [the DSS website](https://www.dss.gov.au/families-and-children/programmes-services/family-relationships/find-and-connect-services-and-projects/find-and-connect-support-services-and-representative-organisations) <https://www.dss.gov.au/families-and-children/programmes-services/family-relationships/find-and-connect-services-and-projects/find-and-connect-support-services-and-representative-organisations>

Redress Support Services

Redress Support Services are also funded by DSS and provided in each state. The service provides support before, during and after applying to National Redress Scheme for people who have experienced institutional child sexual abuse (the Scheme). Support includes practical assistance, such as help with filling out the redress application form, and emotional support such as counselling. To find organisations funded to provide this service, see [the Scheme website](https://www.nationalredress.gov.au/support) <https://www.nationalredress.gov.au/support>

Restore- Victorian Redress Counselling Service (Restore)

The department established the Restore counselling service in November 2018 to provide counselling and psychological care to Victorians who accept an offer of redress under the National Redress Scheme for Institutional Child Sexual Abuse (the Scheme). Restore is a consortium of 18 service providers with 90 sites across Victoria. It is led by the South Eastern Centre Against Sexual Assault, and includes Open Place (Berry Street Victoria), Care Leavers Australasia Network, drummond street services, Ngarra Jarra Noun (Victorian Aboriginal Child Care Agency), and thirteen additional Centres Against Sexual Assault. Restore provides an integrated service model of specialist counselling, advocacy and support, and includes Aboriginal Cultural Healing.

Care Leavers Australasia Network (CLAN)

CLAN is a national, independent, peak body, which represents, supports and advocates for people who were raised in Australian and New Zealand orphanages, children’s homes and foster care (CLAN uses the term Care Leavers).

The department provides CLAN funding to: support their advocacy role; assist Pre-1990 Care Leavers to access records; provide counselling through Restore; and coordinate and work in cooperation with Open Place to improve access to support services delivered by Open Place. CLAN also receives funding from DSS to provide a Find and Connect service and Redress Support Services.

Alliance for Forgotten Australians (AFA)

AFA is a national association who promotes the interests of Pre-1990 Care Leavers (AFA uses the term Forgotten Australians) and people affected by adoption and donor conception. AFA advocates for national policies and state/territory services and encourages inclusion of Pre-1990 Care Leaver in service planning and delivery. DSS funds AFA and membership is via funded organisations in each jurisdiction. AFA also receives DSS funding to present consolidated views and advice to government and the sector.

Child Migrants Trust Inc.

The Child Migrant Trust provides services and support to people who were deported as children primarily from Great Britain in the mid-20th century. Services include: assistance to obtain information about personal identity, family and medical background; support to access counselling; and family reunions. DSS funds Children Migrants Trust Inc. to provide a Find and Connect service as well as Redress Support Services.

Victorian Adoption Network for Information and Self Help (VANISH)

VANISH provides a confidential support service for people who have been separated from their family by adoption, state wardship, donor conception or are Pre-1990 Care Leavers. VANISH provides search and support services, support groups, counselling, advocacy and education.

Open Place contracts VANISH (via a Memorandum of Understanding, MOU) to undertake some family searches and some records searches on their behalf.

Victorian Aboriginal Child Care Agency (VACCA)

VACCA is a state-wide Aboriginal Community Controlled Organisation (ACCO) servicing children, young people, families and community members. The department funds VACCA to deliver a range of services including Ngarra Jarra Noun as part of the Restore consortium, DSS also fund Ngarra Jarra to provide a Redress Support Service.

DSS fund VACCA to provide the Link-Up Victoria program which assists Aboriginal and Torres Strait Islander people over the age of 18 years who were adopted, placed in foster care, institutionalised or forcibly removed, to trace and be reunited with their families. Services include: family, community and graveside reunions; family history research; return to country; healing activities; counselling; digital storytelling, art and music therapy; and community events and education sessions.

Connecting Home Ltd

Connecting Home provides a range of services, support and advocacy for members of the Stolen Generation and their families. Services and activities include:

* case management and referral, including support to access family reunion services, counselling, healing services and related services
* working with other service delivery agencies to improve co-ordination of services
* communication and public education, including presentations to organisations, education kits for teachers and regular newsletters
* representing the views of the Stolen Generations and acting on their behalf to improve outcomes for individuals affected by past child removal policies
* facilitating a greater understanding and recognition in the broader community of the history, stories and 'journeys of healing' of the Stolen Generations.

In Good Faith Foundation (IGFF)

IGFF supports people who are victim survivors of abuse by clergy or in religious institutions. Services include: supporting police reporting, civil litigation, legal mediation; referrals for mental health care, legal representation, welfare and pastoral support; and social welfare care and support. The department provides some funding to IGFF to support people affected by religious institutional abuse to understand and pursue options for justice, redress and recovery. DSS funds IGFF to provide a Redress Support Service.

Blue Knot Foundation

Blue Knot Foundation helps adults who have experienced trauma in childhood to recover. Services include professional telephone support, information, resources, tools and workshops. DSS funds Blue Knot Foundation to provide Redress Support Services.

Bravehearts

Bravehearts provides support to people who have experienced child sexual assault. Services include specialist child sexual assault counselling and support services. DSS funds Bravehearts to provide a Redress Support Service.

Past providers of institutional care

Several large community service organisations that provide out-of-home care in Victoria today, including but not limited to Berry Street Victoria, Anglicare Victoria, Mackillop Family Services and Wesley Mission Victoria, have evolved from institutions that once provided institutional care. These organisations provide some support to Pre-1990 Care Leavers, including support to access care records and search for separated family members.

Services for Pre-1990 Care Leavers in other jurisdictions

Other services also exist for Pre-1990 Care Leavers in other jurisdictions, including:

* Wattle Place, program of Relationships Australia NSW (NSW)
* Lotus Place, program of Micah Projects (QLD)
* Relationships Australia Tasmania Inc. (TAS)
* Relationships Australia Northern Territory (NT)
* Elm Place, program of Relationships Australia South Australia Inc. (SA)
* Lantern House, program of Relationships Australia Western Australian Inc. (WA)
* Tuart Place, governed by Forgotten Australians Coming Together Inc. (WA)

## Service objective and scope

The service objective is to deliver state-wide support services for Pre-1990 Care Leavers to support their health and wellbeing in a way that is accessible, sensitive to their past experiences and addresses ongoing, intersectional and diverse needs.

Service providers must work in accordance with the *Program Requirements for Pre-1990 Care Leavers Support Services* (program requirements, Appendix 1).

The service objectives and scope include the following:

### Client group

Pre-1990 Care Leavers who spent a minimum of six months in Victorian institutional care as children prior to 1990 are eligible for this service, including people who now live interstate or overseas. Pre-1990 Care Leavers who currently reside in Victoria but spent the minimum of six months in interstate institutional care as children prior to 1990 are also eligible for this service (does not include financial assistance).

Carers or family members of Pre-1990 Care Leavers may be eligible for assistance depending on the service provided. Members of the Stolen Generation and Former Child Migrants who meet these criteria are also eligible for these services.

In 2004, it was estimated 90,000 children experienced care in Victoria in the 20th century. Currently, over 4,000 Pre-1990 Care Leavers are registered with Open Place, 2,296 of whom accessed one or more activities between 1 January and 1 December 2019.

In 2020, Pre-1990 Care Leavers can be 30 years and older. Submissions should demonstrate how different age cohorts within this range will be catered for.

### Service underpinnings

The development of service model proposals should be informed by:

* the department’s **program requirements** (Appendix 1)
* an understanding of the key findings from state-wide consultations undertaken by the department during October and November 2019 as outlined in the consultation summary report (Appendix 2), and
* consideration of the co-design workshop service principle report which detail the expectations, preferences and desires for the new service of people who have experienced institutional care in Victoria as a child (Appendix 1 within attachment, refer Appendix A).

Proposed service models should demonstrate innovation and effectively integrate all service components to ensure best use of funding to support the health and wellbeing of Pre-1990 Care Leavers.

### Outcomes and performance measures

### The service will support delivery of the unique outcomes identified by each Pre-1990 Care Leaver, with a view to improving their health, wellbeing and helping them to achieve their life goals. The service will use outcomes indicators to ensure people are better off and the service is aligned with what people want and value.

The department will work with the funded organisation to develop performance targets and monitoring in the areas of service provision, financial viability, governance and service quality. The funded organisation will be required to provide quarterly reporting on performance measures and outputs.

### Service standards applicable to the service

Service providers must meet the department’s Human Service Standards, which represent a single set of service quality standards for department funded service providers and department-managed services. For more information, see the [Human Service Standards](https://providers.dhhs.vic.gov.au/human-services-standards) <<https://providers.dhhs.vic.gov.au/human-services-standards>> page on the department’s website.

### Service evaluation

As stated in the attached Program Requirements, it is an expectation that the provider will work collaboratively with the department to periodically evaluate the service and undertake continuous service improvements based on routine qualitative and quantitative data collection and a program logic. The evaluations will be funded from the budget envelope provided and undertaken in partnership with the service provider and the department.

### Transition considerations

Submissions should demonstrate consideration for how transition will be safe and accessible for all registered Pre-1990 Care Leavers and have the least possible impact on them.

Service transition must be complete by 1 July 2020 to ensure service continuity for registered Pre-1990 Care Leavers.

The service will retain the Open Place name for at least the first year of operation for the purpose of not having more change for Pre-1990 Care Leavers. Any future change in service name must be made in consultation with registered Pre-1990 Care Leavers and the department.

#### Staff group

Current Open Place staff are highly valued by registered Pre-1990 Care Leavers. Submissions should demonstrate how existing Open Place staff will be provided with opportunities to apply for roles at the future service and how the service will be fully staffed and ready for commencement of operations on 1 July 2020.

#### Privacy and confidentiality

The privacy of registered Pre-1990 Care Leavers must be upheld at all times. Transition of records and personal information including storage must be handled in accordance with specific departmental direction and legislative requirements.

## Funding and costs

The ongoing funding allocation for this service is up to $3,203,569 (indexable) per annum, commencing 1 July 2020. In the first 6 months, $400,000 needs to be set aside to honour existing outsourced counselling and brokerage plans for the 2020 calendar year. The department will enter into an ongoing contract with the selected service provider for an initial period of 4 years to align with the Service Agreement cycle.

Open Place is currently allocated additional funding of $896,000 (non-indexable) in 2019/20. Further advice on whether this funding will continue is expected to be available in May 2020.

Funding provided to service providers is usually subject to the department’s annual price indexation. Details are available at the [Funded Agency Channel](file:///C:\Users\rt0008\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\Y2IJS4Z5\Funded%20Agency%20Channel) website at <http://www.dhhs.vic.gov.au/funded-agency-channel>.

The final funding may be negotiated with the successful service provider(s).

The detailed budget in Section 4 of Part C must indicate if any of the cost items include GST, where GST is applicable to the delivery of the funded services.

## Insurance

In accordance with the standard Service Agreement terms and conditions, all service providers are required to indemnify the department against a claim by any person for loss of or damage to property, death or personal injury or other financial loss caused by the negligence of or breach of statutory duty by the service provider.

A significant majority of service providers that enter into a departmental Service Agreement are covered under the Community Service Organisations Insurance arrangements and funded by the department insurance programs. The insurer is the Victorian Managed Insurance Authority (VMIA). Details of the insurance coverage provided, including the respective insurance manuals, can be accessed via the department’s Funded Agency Channel website.

Service providers that are not eligible for cover under departmental insurance programs are required to arrange appropriate insurance.

## Performance monitoring and liaison

Service performance monitoring will be managed through the appropriate departmental division (depending on the location of the program) and be undertaken through liaison with the successful service provider(s). Service requirements will be monitored through the collation of performance indicators and supported by an analysis of issues impacting on the performance achieved.

The monitoring and review processes that apply to funded services are outlined in the Department of Health and Human Services *Policy and funding plan*. This plan can be accessed on the department’s [Funded Agency Channel](http://www.dhs.vic.gov.au/funded-agency-channel) website at <http://www.dhhs.vic.gov.au/funded-agency-channel>.

Service providers are accountable for using the funding to deliver the programs specified in the department’s Service Agreement. As part of this accountability, service providers are required to comply with funding expenditure, data collection and other reporting requirements.

In addition, the department undertakes monitoring of service providers funded through service agreements in accordance with the department’s monitoring framework. Information about monitoring guidelines can be obtained on the department’s Funded Agency Channel website.

To assist service providers in the delivery of the service, the relevant Department of Health and Human Services division(s) will undertake to provide:

* an ongoing commitment to developing collaborative relationships
* formal support via regular meetings with the service provider(s)
* regular updates on relevant policy directions, initiatives, strategic documents and training opportunities
* consultancy where appropriate
  + formal and informal contact as required.

The department will undertake to distribute funding in a timely manner and to address any issues requiring clarification or discussion at the earliest opportunity in order to reach a resolution.

The frequency of formal liaison meetings will be determined in consultation with the service provider. A divisional departmental representative will be nominated to act as the initial point of contact for the service provider(s).

# Part B: Evaluation and conditions

## Evaluation of submissions

Eligibility and evaluation criteria will be used to evaluate all submissions and determine the successful service provider(s). Submissions need to address all the elements within the criteria.

### Eligibility criteria

Service providers must fully address the eligibility criteria as specified in the submission template at Part C of this document.

If the department currently funds your organisation, other relevant information may be obtained from the current Service Agreement. The department will assess criteria based on the service provider’s most recent annual report and financial activity reports.

Bidders will not be eligible if they have consulted with or been advised by anyone who participated in the two Pre-1990 Care Leavers co-design workshops held on 10 and 13 December 2019.

### Evaluation criteria

#### Criterion 1:

The service provider is suitably qualified and has demonstrated experience to provide state-wide support services to Pre-1990 Care Leavers in a way that is accessible, sensitive to their past experiences and addresses ongoing, intersectional and diverse needs.

Responses should include, but are not limited to:

* details of current services demonstrating relevant experience and expertise in delivering specified services
* details demonstrating experience, expertise and willingness to work with Pre-1990 Care Leavers
* understanding of support needs of Pre-1990 Care Leavers and the range of service responses required
* demonstrated experience in case planning and coordination, and trauma-informed, person-centred and evidence-based practices
* description of how the service provider will gain the confidence of Pre-1990 Care Leavers
* details experience and understanding of collaborative engagement including co-design.

#### Criterion 2:

The service provider demonstrates an understanding and capacity to deliver services in accordance with the Program Requirements and the Co-designed Service Principles (Appendix 1 within attachment, refer Appendix A).

Responses should include, but are not limited to:

* outline of how services are delivered in line with the service principles, elements, program requirements, and relevant departmental policies and guidelines
* details of the organisation’s quality assessment framework including how personal outcomes are monitored and how Pre-1990 Care Leavers will be engaged in quality improvement.

#### Criterion 3:

The service provider has a detailed, valid, responsive and flexible service delivery model tailored to the service requirements and Pre-1990 Care Leavers consistent with the Program Requirements and the Co-designed Service Principles (Appendix 1 within attachment, refer Appendix A).

Responses should include, but are not limited to:

* an outline of the proposed service delivery model including details of service delivery framework and program logic
* details demonstrating how it will cater for different age cohorts of Pre-1990 Care Leavers
* an outline of Pre-1990 Care Leaver involvement in governance, planning, development, service provision and evaluation
* an outline of strategies and approaches detailing how the service focuses on meeting individual and intersectional needs of Pre-1990 Care Leavers
* details demonstrating capacity to change service delivery in accordance with needs of Pre-1990 Care Leavers
* an outline of strategies to enable self-determination opportunities for Pre-1990 Care Leavers including decision-making processes that involve them (such as involvement in continuous improvement, quality and safety, clinical governance etc.)
* aspects of the model that demonstrate added value, innovation or flexibility
  + details of any proposed subcontractors and/or partnerships.

#### Criterion 4:

The service provider has an efficient and appropriate organisational infrastructure, resources, capacity and budget to safely transition services within prescribed timelines and support the delivery of the service.

Responses should include, but are not limited to:

* details of an implementation/transition plan including establishing and promoting the service, timeframes and work plan
* details demonstrating their readiness to commence working with the department from April 2020 (in an unfunded capacity) to ensure the future service is fully operational when funding commences on 1 July 2020
* details of how this service relates to the service provider’s core business and how the service will be incorporated into current operations and leverage existing service infrastructure
* details of roles, responsibilities and governance in consortium or subcontracting arrangements
* written evidence of appropriate management structure including statement of roles, responsibilities, qualifications and reporting structures
* management strategies to ensure efficient administration and prioritisation of resources including staff supervision and infrastructure support
* details demonstrating how knowledge, resources and expertise developed by Open Place will be used to establish the new service rapidly and effectively, including workforce and intellectual property issues such as branding
* information on competency of the workforce including staffing policies and practices to maintain a motivated, sustainable and skilled workforce and staff training and professional development
* an outline of staff recruitment, learning and development and retention strategies including commitment to equal opportunity and the maintenance of occupational health and safety and with specific reference to the strategies to be used to attract, retain and deploy staff for the relevant service
* details on how the organisation monitors and improves the operation and performance of its services
  + details of budget and costs demonstrating a capacity to deliver the service within the allocated funding.

#### Criterion 5:

The service provider has a demonstrated ability to establish and strategically partner to improve service outcomes for Pre-1990 Care Leavers.

Responses should include, but are not limited to:

* the purpose and benefits of key local, area and state-wide networks, support service and organisations, and other key community links to support Pre-1990 Care Leavers and improve service delivery
* details of strategies to improve cooperation and planning between critical key stakeholders and related local, area, state-wide and interstate organisations relevant to delivery of services to Pre-1990 Care Leavers
  + a plan for collaboration with the broader service system/s.

#### Criterion 6:

The service demonstrates a commitment and understanding of the importance of managing conflict of interest both actual or perceived at an organisational and staff level.

Responses should include, but are not limited to:

* details of the organisational policies and procedures to manage actual or perceived conflict of interest with institutions and individuals with associations to institutional child abuse.
* details of how you will identify, manage and maintain the independence of your organisation from institutions or individuals responsible for institutional child abuse, including for staff and other services you work with, including organisations and their staff engaged through any partnership or consortium arrangement.

#### Criterion 7: Environmental sustainability

The service provider demonstrates a commitment to environmental sustainability (for example, environmental policy, environmental management systems and environmental approach) through completion of point 8 of part C

### Evaluation process

Submissions will be evaluated against the indicated criteria. An initial evaluation may be used to short-list submissions. Following short-listing, one or more service providers may be approached to meet with the evaluation panel to provide clarification or further information.

All service providers will be advised in writing of the final outcome of the submission process, including the identity of the successful service provider(s).

### Scoring

Submissions will be initially scored against the following scale:

|  |  |
| --- | --- |
| Evaluation | Score |
| Exceeds all aspects of the selection/evaluation criterion | 4 |
| Exceeds some aspects of selection/evaluation criterion (and meets all other aspects of the selection/evaluation criterion) | 3 |
| Meets the selection/evaluation criterion | 2 |
| Fails some aspects of the selection criterion | 1 |
| Fails all aspects of the selection criterion | 0 |

## General conditions

### Past providers of institutional care and the Scheme

Submissions from service providers who have previously provided institutional care (out-of-home) will not be considered. Institutions that are participating in the National Redress Scheme and/or who have redress liability are eligible to apply noting that one of the selection criteria is management of conflict of interest and depending on the individual circumstances for the organisation, conflict of interest may not be able to be satisfied.

### Submission

A submission template is included at Part C of this document. Service providers are required to use this template when preparing their submissions.

### Statement of departures

Service providers must state in their submissions that they have not proposed any changes or departures from this document.

By making a submission in response to this document, service providers are deemed to have accepted these conditions.

### Legal entity

Service providers not currently funded by the department must provide proof of their legal status. The department can only enter into a legal agreement/contract with a legal person, being either a natural person (who is at least 18 years of age, with mental capacity to understand the agreement and not under any order or bankrupt), or an organisation/agency with legal capacity established under the:

* *Associations Incorporation Reform Act 2012* (Vic)
* *Co-operatives National Law* (Vic)
* *Corporations Act 2001*(Cwlth)
* *Health Services Act 1988* (Vic)
* *Trustee Act 1958* (Vic),or
  + an individual Act of Parliament.

The department prefers to deal with service providers who have an Australian Business Number (ABN).

### Consortia, coalitions and subcontracting

There are three legal and management options available to consortia in making a submission. Each of these types of arrangements is acceptable to the department:

* incorporate as a single body
* each member signs as part of a non-incorporated consortium, or
  + subcontracting by the lead agency to other members of the consortium.

The department recognises that partnering may form within the service sector with the objective of promoting integration to better meet the needs of the community.

Where the service provider is a consortium, the submission must indicate which parts of the service each entity comprising the consortium is proposing to provide.

Where subcontracting is proposed, the submission must detail how the lead organisation and the subcontractor(s) would relate to each other to ensure full provision of the required service.

### Lodgement of submissions

CLOSING TIME: Submissions must be lodged by 2:00pm Australian Eastern Daylight-Saving Time (AEDT), on the date specified in the Call for funding submission cover page (‘closing time’).

The closing time of 2:00pm is defined as 2:00pm as per the time clock of the internet tender box.

When lodging a submission via the internet through a specified website (internet lodgement), service providers are deemed to accept the online user agreement applying to that website and must comply with the requirements set out on that website.

Service providers must lodge their entire submission electronically via the internet at the nominated website address and against the Call for funding submission number/project details, to which your submission relates, by the closing time as per the Call for funding submission cover page.

Other than as set out in this Call for funding submission, late, facsimiled, incomplete or e-mailed submissions will not be accepted.

Department officers cannot accept responsibility for lodging submissions on behalf of service providers.

Submissions will be opened after 2:00pm on the closing date of this Call for funding submission and each service provider should receive a system generated receipt on successful lodgement.

Submissions must be lodged by the closing time.

The closing time may be extended by the department in its absolute discretion by providing written notice to registered service providers and by notice on the Victorian Government tenders system website, <https://www.tenders.vic.gov.au>.

Submissions lodged after the closing time or lodged at a location or in a manner contrary to that specified in this document will be disqualified from the submission process and will be ineligible for consideration.

Late submissions may be accepted where the service provider can clearly demonstrate (to the satisfaction of the department’s Chief Procurement Officer) that late lodgement of the submission was caused by a system interruption of the internet lodgement website (www.tenders.vic.gov.au) or a major/critical incident that hindered the delivery of their submission, and, in such case, the department’s Chief Procurement Officer determines that the integrity of the submission process will not be compromised by accepting a submission after the closing time.

Service providers should contact the department before the specified closing time in order for such circumstances to be considered. Incomplete submissions may be accepted at the department’s discretion.

Submissions must be signed and dated by an authorised officer of the service provider.

### Requests for further information

#### Clarification of submission process

Service providers may contact Errol Hart on (03) 9096 5153 or via email on errol.hart@dhhs.vic.gov.au to clarify aspects of the specification or the submission process. Verbal explanations or instructions given to service providers prior to the acceptance of any submission shall not bind the department. All interested parties will be provided with written responses to all questions.

No further questions will be accepted from organisations after 13 February 2020.

#### Additional information required by the department

Should information additional to that contained in a submission be required while submissions are being considered by the department, written information and/or interviews may be requested at no cost to the department.

The name and telephone number of an officer or employee of the service provider capable of clarifying technical and commercial aspects of the submission must be provided.

### Reservations

#### Withdrawal from process

The department may withdraw from the submissions process described in this document for any reason, prior to signing any agreement with any service provider to deliver the services described in this document.

#### Lowest cost submission

In the case of fixed price submissions, the lowest cost submission, or any submission, will not necessarily be accepted (applicable where available funding has not been disclosed by the department).

#### Negotiation

The department may elect to negotiate with short-listed service providers after the nominated closing date for submissions.

#### Part offers

The department may accept submissions in relation to part of the scope of activity described in this brief, or appoint one, more than one or no service provider on the basis of the submissions received.

### Conflicts of interest

Service providers must declare to the department any matter or issue that is, may be perceived to be, or may lead to, a conflict of interest regarding their submission or participation in providing the services described. Where applicable, service providers must also describe a strategy designed to avoid or manage any potential or actual conflict of interest.

Service providers must:

* declare any actual or perceived conflicts of interests, including any existing or historical links to individuals/institutions involved in child welfare policies, care practices or services, or responsible for institutional child abuse
* describe their policies and procedures to manage any actual or perceived conflicts of interest, including how they will identify and manage their association with or maintain independence from individuals/institutions identified as responsible for institutional child abuse.

Conflict of interest risks will be taken into consideration in the evaluation process.

### Confidentiality

#### Ownership of submissions

All submissions and any accompanying documents become the property of the department.

#### Ownership of information

Ownership of all information, reports or data provided by the department to service providers resides in the State of Victoria. The service provider shall not, without written approval of the Secretary to the department, use the information or reports other than in the development of the submission or the performance of the assignment. This information, in whatever form provided by the department or converted by the service provider, must be destroyed in a secure fashion following advice of the outcome of the submission process or at completion of the assignment.

### Disclosure

#### Presumption to full disclosure

The Victorian Government has a strong presumption in favour of disclosing agreements and, in determining whether any clauses should be confidential, specific freedom of information (FOI) principles (including a public interest test) will apply. The government cannot pre-empt the workings of the *Freedom of Information Act 1982* or constrain the Auditor-General’s powers to secure and publish documents as appropriate.

#### Disclosure of submission and agreement details

Subject to this clause and the Conditions of Agreement, all documents provided by the service provider will be held in confidence so far as the law permits. Notwithstanding any copyright or other intellectual property right that may subsist in any documents, by making a submission the service provider licenses the department to reproduce the whole or any portion of the submission documents for the purposes of evaluation.

In making its submission, the service provider accepts the department may publish (on the internet or otherwise) the name of the successful or recommended service provider(s) and the value of the successful agreement(s), together with the provisions of the agreement generally.

#### Non-disclosure of agreement provisions

Non-disclosure of agreement provisions must be justified under the principles for exemption within section 34(1) of the Freedom of Information Act, providing that information acquired by an agency or a government minister from a business, commercial or financial undertaking is exempt under the Act if the information relates to trade secrets or other matters of a business, commercial or financial nature and the disclosure would be likely to expose the undertaking unreasonably to disadvantage. The department will consider these arguments in the evaluation and negotiations with service providers.

### Lobbying

Service providers are reminded that they should not attempt to exert influence on the outcome of the assessment process by lobbying, directly or indirectly, the departmental staff or members of parliament.

### Local Jobs First Policy

**Overview**

* + - 1. The Local Jobs First Policy (**LJF Policy**) issued under the *Local Jobs First Act 2003* supports businesses and workers by ensuring that small and medium size enterprises are given a full and fair opportunity to compete for both large and small government contracts, helping to create job opportunities, including for apprentices, trainees and cadets. The LJF Policy is implemented by Victorian Government departments and agencies to help drive local industry development.
      2. The LJF Policy comprises the Victorian Industry Participation Policy (**VIPP**) and the Major Projects Skills Guarantee (**MPSG**).
    1. VIPP seeks to ensure that small and medium-sized business are given full and fair opportunity to compete for government contracts.
    2. MPSG is a policy that provides job opportunities for apprentices, trainees and cadets on high value construction projects.
       1. Local Jobs First applicable projects include but are not limited to:
    3. purchase of goods and/or services, regardless of the method of procurement (including individual project tenders, State Purchase Contracts, supplier panels);
    4. construction projects (incorporating design and construction phases and all related elements), including individual projects, Public Private Partnerships, Alliance Contracts, Market Led Proposals, supplier panels and auctions; and
    5. funding projects, including funding services agreements or loan arrangements to private, non-government and local government organisations for a single or group of projects.
       1. The LJF Policy applies to funding projects where the value of the funding is above the threshold values of:
    6. $3 million or more in metropolitan Melbourne, and
    7. $1 million or more in regional Victoria, or
    8. any project valued at less than $3 million that the Minister has declared to be a standard project.
       1. This call for submission is for a project where the value of the funding meets the thresholds in (d) above.

For further information, applicants should refer to the LJF Policy and Guidelines which can be found at www.localjobsfirst.vic.gov.au.

**Definitions**

**Agency** means Department of Health and Human Services

**Contestable Items** means goods or services in a procurement process where there are competitive international and local suppliers. 'Competitive' means the suppliers are able to offer comparable goods or services that meet the specifications provided in this call for submission. Contestable items can be goods or services at any stage of a project, including maintenance.

**Department** has the meaning given in s 3(1) the *Local Jobs First Act 2003*.

**Service Agreement** means the funding contract entered into between the Agency and the provider.

**Guidelines** means the Local Jobs First Supplier Guidelines, available at [www.localjobsfirst.vic.gov.au](http://www.localjobsfirst.vic.gov.au).

**ICN** means Industry Capability Network (Victoria) Limited of Level 11, 10 Queens Road, Melbourne VIC 3004 ACN 007 058 120.

**Consultation with Industry Capability Network (ICN) Victoria**

* + - 1. To increase opportunities for local businesses within their project, successful service providers are required to consult with ICN regarding opportunities for local businesses, particularly with regard to Contestable Items.
      2. This is to better target the application of LJF towards areas of contestable procurement.
      3. Successful service providers are required to consult with ICN after the Service Agreement has been executed. The consultation requirement involves the following steps:

1. The Agency will advise the provider that they must submit an Interaction Reference Number Form (**IRN Form**).
2. Providers must register with ICN online at www.icnvic.org.au/ljf and go through the IRN Form submission process. The IRN Form requires service providers to provide an indication of the nature of the activities to be undertaken or project being designed, and the likely services or the activity to be required.
3. ICN will review the provider's IRN Form and contact the provider to discuss opportunities for local industry.
4. Service provider must negotiate with ICN to determine how opportunities for local businesses or Contestable Items will be provided for in the project. This may involve ICN contributing to or reviewing draft designs or participating in particular project meetings.
5. Consultation with ICN can take between 30 minutes and a few hours, depending upon the nature of the Contestable Items in the procurement activity.
6. Once consultation is complete, ICN will issue the service provider with an Interaction Reference Number (**IRN**) and a reference letter. The reference letter will set out any agreements reached between ICN and the provider during consultation.
7. The service provider must submit their IRN to the Agency's representative within 20 business days of the Service Agreement being executed to demonstrate to the Agency that they have consulted with ICN, and that ICN is satisfied local industry will be considered in the design of the project.

# Part C: Submission

Submission for Open Place Transition to New Service Provider

P16891

## Instructions for completion

All submissions should be developed using this submission template.

All parts of the submission should be completed and the submission lodged before the closing date and time for submissions.

Any additional supporting information should be attached to the completed submission and clearly referenced.

The submission must be signed by an authorised officer of the service provider.

Submissions must be lodged through the specified website address ([www.tenders.vic.gov.au](http://www.tenders.vic.gov.au)) by 2.00pm AEDT on the date specified in the call for funding submission cover page (‘closing time’).

## Service provider details

|  |  |  |
| --- | --- | --- |
| 1.1 | Are you currently funded by the department? | Yes / No |

For providers currently funded by the department, complete the following contact details at 1.2 only (additional information will be accessed from the department’s Service Agreement Management System):

|  |  |  |
| --- | --- | --- |
| 1.2 | Name of service provider |  |
| Postal address |  |
| Office address (if different from postal address) |  |
| Contact person |  |
| Position/title |  |
| Telephone number |  |
| E-mail address |  |
| Eligibility criteria (refer Part B)  Confirm agreement to vary existing Service Agreement if successful for this service | Yes / No |

For providers not currently funded by the department (that is, do not have an existing Department of Health and Human Services Service Agreement) complete the following details at 1.3 and 1.4:

|  |  |  |
| --- | --- | --- |
| 1.3 | Full legal name |  |
| Trading name |  |
| Entity status (for example, partnership, company) |  |
| ACN number |  |
| Registration for GST | Yes / No |
| Australian Business Number (ABN)  If not applicable, attach evidence that the supply is not assessable for income tax purposes |  |
| Place of incorporation |  |
| Postal address |  |
| Principal office in Victoria |  |
| Contact person |  |
| Position/title |  |
| Telephone number |  |
| Mobile number |  |
| E-mail address |  |

Eligibility criteria (refer Part B):

|  |  |  |
| --- | --- | --- |
| 1.4 | If your organisation an entity with which the department is able to enter into a Service Agreement? | Yes / No |
| Has your organisation previously provided institutional care? | Yes/ No |
| Does your organisation agree to enter into a Service Agreement with the Department of Health and Human Services?  A copy of the standard Service Agreement terms and conditions can be obtained on the Funded Agency Channel in the Department of Health and Human Services Information section at:  <http://www.dhs.vic.gov.au/funded-agency-channel> | Yes / No |
| Does your organisation have the capacity to accept electronic funds transfer as a facility for payments? | Yes / No |
| Does your organisation agree to meet monitoring and reporting requirements?  For more information, see: <http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement/3.-terms-and-conditions/3.8-reporting> | Yes / No |
| Does your organisation agree to the department’s procedures for incident reporting?  For more information, see: <http://www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/incident-reporting> | Yes / No |
| Provide satisfactory financial, technical, planning and other resource capability and viability requirements (for example, evidence may include your annual report) | Please provide details: |
|  | Has your organisation consulted with or been advised by anyone who participated in the two Pre-1990 Care Leavers co-design workshops held on 10 and 13 December 2019? | Yes / No |

## Overview of proposal

Provide a brief overview of your proposal.

|  |
| --- |
|  |

## Information addressing the evaluation criteria

Provide your responses against each of the evaluation criteria in Part B.

### Criterion 1

|  |
| --- |
| Your response to this criterion: |

### Criterion 2

|  |
| --- |
| Your response to this criterion: |

### Criterion 3

|  |
| --- |
| Your response to this criterion: |

### Criterion 4

|  |
| --- |
| Your response to this criterion: |

### Criterion 5

|  |
| --- |
| Your response to this criterion: |

### Criterion 6

|  |
| --- |
| Your response to this criterion: |

## Budget

The [National Standard Chart of Accounts (SCOA)](https://www.acnc.gov.au/for-charities/manage-your-charity/national-standard-chart-accounts) at <https://www.acnc.gov.au/for-charities/manage-your-charity/national-standard-chart-accounts> provides a common approach for not-for-profit (NFP) community organisations when collecting and recording financial information and consists of a set of accounts that can be set up in most account software systems. The SCOA is mandatory for Victorian state government departments, agencies and local government authorities for all new funding programs with NFP organisations.

The following budget table uses the SCOA categories and definitions.

In addition, the extent to which pricing has been affected by the use of volunteer labour (see operating costs) or cross-subsidisation from other agencies should be clearly identified in Section 2 *Overview of proposal*.

### Proposed staff cost (add more rows if necessary)

| Staff | Salary | FTE percentage | $ Amount |
| --- | --- | --- | --- |
| Staff #1 (provide role name) | $ |  | $ |
| Staff #2 (provide role name) | $ |  | $ |
| **Total staff cost** | **$** |  | **$** |

### All costs

|  |  |  |  |
| --- | --- | --- | --- |
| Item | GST exclusive amount | GST amount (if applicable) | GST inclusive amount (if applicable) |
| Staff (use the figure from the table above) | $ | $ | $ |
| Establishment cost | $ | $ | $ |
| Management and administration cost | $ | $ | $ |
| Operating cost | $ | $ | $ |
| Client support service | $ | $ | $ |
| Equipment cost required for services (please detail) | $ | $ | $ |
| **Total cost** | **$** | **$** | **$** |

## Qualifications and experience of key staff

|  |  |
| --- | --- |
| Name |  |
| Title/office held |  |
| Qualifications |  |
| Previous experience |  |
| Role and functions to be performed |  |

(Repeat as required)

## References

All service providers are required to provide referees. The department may also utilise referees from the department who have worked with the organisation.

### Referee #1

|  |  |
| --- | --- |
| Organisation name |  |
| Postal address |  |
| Street address |  |
| Contact person |  |
| Position/title |  |
| Telephone number |  |
| Nature of work performed |  |

### Referee #2

|  |  |
| --- | --- |
| Organisation name |  |
| Postal address |  |
| Street address |  |
| Contact person |  |
| Position/title |  |
| Telephone number |  |
| Nature of work performed |  |

## Insurances

Service providers are to complete the following table to confirm their insurance status in regard to the specified service. Provide separately a summary of any relevant exclusions to the above and their potential impact on this service.

| Insurance cover | Provider | Policy number | Expiry date | Limit of liability |
| --- | --- | --- | --- | --- |
| Public liability |  |  |  |  |
| Professional indemnity |  |  |  |  |
| Others as relevant |  |  |  |  |

Provide a summary of any relevant exclusions to the above and their potential impact on this service:

|  |  |
| --- | --- |
| Relevant exclusions |  |

## Environmental sustainability

Minimising the environmental impacts of these processes and quantifying the results are key government priorities. Service providers are requested to demonstrate their commitment to improving the sustainability of their operations.

All goods and services have some impact on the environment through their production and provision or from their interface with the environment.

An environmental management assessment of a service provider may be conducted by or on behalf of the department.

|  |  |
| --- | --- |
| 1. Do you have an environmental policy? | Yes – attach copy  No – go to question 3  Under development (expect completion by dd/mm/yyyy) – go to question 4 |
| 1. Do you have an environmental management system? | Yes – attach copy  No – go to question 3  Under development (expect completion by dd/mm/yyyy) – go to question 4 |
| 1. If the response was *No* to 1 and/or 2:   What approach are you taking towards environmental issues? | Word limit – 100 words |
| 1. Have you undertaken any other initiatives in reducing your environmental impact? | Word limit – 100 words |
| 1. Has any form of enforcement action relating to the environment been taken against your organisation in the last two years and what remedial action was implemented? | Word limit – 100 words |

## Local Job First

In line with Part B section 7.12, this project is Local Job First applicable.

To increase opportunities for local businesses within their project, successful service providers are required to consult with ICN regarding opportunities for local businesses, particularly with regard to Contestable Items.

This is to better target the application of LJF towards areas of contestable procurement.

Successful service providers are required to consult with ICN after the Service Agreement has been executed

|  |  |
| --- | --- |
| Confirm you understanding of the Local Jobs First requirements stated in Part B section 7.12? | Yes |

## Disclosure of submission and agreement information

Part B provides for disclosure of agreement information. If you withhold the disclosure of specific information, you must detail how its release will expose trade secrets or expose your service provider unreasonably to disadvantage. The department will consider these arguments during the evaluation process and in negotiation with service providers.

Non-disclosure of agreement provisions must be justified under the principles for exemption within section 34(1) of the Freedom of Information Act, providing that information acquired by an agency or a government minister from a business, commercial or financial undertaking is exempt under the Act if the information relates to trade secrets or other matters of a business, commercial or financial nature and the disclosure would be likely to expose the undertaking unreasonably to disadvantage.

### Trade secrets

In considering whether specific information should be categorised as a trade secret, service providers should assess:

* the extent to which it is known outside of your business
* the extent to which it is known by the people engaged in your business
* any measures taken to guard its secrecy
* its value to your business and to any competitors
* the amount of money and effort invested in developing the information
  + the ease or difficulty with which others may acquire or develop this information

|  |  |
| --- | --- |
| Trade secrets not to be disclosed: |  |

### Unreasonable disadvantage

In determining whether disclosure of specific information will expose your business unreasonably to disadvantage, you should consider section 34(2) of the Freedom of Information Act. Broadly, you should consider:

* whether it could be disclosed without causing substantial harm to the competitive position of the business
  + what unreasonable disadvantage disclosure would cause.

### Conflicts of interest

Service providers must declare to the department if they have previously provided institutional care and any matter or issue which is, or may be perceived to be, or may lead to, a conflict of interest regarding their submission or participation in the provision of the services described. Where applicable, service providers must also describe a strategy designed to avoid any conflict of interest.

|  |  |
| --- | --- |
| Conflicts of interest: |  |

## Acceptance of terms and conditions

Service providers must indicate their understanding and acceptance of each part of this document, including the attached standard departmental service agreement, by signing in the table below. Where a part of this document is not understood or accepted, service providers must attach a tabulated ‘Statement of departures’ with an explanation of why that part is not accepted.

### Acceptance of conditions

| Part | Acceptance | Statement of departures and reasons |
| --- | --- | --- |
| Service information and requirements | Yes / No |  |
| Specifications and evaluation | Yes / No |  |
| Submission | Yes / No |  |
| Service Agreement | Yes / No |  |

### Endorsement

The submission must be signed by an authorised person.

|  |  |
| --- | --- |
| Signature of authorised officer |  |
| Name of authorised officer |  |
| Title/office held |  |
| Date |  |

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# Appendix 1

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| Program Requirements for Pre-1990 Care Leaver Support Services  V1 - December 2019 |
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| To receive this publication in an accessible format email [openplacetransition@dhhs.vic.gov.au](mailto:openplacetransition@dhhs.vic.gov.au)  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Department of Health and Human Services, December 2019.  Available from [Open Place transition to new services provider page](https://services.dhhs.vic.gov.au/open-place-transition-new-service-provider) on the Services website <https://services.dhhs.vic.gov.au/open-place-transition-new-service-provider  In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ is retained when part of the title of a report, program or quotation.  The department refers to people who were institutional care as children before 1990 as Pre-1990 Care Leavers. The department acknowledges there are multiple ways people identify themselves and differing terms are used in the community services sector, including ‘Care Leaver’ and ‘Forgotten Australian’.  Available at [Open Place transition to new services provider page](https://services.dhhs.vic.gov.au/open-place-transition-new-service-provider) on the Services website <https://services.dhhs.vic.gov.au/open-place-transition-new-service-provider |
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# Purpose

The Department of Health and Human Services (the department) is responsible for developing and delivering policies, programs and services that support the health, wellbeing and safety of all Victorians.

The department funds a range of community-based services to effectively meet the needs of the Victorian community, including support services for people who were in Victorian institutional care as children before 1990 (Pre-1990 Care Leavers[[4]](#footnote-5)). The department is committed to providing ongoing support for Pre-1990 Care Leavers to address the impact of past care practices.

The department is committed to not funding service providers who have previously provided institutional care (out-of-home) to deliver services to Pre-1990 Care Leavers.

The purpose of this document is to outline the department’s expectations and requirements of service providers who deliver support services for Pre-1990 Care Leavers. Service providers may be provided funding to provide any or all of the program activities listed in this document. Service providers will adhere to these program requirements to meet their Service Agreement obligations.

# Pre-1990 Care Leavers

In 2004, it was estimated 500,000 Australian children experienced institutional care in the 20th century.[[5]](#footnote-6) This includes more than 90,000 Victorian children, of which the department estimated 50,000 were state wards between 1928 and 1989. These children were placed in orphanages, children’s homes and other out-of-home care administered by the state, religious bodies and other charitable or welfare groups.

Through no fault of their own, children were placed in care due to government policies and societal circumstances, including but not limited to: economic stress and social disadvantage; being orphaned; having a single parent; parental mental illness; and domestic violence, abuse and neglect. Many Pre-1990 Care Leavers experienced various forms of abuse during their time in care such as physical, psychological, emotional and sexual abuse, and did not have the benefit of growing up with or knowing the existence of their family members.

The long-term impact of this experience is varied and complex. Whilst Pre-1990 Care Leavers are not a homogenous group, despite their many strengths, it is generally acknowledged the structural disadvantages they typically experienced have contributed to increased poor life outcomes compared to the general population. Ongoing problems can include low levels of literacy and high levels of unemployment, homelessness and imprisonment. Many have a range of health, mental health, social, financial, and educational needs which continue throughout life and into old age. Sadly, many have been lost to premature death, often due to suicide. Older Pre-1990 Care Leavers have growing and complex health needs and may need increased assistance with accessing health services.

Many continue to suffer from loss of identity and family, feelings of abandonment, a fear of authority and a lack of trust and security. Locating and accessing records is very important for many Pre-1990 Care Leavers. However, they can experience a range of issues in this area, including: overcoming freedom of information hurdles and barriers; lack of and/or destruction of personal files; poor quality record keeping; and, upsetting judgemental comments contained in records that would not be acceptable today.

Pre-1990 Care Leavers, the Stolen Generations and Former Child Migrants are distinct groups (although sometimes overlapping) and came into care because of distinct government policies. Although each group has specific concerns and has faced unique challenges, members of these broad groups also share many experiences and characteristics as a result of being separated from family. These children often lived together in the same institutions, regardless of the circumstances of how they came to be in care.[[6]](#footnote-7)

## Inquiries, Commissions and Reports

The challenges and complexities Pre-1990 Care Leavers face because of their care experiences have been well documented in numerous inquiries including:

* [Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children (2004)](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2004-07/inst_care/report/index) <https://www.aph.gov.au/Parliamentary\_Business/Committees/Senate/Community\_Affairs/Completed\_inquiries/2004-07/inst\_care/report/index>
* [Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations (Betrayal of Trust) (2013)](https://www.parliament.vic.gov.au/file_uploads/Inquiry_into_Handling_of_Abuse_Volume_2_FINAL_web_y78t3Wpb.pdf)  
  <https://www.parliament.vic.gov.au/file\_uploads/Inquiry\_into\_Handling\_of\_Abuse\_Volume\_2\_FINAL\_web\_y78t3Wpb.pdf>
* [Royal Commission into Institutional Responses to Child Sexual Abuse Final Report (2017)](https://www.childabuseroyalcommission.gov.au/final-report)  
  <https://www.childabuseroyalcommission.gov.au/final-report>

The department recognises the importance of using learning from these inquiries, commissions and reports to underpin support services for Pre-1990 Care Leavers. Service providers will use learnings from relevant inquiries, commissions and reports to inform service planning delivery and improvement.

## Contextual timeline

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| **1890s – 1970s** | Between one in three and one in ten Aboriginal[[7]](#footnote-8) children were forcibly removed from their families and communities. Many of the children affected by ‘assimilation’ and ‘protection’ laws and policies that governed these removals were placed in care. |
| **1928 - 1989** | More than 90,000 Victorian children were placed in care (administered by the state, religious bodies and other charitable or welfare groups) either by the State or voluntarily by families and others between 1928 and 1992, with 50,000 estimated to be state wards between 1928 and 1989. |
| **1947 - 1970** | Approximately 7,000 unaccompanied children, generally under the age of 16 years, were brought to Australia from the United Kingdom or Malta under approved migration schemes. Many were removed without their parent’s knowledge or consent and placed in care. |
| **1970s – 1990s** | The number of children who were made state wards declined significantly, reflecting broader shift in thinking about the deficiencies of institutionalisation. The last of the large children’s homes had been closed and youth training and reception centres were scaled down, closed or redeveloped by mid-1990s. |
| **1997** | *Bringing them Home Report: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* |
| **17 Sep 1997** | Victorian Apology to the Stolen Generations delivered by Premier Jeff Kennett |
| **2001** | *Lost Innocence: Righting the Record – Report on child migration* (Senate inquiry report on child migration and children in institutional care in Australia) |
| **2003** | The Inquiry into Children in Institutional Care was referred to the Senate Community Affairs References Committee |
| **2004** | *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children* (Senate inquiry report on people who experienced out-of-home care as children) |
| **2005** | *Protecting vulnerable children – A national challenge* |
| **9 Aug 2006** | Victorian Government Apology to Forgotten Australians delivered by Premier Steve Bracks |
| **13 Feb 2008** | National Apology to the Stolen Generations delivered by Prime Minister Kevin Rudd |
| **16 Nov 2009** | National Apology to Forgotten Australians and Former Child Migrants delivered by Prime Minister Kevin Rudd |
| **2010** | Forgotten Australians memorial established at Southbank |
| **2012** | *Senate Community Affairs Reference Committee (2012) into past forced adoption policies and practices* |
| **21 March 2013** | National Apology for forced adoptions delivered by Prime Minister Julia Gillard |
| **2013** | *Betrayal of Trust Inquiry: Inquiry into the handling of child abuse by religious and other non-government organisations* |
| **2013** | Royal Commission into Institutional Responses to Child Sexual Abuse established |
| **2017** | *Royal Commission into Institutional Responses to Child Sexual Abuse Final Report* |
| **1 July 2018** | National Redress Scheme for people who have experienced institutional child sexual abuse commenced for ten years |
| **22 Oct 2018** | National Apology to victims and survivors of institutional child sexual abuse delivered by Prime Minister Scott Morrison |

# Program objective

The program objective is to deliver state-wide and inter-state, where appropriate, support services for Pre-1990 Care Leavers to support their health and wellbeing in a way that is accessible, sensitive to their age, past experiences and addresses ongoing and diverse needs. This is underpinned by the attached co-designed service principles (Appendix A).

# Program activities

## Service eligibility

Pre-1990 Care Leavers who spent a minimum of six months in Victorian institutional care as children prior to 1990 are eligible for this service, including people who now live interstate or overseas. Pre-1990 Care Leavers who currently reside in Victoria but spent the minimum of six months in interstate institutional care as children prior to 1990 are also eligible for this service (does not include financial assistance).

For some activities, Pre-1990 Care Leavers will require Confirmation of Time in Care (COTIC) in order to receive a service. COTIC is any documentation that shows time in care.

Carers or family members of Pre-1990 Care Leavers may be eligible for assistance depending on the service provided. Members of the Stolen Generation and Former Child Migrants who meet these criteria are also eligible for these services.

## Intake and assessment

Some Pre-1990 Care Leavers who access support services do not like to be referred to as a client or service user. Where possible, people who were in institutional care as children before 1990 should be asked how they would like to be described and referred to.

Pre-1990 Care Leavers will be respectfully and sensitively asked to provide COTIC and demographic information where appropriate. Service providers will ensure people are not re-traumatised through the intake process and are supported to obtain COTIC if they are unable to provide it.

Service providers will comprehensively assess people’s circumstances and needs in providing a service in collaboration with the person, other relevant professionals and service providers already involved, and where appropriate, the person’s family and friends. Assessment should take account of a person’s short and long-term goals. The service provided should be regularly reviewed and revised with the person.



## 4.3 Capacity building, advocacy and systems development

Advocacy and support should be undertaken to empower people by providing safe opportunities for them to exercise control over decisions and assist them to navigate the complex range of services they may need. Service providers will support and empower people to express their views and concerns, access information and services, explore their choices and options, and promote their rights and responsibilities.

Service providers will have a referral policy that considers a person’s assessment of their own capability, needs and aspirations. Service providers will refer and support people to engage with external services as required by:

* providing appropriate referral numbers
* supporting people to call external services
* calling external services on people’s behalf
* completing provisional referral forms and sending them to external services
* physically attending external services with people as a support person to assist with engagement.
* facilitating a timely, safe and cost-effective service response

The level of assistance provided in making these referrals will be determined by the person’s capacity for help-seeking and engagement with other organisations. Based on an assessment, this may include intensive case management or time limited case work support. Service providers will have transparent and fair processes for determining eligibility for this service. As appropriate, shared and coordinated case management/work should operate based on clear policies and procedures across agencies.

Increased community awareness of Pre-1990 Care leavers and their complex and diverse needs is required. Service providers will provide an advocacy role, including the development of materials and education for the wider service system about the needs and experiences of Pre-1990 Care Leavers. This includes issues that other service providers should be cognisant of when delivering service to Pre-1990 Care Leavers. Additionally, service providers will share knowledge and information about their services and advocate for Pre-1990 Care Leavers by participating in local professional and community education initiatives. Service providers will promote their service to the community, including sharing information about service eligibility and access.



## Specialist service provision

### 4.4.1 Counselling

Service providers will offer specialist therapeutic counselling that safely addresses the needs of Pre-1990 Care Leavers. A range of counselling types, such as one-to-one, family and group counselling will be provided on a long term or as required basis and delivered by appropriately qualified counsellors. Provision of services must be aligned with other state and federally funded services (e.g. Medicare).

### Promoting family and community connectedness

Service providers will support people to establish and maintain supportive connections with family, other people and organisations in their community. The service providers will collaborate with other relevant community service organisations and Aboriginal community-controlled organisations so that people have access to support services that promote family and community connectedness.

Peer support groups can be powerful in assisting people who had a negative care experience to overcome feelings of isolation, guilt and betrayal by acknowledging shared experiences and maintaining involvement and connection. Pre-1990 Care Leavers will have access to social support groups and social events, which will be supported by service providers. People will be assisted to provide each other with peer support.

Drop-in centres can provide Pre-1990 Care Leavers with social support by facilitating access to a network of people who also experienced care. Service providers will deliver appropriately located drop-in centres that promote this informal support and provide activities that encourage education and life skills.

### Accessing records and family searching

For many, viewing records can cause emotional pain and distress for reasons including inaccurate, unreliable and limited information, judgemental comments, descriptions of painful experiences and information highlighting the lack of regard staff had for their feelings.

Pre-1990 Care Leavers will be supported before, during and after accessing their records. People will also be supported to search for separated family members and provided with assistance for reunions with family members and other Pre-1990 Care Leavers. Funding for this component may be provided federally.

### Financial assistance for health and practical needs

Service providers will provide financial assistance to Pre-1990 Care Leavers to meet their health, emergency and practical needs which cannot be addressed through another avenue. For example, financial assistance may be provided to meet the emergency needs of people when they have no other avenue of support available to them (e.g. imminent homelessness or extreme hardship) or to address necessary health related expenses in situations where the expenses cannot be covered via other means or through other support services. Service providers will be transparent and fair in provision of financial assistance based on established guidelines. Notwithstanding, needs for financial assistance will vary across individuals, therefore requests will be assessed on a case by case basis.

# Organisational and operational requirements

## Conflict of interest management

Service providers must immediately declare and have robust policies and procedures to identify, disclose and manage any actual or perceived conflicts of interests as they arise. This includes conflicts of interest relating to individuals/institutions with links to institutional child abuse.

Service providers with existing or historical links to individuals/institutions involved in child welfare policies, practices or services, or responsible for institutional child abuse, must publicly:

* acknowledge this involvement
* confirm their commitment to deliver high-quality and independent services
* outline their policies and procedures for managing actual and perceived conflicts of interest
* comply with Child Safe Standards if they are an in scope organisation. For more information, see [*Child Safe Standards*](https://providers.dhhs.vic.gov.au/child-safe-standards)<https://providers.dhhs.vic.gov.au/child-safe-standards> page on the department’s website.

Service providers responsible for institutional child sexual abuse with liability under the National Redress Scheme for people who have experienced institutional child sexual abuse (the Scheme) are expected to join the Scheme.

## Governance and management frameworks

Service providers will operate under sound governance and management frameworks which will support service delivery, planning and improvement.

Service providers will have a strategic plan in place focused on meeting the needs of Pre-1990 Care Leavers. The strategic plan will be aligned with Victorian Government and departmental planning mechanisms.

Service providers will have planning processes in place to implement and monitor progress against the objectives in the strategic plan, manage resources and measure outcomes. They will continually explore better ways of providing services through learning opportunities, evidence-based practice, professional development and participation in evaluation processes.

Service providers will collect information to monitor changes in service access patterns and use service data to inform planning, ongoing service review and quality improvement. Service providers will use feedback and outcomes of complaints and allegations, where appropriate, to support wider organisational improvement. Pre-1990 Care Leavers will be included in internal governance structures and the development of policies and programs.

## Diversity and inclusion

Service providers will have clearly articulated policies, procedures and practice guidelines in place about meeting individual, complex and intersectional[[8]](#footnote-9) needs. Service responses will be individualised to sensitively meet the preferences and recognise the strengths and agency of Pre-1990 Care Leavers:

|  |  |
| --- | --- |
| * with a disability * of different ages including the elderly * with low levels of literacy * experiencing mental health and alcohol and other drug issues * also identifying as part of a particular group such as Stolen Generations and Former Child Migrants | * with diversity of sexuality, gender identity and intersex variations * who are incarcerated or experiencing homelessness * who identify as Aboriginal * from diverse cultural, linguistic and faith backgrounds.[[9]](#footnote-10) |

### Aboriginal self-determination

The Victorian Government and the department are committed to the principle of Aboriginal self-determination. It is acknowledged that there is no one single approach to achieving Aboriginal self-determination and that the histories and requirements of each Aboriginal community are unique. Service providers will have clearly articulated policies, procedures and/or practice guidelines in place to promote Aboriginal self-determination and respect for the cultural identity of Aboriginal people. Service providers will empower Aboriginal people to own, direct and make decisions about the support they receive and support them to access Aboriginal Community Controlled Organisations if they choose.

## Human Services Standards

Service providers will meet the department’s Human Service Standards, which represent a single set of service quality standards for department funded service providers and department-managed services.

For more information, see the [Human Service Standards](https://providers.dhhs.vic.gov.au/human-services-standards) <<https://providers.dhhs.vic.gov.au/human-services-standards>> page on the department’s website.

## Program outcomes

The department is committed to achieving the best health, wellbeing and safety of all Victorians so they can live a life they value. The department’s outcomes framework (Appendix B) focuses on outcomes for people who utilise departmental services and activities. Service providers will support delivery of the departmental and unique outcomes identified by each Pre-1990 Care Leaver. Service providers will use outcomes indicators to ensure people are better off and the service is aligned with what people want and value.

## Service performance monitoring

Service performance monitoring will be managed through the Children and Families Division of the department (subject to change). Appropriate governance structures will be established to support service delivery and performance monitoring.

### Service Agreement

Service providers are required to deliver services in accordance with the Service Agreement which includes specific requirements for monitoring, review and reporting.

For more information see the [Service Agreement Information Kit](http:/fac.dhhs.vic.gov.au/service-agreement-information-kit) <http://fac.dhhs.vic.gov.au/service-agreement-information-kit> which provides guidance for organisations who hold a Service Agreement with the department.

### Data collection responsibilities and reporting requirements

Service providers are required to regularly report on their service outputs through data collection and other reporting requirements as detailed in the Service Agreement.

Quantitative and qualitative data collection will include information on service provision, including demand and uptake, patterns of usage, complaints and feedback and outcomes measures.

Service data will be used to inform:

* the Victorian Government about budget allocation, performance, accountability and the value of its investment in services delivered to Victorians
* the department about the progress of policy implementation at the state-wide and regional levels
* service providers about client needs, service capacity, service planning, operational management and service coordination.

## Confidentiality and information sharing

Service providers will have clear, transparent and robust policies, processes and/or practices in place to ensure the privacy of Pre-1990 Care Leavers is always upheld. Service providers will only collect, hold, use and disclose the confidential information of Pre-1990 Care Leavers where legally permitted, and (wherever possible and appropriate) with the informed consent of those Care Leavers.

Confidential information includes personal information and health information, as well as information or data that is confidential to a party or should reasonably be considered confidential.

Confidential information must be handled strictly in accordance with the Service Agreement. Service providers will share information appropriately with other support services that work with Pre-1990 Care Leavers.

Information handling and sharing policies and practices of service providers must comply with the *Privacy and Data Protection Act 2014*, *Health Records Act 2001*, *Family Violence Protection Act 2008*, *Child Wellbeing and Safety Act 2005* and other relevant legislation and departmental guidelines.

### Child Information Sharing Scheme

The Child Information Sharing Scheme was established under Part 6A of the Child Wellbeing and Safety Act. Service providers prescribed as information sharing entities by the Child Wellbeing and Safety (Information Sharing) Regulations 2018 are permitted to share confidential information under the Child Information Sharing Scheme to promote the wellbeing and safety of children.

For more information, visit the [Child Information Sharing Scheme](https://www.vic.gov.au/childinfosharing) <<https://www.vic.gov.au/childinfosharing>> page on the department’s website.

### Family Violence Information Sharing Scheme

The Family Violence Information Sharing Scheme was established under Part 5A of the Family Violence Protection Act. Service Providers prescribed by the Family Violence Protection (Information Sharing) Regulations 2018 are permitted to share information to assess or manage risk of family violence.

For more information, visit the [Family Violence Information Sharing Scheme](https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html) <<https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html>> page on the department’s website.

Both schemes work in conjunction with existing information sharing legislative provisions. Service providers will continue to share information and collaborate according to existing legal obligations and permissions, as appropriate.

## Records, knowledge and information management

Service providers will maintain secure, accurate and comprehensive client records. Information systems will ensure electronic documents and records are secure, safe and accessible only by appropriate management and staff.

Service providers will manage all personal information in accordance with the Privacy and Data Protection Act and the Health Records Act, including any applicable codes of practice or standards.

Service providers will collect and manage data and client information in line with the reporting and accountability requirements in the Service Agreement and other departmental guidelines. Service providers will maintain appropriate records of client feedback and complaints, including action taken and outcomes.

Pre-1990 Care Leavers will be able to access and update information regarding services provided to them in line with the freedom of information provisions and requirements, theHealth Records Act and the Privacy and Data Protection Act.

## Feedback, complaints and allegations management

Service providers will have documented procedures in place for managing feedback, independent complaints handling and allegations by staff and Pre-1990 Care Leavers. Service providers will have processes and disciplinary actions in place to respond to allegations of misconduct/abuse.

The procedures will meet all legislative and departmental guidelines including Victoria’s Reportable Conduct Scheme. For more information, see the [Reportable Conduct Scheme](file:///C:\Users\lmcg2109\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\QVHLIPTI\Reportable Conduct Scheme) <https://ccyp.vic.gov.au/reportable-conduct-scheme> page on the Commission for Children and Young People website.

Service providers will clearly communicate the standard of service people should expect to receive, and what they can do if they are unsatisfied. People will be encouraged and supported to provide feedback (informal and formal). Service providers will be flexible and responsive to feedback and use the information to inform future service development and delivery.

## Client incidents

Service providers will report critical client incidents to the department in line with departmental instructions. Service providers will have a system in place for reviewing aggregated reported incidents to learn from and prevent the reoccurrence of serious incidents.

For more information, visit the [Client incident management](https://providers.dhhs.vic.gov.au/cims) <<https://providers.dhhs.vic.gov.au/cims>> page on the department’s website.

## Human resources requirements

### Recruitment

Service providers will have a staff recruitment strategy in place that:

* considers the complex and intersectional needs of Pre-1990 Care Leavers
* ensures staff are appropriately qualified and skilled in working with people who will access the service, and, where relevant, are registered with a relevant professional association
* enables the service provider to meet performance targets and their Service Agreement
* highlights the roles and expectations of staff, the service provider and the department.

### Pre-employment checks

Service providers will ensure all applicants for staff positions are subject to pre-employment screening. Assessment includes:

* direct contact (either face-to-face or telephone contact) with two referees to confirm the applicant’s suitability, including contact with the most recent employer
* completion of a police record checks and, for practitioners who will be working with children, an up-to-date Working with Children Check in compliance with departmental policy and the *Working with Children Act 2005*. (For applicants who have spent time overseas, an international police check is conducted, or when this is not possible, two referee checks are arranged from the country where the applicant spent time.)

### Staff competency

Service providers will have policies, processes and/or practices in place to ensure staff have the required skills, qualifications, knowledge, values, competencies and cultural understanding for their positions and responsibilities in order to meet the needs of Pre-1990 Care Leavers.

Staff working in therapeutic roles will be appropriately qualified and skilled in working with people with complex trauma and who have experienced child abuse, and strengths-based, trauma-informed and person-focused practice.

### Training and development

Service providers will provide accessible pre-service, induction and ongoing training to enable staff to effectively perform their roles and meet the needs of Pre-1990 Care Leavers.

Specific training will be provided to staff to meet the complex needs of Pre-1990 Care Leavers, including training on working with people with complex trauma and who have experienced institutional child abuse, and strengths-based, trauma-informed and person-focused practice.

Professional development policies will enable staff members to gain any competencies they need to meet their job requirements and ensure there is a motivated, stable and skilled workforce.

### Supervision

Service providers will have staff and clinical supervision policies in place that are reviewed regularly and specify that each staff member has an appropriately skilled team leader/manager as an identified supervisor. Additionally, service providers will review staff performance regularly to identify staff learning needs.

### Staff with lived experience

Service providers will have policies, processes and/or practices to appropriately support staff and volunteers who are also Pre-1990 Care Leavers. At a minimum, service users will be offered choice in relation to receiving support or assistance from Pre-1990 Care Leavers.

Separate policies will describe staff and volunteers and provide clear guidance regarding:

* Recruitment and onboarding practices
* Role definitions and duty statements
* Management of privacy and confidentiality
* Capabilities and approaches[[10]](#footnote-11) (including standards of practice) for peer support and how this is integrated into the model of care and multidisciplinary teams for direct care roles
* Learning and development, supervision, and wellbeing supports

### Code of conduct

Service providers will establish a code of conduct that expresses the values and responsibilities integral to professional and ethical service delivery. The code of conduct will assist staff, collectively and individually, to be accountable and maintain integrity in pursuit of professional aims.

### Vicarious trauma

Staff working with Pre-1990 Care Leavers are likely to work with people affected by complex trauma. Service providers will have policies, processes and/or practices to appropriately support staff to understand more about vicarious trauma and how to recognise and manage the risks early. Service providers should remain alert to vicarious trauma and provide staff with wellbeing support regularly and as required.

### Diversity and inclusion

Diversity and inclusion at work ensures staff feel respected, safe and that they belong. Service providers will ensure there are policies, processes and/or practices in place to meet the intersectional needs of staff, including those who identify:

* with a disability
* with diversity of sexuality, gender identity and intersex variations
* as Aboriginal
* as being from diverse cultural, linguistic and faith backgrounds.

## Environmental sustainability

Service providers will be committed to environmental sustainability and adhere to service specific environmental policies and management systems.

# Supporting documents

## Diversity resources

* [Designing for Diversity](https://www2.health.vic.gov.au/about/populations/designing-for-diversity)

Designing for Diversity is the department’s initiative to embed more systemic consideration of the needs of diverse communities, through its intersectionality approach (diversity within diversity). The resources provide a blueprint for policy developers, service designers and program managers to better consider and plan for the needs of diverse populations.

<https://www2.health.vic.gov.au/about/populations/designing-for-diversity>

* [Delivering for diversity: Cultural diversity plan 2016-2019](https://dhhs.vic.gov.au/publications/delivering-diversity-cultural-diversity-plan-2016-2019)

*Delivering for diversity: Cultural diversity plan 2016-2019* is a framework to embed responsiveness to cultural diversity in all the department’s services, programs and policies to improve the services for culturally and linguistically diverse communities.

<https://dhhs.vic.gov.au/publications/delivering-diversity-cultural-diversity-plan-2016-2019>

* [Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan](https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak) 2017-2027

The department is committed to the principle of Aboriginal self-determination. *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027* provides an overarching framework for action to improve the health, wellbeing and safety of Aboriginal Victorians.

<<https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>>

* [Language services and policy guidelines](https://dhhs.vic.gov.au/publications/language-services-policy-and-guidelines) (2017)

*Language services and policy guidelines (2017)* support departmental staff and funded organisations in the planning and provision of language services for migrants, refugees, people seeking asylum and for those who use sign language.

<https://dhhs.vic.gov.au/publications/language-services-policy-and-guidelines>

* [Practice guidelines: NDIS and mainstream services](https://providers.dhhs.vic.gov.au/service-providers/practice-guidelines-ndis-and-mainstream-services)

The interactions of the National Disability Insurance Scheme (NDIS) with mainstream services will reinforce the obligations of mainstream service delivery systems to improve the lives of people with disability, in line with the National Disability Strategy.

<https://providers.dhhs.vic.gov.au/service-providers/practice-guidelines-ndis-and-mainstream-services>

* [Rainbow eQuality online guide](https://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality)

The Rainbow eQuality online guide assists mainstream health and community service agencies to identify and adopt inclusive practices and become more responsive to lesbian, gay, bisexual, trans and gender diverse, intersex, queer and/or questioning (LGBTIQ) individuals and communities.

<https://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality>

## Inquiry resources

* [Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children (2004)](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2004-07/inst_care/report/index) <https://www.aph.gov.au/Parliamentary\_Business/Committees/Senate/Community\_Affairs/Completed\_inquiries/2004-07/inst\_care/report/index>
* Royal Commission into Institutional Responses to Child Sexual Abuse [Case Studies](https://www.childabuseroyalcommission.gov.au/case-studies)   
  <https://www.childabuseroyalcommission.gov.au/case-studies>
* Royal Commission into Institutional Responses to Child Sexual Abuse [Final Report](file:///C:/Users/blar2603/AppData/Roaming/Microsoft/Word/Final%20Report)   
  <https://www.childabuseroyalcommission.gov.au/final-report>
* [Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations (Betrayal of Trust) (2013)](https://www.parliament.vic.gov.au/file_uploads/Inquiry_into_Handling_of_Abuse_Volume_2_FINAL_web_y78t3Wpb.pdf)  
  <https://www.parliament.vic.gov.au/file\_uploads/Inquiry\_into\_Handling\_of\_Abuse\_Volume\_2\_FINAL\_web\_y78t3Wpb.pdf>

## Legislative requirements

* [Charter of Human Rights and Responsibilities Act 2006](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/7379cff5e33da38dca257d0700051af8!OpenDocument) <http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/7379cff5e33da38dca257d0700051af8!OpenDocument>
* [Child Wellbeing and Safety Act 2005](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/6794fe060ecd3045ca258338000477fa!OpenDocument) <http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/6794fe060ecd3045ca258338000477fa!OpenDocument>
* [Child Wellbeing and Safety (Information Sharing) Regulations 2018](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/93eb987ebadd283dca256e92000e4069/e9baa1ee1c6e7eaaca2582fe001ad460!OpenDocument)  
  <http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubStatbook.nsf/93eb987ebadd283dca256e92000e4069/e9baa1ee1c6e7eaaca2582fe001ad460!OpenDocument>
* [Family Violence Protection Act 2008](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/e84a08860d8fa942ca25761700261a63/27c0e8847568d131ca2583300080b4e3!OpenDocument)   
  <http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubLawToday.nsf/e84a08860d8fa942ca25761700261a63/27c0e8847568d131ca2583300080b4e3!OpenDocument>
* [Family Violence Protection (Information Sharing) Regulations 2018](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/93eb987ebadd283dca256e92000e4069/91fe42fd0a56a93fca25823300149dff!OpenDocument)  
  <http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubStatbook.nsf/93eb987ebadd283dca256e92000e4069/91fe42fd0a56a93fca25823300149dff!OpenDocument>
* [Health Records Act 2001](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/c9e5d05360a29382ca258314001aea30!OpenDocument) <http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/c9e5d05360a29382ca258314001aea30!OpenDocument>
* [Occupational Health and Safety Act 2004](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/97b21dee74173e6aca25831400049704!OpenDocument) <http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/97b21dee74173e6aca25831400049704!OpenDocument>
* [Privacy and Data Protection Act 2014](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/e84a08860d8fa942ca25761700261a63/40d9015db1987745ca2583b5000fca52!OpenDocument&Highlight=0,Act) http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubLawToday.nsf/e84a08860d8fa942ca25761700261a63/40d9015db1987745ca2583b5000fca52!OpenDocument&Highlight=0,Act
* [United Nations Declaration on the Rights of Indigenous People 2010](http://social.un.org/index/IndigenousPeoples.aspx) <http://social.un.org/index/IndigenousPeoples.aspx>
* [Working with Children Act 2005](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/e91f7781500807b7ca2582fd0007fefe!OpenDocument) <http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/e91f7781500807b7ca2582fd0007fefe!OpenDocument>

## Policy resources

* [Child Information Sharing Scheme](https://www.vic.gov.au/childinfosharing)   
  <<https://www.vic.gov.au/childinfosharing>>
* [Child Safe Standards](https://providers.dhhs.vic.gov.au/child-safe-standards)<https://providers.dhhs.vic.gov.au/child-safe-standards>
* [Client incident management system](https://providers.dhhs.vic.gov.au/cims)   
  <https://providers.dhhs.vic.gov.au/cims>
* [Department of Health and Human Services Policy and funding guidelines](https://www.dhhs.vic.gov.au/publications/policy-and-funding-guidelines-health-and-human-services)  
  <https://www.dhhs.vic.gov.au/publications/policy-and-funding-guidelines-health-and-human-services>
* [Family Violence Information Sharing Scheme](https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html)   
  <<https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html>>
* [Human Services Standards](https://providers.dhhs.vic.gov.au/human-services-standards)   
  <https://providers.dhhs.vic.gov.au/human-services-standards>
* [Human Services Standards Aboriginal culturally informed resource tool](https://providers.dhhs.vic.gov.au/human-services-standards-aboriginal-culturally-informed-resource-tool-word) <<https://providers.dhhs.vic.gov.au/human-services-standards-aboriginal-culturally-informed-resource-tool-word>>
* [Human Service Standards Evidence Guide](https://providers.dhhs.vic.gov.au/human-services-standards-evidence-guide-word)  
  <<https://providers.dhhs.vic.gov.au/human-services-standards-evidence-guide-word>>
* [Reportable Conduct Scheme](https://ccyp.vic.gov.au/reportable-conduct-scheme/)   
  <https://ccyp.vic.gov.au/reportable-conduct-scheme>
* [Service Agreement Information Kit](http://fac.dhhs.vic.gov.au/service-agreement-information-kit)   
  <http://fac.dhhs.vic.gov.au/service-agreement-information-kit>

# Glossary

|  |  |
| --- | --- |
| Term | Definition |
| **Aboriginal** | Aboriginal refers to an Aboriginal person. The term Aboriginal has been used in this document and includes Aboriginal and Torres Strait Islanders. |
| **Care Leaver** | A person who experienced institutional care as a child before 1990. Also known as ‘Forgotten Australian’ and ‘Pre-1990 Care Leaver’. Pre-1990 Care Leaver has been used in this document. |
| **Culturally and** **linguistically diversity** | The term cultural and linguistic diversity refers to the range of different cultures and language groups represented in the population. Culturally and linguistically diverse communities are those whose members identify as having non-mainstream cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. |
| **Cultural c****ompetence** | Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, organisation or among professionals and enable that system, organisation or those professionals to work effectively in cross-cultural situations. |
| **Forgotten Australian** | A person who experienced institutional care as a child before 1990. Also known as ‘Care Leaver and ‘Pre-1990 Care Leaver’. Pre-1990 Care Leaver has been used in this document. |
| **Intersectionality** | Intersectionality refers to the ways in which different aspects of a person’s identity can expose them to overlapping forms of discrimination and marginalisation. These aspects can include gender, ethnicity and cultural background, religion, language, socio-economic status, disability, sexual orientation, age and geographic location. Points of intersection can alter the way trauma is experienced by individuals, amplify barriers to service access and increase the risk of social disadvantage and isolation. |
| **LGBTIQ** | Refers to lesbian, gay, bisexual, trans and gender diverse, intersex, queer and/or questioning (LGBTIQ). |
| **NDIS** | The National Disability Insurance Scheme. |
| **Strategic plan** | A documented approach or plan of action for achieving the goals of the service or for addressing issues relating to aspects of the service. Strategic plans developed by community service organisations are part of the quality improvement process and therefore should focus on strategies for improving the standard, efficiency and effectiveness of services provided. |
| **Strengths-based** | A strengths-based approach acknowledges that all people have strengths and capacities that can be harnessed to engage change. Emphasising capacities, talents, competencies, possibilities, visions and hopes ensures the Pre-1990 Care Leaver receives the right level of support. This approach:   * recognises that all people have strengths and capacities * acknowledges that people can change and, given the right conditions and resources, people’s capacity to learn and grow can be harnessed and mobilised * supports people to build their confidence, strengths, responsibilities and resilience. |
| **Person-focused** | The best interests of a Pre-1990 Care Leaver are central to service delivery, and their rights and choices are supported and respected. |
| **Pre-1990 Care Leaver** | A person who experienced institutional care as a child before 1990. Also known as ‘Care Leaver’ and ‘Forgotten Australian’. |
| **The Royal Commission** | The Royal Commission into Institutional Responses to Child Sexual Abuse. |
| **Trauma-informed** | Trauma-informed practice is a service delivery framework that is based on an awareness and understanding of a person’s trauma history and how this informs their service needs. Practitioners providing trauma-informed support use a strengths-based approach and take care to avoid practices that risk re-traumatising clients. |

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| Co-designed service principles Appendix A - P16891 Service principles to guide the selection of a new provider and to guide ongoing service delivery and improvement |
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Background

Two co-design workshops were held on 10 December 2019 (Group 1) and 13 December 2019 (Group 2) with small groups of people who experienced institutional care in Victoria as a child. Participation in the workshops was sought through an Expression of Interest process for people who attended state-wide consultations during October and November 2019.

The first workshop involved identifying a set of high-level principles by analysing relevant principles from many similar or related services and advising what the critical elements for each principle should be. This produced a set of ten key principles to guide the selection of a new provider and to shape the new service. The second workshop validated these principles and their elements by thinking more deeply about:

* service pathways for ageing people with health needs
* people seeking support to be more independent and build a more positive future for themselves, and
* people feeling lonely and misunderstood in the community (it was noted that these people could also fit into the other two categories).

The principles presented here provide a consolidated perspective from a diverse group of people who experienced institutional care in Victoria as a child with regard to their expectations, hopes, preferences and desires for the new provider and the new specialist service to meet their needs now and into the future

## Access

## *“Right service, right place, right time”*

Easy, flexible and timely access to in-scope services will be promoted and available to all people state-wide and extended to Pre-1990 Care Leavers living outside Victoria. Transparency about what is available and what to expect is communicated verbally, in writing and through social media. Wherever possible, services will be provided in person through centre-based service hubs and outreach to where people live in regional and remote areas, supported by online service delivery and self-help resources that promote self-management. The location and design of meeting spaces facilitates public transport, parking and access for people with disabilities and mobility aids and create safe and welcoming environments. Support for people is available out of hours for the management of acute medical or crisis events that require financial approval to proceed. Staff play a key role in assisting people to get the services they need in related external service systems and sectors.

# Principle 2

## Belonging and being connected

## *“Tolerance and acceptance”*

Service responses are relevant and acknowledge people’s unique historical and cultural heritage and how it shapes their personal identity. Relaxed environments and informal networks create a sense of family and friendship and validate people’s individual experiences to make them feel understood, accepted and part of a broader community by facilitating individual and group peer connections and solidarity through the sharing of stories and mutual support. Honest and professional staff promote dignity and respect and create physical and psychological safety for everyone by displaying sensitivity and believing people’s stories and experiences and providing consistent care for all Pre-1990 Care Leavers. People are neither favoured nor discriminated against on the basis of their care history, how challenged others might feel by their mannerisms and tone, or their involvement as a volunteer in the service, but are respected as equals sharing the same rights. Care is taken to ensure cultural safety and effective responses for Aboriginal and Torres Strait Islander people. People feel they can rely on the service to help them move forward. The service creates and supports opportunities to promote social and personal events that celebrate the lives of all Pre-1990 Care Leavers.

# Principle 3

## Empowerment

## *“Doing with, not to”*

People are educated and supported to take responsibility for themselves and their actions to enable them to lead active and fulfilling lives. The service they receive fosters recovery and healing and a positive self-identity by offering freedom from dependence and a reliance on charity. Staff take a strengths-based approach in which people are provided with the knowledge, skills, motivation and resources to make informed decisions about how to meet their needs. People experience an increasing ability to self-manage emotional and inter-personal difficulties in order to break the cycle of unhelpful behaviours and coping strategies through a range of supports and the availability of trauma-informed psycho-educational self-help resources. The service helps build the capacity for people to contribute to individual and collective change by walking alongside them and enabling them to represent their own interest and to seek outcomes from a range of service providers, decision making bodies and peak organisations.

# Principle 4

## Evidence-based

## *“Doing what works best”*

Services are evidence-informed, both in terms of international best practice about what works best in providing treatment and care, as well as serving the interests of Pre-1990 Carer Leavers through responding to evidence-based needs. Staff are broad-minded, well-read and trained in a variety of multi-disciplinary theories, views, methods and styles of treatment that align with the evidence. There is a commitment to fostering a climate of open enquiry, where the provider learns from a variety of experiences including creating the opportunity for all Pre-1990 Care Leavers to provide ongoing feedback, conducting service user surveys, and undertaking research to help determine the best care for everyone. The provider learns from past experiences and tries new ideas by using evaluation to assess whether to continue, further develop or disband service innovations. Service users are informed about these processes or when new evidence is reshaping the service before it happens, and play a collaborative role in helping build, disseminate and translate the evidence.

# Principle 5

## Harnessing lived-experience

## *“Nothing about us without us”*

The people who need and use the service are critical partners at every stage in the design, development, delivery and ongoing evaluation of the service in order to maximise self-governance through open participation and leadership. Through supported participation in advisory and decision-making structures in the organisation, service users have a strong presence in policy making, strategic planning, and quality and safety. Transparent and non-biased approaches to selecting people for participation in governance and recruitment are used to ensure a diversity of voices are embraced beyond known and active advocates. Fairness and safety are foremost when involving people in these processes. Lived-experience of past care is recognised as expertise and harnessed in both voluntary and paid roles that are clearly defined in policies and organisational mechanisms for developing the lived experience workforce. Standards of practice, privacy, minimum qualifications and professional development and support including supervision are well thought through. Lived-experience direct care roles are only provided to people who choose them and delivered by well-trained people with the requisite skills to use lived-experience with intent when walking alongside service users and working in multidisciplinary teams. Other roles could include peer-led recreational activities, peer-to-peer mentoring and support, peer support, and home and community visits to lonely people or those in hospital. Lived-experience staff also perform roles that educate other professionals, including those in their own service, and raise their awareness of key issues, build cross sector relationships, and reduce stigma and increase acceptance in the general community.

# Principle 6

## Needs-driven and person-centred

## *“At the heart of what happens”*

Services are person and family-centred, delivered holistically, and individualised through good case management practices underpinned by proper training focused on assessment and care planning. A single point of contact is provided for consistency, continuity, enduring relationships and no double handling. Staff use best practice holistic assessment tools in close collaboration with service users to ensure they are responding to need, choice, preference and expectations about the type, amount, duration and timing of services. It is accepted that individual needs differ in type and amount and should be determined by a considered assessment and understanding of the level and complexity of a person’s needs and their particular circumstances. Services are delivered in ways that work for people, including one-to-one, telephone, online, group and in-home. Transparency and fairness are ensured through clear communication about eligibility rules for types and levels of service. Meeting needs outside the scope of the service is supported by linkages, referrals and advocacy to other services in a way that reduces the number of times people have to explain their background.

# Principle 7

## Building compassion and responsiveness

## *“It’s everybody’s business”*

People should not have to explain themselves to go into their histories when interacting with the general public or seeking help from professionals, or experience mistruths or confusion. People have their interests represented in the wider service sector and the community through community education and engagement delivered through a broad range of channels for a range of audiences to fill knowledge gaps and reduce stigma. Strong relationships are developed and maintained with mainstream services such as aged care (including HACC), housing, health (including mental health and dental), drug and alcohol services, education and employment, underpinned by formal partnership agreements including fee subsidy arrangements. Collaborative practice and good governance increase pathways to support, enhance professional coordination and collaboration, and minimise the need for people to retell their story multiple times. The provider will promote interpersonal competence in the community, and the development of safe and supportive external service environments by using service users to develop and deliver awareness raising activities and resources. A clear understanding of how cross border issues are managed is driven by assessment and care planning undertaken in partnership with interstate providers.

# Principle 8

## Quality and safety

## *“The best service possible”*

The service is driven by structures and processes that ensure the optimum standard of support including data collection, evaluation of services and accountability. People will be made aware of their right to receive quality care and will have confidence in that through appropriate safeguards that provide protection and continuous improvement processes that drive best practice accountability, governance and operational management for high quality services. Complaints and disputes should be expedited by an independent process and regular reviews of services must tap into service user views about their needs and experiences of care. Staff contribute to a positive culture by demonstrating respect, upholding individual dignity for vulnerable people, and modelling inclusive and non-biased behaviours. People are involved in the process of defining how a good service it is measured, including what cultural and physical safety looks like and what allows them to resolve past issues, increase their emotional and psychological wellbeing, and improve their quality of life. Contemporary administrative systems ensure timely provision of assistance. Leadership and management capacity provide clarity of direction, ensures accountability and supports quality, responsive and timely services.

# Principle 9

## Skilled and sustainable workforce

## *“Our people are our greatest asset”*

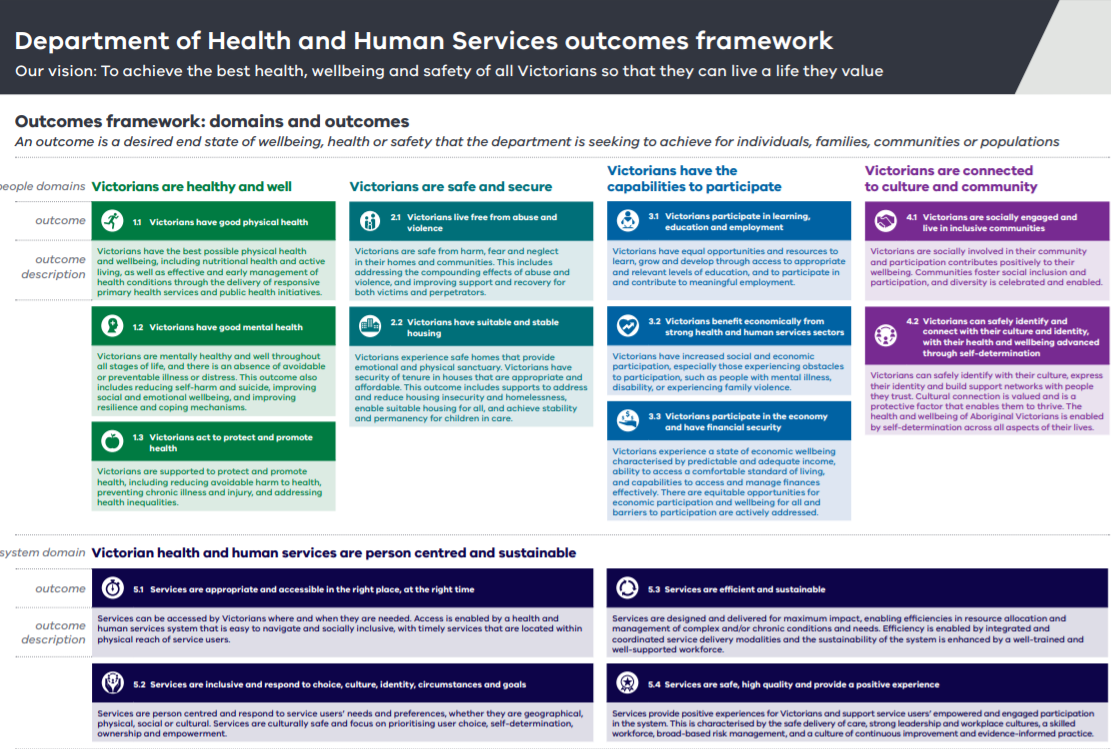
Staff should be respectful, caring, compassionate, consistent and reliable. They should listen and pay attention when a person is talking about their experiences, take the person’s feelings seriously, and communicate clearly. They should show compassion and positive regard while being mindful of professional boundaries. Staff are non-reactive and therapeutic if a person is upset or letting their feelings take over, and they remain calm and non-judgemental. As the work can be complex and emotionally demanding, it’s essential to provide strong support for staff including supervision and wellbeing. Workforce development should focus on values-based recruitment (including using service users on selection panels to ensure good cultural fit), minimum and relevant qualifications, retention, learning and development and lived-experience workforce. Lived experience is respected as a ‘life qualification’ and used with intention and care with appropriate and specialist training. Professional development and capability should focus on trauma-informed care, aged care (including HACC), holistic assessment and case management. Staff should also have the skills and capability to respond effectively to diverse and complex needs, and to collaborate with other agencies to meet those needs.

# Principle 10

## Trauma informed

## *“Do no harm”*

The culture of the whole service across all program streams and the way it positions itself in relation to Pre-1990 Care Leavers, including all work practices, multidisciplinary approaches and settings, reflects a trauma-informed approach. A trauma-informed approach incorporates processes that move past cultural stereotypes and biases, and incorporates policies, protocols and processes that are responsive to the personal and cultural needs of clients. Psychoeducation for service users creates a deeper understanding and awareness of trauma for them. All staff understand trauma, including front desk and intake, its effects and survivor adaptations and receive specialist training regarding the origins of trauma, the neuroscience that explains it, its impacts and appropriate management. They understand that help seeking can be both traumatic and retraumatising for some people and don’t assume they know what people have experienced but believe what they are told. They know the limits of their specialist expertise in relation to trauma and know when and how to refer. Specialist training and qualifications, good supervision, practice leadership and knowledge of and familiarity with specialist services all underpin a high-quality trauma-informed workforce.



# Appendix B: Departmental outcomes framework



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| Open Place Transition |
| Consultation summary report Appendix 2 December 2019 |

# Overview

During October and November 2019, the Department of Health and Human Services heard the voices of people who experienced institutional care in Victoria as a child through more than 150 telephone conversations, 80 emails and letters, and 12 consultation forums that were attended by about 150 people. We heard from a diverse range of people from different locations in Victoria and across different age groups. This summary report has been written as a record of what we heard from everyone during that time.

# This is what we heard:

## What support services (including at Open Place) are being used?

### Financial assistance

Most people told us they benefit from financial assistance that helps them meet their medical, optical, medication, dental and other health needs. Where private counselling is needed, people can get financial assistance to see psychologists and other counsellors. Some people told us they also benefit from a range of other health supports, including chiropractic, physiotherapy, and myotherapy.

Financial assistance also helps people with daily living by providing food, assisting with bills and on occasion, white goods. Increasingly, people are also finding financial support necessary for mobility aids such as motor scooters and walkers. The importance of help to meet the costs of funerals was also mentioned.

I’m on a pension, so health support is essential for getting early help that prevents things from worsening. Then it's too far gone and expensive and not as treatable.

Finally, some people need support to access specialist services in the city/metropolitan areas because they live in remote areas or have disabilities that make this difficult. For these people, assistance with petrol, travel, and on occasion accommodation, helps them get the services they need.

### Opportunities to connect and share with others

Most people feel that their need to meet with and socialise with people with a shared experience is very important. Many people like taking part in social support groups, which are generally held monthly, where they enjoy talking to others, having meals together and going on outings. Others talked about how the ‘drop in’ at Richmond allows them to get support or company when they feel they need it. For those who attend the Friday ‘Cook Up’, they appreciate the interactions with others as much as the meal. People all around the state talked about the Christmas party and the opportunity to catch up with people they may not see during the year and to feel like they are celebrating together.

There is always such an amazing energy at the gatherings and you   
can easily talk to people knowing they are just like you.

### Support to heal

Many people told us that their childhood experiences still affect their daily lives and that counselling, which they get either through specialist services such as Open Place or through finding their own private counsellor, helps them work through their past. Some people told us they appreciate help to find an appropriate counsellor, as finding someone with the right skills and experience who they can build trust with is very important. This is especially true in locations that have fewer skilled and experienced counsellors. For many, the Social Support Groups also help them with their healing process.

The counselling has helped me with my panic attacks, but also given me a stronger more powerful voice.

### Help to access other services and having needs met

Not everyone is able to make a redress claim, but for those who are, having support to make the claim and pull all the paperwork together really helps. That also includes being pointed in the right direction when looking for good legal advice and support.

Support for redress claims   
is important. I would not have been able to complete the paperwork without the   
help I got.

Knowing what services are available and how to get them can be quite difficult for some people. Having support to find appropriate services, make referrals, keep appointments, and even visit someone in hospital, is necessary for some people to get the specialist care they need. Having someone to educate health professionals and advocate for how their needs can be met can make a great difference for people when they   
are unwell.

### Finding records and discovering the past

Locating and obtaining records is an important part of how someone pieces together their history. That includes discovering what happened to their parents and siblings as well. People told us that helps explain what happened to them and helps them with having a strong identity. It’s also an important first step in finding family and reconnecting with them. Others pointed out that records are important for identification when they want to enter into a phone contract or get other services that need 100 points of identification.

## What is good about these support services that doesn’t need to change?

Most people have a great and positive experience and think very little needs to change, if anything. Everybody agreed that having their own special and dedicated service is something they’ve waited a long time for and must continue.

Many people feel that the name Open Place holds so much meaning for them that it needs to be kept.

People feel very strongly that the staff who work at Open Place are the major strength of the service and that every effort needs to be made to have existing staff work in the new service. Even where this is not possible, we heard that they need to play an important role in training any new workers or supporting new relationships to form.

We heard that support, caring and healing occurs because of great staff, but we also heard that how people support each other is just as important. People are worried that their connection to each other will be lost through the process and that existing groups need to be able to continue to meet and provide support.

For 40 years I lived in a world where nobody understood. You find a place like this and there's like-minded people. It's crucial to have this place. There’s nothing else like it.

Open Place has been a lifeline for us. It has provided a safe place where people who understand each other can get support, services and social connections.

Many people talked about how breaking up the service would mean they would need to go to different providers to get all their needs met. The overwhelming message during consultations was to keep everything together under the one roof. This is one of the strongest qualities of the Open Place service for people.

## What helps with feeling understood by these services and by others?

More than any other thing, it is the workers who make people feel welcome, heard, understood and cared for. They play an important role in validating people by believing their personal stories without judgement and working hard to really understand what people have experienced and how it has shaped their lives. Their compassion and respect make people feel safe to be themselves, even when their behaviour is not ideal. Most importantly, people do not want to have to tell their story over and over again. Having a group of supportive people who they don’t need to explain themselves to means a great deal. Staff understanding and compassion is built over time by hearing people’s stories rather than from doing formal training, although a qualified and professional team is also important.

Being surrounded by people who have gone through the same thing themselves makes people automatically feel understood. The fact that they have the same experiences and needs means they can have true empathy and solidarity. This peer support helps to create an environment that people describe as being like ‘home’ and like ‘family’.

It's embarrassing when we have to explain to people who we are and what we need, especially if it’s a new service that we're using.

The way the service is delivered is an important part of creating a welcoming environment. That includes treating people with care when their distress makes them behave in challenging ways and not judging them for that or punishing them or overreacting to this. Creating spaces that people can come to that feel like they belong to them, rather than they are a visitor in, is important to some people too.

I feel like I don't belong out there in society. That feeling has never left.

Creating this sort of understanding and compassion in the community and in other services is hard. Many people talked about how a Gold Card, an awareness card, or stronger partnerships and training could help in overcoming stigma and ignorance. People feel that more education is needed to improve this and that it must be done in a range of government, health, and community services so that they can get the help they need in the way they want it.

## What are the qualities of a good service provider?

Through the consultations, we heard people talk about what a good service provider would look like in the future. Here’s what we were told.

A good service provider will keep the social, financial, emotional and record finding supports together and not break them up. They will communicate frequently and very clearly in ways that everybody can hear and understand. That communication will focus on letting all people who are eligible for the service know that it exists, what they are able to get, and how much they can get. People also want to be told about important events and to get information about what the service is doing and how it is helping.

People said that a good provider will have a good and positive culture. That culture will be non-judgemental, highly personalised, tolerant and patient. It will treat everybody fairly and not show any preferences or favouritism for particular groups of people. It will work hard to make sure people at the service are respectful and safe toward each other as well.

People want a service that is there when they need it, either in person or on the phone. They want to be able to access support easily and to have their needs and requests responded to in a timely fashion. No one should be in a better position than anyone else to get that support, regardless of their location or their background.

A good service provider will have relationships and partnerships with a broad range of health and social services to help people get a responsive and affordable service. It will make these arrangements with other providers and communicate that clearly to the people who can benefit from them, and advocate for them when it’s not happening.

The service should have 'foot soldiers' to go out and help us out.

A good service provider will see that it has a role to play in educating the community about what has happened in the past and how it has affected people.

A good service provider will make sure it has the best possible staff to deliver the service. Staff will have the right qualifications, experience and skills to provide the best possible care. That includes the ability to understand and work with past trauma and mental health. That means everyone in the service, including the counter staff and management. The service provider will look after and support its workers and have a strong team that people can rely on over time.

We heard divided views about people with lived-experience of institutional care working in the service, so a good service provider will approach this carefully. It will understand that this can be powerful in raising awareness and educating the community and other service providers, and that peer led supports are really valued by some people. It will also understand that some people are concerned about privacy and would prefer their support to come from trained professionals; choice about who provides support is important.

A good service provider will recognise that people with a lived-experience of care are the experts of their own experience. They will make sure their voices are part of the way the service is designed, run, evaluated and improved. It will have ways for people to have their say on what is working, what’s not working and what’s needed. It will be committed to not only hearing but also to acting on that by involving service users in decision making. It will have good complaints handling as well to make sure there is quality and safety in the service.

Nothing about us without us!

Overwhelmingly, people told us that a good service provider is one that is not involved in past institutional care or harm to people in care. It also needs to be a service that people don’t have a bad association with, or they won’t feel safe to go there.

Finally, a good service provider understands how important records and privacy are and will have everything in place to protect people’s concerns and worries about that.

## What should change in support services?

Whilst most people told us that things are working well at the moment, we also heard that some things could be made even better. Those things included:

* Everybody being able to get services regardless of where they are. Some services are only available in metro Melbourne and that’s a problem for people in rural and remote areas. It was also noted that public transport should be nearby and there should good parking options.
* For people with disabilities or other barriers to accessing the service, there should be much more planning and support to get to services, into buildings and to participate as equals.
* Having a better understanding of what services are available and caps and limits that apply to them. Also, knowing that those caps and limits are fair to everyone.

As people age, social events are important, so the activities need to be appropriate and accessible for everyone.

* People felt that people in prison were often overlooked and that the service should be thinking more about them and how to support them whilst in prison, but also upon release.
* The buildings where the services are located should not be triggering for people and support the activities they deliver there.
* Having a key worker who knows people well and makes sure their needs are understood and met, instead of having to deal with different people for different needs and requests.
* Supporting people to be more independent and to work towards managing their needs and issues themselves by providing more skill development and education.
* A much stronger focus on children and families who don’t have care experiences but are still affected by it.
* People should be able to get more affordable services that meet their needs at different life stages.
* More tolerance and acceptance when people don’t behave the way others want them to.

Whenever we have to explain to services like doctors who we are, what Open Place is, and how Open Place will be paying, they don't believe us. It's embarrassing.

## What support services and/or resources are needed that are not currently available?

People told us that their health needs are changing as they age. That means more expensive equipment and procedures than what they’ve needed in the past and that those things are on top of their existing ongoing needs.

Many people talked about how important housing support is and how difficult it is to heal and lead a good life if housing is an issue. Although there are services that can help with that, people felt that they needed more assistance with this.

Many people told us about their fear of going into aged care. Many aged care providers are also past providers of care from their childhood and that’s traumatic. People want to be able to remain living at home for as long as possible and need support to be able to do that.

Not everyone is at that stage of life, and people also told us that education and employment are things that can really make a difference. They can move people toward greater independence and the ability to build a more positive future, but that taking advantage of opportunities is not always easy. Advocacy, financial help to buy clothes for job interviews and course fee subsidies were discussed by some people. It was also suggested that some of the activities offered by Open Place could be expanded to include developing computer skills and other life skills, such as interpersonal skills.

Many people talked about other things that greatly improve their quality of life and help with healing. These included access to dietitians, massage, personal trainers and other types of therapy including music, art and equestrian (horse) therapy and retreats.

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1. The department refers to people who were institutional care as children before 1990 as Pre-1990 Care Leavers. The department acknowledges there are multiple ways people identify themselves and differing terms are used in the community services sector, including ‘Care Leaver’ and ‘Forgotten Australian’. [↑](#footnote-ref-2)
2. *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children* (2004) [↑](#footnote-ref-3)
3. Stolen Generations, Find and Connect webpage <<https://www.findandconnect.gov.au/resources/stolen-generations/>> [↑](#footnote-ref-4)
4. The department refers to people who were institutional care as children before 1990 as Pre-1990 Care Leavers. The department acknowledges there are multiple ways people identify themselves and differing terms are used in the community services sector, including ‘Care Leaver’ and ‘Forgotten Australian’. [↑](#footnote-ref-5)
5. *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children* (2004) [↑](#footnote-ref-6)
6. Stolen Generations, Find and Connect webpage <<https://www.findandconnect.gov.au/resources/stolen-generations/>> [↑](#footnote-ref-7)
7. The term Aboriginal has been used in this document and includes Aboriginal and Torres Strait Islanders. [↑](#footnote-ref-8)
8. Intersectionality refers to the interconnected nature of social categorisations – such as gender, sexual orientation, ethnicity, language, religion, class, socioeconomic status, gender identity, ability or age – which create overlapping and interdependent systems of discrimination or disadvantage for either an individual or group. [↑](#footnote-ref-9)
9. For departmental diversity resources, see *7. Supporting documents*. [↑](#footnote-ref-10)
10. For example: <https://www.peersupportvic.org/>, <https://www.intentionalpeersupport.org/what-is-ips/?v=6cc98ba2045f> [↑](#footnote-ref-11)